
SUBSTITUTE HOUSE BILL 2339

State of Washington 64th Legislature 2016 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Moeller and Appleton)

READ FIRST TIME 01/19/16.

1 AN ACT Relating to health coverage for residential treatment;
2 amending RCW 41.05.600, 48.20.580, 48.21.241, 48.41.220, 48.44.341,
3 48.46.291, and 70.47.200; and creating a new section.

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

5 **Sec. 1.** RCW 41.05.600 and 2005 c 6 s 2 are each amended to read
6 as follows:

7 (1) For the purposes of this section, "mental health services"
8 means medically necessary (~~outpatient and inpatient~~) services
9 provided to treat mental disorders covered by the diagnostic
10 categories listed in the most current version of the diagnostic and
11 statistical manual of mental disorders, published by the American
12 psychiatric association, on July 24, 2005, or such subsequent date as
13 may be provided by the administrator by rule, consistent with the
14 purposes of chapter 6, Laws of 2005, with the exception of the
15 following categories, codes, and services: (a) Substance related
16 disorders; (b) life transition problems, currently referred to as "V"
17 codes, and diagnostic codes 302 through 302.9 as found in the
18 diagnostic and statistical manual of mental disorders, 4th edition,
19 published by the American psychiatric association; (c) skilled
20 nursing facility services, home health care, (~~residential~~
21 ~~treatment,~~) and custodial care; and (d) court ordered treatment

1 unless the authority's or contracted insuring entity's medical
2 director determines the treatment to be medically necessary.

3 (2) All health benefit plans offered to public employees and
4 their covered dependents under this chapter that provide coverage for
5 medical and surgical services shall provide:

6 (a) For all health benefit plans established or renewed on or
7 after January 1, 2006, coverage for:

8 (i) Mental health services. The copayment or coinsurance for
9 mental health services may be no more than the copayment or
10 coinsurance for medical and surgical services otherwise provided
11 under the health benefit plan. Wellness and preventive services that
12 are provided or reimbursed at a lesser copayment, coinsurance, or
13 other cost sharing than other medical and surgical services are
14 excluded from this comparison; and

15 (ii) Prescription drugs intended to treat any of the disorders
16 covered in subsection (1) of this section to the same extent, and
17 under the same terms and conditions, as other prescription drugs
18 covered by the health benefit plan.

19 (b) For all health benefit plans established or renewed on or
20 after January 1, 2008, coverage for:

21 (i) Mental health services. The copayment or coinsurance for
22 mental health services may be no more than the copayment or
23 coinsurance for medical and surgical services otherwise provided
24 under the health benefit plan. Wellness and preventive services that
25 are provided or reimbursed at a lesser copayment, coinsurance, or
26 other cost sharing than other medical and surgical services are
27 excluded from this comparison. If the health benefit plan imposes a
28 maximum out-of-pocket limit or stop loss, it shall be a single limit
29 or stop loss for medical, surgical, and mental health services; and

30 (ii) Prescription drugs intended to treat any of the disorders
31 covered in subsection (1) of this section to the same extent, and
32 under the same terms and conditions, as other prescription drugs
33 covered by the health benefit plan.

34 (c) For all health benefit plans established or renewed on or
35 after July 1, 2010, coverage for:

36 (i) Mental health services. The copayment or coinsurance for
37 mental health services may be no more than the copayment or
38 coinsurance for medical and surgical services otherwise provided
39 under the health benefit plan. Wellness and preventive services that
40 are provided or reimbursed at a lesser copayment, coinsurance, or

1 other cost sharing than other medical and surgical services are
2 excluded from this comparison. If the health benefit plan imposes a
3 maximum out-of-pocket limit or stop loss, it shall be a single limit
4 or stop loss for medical, surgical, and mental health services. If
5 the health benefit plan imposes any deductible, mental health
6 services shall be included with medical and surgical services for the
7 purpose of meeting the deductible requirement. Treatment limitations
8 or any other financial requirements on coverage for mental health
9 services are only allowed if the same limitations or requirements are
10 imposed on coverage for medical and surgical services; and

11 (ii) Prescription drugs intended to treat any of the disorders
12 covered in subsection (1) of this section to the same extent, and
13 under the same terms and conditions, as other prescription drugs
14 covered by the health benefit plan.

