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SUBSTITUTE HOUSE BILL 1776

State of Washington 68th Legislature 2023 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Senn, Callan, Macri, Taylor, Gregerson, and Pollet)

- 1 AN ACT Relating to requiring coverage for applied behavior
- 2 analysis; creating a new section; and providing an expiration date.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- NEW SECTION. Sec. 1. (1)The office of the insurance 4 commissioner shall, with clinical assistance from the University of 5 6 Washington school of medicine department of psychiatry and behavioral 7 sciences, review coverage and authorization of applied behavioral analysis treatment including, but not limited to, 8 coverage and 9 authorization of applied behavioral analysis for treatment 10 with autism or other intellectual children or developmental 11 disabilities, and shall report the results of the review to the 12 legislature by December 31, 2023.
 - (2) The review must include, but is not limited to:
 - (a) The extent to which carrier medical necessity or clinical review criteria for coverage or authorization of applied behavioral analysis treatment are evidence-based and consistent with generally accepted standards of care, as required under current utilization review and mental health parity rules of the office of the insurance commissioner; and

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- (b) Carrier compliance with mental health parity law under RCW 48.20.580, 48.21.241, 48.44.341, and 48.46.291, with respect to coverage and authorization of applied behavioral analysis treatment.
- (3) The insurance commissioner may require that carriers provide the insurance commissioner with any information, document, or data deemed necessary by the insurance commissioner to determine how carriers are developing and applying their coverage policies and medical necessity and clinical review criteria for services that are the subject of the review including, but not limited to, medical necessity or clinical review criteria and utilization review policies, prior authorization and concurrent care review requests, approval and denial of such requests, and claims data. The insurance commissioner may disclose any carrier level information deemed necessary to include in the report to the legislature, including aggregated carrier prior authorization and concurrent care request data, rates of approval and denial of such requests, and claims data, but shall not disclose consumer level data protected from disclosure under RCW 48.02.068 and information that a carrier has marked as a trade secret, confidential, or proprietary, except to the extent that the insurance commissioner, in his or her sole discretion, determines is needed to specifically reference in the report to the legislature.
- (4) To the extent determined necessary, the insurance commissioner may obtain claims data related to the services subject to the review from the Washington state all-payer claims database.
 - (5) This section expires July 1, 2024.

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