
HOUSE BILL 1933

State of Washington

66th Legislature

2019 Regular Session

By Representatives Slatter and Ryu

1 AN ACT Relating to the creation of a demonstration project to
2 promote the use of appropriate use criteria for cardiac diagnostic
3 imaging procedures; and adding a new section to chapter 41.05 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05
6 RCW to read as follows:

7 (1) The legislature intends to create a demonstration project
8 within the public employees' benefits board that would replace
9 current health plan prior authorization standards for noninvasive
10 cardiac diagnostic imaging procedures with the use of selected
11 appropriate use criteria.

12 (2) The authority may adopt rules to establish the demonstration
13 project and implement this section. In adopting rules the authority
14 may consult stakeholders including health carriers, health care
15 practitioners, health systems, and patients.

16 (3) By July 1, 2020, the authority must select:

17 (a) One appropriate use criteria to be used in the demonstration
18 project; and

19 (b) The plans and providers that must participate in the
20 demonstration project.

1 (4) By January 1, 2021, the authority must establish and
2 implement the appropriate use criteria demonstration project for
3 noninvasive cardiac diagnostic imaging procedures. The demonstration
4 project must:

5 (a) Require participating health care providers who seek to order
6 a noninvasive cardiac diagnostic imaging procedure for a covered
7 patient to use the appropriate use criteria selected by the authority
8 to determine if a noninvasive cardiac diagnostic imaging procedure is
9 appropriate;

10 (b) Prohibit participating health carriers from denying a
11 noninvasive cardiac diagnostic imaging procedure for purposes of
12 prior authorization or approval if the health care provider used the
13 appropriate use criteria selected by the authority and the procedure
14 was determined to be appropriate for the covered patient; and

15 (c) Allow a health carrier to deny a claim for purposes other
16 than prior authorization including, but not limited to, submission of
17 duplicative claims or termination of coverage.

18 (5) The demonstration project may allow a health carrier to
19 conduct a periodic, independent audit of claims ordered through the
20 demonstration project.

21 (6) The authority must evaluate the impact of the demonstration
22 project including the impact on patients, and any increase or
23 decrease in expenses and the use of noninvasive cardiac diagnostic
24 imaging. The authority must report to the legislature on the results
25 of the evaluation by October 1, 2023. The report must include
26 findings from the demonstration project, including recommendations
27 for modifying or expanding the project.

28 (7) Any electronic tools, such as clinical decision support
29 mechanisms, used in the demonstration project must meet all privacy
30 and security standards required under applicable state and federal
31 law.

32 (8) The authority may solicit and accept funding and in-kind
33 contributions to support the demonstration and evaluation, and may
34 scale the evaluation to fall within resulting resource parameters.

35 (9) For purposes of this section:

36 (a) "Appropriate use criteria" means criteria only developed or
37 endorsed by a provider-led entity that is approved by the authority,
38 to assist health care practitioners in making the most appropriate
39 treatment decision for a specific clinical condition for an

1 individual. To the extent feasible, such criteria must be evidence-
2 based.

3 (b) "Clinical decision support mechanism" means an interactive,
4 electronic tool for use by clinicians that communicates selected
5 appropriate use criteria information to the user and assists them in
6 making the most appropriate treatment decision for a patient's
7 specific clinical condition.

8 (c) "Provider-led entity" means a cardiac-specific national
9 professional medical specialty society or organization that is
10 comprised primarily of providers or practitioners who, either within
11 the organization or outside of the organization, predominantly
12 provide direct patient care that is qualified by the centers for
13 medicare and medicaid services to provide appropriate use criteria
14 under 42 C.F.R. Part 414.94.

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