15 (3) In meeting the requirements of subsection (2)(a) and (b) of
16 this section, health benefit plans may not reduce the number of
17 mental health outpatient visits or mental health inpatient days below
18 the level in effect on July 1, 2002.

19 (4) This section does not prohibit a requirement that mental
20 health services be medically necessary as determined by the medical
21 director or designee, if a comparable requirement is applicable to
22 medical and surgical services.

23 (5) Nothing in this section shall be construed to prevent the
24 management of mental health services.

25 (6) The administrator will consider care management techniques
26 for mental health services, including but not limited to: (a)
27 Authorized treatment plans; (b) preauthorization requirements based
28 on the type of service; (c) concurrent and retrospective utilization
29 review; (d) utilization management practices; (e) discharge
30 coordination and planning; and (f) contracting with and using a
31 network of participating providers.

32 **Sec. 2.** RCW 48.20.580 and 2007 c 8 s 1 are each amended to read
33 as follows:

34 (1) For the purposes of this section, "mental health services"
35 means medically necessary (~~outpatient and inpatient~~) services
36 provided to treat mental disorders covered by the diagnostic
37 categories listed in the most current version of the diagnostic and
38 statistical manual of mental disorders, published by the American
39 psychiatric association, on July 24, 2005, or such subsequent date as

1 may be provided by the insurance commissioner by rule, consistent
2 with the purposes of chapter 6, Laws of 2005, with the exception of
3 the following categories, codes, and services: (a) Substance related
4 disorders; (b) life transition problems, currently referred to as "V"
5 codes, and diagnostic codes 302 through 302.9 as found in the
6 diagnostic and statistical manual of mental disorders, 4th edition,
7 published by the American psychiatric association; (c) skilled
8 nursing facility services, home health care, (~~residential~~
9 ~~treatment,~~) and custodial care; and (d) court-ordered treatment
10 unless the insurer's medical director or designee determines the
11 treatment to be medically necessary.

12 (2) Each disability insurance contract delivered, issued for
13 delivery, or renewed on or after January 1, 2008, providing coverage
14 for medical and surgical services shall provide coverage for:

15 (a) Mental health services. The copayment or coinsurance for
16 mental health services may be no more than the copayment or
17 coinsurance for medical and surgical services otherwise provided
18 under the disability insurance contract. Wellness and preventive
19 services that are provided or reimbursed at a lesser copayment,
20 coinsurance, or other cost sharing than other medical and surgical
21 services are excluded from this comparison. If the disability
22 insurance contract imposes a maximum out-of-pocket limit or stop
23 loss, it shall be a single limit or stop loss for medical, surgical,
24 and mental health services; and

25 (b) Prescription drugs intended to treat any of the disorders
26 covered in subsection (1) of this section to the same extent, and
27 under the same terms and conditions, as other prescription drugs
28 covered by the disability insurance contract.

29 (3) Each disability insurance contract delivered, issued for
30 delivery, or renewed on or after July 1, 2010, providing coverage for
31 medical and surgical services shall provide coverage for:

32 (a) Mental health services. The copayment or coinsurance for
33 mental health services may be no more than the copayment or
34 coinsurance for medical and surgical services otherwise provided
35 under the disability insurance contract. Wellness and preventive
36 services that are provided or reimbursed at a lesser copayment,
37 coinsurance, or other cost sharing than other medical and surgical
38 services are excluded from this comparison. If the disability
39 insurance contract imposes a maximum out-of-pocket limit or stop
40 loss, it shall be a single limit or stop loss for medical, surgical,

1 and mental health services. If the disability insurance contract
2 imposes any deductible, mental health services shall be included with
3 medical and surgical services for the purpose of meeting the
4 deductible requirement. Treatment limitations or any other financial
5 requirements on coverage for mental health services are only allowed
6 if the same limitations or requirements are imposed on coverage for
7 medical and surgical services; and

8 (b) Prescription drugs intended to treat any of the disorders
9 covered in subsection (1) of this section to the same extent, and
10 under the same terms and conditions, as other prescription drugs
11 covered by the disability insurance contract.

12 (4) In meeting the requirements of this section, disability
13 insurance contracts may not reduce the number of mental health
14 outpatient visits or mental health inpatient days below the level in
15 effect on July 1, 2002.

16 (5) This section does not prohibit a requirement that mental
17 health services be medically necessary as determined by the medical
18 director or designee, if a comparable requirement is applicable to
19 medical and surgical services.

