
Health Care & Wellness Committee

ESB 5887

Brief Description: Concerning health carrier requirements for prior authorization standards.

Sponsors: Senators Short, Keiser and Nguyen.

<p style="text-align: center;">Brief Summary of Engrossed Bill</p> <ul style="list-style-type: none">• Prohibits health carriers from imposing medical necessity requirements on certain health care services if the patient's provider determines that the visits are medically necessary.
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Hearing Date: 3/22/19

Staff: Jim Morishima (786-7191).

Background:

Prior authorization is the requirement that a provider receive approval from a health carrier prior to performing a health care service for reimbursement. A health carrier may not require prior authorization for an initial evaluation and management visit and up to six consecutive treatment visits in a new episode care for the following types of services: chiropractic, physical therapy, occupational therapy, East Asian medicine, massage therapy, or speech and hearing therapy. The visits are subject to the carrier's medical necessity standards and are subject to any quantitative treatment limits of the health plan.

Summary of Bill:

The medical necessity requirement is removed for chiropractic, physical therapy, occupational therapy, East Asian medicine, massage therapy, or speech and hearing therapy visits not subject to prior authorization. A carrier may not deny or limit coverage for the initial six visits on the basis of medical necessity or appropriateness if the patient's treating or referring provider determines that the visits are medically necessary.

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.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.