
SENATE BILL 6392

State of Washington

59th Legislature

2006 Regular Session

By Senators Keiser, Deccio, Thibaudeau and Kohl-Welles; by request of Insurance Commissioner

Read first time 01/11/2006. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to clarifying that coverage for mental health
2 services as defined in RCW 48.21.241, 48.44.341, and 48.46.291 applies
3 to all group health plans for groups other than small groups as defined
4 in RCW 48.43.005; amending RCW 48.21.241, 48.44.341, and 48.46.291; and
5 declaring an emergency.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 48.21.241 and 2005 c 6 s 3 are each amended to read as
8 follows:

9 (1) For the purposes of this section, "mental health services"
10 means medically necessary outpatient and inpatient services provided to
11 treat mental disorders covered by the diagnostic categories listed in
12 the most current version of the diagnostic and statistical manual of
13 mental disorders, published by the American psychiatric association, on
14 July 24, 2005, or such subsequent date as may be provided by the
15 insurance commissioner by rule, consistent with the purposes of chapter
16 6, Laws of 2005, with the exception of the following categories, codes,
17 and services: (a) Substance related disorders; (b) life transition
18 problems, currently referred to as "V" codes, and diagnostic codes 302
19 through 302.9 as found in the diagnostic and statistical manual of

1 mental disorders, 4th edition, published by the American psychiatric
2 association; (c) skilled nursing facility services, home health care,
3 residential treatment, and custodial care; and (d) court ordered
4 treatment unless the insurer's medical director or designee determines
5 the treatment to be medically necessary.

6 (2) All group disability insurance contracts and blanket disability
7 insurance contracts providing health benefit plans that provide
8 coverage for medical and surgical services shall provide:

9 (a) For all group health benefit plans (~~established or renewed on~~
10 ~~or after~~) for groups other than small groups, as defined in RCW
11 48.43.005 delivered, issued for delivery, or renewed on or after
12 January 1, 2006, (~~for groups of more than fifty employees~~) coverage
13 for:

14 (i) Mental health services. The copayment or coinsurance for
15 mental health services may be no more than the copayment or coinsurance
16 for medical and surgical services otherwise provided under the health
17 benefit plan. Wellness and preventive services that are provided or
18 reimbursed at a lesser copayment, coinsurance, or other cost sharing
19 than other medical and surgical services are excluded from this
20 comparison; and

21 (ii) Prescription drugs intended to treat any of the disorders
22 covered in subsection (1) of this section to the same extent, and under
23 the same terms and conditions, as other prescription drugs covered by
24 the health benefit plan.

25 (b) For all group health benefit plans (~~established or renewed on~~
26 ~~or after~~) for groups other than small groups, as defined in RCW
27 48.43.005 delivered, issued for delivery, or renewed on or after
28 January 1, 2008, (~~for groups of more than fifty employees~~) coverage
29 for:

30 (i) Mental health services. The copayment or coinsurance for
31 mental health services may be no more than the copayment or coinsurance
32 for medical and surgical services otherwise provided under the health
33 benefit plan. Wellness and preventive services that are provided or
34 reimbursed at a lesser copayment, coinsurance, or other cost sharing
35 than other medical and surgical services are excluded from this
36 comparison. If the health benefit plan imposes a maximum out-of-pocket
37 limit or stop loss, it shall be a single limit or stop loss for
38 medical, surgical, and mental health services; and

1 (ii) Prescription drugs intended to treat any of the disorders
2 covered in subsection (1) of this section to the same extent, and under
3 the same terms and conditions, as other prescription drugs covered by
4 the health benefit plan.

5 (c) For all group health benefit plans (~~established or renewed on~~
6 ~~or after~~) for groups other than small groups, as defined in RCW
7 48.43.005 delivered, issued for delivery, or renewed on or after July
8 1, 2010, (~~for groups of more than fifty employees~~) coverage for:

9 (i) Mental health services. The copayment or coinsurance for
10 mental health services may be no more than the copayment or coinsurance
11 for medical and surgical services otherwise provided under the health
12 benefit plan. Wellness and preventive services that are provided or
13 reimbursed at a lesser copayment, coinsurance, or other cost sharing
14 than other medical and surgical services are excluded from this
15 comparison. If the health benefit plan imposes a maximum out-of-pocket
16 limit or stop loss, it shall be a single limit or stop loss for
17 medical, surgical, and mental health services. If the health benefit
18 plan imposes any deductible, mental health services shall be included
19 with medical and surgical services for the purpose of meeting the
20 deductible requirement. Treatment limitations or any other financial
21 requirements on coverage for mental health services are only allowed if
22 the same limitations or requirements are imposed on coverage for
23 medical and surgical services; and

24 (ii) Prescription drugs intended to treat any of the disorders
25 covered in subsection (1) of this section to the same extent, and under
26 the same terms and conditions, as other prescription drugs covered by
27 the health benefit plan.

28 (3) In meeting the requirements of subsection (2)(a) and (b) of
29 this section, health benefit plans may not reduce the number of mental
30 health outpatient visits or mental health inpatient days below the
31 level in effect on July 1, 2002.

