
HOUSE BILL 2338

State of Washington

66th Legislature

2020 Regular Session

By Representatives Macri, Thai, Wylie, Doglio, Cody, and Pollet

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1 AN ACT Relating to prohibiting discrimination in health care
2 coverage; and amending RCW 41.05.600, 48.20.580, 48.21.241,
3 48.41.220, 48.44.341, 48.46.291, 70.47.200, 48.30.300, and
4 48.43.0128.

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

6 **Sec. 1.** RCW 41.05.600 and 2005 c 6 s 2 are each amended to read
7 as follows:

8 (1) For the purposes of this section, "mental health services"
9 means:

10 (a) For health benefit plans issued or renewed before January 1,
11 2021, medically necessary outpatient and inpatient services provided
12 to treat mental disorders covered by the diagnostic categories listed
13 in the most current version of the diagnostic and statistical manual
14 of mental disorders, published by the American psychiatric
15 association, on ~~((July 24, 2005))~~ the effective date of this section,
16 or such subsequent date as may be provided by the ~~((administrator))~~
17 director by rule, consistent with the purposes of chapter 6, Laws of
18 2005, with the exception of the following categories, codes, and
19 services: ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life
20 transition problems, currently referred to as "V" codes, and
21 diagnostic codes 302 through 302.9 as found in the diagnostic and

1 statistical manual of mental disorders, 4th edition, published by the
2 American psychiatric association; ~~((e))~~ (iii) skilled nursing
3 facility services, home health care, residential treatment, and
4 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the
5 authority's or contracted insuring entity's medical director
6 determines the treatment to be medically necessary; and

7 (b) For health benefit plans issued or renewed on or after
8 January 1, 2021, medically necessary outpatient and inpatient
9 services provided to treat mental health and substance use disorders
10 covered by the diagnostic categories listed in the most current
11 version of the diagnostic and statistical manual of mental disorders,
12 published by the American psychiatric association, on the effective
13 date of this section, or such subsequent date as may be provided by
14 the director by rule, consistent with the purposes of chapter 6, Laws
15 of 2005.

16 (2) All health benefit plans offered to public employees and
17 their covered dependents under this chapter that provide coverage for
18 medical and surgical services shall provide(~~÷~~

19 ~~(a) For all health benefit plans established or renewed on or~~
20 ~~after January 1, 2006, coverage for:~~

21 ~~(i) Mental health services. The copayment or coinsurance for~~
22 ~~mental health services may be no more than the copayment or~~
23 ~~coinsurance for medical and surgical services otherwise provided~~
24 ~~under the health benefit plan. Wellness and preventive services that~~
25 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
26 ~~other cost sharing than other medical and surgical services are~~
27 ~~excluded from this comparison; and~~

28 ~~(ii) Prescription drugs intended to treat any of the disorders~~
29 ~~covered in subsection (1) of this section to the same extent, and~~
30 ~~under the same terms and conditions, as other prescription drugs~~
31 ~~covered by the health benefit plan.~~

32 ~~(b) For all health benefit plans established or renewed on or~~
33 ~~after January 1, 2008, coverage for:~~

34 ~~(i) Mental health services. The copayment or coinsurance for~~
35 ~~mental health services may be no more than the copayment or~~
36 ~~coinsurance for medical and surgical services otherwise provided~~
37 ~~under the health benefit plan. Wellness and preventive services that~~
38 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
39 ~~other cost sharing than other medical and surgical services are~~
40 ~~excluded from this comparison. If the health benefit plan imposes a~~

1 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~
2 ~~or stop loss for medical, surgical, and mental health services; and~~

3 ~~(ii) Prescription drugs intended to treat any of the disorders~~
4 ~~covered in subsection (1) of this section to the same extent, and~~
5 ~~under the same terms and conditions, as other prescription drugs~~
6 ~~covered by the health benefit plan.~~

7 ~~(c) For all health benefit plans established or renewed on or~~
8 ~~after July 1, 2010,)) coverage for:~~

9 ~~((+i))~~ (a) Mental health services. The copayment or coinsurance
10 for mental health services may be no more than the copayment or
11 coinsurance for medical and surgical services otherwise provided
12 under the health benefit plan. Wellness and preventive services that
13 are provided or reimbursed at a lesser copayment, coinsurance, or
14 other cost sharing than other medical and surgical services are
15 excluded from this comparison. If the health benefit plan imposes a
16 maximum out-of-pocket limit or stop loss, it shall be a single limit
17 or stop loss for medical, surgical, and mental health services. If
18 the health benefit plan imposes any deductible, mental health
19 services shall be included with medical and surgical services for the
20 purpose of meeting the deductible requirement. Treatment limitations
21 or any other financial requirements on coverage for mental health
22 services are only allowed if the same limitations or requirements are
23 imposed on coverage for medical and surgical services; and

24 ~~((+ii))~~ (b) Prescription drugs intended to treat any of the
25 disorders covered in subsection (1) of this section to the same
26 extent, and under the same terms and conditions, as other
27 prescription drugs covered by the health benefit plan.

