

SB 5596-S2 - DIGEST

(DIGEST AS ENACTED)

Provides a health carrier may not develop and use provider and benefit payment methodologies that pay for chiropractic services in a lesser amount than the carrier pays for substantially similar health care services provided by a different profession. The carrier may not circumvent this requirement by creating a chiropractor-specific code not listed in the nationally recognized code book otherwise used by the carrier for provider payment.

VETO MESSAGE ON 2SSB 5596

April 1, 2008

To the Honorable President and Members,
The Senate of the State of Washington

Ladies and Gentlemen:

I am returning, without my approval as to Section 3, Second Substitute Senate Bill 5596 entitled:

"AN ACT Relating to fair payment for chiropractic services."

This bill provides that a health insurance carrier may not pay a chiropractor less for a given service or procedure than it pays any other provider for that service or procedure.

Section 3 directs the Insurance Commissioner after January 1, 2010 to contract for an evaluation of the impact of Section 1 on the utilization and cost of health care services, and requires carriers to provide any data necessary to complete the evaluation. The evaluation is due to the Legislature by January, 2012. Since it was not otherwise funded, the study will be paid for through the administrative assessment levied on carriers by the Office of the Insurance Commissioner. This is a significant administrative burden on carriers with little benefit.

For these reasons, I have vetoed Section 3 of Second Substitute Senate Bill 5596.

With the exception of Section 3, Second Substitute Senate Bill 5596 is approved.

Respectfully submitted,
Christine Gregoire
Governor