
SENATE BILL 6530

State of Washington

62nd Legislature

2012 Regular Session

By Senators Hobbs, Pridemore, Haugen, Hatfield, Conway, Nelson, Regala, Hill, Delvin, Kohl-Welles, Chase, Rolfes, Roach, Shin, and Harper

Read first time 01/27/12. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to expanding insurance coverage of
2 neurodevelopmental therapies; amending RCW 48.21.310, 48.44.450,
3 48.46.520, and 41.05.170; and providing an effective date.

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

5 **Sec. 1.** RCW 48.21.310 and 1989 c 345 s 2 are each amended to read
6 as follows:

7 (1) Each employer-sponsored group policy for comprehensive health
8 insurance which is entered into, or renewed, on or after (~~twelve~~
9 ~~months after July 23, 1989~~) January 1, 2013, shall include coverage
10 for neurodevelopmental therapies for covered individuals age (~~six~~)
11 fourteen and under.

12 (2) Benefits provided under this section shall cover the services
13 of those authorized to deliver occupational therapy, speech therapy,
14 and physical therapy. Benefits shall be payable only where the
15 services have been delivered pursuant to the referral and periodic
16 review of a holder of a license issued pursuant to chapter 18.71 or
17 18.57 RCW or where covered services have been rendered by such
18 licensee. Nothing in this section shall prohibit an insurer from
19 negotiating rates with qualified providers.

1 (3) Benefits provided under this section shall be for medically
2 necessary services as determined by the (~~insurer~~) licensed medical
3 practitioner. Benefits shall be payable for services for the
4 maintenance of an insured in cases where (~~significant~~) deterioration
5 in the patient's condition would result without the service. Benefits
6 shall be payable to (~~restore and~~) improve function.

7 (4) It is the intent of this section that employers purchasing
8 comprehensive health insurance, including the benefits required by this
9 section, together with the insurer, retain authority to design and
10 employ utilization and cost controls. Therefore, benefits delivered
11 under this section may be subject to contractual provisions regarding
12 deductible amounts and/or copayments established by the employer
13 purchasing insurance and the insurer. Benefits provided under this
14 section may be (~~subject to standard waiting periods for preexisting~~
15 ~~conditions, and may be~~) subject to the submission of written treatment
16 plans.

17 (5) In recognition of the intent expressed in subsection (4) of
18 this section, benefits provided under this section may be subject to
19 contractual provisions establishing annual and/or lifetime benefit
20 limits. Such limits may define the total dollar benefits available or
21 may limit the number of services delivered as agreed by the employer
22 purchasing insurance and the insurer.

23 **Sec. 2.** RCW 48.44.450 and 1989 c 345 s 1 are each amended to read
24 as follows:

25 (1) Each employer-sponsored group contract for comprehensive health
26 care service which is entered into, or renewed, on or after (~~twelve~~
27 ~~months after July 23, 1989~~) January 1, 2013, shall include coverage
28 for neurodevelopmental therapies for covered individuals age (~~six~~)
29 fourteen and under.

30 (2) Benefits provided under this section shall cover the services
31 of those authorized to deliver occupational therapy, speech therapy,
32 and physical therapy. Benefits shall be payable only where the
33 services have been delivered pursuant to the referral and periodic
34 review of a holder of a license issued pursuant to chapter 18.71 or
35 18.57 RCW or where covered services have been rendered by such
36 licensee. Nothing in this section shall prohibit a health care service
37 contractor from requiring that covered services be delivered by a

1 provider who participates by contract with the health care service
2 contractor unless no participating provider is available to deliver
3 covered services. Nothing in this section shall prohibit a health care
4 service contractor from negotiating rates with qualified providers.

5 (3) Benefits provided under this section shall be for medically
6 necessary services as determined by the (~~health care service~~
7 ~~contractor~~) licensed medical practitioner. Benefits shall be payable
8 for services for the maintenance of a covered individual in cases where
9 (~~significant~~) deterioration in the patient's condition would result
10 without the service. Benefits shall be payable to (~~restore and~~)
11 improve function.

12 (4) It is the intent of this section that employers purchasing
13 comprehensive group coverage including the benefits required by this
14 section, together with the health care service contractor, retain
15 authority to design and employ utilization and cost controls.
16 Therefore, benefits delivered under this section may be subject to
17 contractual provisions regarding deductible amounts and/or copayments
18 established by the employer purchasing coverage and the health care
19 service contractor. Benefits provided under this section may be
20 subject to (~~standard waiting periods for preexisting conditions, and~~
21 ~~may be subject to~~) the submission of written treatment plans.

