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HOUSE BILL 1447

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State of Washington

66th Legislature

2019 Regular Session

By Representatives Jinkins, DeBolt, Cody, Davis, Macri, Tharinger, Pellicciotti, Stonier, Riccelli, Thai, and Robinson

1 AN ACT Relating to mental health parity; and amending RCW  
2 41.05.600, 48.20.580, 48.21.241, 48.41.220, 48.44.341, 48.46.291, and  
3 70.47.200.

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

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

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

9 (a) For health benefit plans issued or renewed before January 1,  
10 2020, medically necessary outpatient and inpatient services provided  
11 to treat mental disorders covered by the diagnostic categories listed  
12 in the most current version of the diagnostic and statistical manual  
13 of mental disorders, published by the American psychiatric  
14 association, on July 24, 2005, or such subsequent date as may be  
15 provided by the administrator by rule, consistent with the purposes  
16 of chapter 6, Laws of 2005, with the exception of the following  
17 categories, codes, and services: ~~((a))~~ (i) Substance related  
18 disorders; ~~((b))~~ (ii) life transition problems, currently referred  
19 to as "V" codes, and diagnostic codes 302 through 302.9 as found in  
20 the diagnostic and statistical manual of mental disorders, 4th  
21 edition, published by the American psychiatric association; ~~((e))~~

1 (iii) skilled nursing facility services, home health care,  
2 residential treatment, and custodial care; and ~~((d))~~ (iv) court  
3 ordered treatment unless the authority's or contracted insuring  
4 entity's medical director determines the treatment to be medically  
5 necessary; and

6 (b) For health benefit plans issued or renewed on or after  
7 January 1, 2020, medically necessary outpatient and inpatient  
8 services provided to treat mental disorders covered by the diagnostic  
9 categories listed in the most current version of the diagnostic and  
10 statistical manual of mental disorders, published by the American  
11 psychiatric association, on July 24, 2005, or such subsequent date as  
12 may be provided by the administrator by rule, consistent with the  
13 purposes of chapter 6, Laws of 2005.

14 (2) All health benefit plans offered to public employees and  
15 their covered dependents under this chapter that provide coverage for  
16 medical and surgical services shall provide:

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

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

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

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

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

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

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

7 (i) Mental health services. The copayment or coinsurance for  
8 mental health services may be no more than the copayment or  
9 coinsurance for medical and surgical services otherwise provided  
10 under the health benefit plan. Wellness and preventive services that  
11 are provided or reimbursed at a lesser copayment, coinsurance, or  
12 other cost sharing than other medical and surgical services are  
13 excluded from this comparison. If the health benefit plan imposes a  
14 maximum out-of-pocket limit or stop loss, it shall be a single limit  
15 or stop loss for medical, surgical, and mental health services. If  
16 the health benefit plan imposes any deductible, mental health  
17 services shall be included with medical and surgical services for the  
18 purpose of meeting the deductible requirement. Treatment limitations  
19 or any other financial requirements on coverage for mental health  
20 services are only allowed if the same limitations or requirements are  
21 imposed on coverage for medical and surgical services; 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 (3) In meeting the requirements of subsection (2)(a) and (b) of  
27 this section, health benefit plans may not reduce the number of  
28 mental health outpatient visits or mental health inpatient days below  
29 the level in effect on July 1, 2002.

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

34 (5) Nothing in this section shall be construed to prevent the  
35 management of mental health services.

36 (6) The administrator will consider care management techniques  
37 for mental health services, including but not limited to: (a)  
38 Authorized treatment plans; (b) preauthorization requirements based  
39 on the type of service; (c) concurrent and retrospective utilization  
40 review; (d) utilization management practices; (e) discharge

1 coordination and planning; and (f) contracting with and using a  
2 network of participating providers.

