
SENATE BILL 6304

State of Washington

63rd Legislature

2014 Regular Session

By Senators Parlette, Frockt, Benton, Rolfes, Keiser, Pearson, Angel, Bailey, Becker, Tom, and Kohl-Welles

Read first time 01/20/14. Referred to Committee on Health Care .

1 AN ACT Relating to preserving patient and practitioner freedom to
2 obtain and provide health care by prohibiting unfair and deceptive
3 practices in contracting for and managing health care delivery under
4 health plans; and adding a new section to chapter 48.43 RCW.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
7 to read as follows:

8 (1) A health plan may not impose a per visit cost sharing amount
9 that requires the covered person to pay more than fifty percent of the
10 amount the plan allows for coverage for the visit.

11 (2) A health carrier may not directly, indirectly through
12 contracted networks, or otherwise:

13 (a) Require a covered person to obtain prior authorization for
14 routine health care services for which a person may self refer;

15 (b) Require a health care provider to participate in one plan,
16 program, or health care arrangement as a condition for participating in
17 any of the carrier's other plans, programs, or arrangements.
18 Violations of this subsection include, but are not limited to,
19 requiring a provider who has agreed to furnish care to enrollees of a

1 health plan to also participate in a discount program for uninsured
2 health care services or to participate in a workers' compensation
3 program;

4 (c) Require a provider to provide a discount from usual and
5 customary rates for health care services not covered under a health
6 plan, policy, or other agreement, to which the provider is a party; or

7 (d) Terminate the network participation agreement or provider
8 agreement or impose penalties upon a provider based solely upon the
9 provider's efforts to enforce his or her rights or the rights of his or
10 her patient under this section.

11 (3) A carrier, whether directly or indirectly through subcontracted
12 networks, shall disclose:

13 (a) Its criteria and methods for establishing limits on access to
14 network providers, including, but not limited to, the carrier's method
15 used to determine that a network provider may provide care to a covered
16 person without prior authorization while imposing prior authorization
17 requirements on other network providers; and

18 (b) Its methods and clinical protocols for authorizing coverage of
19 health care services, including, but not limited to, the carrier's
20 method for determining initial visit limits for a particular health
21 care service.

22 (4)(a) A health care provider with whom a carrier consults
23 regarding a decision to deny, limit, or terminate a person's covered
24 health care services must hold a license, certification, or
25 registration, in good standing in Washington and must be actively
26 practicing in the same health field or specialty as the health care
27 provider being reviewed.

28 (b) If a covered person is being treated by more than one provider,
29 the review shall be completed by a provider who holds a license,
30 certification, or registration, in good standing in Washington and who
31 is actively practicing in the same health field or specialty as the
32 principal prescribing or diagnosing provider, unless otherwise agreed
33 to by the covered person and the carrier. This subsection (4)(b) does
34 not prohibit the carrier from providing additional reviews of other
35 categories of providers.

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