
SUBSTITUTE SENATE BILL 5887

State of Washington

66th Legislature

2019 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Short, Keiser, and Nguyen)

READ FIRST TIME 02/21/19.

1 AN ACT Relating to health carrier requirements for prior
2 authorization standards; and amending RCW 48.43.016.

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

4 **Sec. 1.** RCW 48.43.016 and 2018 c 193 s 1 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 and up to six consecutive
14 treatment visits with a contracting provider in a new episode of care
15 of chiropractic, physical therapy, occupational therapy, East Asian
16 medicine, massage therapy, or speech and hearing therapies (~~that~~
17 ~~meet the standards of medical necessity and are subject to~~
18 ~~quantitative treatment limits of the health plan~~). No carrier may
19 deny or limit coverage for such initial six visits on the basis of
20 medical necessity or appropriateness if the patient's treating
21 provider has determined that such visits are medically necessary.

1 Notwithstanding RCW 48.43.515(5) this section may not be interpreted
2 to limit the ability of a health plan to require a referral or
3 prescription for the therapies listed in this section.

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

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

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

19 (6) For purposes of this section:

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

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

--- END ---