
SUBSTITUTE HOUSE BILL 1957

State of Washington

68th Legislature

2024 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Riccelli, Macri, Ryu, Leavitt, Senn, Reed, Ormsby, Callan, Doglio, Fosse, Goodman, Lekanoff, Wylie, Pollet, and Davis)

1 AN ACT Relating to preserving coverage of preventive services
2 without cost sharing; and amending RCW 48.43.047.

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

4 **Sec. 1.** RCW 48.43.047 and 2018 c 14 s 1 are each amended to read
5 as follows:

6 (1) A health plan issued on or after ~~((June 7, 2018))~~ the
7 effective date of this section, must, at a minimum, provide coverage
8 for the ~~((same))~~ following preventive services ~~((required to be~~
9 ~~covered under 42 U.S.C. Sec. 300gg-13 (2016) and any federal rules or~~
10 ~~guidance in effect on December 31, 2016, implementing 42 U.S.C. Sec.~~
11 ~~300gg-13))~~ as the recommendations or guidelines existed on January 8,
12 2024:

13 (a) Evidence-based items or services that have a rating of A or B
14 in the current recommendations of the United States preventive
15 services task force with respect to the enrollee;

16 (b) Immunizations for routine use in children, adolescents, and
17 adults that have in effect a recommendation from the advisory
18 committee on immunization practices of the centers for disease
19 control and prevention with respect to the enrollee. For purposes of
20 this subsection, a recommendation from the advisory committee on
21 immunization practices of the centers for disease control and

1 prevention is considered in effect after the recommendation has been
2 adopted by the director of the centers for disease control and
3 prevention, and a recommendation is considered to be for routine use
4 if the recommendation is listed on the immunization schedules of the
5 centers for disease control and prevention;

6 (c) With respect to infants, children, and adolescents, evidence-
7 informed preventive care and screenings provided for in comprehensive
8 guidelines supported by the health resources and services
9 administration; and

10 (d) With respect to women, additional preventive care and
11 screenings that are not listed with a rating of A or B by the United
12 States preventive services task force but that are provided for in
13 comprehensive guidelines supported by the health resources and
14 services administration.

15 (2) ((The)) A health plan must provide coverage for the
16 preventive services required to be covered under subsection (1) of
17 this section consistent with federal rules and guidance related to
18 coverage of preventive services in effect on January 8, 2024.

19 (3) A health plan must provide coverage for the preventive
20 services required to be covered under subsection (1) of this section
21 for plan years that begin on or after the date that is one year after
22 the date the recommendation or guideline is issued.

23 (4) A health plan is no longer required to provide coverage for
24 particular items or services specified in the recommendations or
25 guidelines described in subsection (1) of this section if such a
26 recommendation or guideline is revised by the recommending entities
27 described in subsection (1) of this section to no longer include the
28 preventive item or service as defined in subsection (1) of this
29 section.

30 (5) Annually, a health carrier shall determine whether any
31 additional items or services must be covered without cost-sharing
32 requirements or whether any items or services are no longer required
33 to be covered as provided in subsections (2) and (3) of this section.
34 The carrier's determination must be included in its health plan
35 filings submitted to the commissioner.

36 (6) (a) Except as provided in (b) of this subsection, the health
37 plan may not impose cost-sharing requirements for the preventive
38 services required to be covered under subsection (1) of this section
39 when the services are provided by an in-network provider. If a plan
40 does not have in its network a provider who can provide an item or

1 service described in subsection (1) of this section, the plan must
2 cover the item or service when performed by an out-of-network
3 provider and may not impose cost sharing with respect to the item or
4 service.

5 ~~((3))~~ (b) If any portion of 42 U.S.C. Sec. 300gg-13 is found
6 invalid, for a health plan offered as a qualifying health plan for a
7 health savings account, the carrier may apply cost sharing to
8 coverage of the services that have been invalidated only at the
9 minimum level necessary to preserve the enrollee's ability to claim
10 tax exempt contributions and withdrawals from the enrollee's health
11 savings account under internal revenue service laws and regulations.

12 (7) A carrier may use reasonable medical management techniques to
13 determine the frequency, method, treatment, or setting for an item or
14 service described in subsection (1) of this section to the extent not
15 specified in the relevant recommendation or guideline, federal rules
16 and guidance related to the coverage of preventive services in effect
17 on January 8, 2024, and any rules adopted by the insurance
18 commissioner.

19 (8) The insurance commissioner shall enforce this section
20 consistent with federal rules~~(, guidance, and case law in effect on~~
21 ~~December 31, 2016, applicable to 42 U.S.C. 300gg-13 (2016))~~ and
22 guidance in effect on January 8, 2024.

23 (9) The insurance commissioner may adopt rules:

24 (a) Necessary to implement this section, consistent with federal
25 statutes, rules, and guidance in effect on January 8, 2024; and

26 (b) Related to any future preventive services recommendations and
27 guidelines described in subsection (1) of this section or related
28 federal rules or guidance.

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