

---

ENGROSSED 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)

READ FIRST TIME 01/16/24.

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 nongrandfathered health plan issued on or after (~~June 7,~~  
7 ~~2018~~) the effective date of this section, must, at a minimum,  
8 provide coverage for the (~~same~~) following preventive services  
9 (~~required to be covered under 42 U.S.C. Sec. 300gg-13 (2016) and any~~  
10 ~~federal rules or guidance in effect on December 31, 2016,~~  
11 ~~implementing 42 U.S.C. Sec. 300gg-13~~) as the recommendations or  
12 guidelines existed on January 8, 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 nongrandfathered health plan must provide coverage  
16 for the preventive services required to be covered under subsection  
17 (1) of this section consistent with federal rules and guidance  
18 related to coverage of preventive services in effect on January 8,  
19 2024.

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

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

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

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

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

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

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

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

24 (9) The insurance commissioner may adopt rules necessary to  
25 implement this section, consistent with federal statutes, rules, and  
26 guidance in effect on January 8, 2024. The insurance commissioner may  
27 also adopt rules related to any future preventive services  
28 recommendations and guidelines issued by the United States preventive  
29 health services task force, the advisory committee on immunization  
30 practices of the centers for disease control, and the health  
31 resources services administration or related federal rules or  
32 guidance.

--- END ---