22 (5) In recognition of the intent expressed in subsection (4) of
23 this section, benefits provided under this section may be subject to
24 contractual provisions establishing annual and/or lifetime benefit
25 limits. Such limits may define the total dollar benefits available or
26 may limit the number of services delivered as agreed by the employer
27 purchasing coverage and the health care service contractor.

28 **Sec. 3.** RCW 48.46.520 and 1989 c 345 s 3 are each amended to read
29 as follows:

30 (1) Each employer-sponsored group contract for comprehensive health
31 care service which is entered into, or renewed, on or after (~~twelve~~
32 ~~months after July 23, 1989~~) January 1, 2013, shall include coverage
33 for neurodevelopmental therapies for covered individuals age (~~six~~)
34 fourteen and under.

35 (2) Benefits provided under this section shall cover the services
36 of those authorized to deliver occupational therapy, speech therapy,
37 and physical therapy. Covered benefits and treatment must be rendered

1 or referred by the health maintenance organization, and delivered
2 pursuant to the referral and periodic review of a holder of a license
3 issued pursuant to chapter 18.71 or 18.57 RCW or where treatment is
4 rendered by such licensee. Nothing in this section shall prohibit a
5 health maintenance organization from negotiating rates with qualified
6 providers.

7 (3) Benefits provided under this section shall be for medically
8 necessary services as determined by the ~~((health—maintenance
9 organization))~~ licensed medical practitioner. Benefits shall be
10 provided for the maintenance of a covered enrollee in cases where
11 ~~((significant))~~ deterioration in the patient's condition would result
12 without the service. Benefits shall be provided to ~~((restore—and))~~
13 improve function.

14 (4) It is the intent of this section that employers purchasing
15 comprehensive group coverage including the benefits required by this
16 section, together with the health maintenance organization, retain
17 authority to design and employ utilization and cost controls.
18 Therefore, benefits provided under this section may be subject to
19 contractual provisions regarding deductible amounts and/or copayments
20 established by the employer purchasing coverage and the health
21 maintenance organization. Benefits provided under this section may be
22 subject to ~~((standard waiting periods for preexisting conditions, and
23 may be subject to))~~ the submission of written treatment plans.

24 (5) In recognition of the intent expressed in subsection (4) of
25 this section, benefits provided under this section may be subject to
26 contractual provisions establishing annual and/or lifetime benefit
27 limits. Such limits may define the total dollar benefits available, or
28 may limit the number of services delivered as agreed by the employer
29 purchasing coverage and the health maintenance organization.

30 **Sec. 4.** RCW 41.05.170 and 1989 c 345 s 4 are each amended to read
31 as follows:

32 (1) Each health plan offered to public employees and their covered
33 dependents under this chapter which is not subject to the provisions of
34 Title 48 RCW and is established or renewed on or after ~~((twelve months
35 after July 23, 1989))~~ January 1, 2013, shall include coverage for
36 neurodevelopmental therapies for covered individuals age ~~((six))~~
37 fourteen and under.

1 (2) Benefits provided under this section shall cover the services
2 of those authorized to deliver occupational therapy, speech therapy,
3 and physical therapy. Benefits shall be payable only where the
4 services have been delivered pursuant to the referral and periodic
5 review of a holder of a license issued pursuant to chapter 18.71 or
6 18.57 RCW or where covered services have been rendered by such
7 licensee. Nothing in this section shall preclude a self-funded plan
8 authorized under this chapter from negotiating rates with qualified
9 providers.

10 (3) Benefits provided under this section shall be for medically
11 necessary services as determined by the (~~self-funded plan authorized~~
12 ~~under this chapter~~) licensed medical practitioner. Benefits shall be
13 payable for services for the maintenance of a covered individual in
14 cases where (~~significant~~) deterioration in the patient's condition
15 would result without the service. Benefits shall be payable to
16 (~~restore and~~) improve function.

17 (4) It is the intent of this section that the state, as an employer
18 providing comprehensive health coverage including the benefits required
19 by this section, retains the authority to design and employ utilization
20 and cost controls. Therefore, benefits delivered under this section
21 may be subject to contractual provisions regarding deductible amounts
22 and/or copayments established by the self-funded plan authorized under
23 this chapter. Benefits provided under this section may be subject to
24 (~~standard waiting periods for preexisting conditions, and may be~~
25 ~~subject to~~) the submission of written treatment plans.

26 (5) In recognition of the intent expressed in subsection (4) of
27 this section, benefits provided under this section may be subject to
28 contractual provisions establishing annual and/or lifetime benefit
29 limits. Such limits may define the total dollar benefits available, or
30 may limit the number of services delivered as established by the self-
31 funded plan authorized under this chapter.

32 NEW SECTION. **Sec. 5.** This act takes effect January 1, 2013.

--- END ---