2016 Legislative Update

Dept. of Labor & Industries

Office of the Medical Director/Health Services Analysis

Bill #	Short Title	Effective	Summary
2SHB 2335	Addressing health care provider credentialing	6/1/2018	(1)This bill states that health carriers shall use the database selected pursuant to RCW 48.1065.035 to accept and manage credentialing application from health care providers. (2)It also directs health carriers to make a determination to approve or deny a credentialing application within 90 days effective June 1, 2018 and within 60 days effective June 1, 2020. No direct impact to L&I.
SHB 2425	Concerning massage therapists	7/1/2017	The term "massage practitioner" and "animal massage practitioner" are changed to "massage therapist" and "animal massage therapist," respectively. L&I may amend the massage therapy rule to reflect this change.
SHB 2730	Concerning the prescription monitoring program	6/9/2016	(1)This bill requires providers to check the prescription drug monitoring program (PDMP) when prescribing controlled substances for chronic non-cancer or intractable pain and authorizes health care facility access to PDMP. This is already a requirement under the workers' compensation program. (2)This bill also allows a licensed health care facility, a licensed health care entity, or a group of five or more licensed health care providers to have access to the prescription monitoring program, instead of selected personnel of the facility, entity, or group.
ESSB 5145	Concerning the health technology clinical committee membership and rotating experts		At least one member must be appointed from nominations submitted by WSMA or WOMA. In addition, any rotating clinical expert selected to advise the committee on health technology must be a nonvoting member of the committee.
SSB 6445	Clarifying the role of physician assistants in the delivery of mental health services	6/9/2016	(1) Physician assistants (PAs) are added throughout the mental health code alongside references to psychiatrists, physicians, and psychiatric advanced registered nurse practitioners (ARNPs). Currently, only psychiatrists, psychiatric ARNPs and psychologists can provide mental health services for injured workers. (2)This bill also clarifies PAs role in a mental health capacity including when they can place a minor or adult into a 72 hour involuntary hold and sign a petition for a 14 day involuntary detention. (3)PAs do not need additional formal mental health training to become "psychiatric PAs." Their supervising physician must be a psychiatrist. (4)There are 26 psychiatric PAs in Washington.

Bill #	Short Title	Effective	Summary
SSB 6519	Expanding patient access to health services through telemedicine and establishing a collaborative for the advancement of telemedicine	6/9/2016	(1) Creates the collaborative for the advancement of telemedicine to enhance the understanding and use of health services provided through telemedicine and other similar models in the state. (2) Amends existing telemedicine law to include" store and forward" technology and adds "home" as an eligible originating site. (3) For health care services that can be provided safely and effectively. Technology must meet standards by state and federal laws governing privacy and security of PHI. (4) This bill as written does not impact L&I. Since L&I covers telemedicine and this bill encourages expanded use of telemedicine, there is a possible effect industry-wide on the increased use of this technology. L&I does not pay for "store and forward" technology consistent with CMS or for services originating from the worker's home.
	Budget provisos		(1) $640,000 of the medical aid account—state appropriation is provided solely for a pilot program under which the department partners with an experienced firm or firms to manage care involving catastrophically injured workers. (2) $738,000 of the medical aid account—state appropriation is provided solely to expand the use of evidence-based best practices to reduce the risk of long-term disabilities among injured workers. By December 1, 2016, the department must report to the appropriate committees of the legislature with performance measures and metrics to be used to evaluate whether the funded activities are improving care and outcomes for injured workers.