28 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of~~
29 ~~this section, health benefit plans may not reduce the number of~~
30 ~~mental health outpatient visits or mental health inpatient days below~~
31 ~~the level in effect on July 1, 2002.~~

32 ~~(4))~~ This section does not prohibit a requirement that mental
33 health services be medically necessary ~~((as determined by the medical~~
34 ~~director or designee)),~~ if a comparable requirement is applicable to
35 medical and surgical services.

36 ~~((+5))~~ (4) Nothing in this section shall be construed to prevent
37 the management of mental health ~~((services)).~~

38 ~~((+6))~~ (5) The ~~((administrator))~~ director will consider care
39 management techniques for mental health services if a comparable
40 benefit management requirement is applicable to medical and surgical

1 services, including but not limited to: (a) Authorized treatment
2 plans; (b) preauthorization requirements based on the type of
3 service; (c) concurrent and retrospective utilization review; (d)
4 utilization management practices; (e) discharge coordination and
5 planning; and (f) contracting with and using a network of
6 participating providers.

7 **Sec. 2.** RCW 48.20.580 and 2007 c 8 s 1 are each amended to read
8 as follows:

9 (1) For the purposes of this section, "mental health services"
10 means:

11 (a) For disability insurance contracts issued or renewed before
12 January 1, 2021, medically necessary outpatient and inpatient
13 services provided to treat mental disorders covered by the diagnostic
14 categories listed in the most current version of the diagnostic and
15 statistical manual of mental disorders, published by the American
16 psychiatric association, on ((July 24, 2005)) the effective date of
17 this section, or such subsequent date as may be provided by the
18 insurance commissioner by rule, consistent with the purposes of
19 chapter 6, Laws of 2005, with the exception of the following
20 categories, codes, and services: ((-a-)) (i) Substance related
21 disorders; ((-b-)) (ii) life transition problems, currently referred
22 to as "V" codes, and diagnostic codes 302 through 302.9 as found in
23 the diagnostic and statistical manual of mental disorders, 4th
24 edition, published by the American psychiatric association; ((-e-))
25 (iii) skilled nursing facility services, home health care,
26 residential treatment, and custodial care; and ((-d-)) (iv) court-
27 ordered treatment unless the insurer's medical director or designee
28 determines the treatment to be medically necessary; and

29 (b) For disability insurance contracts issued or renewed on or
30 after January 1, 2021, medically necessary outpatient and inpatient
31 services provided to treat mental health and substance use disorders
32 covered by the diagnostic categories listed in the most current
33 version of the diagnostic and statistical manual of mental disorders,
34 published by the American psychiatric association, on the effective
35 date of this section, or such subsequent date as may be provided by
36 the insurance commissioner by rule, consistent with the purposes of
37 chapter 6, Laws of 2005.

38 (2) Each disability insurance contract ((delivered, issued for
39 delivery, or renewed on or after January 1, 2008,)) providing

1 coverage for medical and surgical services shall provide coverage
2 for:

3 ~~(a) ((Mental health services. The copayment or coinsurance for~~
4 ~~mental health services may be no more than the copayment or~~
5 ~~coinsurance for medical and surgical services otherwise provided~~
6 ~~under the disability insurance contract. Wellness and preventive~~
7 ~~services that are provided or reimbursed at a lesser copayment,~~
8 ~~coinsurance, or other cost sharing than other medical and surgical~~
9 ~~services are excluded from this comparison. If the disability~~
10 ~~insurance contract imposes a maximum out-of-pocket limit or stop~~
11 ~~loss, it shall be a single limit or stop loss for medical, surgical,~~
12 ~~and mental health services; and~~

13 ~~(b) Prescription drugs intended to treat any of the disorders~~
14 ~~covered in subsection (1) of this section to the same extent, and~~
15 ~~under the same terms and conditions, as other prescription drugs~~
16 ~~covered by the disability insurance contract.~~

17 ~~(3) Each disability insurance contract delivered, issued for~~
18 ~~delivery, or renewed on or after July 1, 2010, providing coverage for~~
19 ~~medical and surgical services shall provide coverage for:~~

20 ~~(a))~~ Mental health services. The copayment or coinsurance for
21 mental health services may be no more than the copayment or
22 coinsurance for medical and surgical services otherwise provided
23 under the disability insurance contract. Wellness and preventive
24 services that are provided or reimbursed at a lesser copayment,
25 coinsurance, or other cost sharing than other medical and surgical
26 services are excluded from this comparison. If the disability
27 insurance contract imposes a maximum out-of-pocket limit or stop
28 loss, it shall be a single limit or stop loss for medical, surgical,
29 and mental health services. If the disability insurance contract
30 imposes any deductible, mental health services shall be included with
31 medical and surgical services for the purpose of meeting the
32 deductible requirement. Treatment limitations or any other financial
33 requirements on coverage for mental health services are only allowed
34 if the same limitations or requirements are imposed on coverage for
35 medical and surgical services; and

36 (b) Prescription drugs intended to treat any of the disorders
37 covered in subsection (1) of this section to the same extent, and
38 under the same terms and conditions, as other prescription drugs
39 covered by the disability insurance contract.

