



Please SUPPORT SB 5887: Concerning health carrier requirements for prior authorization standards.

Sponsors: Short, Keiser, Nguyen

Background: The WSCA has been working to clarify laws regarding prior-authorization requirements by insurers since 2013. We started with an initial visit and E&M service. In 2017 the visit limits allowed prior to requiring authorization increased to six, but insurers and their benefit managers implemented the laws inconsistently and differently than the Legislature intended. During the 2019 legislative session we were close to clarifying the visit limits and defining “episode of care,” but were unable to pass a retrospective law.

Over the interim we met with the insurers repeatedly and reached an agreement. The bill passed the State Senate on January 15, 2020 with only one voting no. The bill is in House Health Care and is eligible for a hearing.

The current bill:

1. Applies to the carrier or its contracted entity
2. Defines six visits to each of the professions in the bill (rather than applying a total of six visits to all providers combined per episode of care)
3. Clarifies that initial six visits cannot be contingent upon pre, post or concurrent review
4. May not retroactively deny care or refuse payment for the visits
5. Allows for action against fraud