

Department of Health Comments  
For Office Of The Insurance Commissioner  
Review of WAC 284-43-202  
November 20, 2014

WAC 284-43-202 Enrollee's access to providers

The Department of Health would like to ensure the appropriate care is maintained for our severely injured citizens. We would like to add the following comment (in red) to the end of section (3) to help ensure these severely injured trauma patients remain in our state trauma system.

((2)) (3) Each ((carrier)) issuer must have a process whereby ((a covered person)) an enrollee with a complex or serious medical condition or ((psychiatric)) mental health or substance use disorder, including behavioral health, ((condition)) may receive a standing referral to a participating specialist for an extended period of time. The standing referral must be consistent with the ((covered person's)) enrollee's medical or mental health needs and plan benefits. For example, a one-month standing referral would not satisfy this requirement when the expected course of treatment was indefinite. However, a referral does not preclude ((carrier)) issuer performance of utilization review functions. *During an emergency requiring use of the state trauma or cardiac and stroke systems, the issuer will not prevent the enrollee from receiving immediate lifesaving treatment at facilities outside the health carrier network. The issuer will not influence the provider from making health related decisions following trauma or cardiac and stroke system protocols and procedures which would prevent the transfer of the patient outside their network in order to receive definitive care.*

The Department of Health would like to add the following (in red) to the beginning of section (4) or as its own paragraph.

*Each issuer must ensure enrollees treated in Washington's designated trauma system or cardiac and stroke system remain in that system until definitive care is achieved. If a patient is transferred to receive definitive care that care must be at a designated trauma or cardiac and stroke service.* (4) Each ((carrier shall)) issuer must provide ((covered persons)) enrollees with

*direct access to the participating chiropractor of the ((covered person's)) enrollee's choice for covered chiropractic health care without the necessity of prior referral. Nothing in this subsection prevents ((shall prevent carriers)) issuers from restricting ((covered persons)) enrollees to seeing only chiropractors who have signed participating provider agreements or from utilizing other managed care and cost containment techniques and processes such as prior authorization. For purposes of this subsection, "covered chiropractic health care" means covered benefits and limitations related to chiropractic health services as stated in the plan's medical cover-age agreement, with the exception of any provisions related to prior referral for services.*

**Rational:** There has been an abundant amount of research conducted which provides evidence that severely injured patients receive the best care and have improved outcomes when treated at designated trauma services.

*Committee on Trauma, American College of Surgeons, Resources For Optimal Care Of The Injured Patient. Chicago, IL: American College of Surgeons; 2014.*

*Committee on Trauma, American College of Surgeons. Regional Trauma Systems: Optimal Elements, Integration, and Assessment—Systems Consultation Guide. Chicago, IL: American College of Surgeons; 2008.*

*Institute of Medicine. Hospital-Based Emergency Care: at the Breaking Point. Washington, DC: National Academies Press;2006.*

*MacKenzie EJ, Weir S, Rivara FP, et al. The value of trauma center care. J Trauma. 2010;69(1):1-10.*