20 (6) Nothing in this section shall be construed to prevent the
21 management of mental health services.

22 **Sec. 3.** RCW 48.21.241 and 2007 c 8 s 2 are each amended to read
23 as follows:

24 (1) For the purposes of this section, "mental health services"
25 means medically necessary (~~outpatient and inpatient~~) services
26 provided to treat mental disorders covered by the diagnostic
27 categories listed in the most current version of the diagnostic and
28 statistical manual of mental disorders, published by the American
29 psychiatric association, on July 24, 2005, or such subsequent date as
30 may be provided by the insurance commissioner by rule, consistent
31 with the purposes of chapter 6, Laws of 2005, with the exception of
32 the following categories, codes, and services: (a) Substance related
33 disorders; (b) life transition problems, currently referred to as "V"
34 codes, and diagnostic codes 302 through 302.9 as found in the
35 diagnostic and statistical manual of mental disorders, 4th edition,
36 published by the American psychiatric association; (c) skilled
37 nursing facility services, home health care, (~~residential~~
38 ~~treatment,~~) and custodial care; and (d) court ordered treatment

1 unless the insurer's medical director or designee determines the
2 treatment to be medically necessary.

3 (2) All group disability insurance contracts and blanket
4 disability insurance contracts providing health benefit plans that
5 provide coverage for medical and surgical services shall provide:

6 (a) For all group health benefit plans for groups other than
7 small groups, as defined in RCW 48.43.005 delivered, issued for
8 delivery, or renewed on or after January 1, 2006, coverage for:

9 (i) Mental health services. The copayment or coinsurance for
10 mental health services may be no more than the copayment or
11 coinsurance for medical and surgical services otherwise provided
12 under the health benefit plan. Wellness and preventive services that
13 are provided or reimbursed at a lesser copayment, coinsurance, or
14 other cost sharing than other medical and surgical services are
15 excluded from this comparison; and

16 (ii) Prescription drugs intended to treat any of the disorders
17 covered in subsection (1) of this section to the same extent, and
18 under the same terms and conditions, as other prescription drugs
19 covered by the health benefit plan.

20 (b) For all group health benefit plans delivered, issued for
21 delivery, or renewed on or after January 1, 2008, coverage for:

22 (i) Mental health services. The copayment or coinsurance for
23 mental health services may be no more than the copayment or
24 coinsurance for medical and surgical services otherwise provided
25 under the health benefit plan. Wellness and preventive services that
26 are provided or reimbursed at a lesser copayment, coinsurance, or
27 other cost sharing than other medical and surgical services are
28 excluded from this comparison. If the health benefit plan imposes a
29 maximum out-of-pocket limit or stop loss, it shall be a single limit
30 or stop loss for medical, surgical, and mental health services; and

31 (ii) Prescription drugs intended to treat any of the disorders
32 covered in subsection (1) of this section to the same extent, and
33 under the same terms and conditions, as other prescription drugs
34 covered by the health benefit plan.

35 (c) For all group health benefit plans delivered, issued for
36 delivery, or renewed on or after July 1, 2010, coverage for:

37 (i) Mental health services. The copayment or coinsurance for
38 mental health services may be no more than the copayment or
39 coinsurance for medical and surgical services otherwise provided
40 under the health benefit plan. Wellness and preventive services that

1 are provided or reimbursed at a lesser copayment, coinsurance, or
2 other cost sharing than other medical and surgical services are
3 excluded from this comparison. If the health benefit plan imposes a
4 maximum out-of-pocket limit or stop loss, it shall be a single limit
5 or stop loss for medical, surgical, and mental health services. If
6 the health benefit plan imposes any deductible, mental health
7 services shall be included with medical and surgical services for the
8 purpose of meeting the deductible requirement. Treatment limitations
9 or any other financial requirements on coverage for mental health
10 services are only allowed if the same limitations or requirements are
11 imposed on coverage for medical and surgical services; and

12 (ii) Prescription drugs intended to treat any of the disorders
13 covered in subsection (1) of this section to the same extent, and
14 under the same terms and conditions, as other prescription drugs
15 covered by the health benefit plan.

16 (3) In meeting the requirements of subsection (2)(a) and (b) of
17 this section, health benefit plans may not reduce the number of
18 mental health outpatient visits or mental health inpatient days below
19 the level in effect on July 1, 2002.