1 ~~((4) In meeting the requirements of this section, disability~~
2 ~~insurance contracts may not reduce the number of mental health~~
3 ~~outpatient visits or mental health inpatient days below the level in~~
4 ~~effect on July 1, 2002.~~

5 ~~(5))~~ (3) This section does not prohibit a requirement that
6 mental health services be medically necessary ~~((as determined by the~~
7 ~~medical director or designee))~~, if a comparable requirement is
8 applicable to medical and surgical services.

9 ~~((6))~~ (4) Nothing in this section shall be construed to prevent
10 the management of mental health services if a comparable benefit
11 management requirement is applicable to medical and surgical
12 services.

13 **Sec. 3.** RCW 48.21.241 and 2007 c 8 s 2 are each amended to read
14 as follows:

15 (1) For the purposes of this section, "mental health services"
16 means:

17 (a) For group disability insurance contracts and blanket
18 insurance contracts providing health benefit plans that provide
19 coverage for medical and surgical services issued or renewed before
20 January 1, 2021, medically necessary outpatient and inpatient
21 services provided to treat mental disorders covered by the diagnostic
22 categories listed in the most current version of the diagnostic and
23 statistical manual of mental disorders, published by the American
24 psychiatric association, on ~~((July 24, 2005))~~ the effective date of
25 this section, or such subsequent date as may be provided by the
26 insurance commissioner by rule, consistent with the purposes of
27 chapter 6, Laws of 2005, with the exception of the following
28 categories, codes, and services: ~~((a))~~ (i) Substance related
29 disorders; ~~((b))~~ (ii) life transition problems, currently referred
30 to as "V" codes, and diagnostic codes 302 through 302.9 as found in
31 the diagnostic and statistical manual of mental disorders, 4th
32 edition, published by the American psychiatric association; ~~((e))~~
33 (iii) skilled nursing facility services, home health care,
34 residential treatment, and custodial care; and ~~((d))~~ (iv) court
35 ordered treatment unless the insurer's medical director or designee
36 determines the treatment to be medically necessary; and

37 (b) For group disability insurance contracts and blanket
38 insurance contracts providing health benefit plans that provide
39 coverage for medical and surgical services issued or renewed on or

1 after January 1, 2021, medically necessary outpatient and inpatient
2 services provided to treat mental health and substance use disorders
3 covered by the diagnostic categories listed in the most current
4 version of the diagnostic and statistical manual of mental disorders,
5 published by the American psychiatric association, on the effective
6 date of this section, or such subsequent date as may be provided by
7 the insurance commissioner by rule, consistent with the purposes of
8 chapter 6, Laws of 2005.

9 (2) All group disability insurance contracts and blanket
10 disability insurance contracts providing health benefit plans that
11 provide coverage for medical and surgical services shall provide((÷

12 ~~(a) For all group health benefit plans for groups other than~~
13 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~
14 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

15 ~~(i) Mental health services. The copayment or coinsurance for~~
16 ~~mental health services may be no more than the copayment or~~
17 ~~coinsurance for medical and surgical services otherwise provided~~
18 ~~under the health benefit plan. Wellness and preventive services that~~
19 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
20 ~~other cost sharing than other medical and surgical services are~~
21 ~~excluded from this comparison; and~~

22 ~~(ii) Prescription drugs intended to treat any of the disorders~~
23 ~~covered in subsection (1) of this section to the same extent, and~~
24 ~~under the same terms and conditions, as other prescription drugs~~
25 ~~covered by the health benefit plan.~~

26 ~~(b) For all group health benefit plans delivered, issued for~~
27 ~~delivery, or renewed on or after January 1, 2008, coverage for:~~

28 ~~(i) Mental health services. The copayment or coinsurance for~~
29 ~~mental health services may be no more than the copayment or~~
30 ~~coinsurance for medical and surgical services otherwise provided~~
31 ~~under the health benefit plan. Wellness and preventive services that~~
32 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
33 ~~other cost sharing than other medical and surgical services are~~
34 ~~excluded from this comparison. If the health benefit plan imposes a~~
35 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~
36 ~~or stop loss for medical, surgical, and mental health services; and~~

37 ~~(ii) Prescription drugs intended to treat any of the disorders~~
38 ~~covered in subsection (1) of this section to the same extent, and~~
39 ~~under the same terms and conditions, as other prescription drugs~~
40 ~~covered by the health benefit plan.~~

1 ~~(c) For all group health benefit plans delivered, issued for~~
2 ~~delivery, or renewed on or after July 1, 2010,~~) coverage for:

3 ~~((i))~~ (a) Mental health services. The copayment or coinsurance
4 for mental health services may be no more than the copayment or
5 coinsurance for medical and surgical services otherwise provided
6 under the health benefit plan. Wellness and preventive services that
7 are provided or reimbursed at a lesser copayment, coinsurance, or
8 other cost sharing than other medical and surgical services are
9 excluded from this comparison. If the health benefit plan imposes a
10 maximum out-of-pocket limit or stop loss, it shall be a single limit
11 or stop loss for medical, surgical, and mental health services. If
12 the health benefit plan imposes any deductible, mental health
13 services shall be included with medical and surgical services for the
14 purpose of meeting the deductible requirement. Treatment limitations
15 or any other financial requirements on coverage for mental health
16 services are only allowed if the same limitations or requirements are
17 imposed on coverage for medical and surgical services; and

18 ~~((ii))~~ (b) Prescription drugs intended to treat any of the
19 disorders covered in subsection (1) of this section to the same
20 extent, and under the same terms and conditions, as other
21 prescription drugs covered by the health benefit plan.