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

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

7 (a) For health benefit plans issued or renewed before January 1,  
8 2020, medically necessary outpatient and inpatient services provided  
9 to treat mental disorders covered by the diagnostic categories listed  
10 in the most current version of the diagnostic and statistical manual  
11 of mental disorders, published by the American psychiatric  
12 association, on July 24, 2005, or such subsequent date as may be  
13 provided by the insurance commissioner by rule, consistent with the  
14 purposes of chapter 6, Laws of 2005, with the exception of the  
15 following categories, codes, and services: (~~(a)~~) (i) Substance  
16 related disorders; (~~(b)~~) (ii) life transition problems, currently  
17 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
18 found in the diagnostic and statistical manual of mental disorders,  
19 4th edition, published by the American psychiatric association;  
20 (~~(c)~~) (iii) skilled nursing facility services, home health care,  
21 residential treatment, and custodial care; and (~~(d)~~) (iv) court-  
22 ordered treatment unless the insurer's medical director or designee  
23 determines the treatment to be medically necessary; and

24 (b) For health benefit plans issued or renewed on or after  
25 January 1, 2020, medically necessary outpatient and inpatient  
26 services provided to treat mental disorders covered by the diagnostic  
27 categories listed in the most current version of the diagnostic and  
28 statistical manual of mental disorders, published by the American  
29 psychiatric association, on July 24, 2005, or such subsequent date as  
30 may be provided by the insurance commissioner by rule, consistent  
31 with the purposes of chapter 6, Laws of 2005.

32 (2) Each disability insurance contract delivered, issued for  
33 delivery, or renewed on or after January 1, 2008, providing coverage  
34 for medical and surgical services shall provide coverage for:

35 (a) 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 disability insurance contract. Wellness and preventive  
39 services that are provided or reimbursed at a lesser copayment,

1 coinsurance, or other cost sharing than other medical and surgical  
2 services are excluded from this comparison. If the disability  
3 insurance contract imposes a maximum out-of-pocket limit or stop  
4 loss, it shall be a single limit or stop loss for medical, surgical,  
5 and mental health services; and

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

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

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

29 (b) 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 disability insurance contract.

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

37 (5) This section does not prohibit a requirement that mental  
38 health services be medically necessary as determined by the medical  
39 director or designee, if a comparable requirement is applicable to  
40 medical and surgical services.

1 (6) Nothing in this section shall be construed to prevent the  
2 management of mental health services.

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

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

7 (a) For health benefit plans issued or renewed before January 1,  
8 2020, medically necessary outpatient and inpatient services provided  
9 to treat mental disorders covered by the diagnostic categories listed  
10 in the most current version of the diagnostic and statistical manual  
11 of mental disorders, published by the American psychiatric  
12 association, on July 24, 2005, or such subsequent date as may be  
13 provided by the insurance commissioner by rule, consistent with the  
14 purposes of chapter 6, Laws of 2005, with the exception of the  
15 following categories, codes, and services: (~~(a)~~) (i) Substance  
16 related disorders; (~~(b)~~) (ii) life transition problems, currently  
17 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
18 found in the diagnostic and statistical manual of mental disorders,  
19 4th edition, published by the American psychiatric association;  
20 (~~(c)~~) (iii) skilled nursing facility services, home health care,  
21 residential treatment, and custodial care; and (~~(d)~~) (iv) court  
22 ordered treatment unless the insurer's medical director or designee  
23 determines the treatment to be medically necessary; and

24 (b) For health benefit plans issued or renewed on or after  
25 January 1, 2020, medically necessary outpatient and inpatient  
26 services provided to treat mental disorders covered by the diagnostic  
27 categories listed in the most current version of the diagnostic and  
28 statistical manual of mental disorders, published by the American  
29 psychiatric association, on July 24, 2005, or such subsequent date as  
30 may be provided by the insurance commissioner by rule, consistent  
31 with the purposes of chapter 6, Laws of 2005.

32 (2) All group disability insurance contracts and blanket  
33 disability insurance contracts providing health benefit plans that  
34 provide coverage for medical and surgical 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

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

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

10 (b) For all group health benefit plans delivered, issued for  
11 delivery, or renewed on or after January 1, 2008, 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 health benefit plan. 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 health benefit plan 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 by the health benefit plan.