20 (4) This section does not prohibit a requirement that mental
21 health services be medically necessary as determined by the medical
22 director or designee, if a comparable requirement is applicable to
23 medical and surgical services.

24 (5) Nothing in this section shall be construed to prevent the
25 management of mental health services.

26 **Sec. 4.** RCW 48.41.220 and 2007 c 8 s 6 are each amended to read
27 as follows:

28 (1) For the purposes of this section, "mental health services"
29 means medically necessary (~~outpatient and inpatient~~) services
30 provided to treat mental disorders covered by the diagnostic
31 categories listed in the most current version of the diagnostic and
32 statistical manual of mental disorders, published by the American
33 psychiatric association, on July 24, 2005, or such subsequent date as
34 may be provided by the insurance commissioner by rule, consistent
35 with the purposes of chapter 6, Laws of 2005, with the exception of
36 the following categories, codes, and services: (a) Substance related
37 disorders; (b) life transition problems, currently referred to as "V"
38 codes, and diagnostic codes 302 through 302.9 as found in the
39 diagnostic and statistical manual of mental disorders, 4th edition,

1 published by the American psychiatric association; (c) skilled
2 nursing facility services, home health care, (~~residential~~
3 ~~treatment,~~) and custodial care; and (d) court-ordered treatment
4 unless the insurer's medical director or designee determines the
5 treatment to be medically necessary.

6 (2) Each health insurance policy issued by the pool on or after
7 January 1, 2008, shall provide coverage for:

8 (a) Mental health services. The copayment or coinsurance for
9 mental health services may be no more than the copayment or
10 coinsurance for medical and surgical services otherwise provided
11 under the policy. Wellness and preventive services that are provided
12 or reimbursed at a lesser copayment, coinsurance, or other cost
13 sharing than other medical and surgical services are excluded from
14 this comparison. If the policy imposes a maximum out-of-pocket limit
15 or stop loss, it shall be a single limit or stop loss for medical,
16 surgical, and mental health services; and

17 (b) Prescription drugs intended to treat any of the disorders
18 covered in subsection (1) of this section to the same extent, and
19 under the same terms and conditions, as other prescription drugs
20 covered by the policy.

21 (3) Each health insurance policy issued by the pool on or after
22 July 1, 2010, shall provide coverage for:

23 (a) Mental health services. The copayment or coinsurance for
24 mental health services may be no more than the copayment or
25 coinsurance for medical and surgical services otherwise provided
26 under the policy. Wellness and preventive services that are provided
27 or reimbursed at a lesser copayment, coinsurance, or other cost
28 sharing than other medical and surgical services are excluded from
29 this comparison. If the policy imposes a maximum out-of-pocket limit
30 or stop loss, it shall be a single limit or stop loss for medical,
31 surgical, and mental health services. If the policy imposes any
32 deductible, mental health services shall be included with medical and
33 surgical services for the purpose of meeting the deductible
34 requirement. Treatment limitations or any other financial
35 requirements on coverage for mental health services are only allowed
36 if the same limitations or requirements are imposed on coverage for
37 medical and surgical services; and

38 (b) Prescription drugs intended to treat any of the disorders
39 covered in subsection (1) of this section to the same extent, and

1 under the same terms and conditions, as other prescription drugs
2 covered by the policy.

3 (4) In meeting the requirements of this section, a policy may not
4 reduce the number of mental health outpatient visits or mental health
5 inpatient days below the level in effect on July 1, 2002.

6 (5) This section does not prohibit a requirement that mental
7 health services be medically necessary as determined by the medical
8 director or designee, if a comparable requirement is applicable to
9 medical and surgical services.

10 (6) Nothing in this section shall be construed to prevent the
11 management of mental health services.