32 (4) This section does not prohibit a requirement that mental health
33 services be medically necessary as determined by the medical director
34 or designee, if a comparable requirement is applicable to medical and
35 surgical services.

36 (5) Nothing in this section shall be construed to prevent the
37 management of mental health services.

1 **Sec. 2.** RCW 48.44.341 and 2005 c 6 s 4 are each amended to read as
2 follows:

3 (1) For the purposes of this section, "mental health services"
4 means medically necessary outpatient and inpatient services provided to
5 treat mental disorders covered by the diagnostic categories listed in
6 the most current version of the diagnostic and statistical manual of
7 mental disorders, published by the American psychiatric association, on
8 July 24, 2005, or such subsequent date as may be provided by the
9 insurance commissioner by rule, consistent with the purposes of chapter
10 6, Laws of 2005, with the exception of the following categories, codes,
11 and services: (a) Substance related disorders; (b) life transition
12 problems, currently referred to as "V" codes, and diagnostic codes 302
13 through 302.9 as found in the diagnostic and statistical manual of
14 mental disorders, 4th edition, published by the American psychiatric
15 association; (c) skilled nursing facility services, home health care,
16 residential treatment, and custodial care; and (d) court ordered
17 treatment unless the health care service contractor's medical director
18 or designee determines the treatment to be medically necessary.

19 (2) All health service contracts providing health benefit plans
20 that provide coverage for medical and surgical services shall provide:

21 (a) For all group health benefit plans (~~established or renewed on~~
22 ~~or after~~) for groups other than small groups, as defined in RCW
23 48.43.005 delivered, issued for delivery, or renewed on or after
24 January 1, 2006, (~~for groups of more than fifty employees~~) coverage
25 for:

26 (i) Mental health services. The copayment or coinsurance for
27 mental health services may be no more than the copayment or coinsurance
28 for medical and surgical services otherwise provided under the health
29 benefit plan. Wellness and preventive services that are provided or
30 reimbursed at a lesser copayment, coinsurance, or other cost sharing
31 than other medical and surgical services are excluded from this
32 comparison; and

33 (ii) Prescription drugs intended to treat any of the disorders
34 covered in subsection (1) of this section to the same extent, and under
35 the same terms and conditions, as other prescription drugs covered by
36 the health benefit plan.

37 (b) For all group health benefit plans (~~established or renewed on~~
38 ~~or after~~) for groups other than small groups, as defined in RCW

1 48.43.005 delivered, issued for delivery, or renewed on or after
2 January 1, 2008, (~~for groups of more than fifty employees~~) coverage
3 for:

4 (i) Mental health services. The copayment or coinsurance for
5 mental health services may be no more than the copayment or coinsurance
6 for medical and surgical services otherwise provided under the health
7 benefit plan. Wellness and preventive services that are provided or
8 reimbursed at a lesser copayment, coinsurance, or other cost sharing
9 than other medical and surgical services are excluded from this
10 comparison. If the health benefit plan imposes a maximum out-of-pocket
11 limit or stop loss, it shall be a single limit or stop loss for
12 medical, surgical, and mental health services; and

13 (ii) Prescription drugs intended to treat any of the disorders
14 covered in subsection (1) of this section to the same extent, and under
15 the same terms and conditions, as other prescription drugs covered by
16 the health benefit plan.

17 (c) For all group health benefit plans (~~established or renewed on~~
18 ~~or after~~) for groups other than small groups, as defined in RCW
19 48.43.005 delivered, issued for delivery, or renewed on or after July
20 1, 2010, (~~for groups of more than fifty employees~~) coverage for:

21 (i) Mental health services. The copayment or coinsurance for
22 mental health services may be no more than the copayment or coinsurance
23 for medical and surgical services otherwise provided under the health
24 benefit plan. Wellness and preventive services that are provided or
25 reimbursed at a lesser copayment, coinsurance, or other cost sharing
26 than other medical and surgical services are excluded from this
27 comparison. If the health benefit plan imposes a maximum out-of-pocket
28 limit or stop loss, it shall be a single limit or stop loss for
29 medical, surgical, and mental health services. If the health benefit
30 plan imposes any deductible, mental health services shall be included
31 with medical and surgical services for the purpose of meeting the
32 deductible requirement. Treatment limitations or any other financial
33 requirements on coverage for mental health services are only allowed if
34 the same limitations or requirements are imposed on coverage for
35 medical and surgical services; and

36 (ii) Prescription drugs intended to treat any of the disorders
37 covered in subsection (1) of this section to the same extent, and under

1 the same terms and conditions, as other prescription drugs covered by
2 the health benefit plan.

3 (3) In meeting the requirements of subsection (2)(a) and (b) of
4 this section, health benefit plans may not reduce the number of mental
5 health outpatient visits or mental health inpatient days below the
6 level in effect on July 1, 2002.

7 (4) This section does not prohibit a requirement that mental health
8 services be medically necessary as determined by the medical director
9 or designee, if a comparable requirement is applicable to medical and
10 surgical services.

11 (5) Nothing in this section shall be construed to prevent the
12 management of mental health services.

