
SENATE BILL 6157

State of Washington

65th Legislature

2018 Regular Session

By Senators Short, Kuderer, Rivers, Cleveland, Palumbo, Nelson, Becker, Walsh, Warnick, and Van De Wege

Read first time 01/10/18. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to prior authorization; and amending RCW
2 48.43.016.

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

4 **Sec. 1.** RCW 48.43.016 and 2015 c 251 s 2 are each amended to
5 read as follows:

6 (1) A health carrier that imposes different prior authorization
7 standards and criteria for a covered service among tiers of
8 contracting providers of the same licensed profession in the same
9 health plan shall inform an enrollee which tier an individual
10 provider or group of providers is in by posting the information on
11 its web site in a manner accessible to both enrollees and providers.

12 (2) A health carrier may not require prior authorization for an
13 initial evaluation and management visit (~~(or an initial)~~) and up to
14 twelve consecutive treatment visits with a contracting provider in a
15 new episode of care of chiropractic, physical therapy, occupational
16 therapy, East Asian medicine, massage therapy, or speech and hearing
17 therapies that meet the standards of medical necessity and are
18 subject to quantitative treatment limits of the health plan.
19 Notwithstanding RCW 48.43.515(5) this section may not be interpreted
20 to limit the ability of a health plan to require a referral or
21 prescription for the therapies listed in this section.

1 (3) A health carrier shall post on its web site and provide upon
2 the request of a covered person or contracting provider any prior
3 authorization standards, criteria, or information the carrier uses
4 for medical necessity decisions.

5 (4) A health care provider with whom a health carrier consults
6 regarding a decision to deny, limit, or terminate a person's covered
7 health care services must hold a license, certification, or
8 registration, in good standing and must be in the same or related
9 health field as the health care provider being reviewed or of a
10 specialty whose practice entails the same or similar covered health
11 care service.

12 (5) A health carrier may not require a provider to provide a
13 discount from usual and customary rates for health care services not
14 covered under a health plan, policy, or other agreement, to which the
15 provider is a party.

16 (6) For purposes of this section:

17 (a) "New episode of care" means treatment for a new or recurrent
18 condition for which the enrollee has not been treated by the provider
19 within the previous ninety days and is not currently undergoing any
20 active treatment.

21 (b) "Contracting provider" does not include providers employed
22 within an integrated delivery system operated by a carrier licensed
23 under chapter 48.44 or 48.46 RCW.

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