
HOUSE BILL 1471

State of Washington

64th Legislature

2015 Regular Session

By Representatives Cody, Schmick, Harris, Van De Wege, DeBolt, Hurst, Kretz, Moeller, Jinkins, and Tharinger

Read first time 01/21/15. Referred to Committee on Health Care & Wellness.

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) A health carrier may not:

8 (i) Impose different prior authorization standards and criteria
9 for a covered service among contracting providers of the same
10 licensed profession in the same health plan; or

11 (ii) Require prior authorization for the first encounter with a
12 contracting provider in a new episode of care.

13 (b) Any prior authorization standards and criteria used by a
14 health plan must be based on generally accepted standards of clinical
15 practice.

16 (c) A health carrier shall disclose, upon the request of a
17 covered person or contracting provider, any standards, criteria, or
18 information the carrier uses for prior authorization decisions.

19 (d) A health carrier shall respond to a request for prior
20 authorization for a covered habilitative, rehabilitative, or
21 chiropractic service no later than twenty-four hours after receiving

1 the request. If the health carrier does not respond within twenty-
2 four hours of the request, the prior authorization request is deemed
3 granted.

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

10 (b) If a covered person is being treated by more than one
11 provider, the review shall be completed by a provider who holds a
12 license, certification, or registration, in good standing in
13 Washington and who is actively practicing in the same health field or
14 specialty as the principal prescribing or diagnosing provider, unless
15 otherwise agreed to by the covered person and the carrier. This
16 subsection (2)(b) does not prohibit the carrier from providing
17 additional reviews of other categories of providers.

18 (3) A health carrier may not:

19 (a) Require a health care provider to participate in one plan,
20 program, or health care arrangement as a condition for participating
21 in any of the carrier's other plans, programs, or arrangements;

22 (b) Require a provider to provide a discount from usual and
23 customary rates for health care services not covered under a health
24 plan, policy, or other agreement, to which the provider is a party;
25 or

26 (c) Require a covered person's cost sharing, including
27 copayments, for habilitative, rehabilitative, or chiropractic care to
28 exceed the cost-sharing amount the carrier requires for primary care.

29 (4) A health carrier is responsible for any activities it
30 delegates to a subcontractor regarding denials of, or limitations on,
31 access to covered services. A health carrier that delegates such
32 activities to a subcontractor shall ensure that the subcontractor
33 utilizes the correct standards and criteria applicable to each
34 covered person's health benefit plan. If a subcontractor informs a
35 covered person that he or she is eligible for reimbursement for
36 services that exceed the scope of the covered person's coverage in a
37 manner that favors the covered person, the carrier is bound by the
38 information provided by the subcontractor and must reimburse for the
39 services in question regardless of whether they are covered services.

40

1 (5) For purposes of this section, "new episode of care" means
2 treatment for a new condition or an objective or subjective worsening
3 of an existing condition.

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

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