
SUBSTITUTE HOUSE BILL 1471

State of Washington

64th Legislature

2015 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Cody, Schmick, Harris, Van De Wege, DeBolt, Hurst, Kretz, Moeller, Jinkins, and Tharinger)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to mitigating barriers to patient access to care
2 resulting from health insurance contracting practices; adding a new
3 section to chapter 48.43 RCW; and providing an effective date.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 (1) A health carrier that imposes different prior authorization
8 standards and criteria for a covered service among tiers of
9 contracting providers of the same licensed profession in the same
10 health plan shall, upon request, inform an enrollee which tier an
11 individual provider or group of providers is in.

12 (2) A health carrier may not require prior authorization for an
13 evaluation and management visit or an initial treatment visit with a
14 contracting provider in a new episode of habilitative,
15 rehabilitative, East Asian medicine, or chiropractic care.

16 (3) Any prior authorization standards and criteria used by a
17 health plan must be based on the carrier's medical necessity
18 standards.

19 (4) A health carrier shall post on its web site and provide upon
20 the request of a covered person or contracting provider any

1 standards, criteria, or information the carrier uses for prior
2 authorization decisions.

3 (5) A health care provider with whom a health carrier consults
4 regarding a decision to deny, limit, or terminate a person's covered
5 health care services must hold a license, certification, or
6 registration, in good standing and must be in the same or related
7 health field as the health care provider being reviewed.

8 (6) A health carrier may not require a provider to provide a
9 discount from usual and customary rates for health care services not
10 covered under a health plan, policy, or other agreement, to which the
11 provider is a party.

12 (7) In addition to the requirements of RCW 48.43.525, a health
13 carrier must honor a representation by its subcontractor that a
14 health care service will be covered by the carrier's health plan.

15 (8)(a) A rental network must give a contracted health care
16 provider sixty days' notice prior to adding a new product to its
17 contract with the provider. The rental network may not require the
18 contracted provider to accept the additional product as a condition
19 for continued participation in the in-force contract.

20 (b) For purposes of this subsection (8):

21 (i) "Rental network" means any entity that sells access to a
22 network of health care providers to other entities.

23 (ii) "Product" means an entity purchasing access to a rental
24 network.

25 (c) This subsection (8) does not apply to entities within the
26 same insurance holding company system as defined in RCW 48.31B.005.

27 (9) A health carrier may not require a covered person's cost
28 sharing, including copayments, for habilitative, rehabilitative, East
29 Asian medicine, or chiropractic care to exceed the cost-sharing
30 amount the carrier requires for primary care.

31 (10) For purposes of this section, "new episode of care" means
32 treatment for a new condition.

33 NEW SECTION. **Sec. 2.** This act takes effect January 1, 2017.

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