12 **Sec. 5.** RCW 48.44.341 and 2007 c 8 s 3 are each amended to read
13 as follows:

14 (1) For the purposes of this section, "mental health services"
15 means medically necessary (~~outpatient and inpatient~~) services
16 provided to treat mental disorders covered by the diagnostic
17 categories listed in the most current version of the diagnostic and
18 statistical manual of mental disorders, published by the American
19 psychiatric association, on July 24, 2005, or such subsequent date as
20 may be provided by the insurance commissioner by rule, consistent
21 with the purposes of chapter 6, Laws of 2005, with the exception of
22 the following categories, codes, and services: (a) Substance related
23 disorders; (b) life transition problems, currently referred to as "V"
24 codes, and diagnostic codes 302 through 302.9 as found in the
25 diagnostic and statistical manual of mental disorders, 4th edition,
26 published by the American psychiatric association; (c) skilled
27 nursing facility services, home health care, (~~residential~~
28 ~~treatment,~~) and custodial care; and (d) court ordered treatment
29 unless the health care service contractor's medical director or
30 designee determines the treatment to be medically necessary.

31 (2) All health service contracts providing health benefit plans
32 that provide coverage for medical and surgical services shall
33 provide:

34 (a) For all group health benefit plans for groups other than
35 small groups, as defined in RCW 48.43.005 delivered, issued for
36 delivery, or renewed on or after January 1, 2006, coverage for:

37 (i) Mental health services. The copayment or coinsurance for
38 mental health services may be no more than the copayment or
39 coinsurance for medical and surgical services otherwise provided

1 under the health benefit plan. Wellness and preventive services that
2 are provided or reimbursed at a lesser copayment, coinsurance, or
3 other cost sharing than other medical and surgical services are
4 excluded from this comparison; and

5 (ii) Prescription drugs intended to treat any of the disorders
6 covered in subsection (1) of this section to the same extent, and
7 under the same terms and conditions, as other prescription drugs
8 covered by the health benefit plan.

9 (b) For all health benefit plans delivered, issued for delivery,
10 or renewed on or after January 1, 2008, coverage for:

11 (i) Mental health services. The copayment or coinsurance for
12 mental health services may be no more than the copayment or
13 coinsurance for medical and surgical services otherwise provided
14 under the health benefit plan. Wellness and preventive services that
15 are provided or reimbursed at a lesser copayment, coinsurance, or
16 other cost sharing than other medical and surgical services are
17 excluded from this comparison. If the health benefit plan imposes a
18 maximum out-of-pocket limit or stop loss, it shall be a single limit
19 or stop loss for medical, surgical, and mental health services; and

20 (ii) Prescription drugs intended to treat any of the disorders
21 covered in subsection (1) of this section to the same extent, and
22 under the same terms and conditions, as other prescription drugs
23 covered by the health benefit plan.

24 (c) For all health benefit plans delivered, issued for delivery,
25 or renewed on or after July 1, 2010, coverage for:

26 (i) Mental health services. The copayment or coinsurance for
27 mental health services may be no more than the copayment or
28 coinsurance for medical and surgical services otherwise provided
29 under the health benefit plan. Wellness and preventive services that
30 are provided or reimbursed at a lesser copayment, coinsurance, or
31 other cost sharing than other medical and surgical services are
32 excluded from this comparison. If the health benefit plan imposes a
33 maximum out-of-pocket limit or stop loss, it shall be a single limit
34 or stop loss for medical, surgical, and mental health services. If
35 the health benefit plan imposes any deductible, mental health
36 services shall be included with medical and surgical services for the
37 purpose of meeting the deductible requirement. Treatment limitations
38 or any other financial requirements on coverage for mental health
39 services are only allowed if the same limitations or requirements are
40 imposed on coverage for medical and surgical services; and

1 (ii) Prescription drugs intended to treat any of the disorders
2 covered in subsection (1) of this section to the same extent, and
3 under the same terms and conditions, as other prescription drugs
4 covered by the health benefit plan.

5 (3) In meeting the requirements of subsection (2)(a) and (b) of
6 this section, health benefit plans may not reduce the number of
7 mental health outpatient visits or mental health inpatient days below
8 the level in effect on July 1, 2002.

9 (4) This section does not prohibit a requirement that mental
10 health services be medically necessary as determined by the medical
11 director or designee, if a comparable requirement is applicable to
12 medical and surgical services.

13 (5) Nothing in this section shall be construed to prevent the
14 management of mental health services.

