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SENATE BILL 5355

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State of Washington

65th Legislature

2017 Regular Session

By Senators Conway, Rivers, Cleveland, Keiser, Kuderer, Hasegawa, Saldaña, and Darneille

Read first time 01/20/17. Referred to Committee on Commerce, Labor & Sports.

1 AN ACT Relating to expanding the use of telemedicine to improve  
2 access to care for injured workers; amending RCW 51.36.080; and  
3 creating a new section.

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

5 NEW SECTION. **Sec. 1.** Telemedicine can play an integral role in  
6 expanding access to care for catastrophically injured workers that  
7 often need access to multidisciplinary care teams that address  
8 trauma, rehabilitation, and mental health care that may be housed in  
9 hospitals and centers of excellence with ready access to telemedicine  
10 technologies. The technology can help bridge access to care in  
11 geographic areas that are underserved by many specialties and reduce  
12 barriers to accessing needed specialty care for injured workers. It  
13 is the legislative intent for the department of labor and industries  
14 to develop access to telemedicine and reimburse providers for  
15 services in a manner that is similar to the policies developed for  
16 commercial health insurance plans under RCW 48.43.735 and medicaid  
17 managed care plans under RCW 74.09.325.

18 **Sec. 2.** RCW 51.36.080 and 1998 c 245 s 104 are each amended to  
19 read as follows:

1 (1) All fees and medical charges under this title shall conform  
2 to the fee schedule established by the director and shall be paid  
3 within sixty days of receipt by the department of a proper billing in  
4 the form prescribed by department rule or sixty days after the claim  
5 is allowed by final order or judgment, if an otherwise proper billing  
6 is received by the department prior to final adjudication of claim  
7 allowance. The department shall pay interest at the rate of one  
8 percent per month, but at least one dollar per month, whenever the  
9 payment period exceeds the applicable sixty-day period on all proper  
10 fees and medical charges.

11 Beginning in fiscal year 1987, interest payments under this  
12 subsection may be paid only from funds appropriated to the department  
13 for administrative purposes.

14 Nothing in this section may be construed to require the payment  
15 of interest on any billing, fee, or charge if the industrial  
16 insurance claim on which the billing, fee, or charge is predicated is  
17 ultimately rejected or the billing, fee, or charge is otherwise not  
18 allowable.

19 In establishing fees for medical and other health care services,  
20 the director shall consider the director's duty to purchase health  
21 care in a prudent, cost-effective manner without unduly restricting  
22 access to necessary care by persons entitled to the care. With  
23 respect to workers admitted as hospital inpatients on or after July  
24 1, 1987, the director shall pay for inpatient hospital services on  
25 the basis of diagnosis-related groups, contracting for services, or  
26 other prudent, cost-effective payment method, which the director  
27 shall establish by rules adopted in accordance with chapter 34.05  
28 RCW.

29 (2) The director may establish procedures for selectively or  
30 randomly auditing the accuracy of fees and medical billings submitted  
31 to the department under this title.

32 (3) The director shall develop access to telemedicine and  
33 reimburse providers for services in a manner that is similar to the  
34 policies developed for commercial health insurance plans under RCW  
35 48.43.735 and medicaid managed care plans under RCW 74.09.325.

36 (4) The department shall reimburse a provider for a health care  
37 service provided to a covered person through telemedicine or store  
38 and forward technology for a health care service that is medically  
39 necessary. Services may be associated with the following sites:

40 (a) Hospital;

1       (b) Rural health clinic;  
2       (c) Federally qualified health center;  
3       (d) Physician's or other health care provider's office;  
4       (e) Community mental health center;  
5       (f) Skilled nursing facility;  
6       (g) Renal dialysis center, except an independent renal dialysis  
7 center; or  
8       (h) Home or any location determined appropriate by the individual  
9 receiving the service.  
10       (5) For purposes of this section the following definitions apply:  
11       (a) "Store and forward technology" means use of an asynchronous  
12 transmission of a covered person's medical information from an  
13 originating site to the health care provider at a distant site which  
14 results in medical diagnosis and management of the covered person,  
15 and does not include the use of audio-only telephone, facsimile, or  
16 email; and  
17       (b) "Telemedicine" means the delivery of health care services  
18 through the use of interactive audio and video technology, permitting  
19 real-time communication between the patient at the originating site  
20 and the provider, for the purpose of diagnosis, consultation, or  
21 treatment. For purposes of this section only, "telemedicine" does not  
22 include the use of audio-only telephone, facsimile, or email.

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