

FINAL BILL REPORT

ESSB 6157

C 193 L 18
Synopsis as Enacted

Brief Description: Regarding prior authorization.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Short, Kuderer, Rivers, Cleveland, Palumbo, Nelson, Becker, Walsh, Warnick and Van De Wege).

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

Background: Prior authorization is a requirement that a health care provider obtain approval from a patient's insurance plan to prescribe a specific medication or treatment. Health carriers may impose different prior authorization standards and criteria for a covered service among tiers of contracting providers. Health carriers may not require prior authorization for evaluation and management visits or initial treatment visits in a new episode of care. This prohibition applies to chiropractic, physical therapy, occupational therapy, east Asian medicine, massage therapy, and speech and hearing therapies. Health carriers must post their prior authorization standards on their website and provide covered individuals the standards upon request.

Summary: Health carriers are prohibited from requiring prior authorization for:

- initial evaluation and management visits; and
- up to six consecutive treatment visits in a new episode of care of chiropractic, physical therapy, occupational therapy, east Asian medicine, massage therapy, and speech and hearing therapies that meet the standards of medical necessity and are subject to quantitative treatment limits of the health plan.

Votes on Final Passage:

Senate	42	4
House	90	8

Effective: June 7, 2018

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.