15 **Sec. 6.** RCW 48.46.291 and 2007 c 8 s 4 are each amended to read
16 as follows:

17 (1) For the purposes of this section, "mental health services"
18 means medically necessary (~~outpatient and inpatient~~) services
19 provided to treat mental disorders covered by the diagnostic
20 categories listed in the most current version of the diagnostic and
21 statistical manual of mental disorders, published by the American
22 psychiatric association, on July 24, 2005, or such subsequent date as
23 may be provided by the insurance commissioner by rule, consistent
24 with the purposes of chapter 6, Laws of 2005, with the exception of
25 the following categories, codes, and services: (a) Substance related
26 disorders; (b) life transition problems, currently referred to as "V"
27 codes, and diagnostic codes 302 through 302.9 as found in the
28 diagnostic and statistical manual of mental disorders, 4th edition,
29 published by the American psychiatric association; (c) skilled
30 nursing facility services, home health care, (~~residential~~
31 ~~treatment,~~) and custodial care; and (d) court ordered treatment
32 unless the health maintenance organization's medical director or
33 designee determines the treatment to be medically necessary.

34 (2) All health benefit plans offered by health maintenance
35 organizations that provide coverage for medical and surgical services
36 shall provide:

37 (a) For all group health benefit plans for groups other than
38 small groups, as defined in RCW 48.43.005 delivered, issued for
39 delivery, or renewed on or after January 1, 2006, coverage for:

1 (i) Mental health services. The copayment or coinsurance for
2 mental health services may be no more than the copayment or
3 coinsurance for medical and surgical services otherwise provided
4 under the health benefit plan. Wellness and preventive services that
5 are provided or reimbursed at a lesser copayment, coinsurance, or
6 other cost sharing than other medical and surgical services are
7 excluded from this comparison; and

8 (ii) Prescription drugs intended to treat any of the disorders
9 covered in subsection (1) of this section to the same extent, and
10 under the same terms and conditions, as other prescription drugs
11 covered by the health benefit plan.

12 (b) For all health benefit plans delivered, issued for delivery,
13 or renewed on or after January 1, 2008, coverage for:

14 (i) Mental health services. The copayment or coinsurance for
15 mental health services may be no more than the copayment or
16 coinsurance for medical and surgical services otherwise provided
17 under the health benefit plan. Wellness and preventive services that
18 are provided or reimbursed at a lesser copayment, coinsurance, or
19 other cost sharing than other medical and surgical services are
20 excluded from this comparison. If the health benefit plan imposes a
21 maximum out-of-pocket limit or stop loss, it shall be a single limit
22 or stop loss for medical, surgical, and mental health services; and

23 (ii) Prescription drugs intended to treat any of the disorders
24 covered in subsection (1) of this section to the same extent, and
25 under the same terms and conditions, as other prescription drugs
26 covered by the health benefit plan.

27 (c) For all health benefit plans delivered, issued for delivery,
28 or renewed on or after July 1, 2010, coverage for:

29 (i) Mental health services. The copayment or coinsurance for
30 mental health services may be no more than the copayment or
31 coinsurance for medical and surgical services otherwise provided
32 under the health benefit plan. Wellness and preventive services that
33 are provided or reimbursed at a lesser copayment, coinsurance, or
34 other cost sharing than other medical and surgical services are
35 excluded from this comparison. If the health benefit plan imposes a
36 maximum out-of-pocket limit or stop loss, it shall be a single limit
37 or stop loss for medical, surgical, and mental health services. If
38 the health benefit plan imposes any deductible, mental health
39 services shall be included with medical and surgical services for the
40 purpose of meeting the deductible requirement. Treatment limitations

1 or any other financial requirements on coverage for mental health
2 services are only allowed if the same limitations or requirements are
3 imposed on coverage for medical and surgical services; and

4 (ii) Prescription drugs intended to treat any of the disorders
5 covered in subsection (1) of this section to the same extent, and
6 under the same terms and conditions, as other prescription drugs
7 covered by the health benefit plan.

8 (3) In meeting the requirements of subsection (2)(a) and (b) of
9 this section, health benefit plans may not reduce the number of
10 mental health outpatient visits or mental health inpatient days below
11 the level in effect on July 1, 2002.

12 (4) This section does not prohibit a requirement that mental
13 health services be medically necessary as determined by the medical
14 director or designee, if a comparable requirement is applicable to
15 medical and surgical services.

16 (5) Nothing in this section shall be construed to prevent the
17 management of mental health services.

