
SENATE BILL 6302

State of Washington

63rd Legislature

2014 Regular Session

By Senator Keiser

Read first time 01/20/14. Referred to Committee on Health Care .

1 AN ACT Relating to health insurance coverage of emergency services
2 and conforming with certain provisions of federal law; and amending RCW
3 48.43.093.

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

5 **Sec. 1.** RCW 48.43.093 and 1997 c 231 s 301 are each amended to
6 read as follows:

7 (1) When conducting a review of the necessity and appropriateness
8 of emergency services or making a benefit determination for emergency
9 services:

10 (a) A health carrier shall cover emergency services necessary to
11 screen and stabilize a covered person if a prudent layperson acting
12 reasonably would have believed that an emergency medical condition
13 existed. In addition, a health carrier shall not require prior
14 authorization of such services (~~provided prior to the point of~~
15 ~~stabilization if a prudent layperson acting reasonably would have~~
16 ~~believed that an emergency medical condition existed)). With respect
17 to care obtained from a nonparticipating hospital emergency department,
18 a health carrier shall cover emergency services necessary to screen and
19 stabilize a covered person if a prudent layperson would have reasonably~~

1 believed that use of a participating hospital emergency department
2 would result in a delay that would worsen the emergency, or if a
3 provision of federal, state, or local law requires the use of a
4 specific provider or facility, on the same basis that coverage would
5 apply for a participating hospital emergency department. In addition,
6 a health carrier shall not require prior authorization of such services
7 (~~provided prior to the point of stabilization if a prudent layperson~~
8 ~~acting reasonably would have believed that an emergency medical~~
9 ~~condition existed and that use of a participating hospital emergency~~
10 ~~department would result in a delay that would worsen the emergency~~).

11 (b) ~~If an authorized representative of a health carrier authorizes~~
12 ~~coverage of emergency services, the health carrier shall not~~
13 ~~subsequently retract its authorization after the emergency services~~
14 ~~have been provided, or reduce payment for an item or service furnished~~
15 ~~in reliance on approval, unless the approval was based on a material~~
16 ~~misrepresentation about the covered person's health condition made by~~
17 ~~the provider of emergency services)~~.

18 ((~~e~~)) (b) Coverage of emergency services may be subject to
19 applicable copayments, coinsurance, and deductibles(~~, and a health~~
20 ~~carrier may impose reasonable differential cost-sharing arrangements~~
21 ~~for emergency services rendered by nonparticipating providers, if such~~
22 ~~differential between cost-sharing amounts applied to emergency services~~
23 ~~rendered by participating provider versus nonparticipating provider~~
24 ~~does not exceed fifty dollars)). Differential cost sharing for
25 emergency services rendered by a nonparticipating provider may not be
26 applied (~~when a covered person presents to a nonparticipating hospital~~
27 ~~emergency department rather than a participating hospital emergency~~
28 ~~department when the health carrier requires preauthorization for~~
29 ~~postevaluation or poststabilization emergency services if:~~~~

30 (i) ~~Due to circumstances beyond the covered person's control, the~~
31 ~~covered person was unable to go to a participating hospital emergency~~
32 ~~department in a timely fashion without serious impairment to the~~
33 ~~covered person's health; or~~

34 (ii) ~~A prudent layperson possessing an average knowledge of health~~
35 ~~and medicine would have reasonably believed that he or she would be~~
36 ~~unable to go to a participating hospital emergency department in a~~
37 ~~timely fashion without serious impairment to the covered person's~~
38 ~~health)~~.

1 (c) Providers may not balance a bill or attempt to recover excess
2 funds from the covered person beyond the cost sharing, coinsurance, or
3 deductible required in the health plan contract.

4 (d) If a health carrier requires preauthorization for
5 postevaluation or poststabilization services, the health carrier shall
6 provide access to an authorized representative twenty-four hours a day,
7 seven days a week, to facilitate review. In order for postevaluation
8 or poststabilization services to be covered by the health carrier, the
9 provider or facility must make a documented good faith effort to
10 contact the covered person's health carrier within thirty minutes of
11 stabilization, if the covered person needs to be stabilized. The
12 health carrier's authorized representative is required to respond to a
13 telephone request for preauthorization from a provider or facility
14 within thirty minutes. Failure of the health carrier to respond within
15 thirty minutes constitutes authorization for the provision of
16 immediately required medically necessary postevaluation and
17 poststabilization services, unless the health carrier documents that it
18 made a good faith effort but was unable to reach the provider or
19 facility within thirty minutes after receiving the request.

20 (e) A health carrier shall immediately arrange for an alternative
21 plan of treatment for the covered person if a nonparticipating
22 emergency provider and health plan cannot reach an agreement on which
23 services are necessary beyond those immediately necessary to stabilize
24 the covered person consistent with state and federal laws.

25 (2) Nothing in this section is to be construed as prohibiting the
26 health carrier from requiring notification within the time frame
27 specified in the contract for inpatient admission or as soon thereafter
28 as medically possible but no less than twenty-four hours. Nothing in
29 this section is to be construed as preventing the health carrier from
30 reserving the right to require transfer of a hospitalized covered
31 person upon stabilization. Follow-up care that is a direct result of
32 the emergency must be obtained in accordance with the health plan's
33 usual terms and conditions of coverage. All other terms and conditions
34 of coverage may be applied to emergency services.

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