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

27 (i) 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 health benefit plan. Wellness and preventive services that  
31 are provided or reimbursed at a lesser copayment, coinsurance, or  
32 other cost sharing than other medical and surgical services are  
33 excluded from this comparison. If the health benefit plan imposes a  
34 maximum out-of-pocket limit or stop loss, it shall be a single limit  
35 or stop loss for medical, surgical, and mental health services. If  
36 the health benefit plan imposes any deductible, mental health  
37 services shall be included with medical and surgical services for the  
38 purpose of meeting the deductible requirement. Treatment limitations  
39 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) 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 (3) In meeting the requirements of subsection (2)(a) and (b) of  
8 this section, health benefit plans may not reduce the number of  
9 mental health outpatient visits or mental health inpatient days below  
10 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) Nothing in this section shall be construed to prevent the  
16 management of mental health services.

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

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

21 (a) For health benefit plans issued or renewed before January 1,  
22 2020, medically necessary outpatient and inpatient services provided  
23 to treat mental disorders covered by the diagnostic categories listed  
24 in the most current version of the diagnostic and statistical manual  
25 of mental disorders, published by the American psychiatric  
26 association, on July 24, 2005, or such subsequent date as may be  
27 provided by the insurance commissioner by rule, consistent with the  
28 purposes of chapter 6, Laws of 2005, with the exception of the  
29 following categories, codes, and services: ~~((a))~~ (i) Substance  
30 related disorders; ~~((b))~~ (ii) life transition problems, currently  
31 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
32 found in the diagnostic and statistical manual of mental disorders,  
33 4th edition, published by the American psychiatric association;  
34 ~~((c))~~ (iii) skilled nursing facility services, home health care,  
35 residential treatment, and custodial care; and ~~((d))~~ (iv)  
36 court-ordered treatment unless the insurer's medical director or  
37 designee determines the treatment to be medically necessary; and

38 (b) For health benefit plans issued or renewed on or after  
39 January 1, 2020, medically necessary outpatient and inpatient



1 services provided to treat mental disorders covered by the diagnostic  
2 categories listed in the most current version of the diagnostic and  
3 statistical manual of mental disorders, published by the American  
4 psychiatric association, on July 24, 2005, or such subsequent date as  
5 may be provided by the insurance commissioner by rule, consistent  
6 with the purposes of chapter 6, Laws of 2005.

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

9 (a) Mental health services. The copayment or coinsurance for  
10 mental health services may be no more than the copayment or  
11 coinsurance for medical and surgical services otherwise provided  
12 under the policy. Wellness and preventive services that are provided  
13 or reimbursed at a lesser copayment, coinsurance, or other cost  
14 sharing than other medical and surgical services are excluded from  
15 this comparison. If the policy imposes a maximum out-of-pocket limit  
16 or stop loss, it shall be a single limit or stop loss for medical,  
17 surgical, and mental health 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 (3) Each health insurance policy issued by the pool on or after  
23 July 1, 2010, shall provide coverage for:

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

39 (b) Prescription drugs intended to treat any of the disorders  
40 covered in subsection (1) of this section to the same extent, and

1 under the same terms and conditions, as other prescription drugs  
2 covered by the policy.

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

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

10 (6) Nothing in this section shall be construed to prevent the  
11 management of mental health services.