18 **Sec. 7.** RCW 70.47.200 and 2005 c 6 s 6 are each amended to read
19 as follows:

20 (1) For the purposes of this section, "mental health services"
21 means medically necessary (~~(outpatient and inpatient)~~) services
22 provided to treat mental disorders covered by the diagnostic
23 categories listed in the most current version of the diagnostic and
24 statistical manual of mental disorders, published by the American
25 psychiatric association, on July 24, 2005, or such subsequent date as
26 may be determined by the (~~(administrator)~~) director, by rule,
27 consistent with the purposes of chapter 6, Laws of 2005, with the
28 exception of the following categories, codes, and services: (a)
29 Substance related disorders; (b) life transition problems, currently
30 referred to as "V" codes, and diagnostic codes 302 through 302.9 as
31 found in the diagnostic and statistical manual of mental disorders,
32 4th edition, published by the American psychiatric association; (c)
33 skilled nursing facility services, home health care, (~~(residential~~
34 ~~treatment,~~) and custodial care; and (d) court ordered treatment,
35 unless the Washington basic health plan's or contracted managed
36 health care system's medical director or designee determines the
37 treatment to be medically necessary.

1 (2)(a) Any schedule of benefits established or renewed by the
2 Washington basic health plan on or after January 1, 2006, shall
3 provide coverage for:

4 (i) Mental health services. The copayment or coinsurance for
5 mental health services may be no more than the copayment or
6 coinsurance for medical and surgical services otherwise provided
7 under the schedule of benefits. Wellness and preventive services that
8 are provided or reimbursed at a lesser copayment, coinsurance, or
9 other cost sharing than other medical and surgical services are
10 excluded from this comparison; and

11 (ii) Prescription drugs intended to treat any of the disorders
12 covered in subsection (1) of this section to the same extent, and
13 under the same terms and conditions, as other prescription drugs
14 covered under the schedule of benefits.

15 (b) Any schedule of benefits established or renewed by the
16 Washington basic health plan on or after January 1, 2008, shall
17 provide coverage for:

18 (i) Mental health services. The copayment or coinsurance for
19 mental health services may be no more than the copayment or
20 coinsurance for medical and surgical services otherwise provided
21 under the schedule of benefits. Wellness and preventive services that
22 are provided or reimbursed at a lesser copayment, coinsurance, or
23 other cost sharing than other medical and surgical services are
24 excluded from this comparison. If the schedule of benefits imposes a
25 maximum out-of-pocket limit or stop loss, it shall be a single limit
26 or stop loss for medical, surgical, and mental health services; and

27 (ii) Prescription drugs intended to treat any of the disorders
28 covered in subsection (1) of this section to the same extent, and
29 under the same terms and conditions, as other prescription drugs
30 covered under the schedule of benefits.

31 (c) Any schedule of benefits established or renewed by the
32 Washington basic health plan on or after July 1, 2010, shall include
33 coverage for:

34 (i) Mental health services. The copayment or coinsurance for
35 mental health services may be no more than the copayment or
36 coinsurance for medical and surgical services otherwise provided
37 under the schedule of benefits. Wellness and preventive services that
38 are provided or reimbursed at a lesser copayment, coinsurance, or
39 other cost sharing than other medical and surgical services are
40 excluded from this comparison. If the schedule of benefits imposes a

1 maximum out-of-pocket limit or stop loss, it shall be a single limit
2 or stop loss for medical, surgical, and mental health services. If
3 the schedule of benefits imposes any deductible, mental health
4 services shall be included with medical and surgical services for the
5 purpose of meeting the deductible requirement. Treatment limitations
6 or any other financial requirements on coverage for mental health
7 services are only allowed if the same limitations or requirements are
8 imposed on coverage for medical and surgical services; and

9 (ii) Prescription drugs intended to treat any of the disorders
10 covered in subsection (1) of this section to the same extent, and
11 under the same terms and conditions, as other prescription drugs
12 covered under the schedule of benefits.

13 (3) In meeting the requirements of subsection (2)(a) and (b) of
14 this section, the Washington basic health plan may not reduce the
15 number of mental health outpatient visits or mental health inpatient
16 days below the level in effect on July 1, 2002.

17 (4) This section does not prohibit a requirement that mental
18 health services be medically necessary as determined by the medical
19 director or designee, if a comparable requirement is applicable to
20 medical and surgical services.

21 (5) Nothing in this section shall be construed to prevent the
22 management of mental health services.

23 NEW SECTION. **Sec. 8.** This act only applies to health benefit
24 plans issued or renewed on or after January 1, 2017.

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