22 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of~~
23 ~~this section, health benefit plans may not reduce the number of~~
24 ~~mental health outpatient visits or mental health inpatient days below~~
25 ~~the level in effect on July 1, 2002.~~

26 ~~(4))~~ This section does not prohibit a requirement that mental
27 health services be medically necessary ~~((as determined by the medical~~
28 ~~director or designee))~~, if a comparable requirement is applicable to
29 medical and surgical services.

30 ~~((5))~~ (4) Nothing in this section shall be construed to prevent
31 the management of mental health services if a comparable requirement
32 is applicable to medical and surgical services.

33 **Sec. 4.** RCW 48.41.220 and 2007 c 8 s 6 are each amended to read
34 as follows:

35 (1) For the purposes of this section, "mental health services"
36 means:

37 (a) For each health insurance policy issued or renewed by the
38 pool before January 1, 2021, medically necessary outpatient and
39 inpatient services provided to treat mental disorders covered by the

1 diagnostic categories listed in the most current version of the
2 diagnostic and statistical manual of mental disorders, published by
3 the American psychiatric association, on ~~((July 24, 2005))~~ the
4 effective date of this section, or such subsequent date as may be
5 provided by the insurance commissioner by rule, consistent with the
6 purposes of chapter 6, Laws of 2005, with the exception of the
7 following categories, codes, and services: ~~((a))~~ (i) Substance
8 related disorders; ~~((b))~~ (ii) life transition problems, currently
9 referred to as "V" codes, and diagnostic codes 302 through 302.9 as
10 found in the diagnostic and statistical manual of mental disorders,
11 4th edition, published by the American psychiatric association;
12 ~~((c))~~ (iii) skilled nursing facility services, home health care,
13 residential treatment, and custodial care; and ~~((d))~~ (iv)
14 court-ordered treatment unless the insurer's medical director or
15 designee determines the treatment to be medically necessary; and

16 (b) For each health insurance policy issued or renewed by the
17 pool on or after January 1, 2021, medically necessary outpatient and
18 inpatient services provided to treat mental disorders covered by the
19 diagnostic categories listed in the most current version of the
20 diagnostic and statistical manual of mental health and substance use
21 disorders, published by the American psychiatric association, on the
22 effective date of this section, or such subsequent date as may be
23 provided by the insurance commissioner by rule, consistent with the
24 purposes of chapter 6, Laws of 2005.

25 (2) Each health insurance policy issued by the pool ~~((on or after~~
26 ~~January 1, 2008,))~~ shall provide coverage for:

27 (a) ~~((Mental health services. The copayment or coinsurance for~~
28 ~~mental health services may be no more than the copayment or~~
29 ~~coinsurance for medical and surgical services otherwise provided~~
30 ~~under the policy. Wellness and preventive services that are provided~~
31 ~~or reimbursed at a lesser copayment, coinsurance, or other cost~~
32 ~~sharing than other medical and surgical services are excluded from~~
33 ~~this comparison. If the policy imposes a maximum out-of-pocket limit~~
34 ~~or stop loss, it shall be a single limit or stop loss for medical,~~
35 ~~surgical, and mental health services; and~~

36 ~~(b) Prescription drugs intended to treat any of the disorders~~
37 ~~covered in subsection (1) of this section to the same extent, and~~
38 ~~under the same terms and conditions, as other prescription drugs~~
39 ~~covered by the policy.~~

1 ~~(3) Each health insurance policy issued by the pool on or after~~
2 ~~July 1, 2010, shall provide coverage for:~~

3 ~~(a))~~ Mental health services. The copayment or coinsurance for
4 mental health services may be no more than the copayment or
5 coinsurance for medical and surgical services otherwise provided
6 under the policy. Wellness and preventive services that are provided
7 or reimbursed at a lesser copayment, coinsurance, or other cost
8 sharing than other medical and surgical services are excluded from
9 this comparison. If the policy imposes a maximum out-of-pocket limit
10 or stop loss, it shall be a single limit or stop loss for medical,
11 surgical, and mental health services. If the policy imposes any
12 deductible, mental health services shall be included with medical and
13 surgical services for the purpose of meeting the deductible
14 requirement. Treatment limitations or any other financial
15 requirements on coverage for mental health services are only allowed
16 if the same limitations or requirements are imposed on coverage for
17 medical and surgical services; and

18 (b) Prescription drugs intended to treat any of the disorders
19 covered in subsection (1) of this section to the same extent, and
20 under the same terms and conditions, as other prescription drugs
21 covered by the policy.