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

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

16 (a) For health benefit plans issued or renewed before January 1,  
17 2020, medically necessary outpatient and inpatient services provided  
18 to treat mental disorders covered by the diagnostic categories listed  
19 in the most current version of the diagnostic and statistical manual  
20 of mental disorders, published by the American psychiatric  
21 association, on July 24, 2005, or such subsequent date as may be  
22 provided by the insurance commissioner by rule, consistent with the  
23 purposes of chapter 6, Laws of 2005, with the exception of the  
24 following categories, codes, and services: ~~((a))~~ (i) Substance  
25 related disorders; ~~((b))~~ (ii) life transition problems, currently  
26 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
27 found in the diagnostic and statistical manual of mental disorders,  
28 4th edition, published by the American psychiatric association;  
29 ~~((c))~~ (iii) skilled nursing facility services, home health care,  
30 residential treatment, and custodial care; and ~~((d))~~ (iv) court  
31 ordered treatment unless the health care service contractor's medical  
32 director or designee determines the treatment to be medically  
33 necessary; and

34 (b) For health benefit plans issued or renewed on or after  
35 January 1, 2020, medically necessary outpatient and inpatient  
36 services provided to treat mental disorders covered by the diagnostic  
37 categories listed in the most current version of the diagnostic and  
38 statistical manual of mental disorders, published by the American  
39 psychiatric association, on July 24, 2005, or such subsequent date as

1 may be provided by the insurance commissioner by rule, consistent  
2 with the purposes of chapter 6, Laws of 2005.

3 (2) All health service contracts providing health benefit plans  
4 that provide coverage for medical and surgical services shall  
5 provide:

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

9 (i) Mental health services. The copayment or coinsurance for  
10 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; and

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

20 (b) For all health benefit plans delivered, issued for delivery,  
21 or renewed on or after January 1, 2008, 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. If the health benefit plan imposes a  
29 maximum out-of-pocket limit or stop loss, it shall be a single limit  
30 or stop loss for medical, surgical, and mental health services; and

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

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

37 (i) Mental health services. The copayment or coinsurance for  
38 mental health services may be no more than the copayment or  
39 coinsurance for medical and surgical services otherwise provided  
40 under the health benefit plan. Wellness and preventive services that

1 are provided or reimbursed at a lesser copayment, coinsurance, or  
2 other cost sharing than other medical and surgical services are  
3 excluded from this comparison. If the health benefit plan imposes a  
4 maximum out-of-pocket limit or stop loss, it shall be a single limit  
5 or stop loss for medical, surgical, and mental health services. If  
6 the health benefit plan imposes any deductible, mental health  
7 services shall be included with medical and surgical services for the  
8 purpose of meeting the deductible requirement. Treatment limitations  
9 or any other financial requirements on coverage for mental health  
10 services are only allowed if the same limitations or requirements are  
11 imposed on coverage for medical and surgical services; and

12 (ii) Prescription drugs intended to treat any of the disorders  
13 covered in subsection (1) of this section to the same extent, and  
14 under the same terms and conditions, as other prescription drugs  
15 covered by the health benefit plan.

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

20 (4) This section does not prohibit a requirement that mental  
21 health services be medically necessary as determined by the medical  
22 director or designee, if a comparable requirement is applicable to  
23 medical and surgical services.

24 (5) Nothing in this section shall be construed to prevent the  
25 management of mental health services.

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

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

30 (a) For health benefit plans issued or renewed before January 1,  
31 2020, medically necessary outpatient and inpatient services provided  
32 to treat mental disorders covered by the diagnostic categories listed  
33 in the most current version of the diagnostic and statistical manual  
34 of mental disorders, published by the American psychiatric  
35 association, on July 24, 2005, or such subsequent date as may be  
36 provided by the insurance commissioner by rule, consistent with the  
37 purposes of chapter 6, Laws of 2005, with the exception of the  
38 following categories, codes, and services: ~~((a))~~ (i) Substance  
39 related disorders; ~~((b))~~ (ii) life transition problems, currently

1 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
2 found in the diagnostic and statistical manual of mental disorders,  
3 4th edition, published by the American psychiatric association;  
4 ~~((e))~~ (iii) skilled nursing facility services, home health care,  
5 residential treatment, and custodial care; and ~~((d))~~ (iv) court  
6 ordered treatment unless the health maintenance organization's  
7 medical director or designee determines the treatment to be medically  
8 necessary; and

9 (b) For health benefit plans issued or renewed on or after  
10 January 1, 2020, medically necessary outpatient and inpatient  
11 services provided to treat mental disorders covered by the diagnostic  
12 categories listed in the most current version of the diagnostic and  
13 statistical manual of mental disorders, published by the American  
14 psychiatric association, on July 24, 2005, or such subsequent date as  
15 may be provided by the insurance commissioner by rule, consistent  
16 with the purposes of chapter 6, Laws of 2005.

