SENATE BILL REPORT
ESHB 1099

As Passed Senate, March 27, 2019

Title: An act relating to providing notice about network adequacy to consumers.

Brief Description: Providing notice about network adequacy to consumers.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Jinkins, Cody, Tharinger, Robinson and Reeves).

Brief History: Passed House: 3/08/19, 97-0.
Committee Activity: Health & Long Term Care: 3/18/19, 3/20/19 [DP, w/oRec].
Floor Activity:
Passed Senate: 3/27/19, 45-0.

Brief Summary of Bill

- Requires the Insurance Commissioner's (Commissioner) rules to be amended to require each health carrier to include in its electronic provider directory a notation of any mental health or substance abuse provider whose practice is closed to new patients.
- Requires the Commissioner to publish an annual report on consumer complaints regarding network access to mental health treatment and substance abuse treatment providers.
- Requires a health carrier to publish certain information about network access on its website.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass.
Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Bailey, Conway, Frockt, Keiser and Van De Wege.

Minority Report: That it be referred without recommendation.
Signed by Senator Becker.

Staff: Evan Klein (786-7483)

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.

Background: Health carriers are required by federal and state law to maintain provider networks that provide enrollees reasonable access to covered services. Under rules adopted by the Commissioner, health carriers must meet requirements related to provider directories and timely access to covered services.

Provider Directories. A health carrier must post its provider directories on its website. Provider directories must include the following information for each provider:

- the specialty area for which the provider is licensed to practice and included in the carrier's network;
- whether the provider may be accessed without referral; and
- any languages, other than English, spoken by the provider.

The carrier must include in its electronic posting of a health plan's provider directory a notation of any primary care provider, chiropractor, women's health care provider, or pediatrician whose practice is closed to new patients.

Timeliness Requirements. Health carriers are subject to various timeliness requirements for urgent and nonurgent appointments. For example, an enrollee must have access within 48 hours to urgent appointments that do not require prior authorization. For urgent appointments that require prior authorization, an enrollee must have access within 96 hours. For nonurgent primary care appointments, an enrollee must have access within ten business days. For nonurgent specialty care appointments, an enrollee must have access within 15 days.

Summary of Bill: The Commissioner must amend their rules on electronic provider directories to require health carriers to include a notation when any mental health provider or substance abuse provider is closed to new patients.

The Commissioner must annually publish on the Commissioner's website a report on the number of consumer complaints per licensed health carrier the Commissioner received in the previous calendar year regarding consumers who were not able to access covered mental health treatment or substance abuse treatment services within time limits established by the Commissioner for primary or specialty care.

Beginning January 1, 2020, a health carrier must prominently post the following information on its website:

- whether the health carrier classifies mental health treatment or substance abuse treatment as primary care or specialty care;
- the number of business days within which an enrollee must have access to covered mental health treatment or substance abuse treatment services under the Commissioner's network access standards pertaining to primary care or specialty care, as applicable;
- information on actions an enrollee may take if they are unable to access covered mental health treatment or substance abuse treatment services within the requisite number of business days, including any tools or resources the carrier makes available to enrollees to assist them in finding available providers and how to file a complaint with the Office of the Insurance Commissioner;

- any instances where the Commissioner has taken disciplinary action against the health carrier for failing to comply with network access standards for covered mental health treatment or substance abuse treatment services;
- a link to the Commissioner's report on consumer complaints regarding network access to covered mental health treatment or substance abuse treatment services; and
- resources for persons who are experiencing a mental health crisis, including information on the National Suicide Prevention Lifeline.

The Commissioner must, by rule, specify a model format for the information to be posted on the carrier's website. The Commissioner may audit the information posted on the carrier's website for accuracy.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill is about solving a problem with large implications, and is something that can be implemented and useful for the public. Brennan was covered for 100 percent of chemical dependency treatment, with no copayment. Brennan was told he would get the first available appointment for services, which was scheduled for 29 days after calling for treatment. The coverage was for a closed network, but Brennan was told he would receive services any day. However, he never received services and ended his own life. Brennan's parents did everything they thought they were supposed to do, and had the coverage they thought they needed. However, his health plan was only meeting its access to care standard 43 percent of the time. There were not enough doctors. The problem is that there is no transparency in network adequacy. There are not enough doctors, and there is not enough information for patients to know that. This bill will provide patients with the information they need to make informed choices on what care they can access with their coverage. Network adequacy should be transparent at the time someone purchases coverage.

Persons Testifying: PRO: Representative Laurie Jinkins, Prime Sponsor; Rachel Smith, citizen.

Persons Signed In To Testify But Not Testifying: No one.