22 ~~((4) In meeting the requirements of this section, a policy may~~
23 ~~not reduce the number of mental health outpatient visits or mental~~
24 ~~health inpatient days below the level in effect on July 1, 2002.~~

25 ~~(5))~~ (3) This section does not prohibit a requirement that
26 mental health services be medically necessary ~~((as determined by the~~
27 ~~medical director or designee))~~, if a comparable requirement is
28 applicable to medical and surgical services.

29 ~~((6))~~ (4) Nothing in this section shall be construed to prevent
30 the management of mental health services if a comparable requirement
31 is applicable to medical and surgical services.

32 **Sec. 5.** RCW 48.44.341 and 2007 c 8 s 3 are each amended to read
33 as follows:

34 (1) For the purposes of this section, "mental health services"
35 means:

36 (a) For health benefit plans issued or renewed before January 1,
37 2021, medically necessary outpatient and inpatient services provided
38 to treat mental disorders covered by the diagnostic categories listed
39 in the most current version of the diagnostic and statistical manual

1 of mental disorders, published by the American psychiatric
2 association, on ~~((July 24, 2005))~~ the effective date of this section,
3 or such subsequent date as may be provided by the insurance
4 commissioner by rule, consistent with the purposes of chapter 6, Laws
5 of 2005, with the exception of the following categories, codes, and
6 services: ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life
7 transition problems, currently referred to as "V" codes, and
8 diagnostic codes 302 through 302.9 as found in the diagnostic and
9 statistical manual of mental disorders, 4th edition, published by the
10 American psychiatric association; ~~((c))~~ (iii) skilled nursing
11 facility services, home health care, residential treatment, and
12 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the
13 health care service contractor's medical director or designee
14 determines the treatment to be medically necessary; and

15 (b) For a health benefit plan or a plan deemed by the
16 commissioner to have a short-term limited purpose or duration, or to
17 be a student-only plan that is guaranteed renewable while the covered
18 person is enrolled as a regular, full-time undergraduate student at
19 an accredited higher education institution, issued or renewed on or
20 after January 1, 2021, medically necessary outpatient and inpatient
21 services provided to treat mental health and substance use disorders
22 covered by the diagnostic categories listed in the most current
23 version of the diagnostic and statistical manual of mental disorders,
24 published by the American psychiatric association, on the effective
25 date of this section, or such subsequent date as may be provided by
26 the insurance commissioner by rule, consistent with the purposes of
27 chapter 6, Laws of 2005.

28 (2) ~~((All))~~ A health service contract ~~((s))~~ or a plan deemed by
29 the commissioner to have a short-term limited purpose or duration, or
30 to be a student-only plan that is guaranteed renewable while the
31 covered person is enrolled as a regular, full-time undergraduate
32 student at an accredited higher education institution, providing
33 health benefit plans that provide coverage for medical and surgical
34 services shall provide ~~((÷~~

35 ~~(a) For all group health benefit plans for groups other than~~
36 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~
37 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

38 ~~(i) Mental health services. The copayment or coinsurance for~~
39 ~~mental health services may be no more than the copayment or~~
40 ~~coinsurance for medical and surgical services otherwise provided~~

1 under the health benefit plan. Wellness and preventive services that
2 are provided or reimbursed at a lesser copayment, coinsurance, or
3 other cost sharing than other medical and surgical services are
4 excluded from this comparison; and

5 ~~(ii) Prescription drugs intended to treat any of the disorders~~
6 ~~covered in subsection (1) of this section to the same extent, and~~
7 ~~under the same terms and conditions, as other prescription drugs~~
8 ~~covered by the health benefit plan.~~

9 ~~(b) For all health benefit plans delivered, issued for delivery,~~
10 ~~or renewed on or after January 1, 2008, coverage for:~~

11 ~~(i) Mental health services. The copayment or coinsurance for~~
12 ~~mental health services may be no more than the copayment or~~
13 ~~coinsurance for medical and surgical services otherwise provided~~
14 ~~under the health benefit plan. Wellness and preventive services that~~
15 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
16 ~~other cost sharing than other medical and surgical services are~~
17 ~~excluded from this comparison. If the health benefit plan imposes a~~
18 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~
19 ~~or stop loss for medical, surgical, and mental health services; and~~

20 ~~(ii) Prescription drugs intended to treat any of the disorders~~
21 ~~covered in subsection (1) of this section to the same extent, and~~
22 ~~under the same terms and conditions, as other prescription drugs~~
23 ~~covered by the health benefit plan.~~

24 ~~(c) For all health benefit plans delivered, issued for delivery,~~
25 ~~or renewed on or after July 1, 2010,)) coverage for:~~

26 ~~((i))~~ (a) Mental health services. The copayment or coinsurance
27 for mental health services may be no more than the copayment or
28 coinsurance for medical and surgical services otherwise provided
29 under the health benefit plan. Wellness and preventive services that
30 are provided or reimbursed at a lesser copayment, coinsurance, or
31 other cost sharing than other medical and surgical services are
32 excluded from this comparison. If the health benefit plan imposes a
33 maximum out-of-pocket limit or stop loss, it shall be a single limit
34 or stop loss for medical, surgical, and mental health services. If
35 the health benefit plan imposes any deductible, mental health
36 services shall be included with medical and surgical services for the
37 purpose of meeting the deductible requirement. Treatment limitations
38 or any other financial requirements on coverage for mental health
39 services are only allowed if the same limitations or requirements are
40 imposed on coverage for medical and surgical services; and

1 ~~((iii))~~ (b) Prescription drugs intended to treat any of the
2 disorders covered in subsection (1) of this section to the same
3 extent, and under the same terms and conditions, as other
4 prescription drugs covered by the health benefit plan.

