

**ESHB 1957** - S COMM AMD

By Committee on Health & Long Term Care

**ADOPTED 02/27/2024**

1 Strike everything after the enacting clause and insert the  
2 following:

3 **"Sec. 1.** RCW 48.43.047 and 2018 c 14 s 1 are each amended to  
4 read as follows:

5 (1) A nongrandfathered health plan issued on or after (~~June 7,~~  
6 ~~2018~~) the effective date of this section, must, at a minimum,  
7 provide coverage for the (~~same~~) following preventive services  
8 (~~required to be covered under 42 U.S.C. Sec. 300gg-13 (2016) and any~~  
9 ~~federal rules or guidance in effect on December 31, 2016,~~  
10 ~~implementing 42 U.S.C. Sec. 300gg-13~~) as the recommendations or  
11 guidelines existed on January 8, 2024:

12 (a) Evidence-based items or services that have a rating of A or B  
13 in the current recommendations of the United States preventive  
14 services task force with respect to the enrollee;

15 (b) Immunizations for routine use in children, adolescents, and  
16 adults that have in effect a recommendation from the advisory  
17 committee on immunization practices of the centers for disease  
18 control and prevention with respect to the enrollee. For purposes of  
19 this subsection, a recommendation from the advisory committee on  
20 immunization practices of the centers for disease control and  
21 prevention is considered in effect after the recommendation has been  
22 adopted by the director of the centers for disease control and  
23 prevention, and a recommendation is considered to be for routine use  
24 if the recommendation is listed on the immunization schedules of the  
25 centers for disease control and prevention;

26 (c) With respect to infants, children, and adolescents, evidence-  
27 informed preventive care and screenings provided for in comprehensive  
28 guidelines supported by the health resources and services  
29 administration; and

30 (d) With respect to women, additional preventive care and  
31 screenings that are not listed with a rating of A or B by the United

1 States preventive services task force but that are provided for in  
2 comprehensive guidelines supported by the health resources and  
3 services administration.

4 (2) ~~((The))~~ A nongrandfathered health plan must provide coverage  
5 for the preventive services required to be covered under subsection  
6 (1) of this section consistent with federal rules and guidance  
7 related to coverage of preventive services in effect on January 8,  
8 2024.

9 (3) A nongrandfathered health plan must provide coverage for the  
10 preventive services required to be covered under subsection (1) of  
11 this section for plan years that begin on or after the date that is  
12 one year after the date the recommendation or guideline is issued.

13 (4) A nongrandfathered health plan is no longer required to  
14 provide coverage for particular items or services specified in the  
15 recommendations or guidelines described in subsection (1) of this  
16 section if such a recommendation or guideline is revised by the  
17 recommending entities described in subsection (1) of this section to  
18 no longer include the preventive item or service as defined in  
19 subsection (1) of this section.

20 (5) Annually, a health carrier shall determine whether any  
21 additional items or services must be covered without cost-sharing  
22 requirements or whether any items or services are no longer required  
23 to be covered as provided in subsections (2) and (3) of this section.  
24 The carrier's determination must be included in its health plan  
25 filings submitted to the commissioner.

26 (6) (a) Except as provided in (b) of this subsection, the health  
27 plan may not impose cost-sharing requirements for the preventive  
28 services required to be covered under subsection (1) of this section  
29 when the services are provided by an in-network provider. If a plan  
30 does not have in its network a provider who can provide an item or  
31 service described in subsection (1) of this section, the plan must  
32 cover the item or service when performed by an out-of-network  
33 provider and may not impose cost sharing with respect to the item or  
34 service.

35 ~~((+3))~~ (b) If any portion of 42 U.S.C. Sec. 300gg-13 is found  
36 invalid, for a health plan offered as a qualifying health plan for a  
37 health savings account, the carrier may apply cost sharing to  
38 coverage of the services that have been invalidated only at the  
39 minimum level necessary to preserve the enrollee's ability to claim

1 tax exempt contributions and withdrawals from the enrollee's health  
2 savings account under internal revenue service laws and regulations.

3 (7) A carrier may use reasonable medical management techniques to  
4 determine the frequency, method, treatment, or setting for an item or  
5 service described in subsection (1) of this section to the extent not  
6 specified in the relevant recommendation or guideline, federal rules  
7 and guidance related to the coverage of preventive services in effect  
8 on January 8, 2024, and any rules adopted by the insurance  
9 commissioner.

10 (8) The insurance commissioner shall enforce this section  
11 consistent with federal rules (~~, guidance, and case law in effect on~~  
12 ~~December 31, 2016, applicable to 42 U.S.C. 300gg-13 (2016)) and~~  
13 guidance in effect on January 8, 2024.

14 (9) The insurance commissioner may adopt rules necessary to  
15 implement this section, consistent with federal statutes, rules, and  
16 guidance in effect on January 8, 2024. The insurance commissioner may  
17 also adopt rules related to any future preventive services  
18 recommendations and guidelines issued by the United States preventive  
19 services task force, the advisory committee on immunization practices  
20 of the centers for disease control and prevention, and the health  
21 resources and services administration or related federal rules or  
22 guidance."

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23 On page 1, line 2 of the title, after "sharing;" strike the  
24 remainder of the title and insert "and amending RCW 48.43.047."

EFFECT: Makes technical corrections to the names of federal organizations listed in the bill.

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