17 (2) All health benefit plans offered by health maintenance  
18 organizations that provide coverage for medical and surgical services  
19 shall provide:

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

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

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

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

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

1 other cost sharing than other medical and surgical services are  
2 excluded from this comparison. If the health benefit plan imposes a  
3 maximum out-of-pocket limit or stop loss, it shall be a single limit  
4 or stop loss for medical, surgical, and mental health services; 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 (c) For all health benefit plans delivered, issued for delivery,  
10 or renewed on or after July 1, 2010, 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. If  
20 the health benefit plan imposes any deductible, mental health  
21 services shall be included with medical and surgical services for the  
22 purpose of meeting the deductible requirement. Treatment limitations  
23 or any other financial requirements on coverage for mental health  
24 services are only allowed if the same limitations or requirements are  
25 imposed on coverage for medical and surgical services; and

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

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

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

38 (5) Nothing in this section shall be construed to prevent the  
39 management of mental health 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 health benefit plans issued or renewed before January 1,  
6 2020, medically necessary outpatient and inpatient services provided  
7 to treat mental disorders covered by the diagnostic categories listed  
8 in the most current version of the diagnostic and statistical manual  
9 of mental disorders, published by the American psychiatric  
10 association, on July 24, 2005, or such subsequent date as may be  
11 determined by the (~~administrator,~~) director by rule, consistent  
12 with the purposes of chapter 6, Laws of 2005, with the exception of  
13 the following categories, codes, and services: (~~(a)~~) (i) Substance  
14 related disorders; (~~(b)~~) (ii) life transition problems, currently  
15 referred to as "V" codes, and diagnostic codes 302 through 302.9 as  
16 found in the diagnostic and statistical manual of mental disorders,  
17 4th edition, published by the American psychiatric association;  
18 (~~(c)~~) (iii) skilled nursing facility services, home health care,  
19 residential treatment, and custodial care; and (~~(d)~~) (iv) court  
20 ordered treatment, unless the Washington basic health plan's or  
21 contracted managed health care system's medical director or designee  
22 determines the treatment to be medically necessary; and

23       (b) For health benefit plans issued or renewed on or after  
24 January 1, 2020, medically necessary outpatient and inpatient  
25 services provided to treat mental disorders covered by the diagnostic  
26 categories listed in the most current version of the diagnostic and  
27 statistical manual of mental disorders, published by the American  
28 psychiatric association, on July 24, 2005, or such subsequent date as  
29 may be determined by the director by rule, consistent with the  
30 purposes of chapter 6, Laws of 2005.

31       (2)(a) Any schedule of benefits established or renewed by the  
32 Washington basic health plan on or after January 1, 2006, shall  
33 provide 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 schedule of benefits. 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; and

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

5 (b) Any schedule of benefits established or renewed by the  
6 Washington basic health plan on or after January 1, 2008, shall  
7 provide coverage for:

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

17 (ii) Prescription drugs intended to treat any of the disorders  
18 covered in subsection (1) of this section to the same extent, and  
19 under the same terms and conditions, as other prescription drugs  
20 covered under the schedule of benefits.

21 (c) Any schedule of benefits established or renewed by the  
22 Washington basic health plan on or after July 1, 2010, shall include  
23 coverage for:

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

39 (ii) Prescription drugs intended to treat any of the disorders  
40 covered in subsection (1) of this section to the same extent, and



1 under the same terms and conditions, as other prescription drugs  
2 covered under the schedule of benefits.

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

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

11 (5) Nothing in this section shall be construed to prevent the  
12 management of mental health services.

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