5 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of
6 this section, health benefit plans may not reduce the number of
7 mental health outpatient visits or mental health inpatient days below
8 the level in effect on July 1, 2002.~~

9 ~~(4))~~ This section does not prohibit a requirement that mental
10 health services be medically necessary ~~((as determined by the medical
11 director or designee))~~, if a comparable requirement is applicable to
12 medical and surgical services.

13 ~~((5))~~ (4) Nothing in this section shall be construed to prevent
14 the management of mental health services if a comparable requirement
15 is applicable to medical and surgical services.

16 **Sec. 6.** RCW 48.46.291 and 2007 c 8 s 4 are each amended to read
17 as follows:

18 (1) For the purposes of this section, "mental health services"
19 means:

20 (a) For health benefit plans issued or renewed before January 1,
21 2021, medically necessary outpatient and inpatient services provided
22 to treat mental disorders covered by the diagnostic categories listed
23 in the most current version of the diagnostic and statistical manual
24 of mental disorders, published by the American psychiatric
25 association, on ~~((July 24, 2005))~~ the effective date of this section,
26 or such subsequent date as may be provided by the insurance
27 commissioner by rule, consistent with the purposes of chapter 6, Laws
28 of 2005, with the exception of the following categories, codes, and
29 services: ~~((a))~~ (i) Substance related disorders; ~~((b))~~ (ii) life
30 transition problems, currently referred to as "V" codes, and
31 diagnostic codes 302 through 302.9 as found in the diagnostic and
32 statistical manual of mental disorders, 4th edition, published by the
33 American psychiatric association; ~~((c))~~ (iii) skilled nursing
34 facility services, home health care, residential treatment, and
35 custodial care; and ~~((d))~~ (iv) court ordered treatment unless the
36 health maintenance organization's medical director or designee
37 determines the treatment to be medically necessary; and

38 (b) For a health benefit plan or a plan deemed by the
39 commissioner to have a short-term limited purpose or duration, or to

1 be a student-only plan that is guaranteed renewable while the covered
2 person is enrolled as a regular, full-time undergraduate student at
3 an accredited higher education institution, issued or renewed on or
4 after January 1, 2021, medically necessary outpatient and inpatient
5 services provided to treat mental health and substance use disorders
6 covered by the diagnostic categories listed in the most current
7 version of the diagnostic and statistical manual of mental disorders,
8 published by the American psychiatric association, on the effective
9 date of this section, or such subsequent date as may be provided by
10 the insurance commissioner by rule, consistent with the purposes of
11 chapter 6, Laws of 2005.

12 (2) ~~((All))~~ A health benefit plan((s)) or a plan deemed by the
13 commissioner to have a short-term limited purpose or duration, or to
14 be a student-only plan that is guaranteed renewable while the covered
15 person is enrolled as a regular, full-time undergraduate student at
16 an accredited higher education institution, offered by health
17 maintenance organizations that provide coverage for medical and
18 surgical services shall provide((÷

19 ~~(a) For all group health benefit plans for groups other than~~
20 ~~small groups, as defined in RCW 48.43.005 delivered, issued for~~
21 ~~delivery, or renewed on or after January 1, 2006, coverage for:~~

22 ~~(i) Mental health services. The copayment or coinsurance for~~
23 ~~mental health services may be no more than the copayment or~~
24 ~~coinsurance for medical and surgical services otherwise provided~~
25 ~~under the health benefit plan. Wellness and preventive services that~~
26 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
27 ~~other cost sharing than other medical and surgical services are~~
28 ~~excluded from this comparison; and~~

29 ~~(ii) Prescription drugs intended to treat any of the disorders~~
30 ~~covered in subsection (1) of this section to the same extent, and~~
31 ~~under the same terms and conditions, as other prescription drugs~~
32 ~~covered by the health benefit plan.~~

33 ~~(b) For all health benefit plans delivered, issued for delivery,~~
34 ~~or renewed on or after January 1, 2008, coverage for:~~

35 ~~(i) Mental health services. The copayment or coinsurance for~~
36 ~~mental health services may be no more than the copayment or~~
37 ~~coinsurance for medical and surgical services otherwise provided~~
38 ~~under the health benefit plan. Wellness and preventive services that~~
39 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
40 ~~other cost sharing than other medical and surgical services are~~

1 ~~excluded from this comparison. If the health benefit plan imposes a~~
2 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~
3 ~~or stop loss for medical, surgical, and mental health services; and~~

