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**SUBSTITUTE HOUSE BILL 2447**

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**State of Washington                      64th Legislature                      2016 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Cody, Robinson, Tharinger, Van De Wege, Jinkins, and Johnson; by request of Insurance Commissioner)

READ FIRST TIME 02/04/16.

1            AN ACT Relating to emergency health care services balanced  
2 billing; creating a new section; and providing an expiration date.

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

4            NEW SECTION.    **Sec. 1.**    (1) The insurance commissioner shall  
5 convene a work group to study ways to eliminate balance billing for  
6 health services. The study shall, at a minimum, include findings and  
7 recommendations on:

8            (a) The scope of the balance billing issue, including an estimate  
9 of the number of consumers affected by balance billing, the average  
10 billed charges, and the average amount paid by the consumers;

11           (b) The impact of narrow networks on the frequency of balance  
12 billing;

13           (c) Ways to eliminate balance billing for health services;

14           (d) Whether a prohibition against balance billing for emergency  
15 services should apply to services provided by nonparticipating  
16 providers outside of the emergency department; and

17           (e)(i) Payment methodologies for paying nonparticipating  
18 providers for health services, including:

19           (A) Any payment methodologies required by federal law;

20           (B) Direct payment of nonparticipating providers; and

1 (C) Ways to resolve payment disputes between issuers and  
2 nonparticipating providers.

3 (ii) When making recommendations on payment methodologies under  
4 this subsection (1)(e), the work group shall consider the effects of  
5 each recommendation on payment rates for participating providers, the  
6 ability of issuers to maintain adequate networks of providers, and  
7 overall costs to consumers, issuers, providers, and hospitals.

8 (2) The work group must, at a minimum, consist of representatives  
9 of the following groups:

10 (a) Providers of health services;

11 (b) Issuers;

12 (c) Hospitals; and

13 (d) Consumers.

14 (3) The insurance commissioner shall convene the first meeting of  
15 the work group no later than July 1, 2016.

16 (4) The insurance commissioner shall report the recommendations  
17 of the work group to the appropriate committees of the legislature no  
18 later than December 1, 2016.

19 (5) This section expires July 31, 2017.

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