13 **Sec. 3.** RCW 48.46.291 and 2005 c 6 s 5 are each amended to read as
14 follows:

15 (1) For the purposes of this section, "mental health services"
16 means medically necessary outpatient and inpatient services provided to
17 treat mental disorders covered by the diagnostic categories listed in
18 the most current version of the diagnostic and statistical manual of
19 mental disorders, published by the American psychiatric association, on
20 July 24, 2005, or such subsequent date as may be provided by the
21 insurance commissioner by rule, consistent with the purposes of chapter
22 6, Laws of 2005, with the exception of the following categories, codes,
23 and services: (a) Substance related disorders; (b) life transition
24 problems, currently referred to as "V" codes, and diagnostic codes 302
25 through 302.9 as found in the diagnostic and statistical manual of
26 mental disorders, 4th edition, published by the American psychiatric
27 association; (c) skilled nursing facility services, home health care,
28 residential treatment, and custodial care; and (d) court ordered
29 treatment unless the health maintenance organization's medical director
30 or designee determines the treatment to be medically necessary.

31 (2) All health benefit plans offered by health maintenance
32 organizations that provide coverage for medical and surgical services
33 shall provide:

34 (a) For all group health benefit plans (~~established or renewed on~~
35 ~~or after~~) for groups other than small groups, as defined in RCW
36 48.43.005 delivered, issued for delivery, or renewed on or after

1 January 1, 2006, (~~for groups of more than fifty employees~~) coverage
2 for:

3 (i) Mental health services. The copayment or coinsurance for
4 mental health services may be no more than the copayment or coinsurance
5 for medical and surgical services otherwise provided under the health
6 benefit plan. Wellness and preventive services that are provided or
7 reimbursed at a lesser copayment, coinsurance, or other cost sharing
8 than other medical and surgical services are excluded from this
9 comparison; and

10 (ii) Prescription drugs intended to treat any of the disorders
11 covered in subsection (1) of this section to the same extent, and under
12 the same terms and conditions, as other prescription drugs covered by
13 the health benefit plan.

14 (b) For all group health benefit plans (~~established or renewed on~~
15 ~~or after~~) for groups other than small groups, as defined in RCW
16 48.43.005 delivered, issued for delivery, or renewed on or after
17 January 1, 2008, (~~for groups of more than fifty employees~~) coverage
18 for:

19 (i) Mental health services. The copayment or coinsurance for
20 mental health services may be no more than the copayment or coinsurance
21 for medical and surgical services otherwise provided under the health
22 benefit plan. Wellness and preventive services that are provided or
23 reimbursed at a lesser copayment, coinsurance, or other cost sharing
24 than other medical and surgical services are excluded from this
25 comparison. If the health benefit plan imposes a maximum out-of-pocket
26 limit or stop loss, it shall be a single limit or stop loss for
27 medical, surgical, and mental health services; and

28 (ii) Prescription drugs intended to treat any of the disorders
29 covered in subsection (1) of this section to the same extent, and under
30 the same terms and conditions, as other prescription drugs covered by
31 the health benefit plan.

32 (c) For all group health benefit plans (~~established or renewed on~~
33 ~~or after~~) for groups other than small groups, as defined in RCW
34 48.43.005 delivered, issued for delivery, or renewed on or after July
35 1, 2010, (~~for groups of more than fifty employees~~) coverage for:

36 (i) Mental health services. The copayment or coinsurance for
37 mental health services may be no more than the copayment or coinsurance
38 for medical and surgical services otherwise provided under the health

1 benefit plan. Wellness and preventive services that are provided or
2 reimbursed at a lesser copayment, coinsurance, or other cost sharing
3 than other medical and surgical services are excluded from this
4 comparison. If the health benefit plan imposes a maximum out-of-pocket
5 limit or stop loss, it shall be a single limit or stop loss for
6 medical, surgical, and mental health services. If the health benefit
7 plan imposes any deductible, mental health services shall be included
8 with medical and surgical services for the purpose of meeting the
9 deductible requirement. Treatment limitations or any other financial
10 requirements on coverage for mental health services are only allowed if
11 the same limitations or requirements are imposed on coverage for
12 medical and surgical services; and

13 (ii) Prescription drugs intended to treat any of the disorders
14 covered in subsection (1) of this section to the same extent, and under
15 the same terms and conditions, as other prescription drugs covered by
16 the health benefit plan.

17 (3) In meeting the requirements of subsection (2)(a) and (b) of
18 this section, health benefit plans may not reduce the number of mental
19 health outpatient visits or mental health inpatient days below the
20 level in effect on July 1, 2002.

21 (4) This section does not prohibit a requirement that mental health
22 services be medically necessary as determined by the medical director
23 or designee, if a comparable requirement is applicable to medical and
24 surgical services.

25 (5) Nothing in this section shall be construed to prevent the
26 management of mental health services.

27 NEW SECTION. **Sec. 4.** This act is necessary for the immediate
28 preservation of the public peace, health, or safety, or support of the
29 state government and its existing public institutions, and takes effect
30 immediately.

--- END ---