4 ~~(ii) Prescription drugs intended to treat any of the disorders~~
5 ~~covered in subsection (1) of this section to the same extent, and~~
6 ~~under the same terms and conditions, as other prescription drugs~~
7 ~~covered by the health benefit plan.~~

8 ~~(c) For all health benefit plans delivered, issued for delivery,~~
9 ~~or renewed on or after July 1, 2010,)) coverage for:~~

10 ~~((i))~~ (a) Mental health services. The copayment or coinsurance
11 for mental health services may be no more than the copayment or
12 coinsurance for medical and surgical services otherwise provided
13 under the health benefit plan. Wellness and preventive services that
14 are provided or reimbursed at a lesser copayment, coinsurance, or
15 other cost sharing than other medical and surgical services are
16 excluded from this comparison. If the health benefit plan imposes a
17 maximum out-of-pocket limit or stop loss, it shall be a single limit
18 or stop loss for medical, surgical, and mental health services. If
19 the health benefit plan imposes any deductible, mental health
20 services shall be included with medical and surgical services for the
21 purpose of meeting the deductible requirement. Treatment limitations
22 or any other financial requirements on coverage for mental health
23 services are only allowed if the same limitations or requirements are
24 imposed on coverage for medical and surgical services; and

25 ~~((ii))~~ (b) Prescription drugs intended to treat any of the
26 disorders covered in subsection (1) of this section to the same
27 extent, and under the same terms and conditions, as other
28 prescription drugs covered by the health benefit plan.

29 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of~~
30 ~~this section, health benefit plans may not reduce the number of~~
31 ~~mental health outpatient visits or mental health inpatient days below~~
32 ~~the level in effect on July 1, 2002.~~

33 ~~(4))~~ This section does not prohibit a requirement that mental
34 health services be medically necessary ~~((as determined by the medical~~
35 ~~director or designee)), if a comparable requirement is applicable to~~
36 medical and surgical services.

37 ~~((5))~~ (4) Nothing in this section shall be construed to prevent
38 the management of mental health services if a comparable requirement
39 is applicable to medical and surgical services.

1 **Sec. 7.** RCW 70.47.200 and 2005 c 6 s 6 are each amended to read
2 as follows:

3 (1) For the purposes of this section, "mental health services"
4 means:

5 (a) For any schedule of benefits established or renewed by the
6 Washington basic health plan before January 1, 2021, medically
7 necessary outpatient and inpatient services provided to treat mental
8 disorders covered by the diagnostic categories listed in the most
9 current version of the diagnostic and statistical manual of mental
10 disorders, published by the American psychiatric association, on
11 (~~July 24, 2005~~) the effective date of this section, or such
12 subsequent date as may be determined by the (~~administrator~~)
13 director, by rule, consistent with the purposes of chapter 6, Laws of
14 2005, with the exception of the following categories, codes, and
15 services: (~~(a)~~) (i) Substance related disorders; (~~(b)~~) (ii) life
16 transition problems, currently referred to as "V" codes, and
17 diagnostic codes 302 through 302.9 as found in the diagnostic and
18 statistical manual of mental disorders, 4th edition, published by the
19 American psychiatric association; (~~(c)~~) (iii) skilled nursing
20 facility services, home health care, residential treatment, and
21 custodial care; and (~~(d)~~) (iv) court ordered treatment, unless the
22 Washington basic health plan's or contracted managed health care
23 system's medical director or designee determines the treatment to be
24 medically necessary; and

25 (b) For any schedule of benefits established or renewed by the
26 Washington basic health plan on or after January 1, 2021, medically
27 necessary outpatient and inpatient services provided to treat mental
28 health and substance use disorders covered by the diagnostic
29 categories listed in the most current version of the diagnostic and
30 statistical manual of mental health or substance use disorders,
31 published by the American psychiatric association, on the effective
32 date of this section, or such subsequent date as may be determined by
33 the director by rule, consistent with the purposes of chapter 6, Laws
34 of 2005.

35 (2) (~~(a)~~) Any schedule of benefits established or renewed by the
36 Washington basic health plan (~~(on or after January 1, 2006,)~~) shall
37 provide coverage for:

38 (~~(i) Mental health services. The copayment or coinsurance for~~
39 ~~mental health services may be no more than the copayment or~~
40 ~~coinsurance for medical and surgical services otherwise provided~~

1 under the schedule of benefits. Wellness and preventive services that
2 are provided or reimbursed at a lesser copayment, coinsurance, or
3 other cost sharing than other medical and surgical services are
4 excluded from this comparison; and

5 ~~(ii) Prescription drugs intended to treat any of the disorders~~
6 ~~covered in subsection (1) of this section to the same extent, and~~
7 ~~under the same terms and conditions, as other prescription drugs~~
8 ~~covered under the schedule of benefits.~~

9 ~~(b) Any schedule of benefits established or renewed by the~~
10 ~~Washington basic health plan on or after January 1, 2008, shall~~
11 ~~provide coverage for:~~

12 ~~(i) Mental health services. The copayment or coinsurance for~~
13 ~~mental health services may be no more than the copayment or~~
14 ~~coinsurance for medical and surgical services otherwise provided~~
15 ~~under the schedule of benefits. Wellness and preventive services that~~
16 ~~are provided or reimbursed at a lesser copayment, coinsurance, or~~
17 ~~other cost sharing than other medical and surgical services are~~
18 ~~excluded from this comparison. If the schedule of benefits imposes a~~
19 ~~maximum out-of-pocket limit or stop loss, it shall be a single limit~~
20 ~~or stop loss for medical, surgical, and mental health services; and~~

21 ~~(ii) Prescription drugs intended to treat any of the disorders~~
22 ~~covered in subsection (1) of this section to the same extent, and~~
23 ~~under the same terms and conditions, as other prescription drugs~~
24 ~~covered under the schedule of benefits.~~

25 ~~(c) Any schedule of benefits established or renewed by the~~
26 ~~Washington basic health plan on or after July 1, 2010, shall include~~
27 ~~coverage for:~~

28 ~~(i))~~ (a) Mental health services. The copayment or coinsurance
29 for mental health services may be no more than the copayment or
30 coinsurance for medical and surgical services otherwise provided
31 under the schedule of benefits. Wellness and preventive services that
32 are provided or reimbursed at a lesser copayment, coinsurance, or
33 other cost sharing than other medical and surgical services are
34 excluded from this comparison. If the schedule of benefits imposes a
35 maximum out-of-pocket limit or stop loss, it shall be a single limit
36 or stop loss for medical, surgical, and mental health services. If
37 the schedule of benefits imposes any deductible, mental health
38 services shall be included with medical and surgical services for the
39 purpose of meeting the deductible requirement. Treatment limitations
40 or any other financial requirements on coverage for mental health

1 services are only allowed if the same limitations or requirements are
2 imposed on coverage for medical and surgical services; and

3 ~~((+ii+))~~ (b) Prescription drugs intended to treat any of the
4 disorders covered in subsection (1) of this section to the same
5 extent, and under the same terms and conditions, as other
6 prescription drugs covered under the schedule of benefits.

7 ~~(3) ((In meeting the requirements of subsection (2) (a) and (b) of
8 this section, the Washington basic health plan may not reduce the
9 number of mental health outpatient visits or mental health inpatient
10 days below the level in effect on July 1, 2002.~~

11 ~~(4))~~ This section does not prohibit a requirement that mental
12 health services be medically necessary ~~((as determined by the medical
13 director or designee))~~, if a comparable requirement is applicable to
14 medical and surgical services.

15 ~~((+5+))~~ (4) Nothing in this section shall be construed to prevent
16 the management of mental health services if a comparable requirement
17 is applicable to medical and surgical services.

18 **Sec. 8.** RCW 48.30.300 and 2006 c 4 s 18 are each amended to read
19 as follows:

20 Notwithstanding any provision contained in Title 48 RCW to the
21 contrary:

22 (1) A person or entity engaged in the business of insurance in
23 this state may not refuse to issue any contract of insurance or
24 cancel or decline to renew such contract because of the sex, marital
25 status, or sexual orientation as defined in RCW 49.60.040, or the
26 presence of any sensory, mental, or physical handicap of the insured
27 or prospective insured. The amount of benefits payable, or any term,
28 rate, condition, or type of coverage may not be restricted, modified,
29 excluded, increased, or reduced on the basis of the sex, marital
30 status, or sexual orientation, or be restricted, modified, excluded,
31 or reduced on the basis of the presence of any sensory, mental, or
32 physical handicap of the insured or prospective insured.

33 ~~((This))~~ (2) Except as provided in RCW 48.43.0128, 48.44.220, or
34 48.46.370, this subsection does not prohibit fair discrimination on
35 the basis of sex, or marital status, or the presence of any sensory,
36 mental, or physical handicap when bona fide statistical differences
37 in risk or exposure have been substantiated.

1 **Sec. 9.** RCW 48.43.0128 and 2019 c 33 s 15 are each amended to
2 read as follows:

3 (1) A health carrier offering a nongrandfathered health plan (~~in~~
4 ~~the individual or small group market~~) or a plan deemed by the
5 commissioner to have a short-term limited purpose or duration, or to
6 be a student-only plan that is guaranteed renewable while the covered
7 person is enrolled as a regular, full-time undergraduate student at
8 an accredited higher education institution may not:

9 (a) In its benefit design or implementation of its benefit
10 design, discriminate against individuals because of their age,
11 expected length of life, present or predicted disability, degree of
12 medical dependency, quality of life, or other health conditions; and

13 (b) With respect to the health plan, discriminate on the basis of
14 race, color, national origin, disability, age, sex, gender identity,
15 or sexual orientation.

16 (2) Nothing in this section may be construed to prevent an issuer
17 from appropriately utilizing reasonable medical management
18 techniques.

19 (3) Unless preempted by federal law, the commissioner shall adopt
20 any rules necessary to implement this section, consistent with
21 federal rules and guidance in effect on January 1, 2017, implementing
22 the patient protection and affordable care act.

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