



50 Years of Legislative Accomplishments Benefiting Chiropractic

2021 – SB 5169 was passed to require health care insurance companies pay for personal protective equipment (PPE) to providers for up to \$6.57 per patient encounter during the coronavirus pandemic while under a state of emergency, for state regulated health plans.

HB ESHB 1196 allowed for audio-only telemedicine services to be available to patients. For chiropractors, this would include rehabilitation and some evaluation services.

2020 – E2SB 5601 was passed to require registration for health care benefit managers (HCBM's) at the Office of the Insurance Commissioner by 1/1/2022. Any company that manages a network of providers, benefits for patients and processes claims (and other services) must disclose who they work for, what services they provide to the carrier and where they are domiciled, along with other details about their business model.

2SSB 5887 was passed to remove barriers for patient access to care by eliminating prior-authorization requirements and defining episode of care.

2019 – SB 5601 was introduced to require registration of health care benefit managers. These unregulated companies perform services for health care insurers that can interrupt the provider and patient relationship.

2018 - ESB 5518, Chiropractic payment parity for spinal manipulation. This bill requires insurers to pay chiropractors fairly for spinal manipulation services using the insurers' own formula, known as the Resource Based Relative Value Scale (RBRVS). The RBRVS uses a variable called the Relative Value Unit (RVU) to fairly adjust pay to all professions for every service delivered. The RVU components are made up of the provider's work to do the service, the expenses to perform the service, and the malpractice costs for the provider delivering the service. The RVU is multiplied by the conversion factor (which defines geographic boundaries of the state, and country) and the result should be fair payment. The history shows that insurers pay chiropractors LESS than this calculation and pay other professions 100% more than what is paid to chiropractors, for the same service.

HB 2313, Chiropractic Commission authority. This bill allowed the Chiropractic Quality Assurance Commission giving them additional authority over their budget, staffing and spending and allowing for greater efficiencies within their licensing and regulatory program.

ESSB 6157, Regarding prior authorization. This bill will modify 2015 legislation passed to allow the patient 6 visits without prior authorization to each of the "drugless providers" listed in the statute (RCW 48.43.016) passed in 2015.

2017 – Introduced SB 5518, chiropractic payment parity for spinal manipulation. Bill did not pass this session.

2015 – E2SHB 1471, Mitigating barriers to patient access to care resulting from health insurance contracting practices. Bill successfully passed into law. This law removes prior authorization for evaluation & management for initial visits or in a new episode of care. Episodes of care are defined as treatment given for the same condition within the previous 90 days. The bill also removes the long-standing requirement that a provider give a discount from their usual and customary rate on non-covered services. Carriers must post on their website the criteria, standards and information used to make decisions of medical necessity. Carriers must inform their enrollees and providers if they use a tiering system, what the tiering system is and who is in which tier. Carriers who use providers to review enrollee care must use providers of the same or related field for making the care decision.

Protection of Every Category of Provider law.

2014 – Concerning physical therapists’ ability to perform spinal manipulation. Established specific educational requirements that physical therapists must prove prior to receiving an endorsement to perform spinal manipulation.

Protection of Every Category of Provider law.

2013 – HB 1573 Clarifying the prohibitions against discriminating against licensed chiropractors. Bill did not pass the legislature but was referred to Sunrise Review by the Department of Health. If passed, this bill attempted to allow chiropractors to perform pre-participation of sports physicals as well as Department of Transportation physicals.

Protection of Every Category of Provider law.

2011-2012 – Protected spinal manipulation services delivered from untrained physical therapists. Because limited information was provided to the WSCA about training for PTs in spinal manipulation and they were not offering additional training, the WSCA opposed their proposed legislation.

Protection of Every Category of Provider law.

2011-2012 – Medical Provider Network establishment by Labor and Industries. The Business and Labor communities made agreements with Governor Gregoire regarding establishment of the Medical Provider Network (MPN) for L&I. However, no provider input was sought nor considered during the legislative process regardless of the WSCA’s attempts to request legislative changes. The WSCA lead a coalition which demanded, in writing, that the MPN for L&I would not allow businesses to establish “doc in a box” programs or force employees to specific types of providers maintaining an injured workers’ right to choose their provider type for care.

Protection of Every Category of Provider law.

2010 – SB 6487 Made the Chiropractic Fair Payment permanent, unprecedented support from both the Senate and House of Representatives for this bill.

Protection of Every Category of Provider law.

2008 – SSB 5596 Chiropractic Fair Payment: This bill prevents insurers from creating different reimbursement rates for providers based on their profession, and not taking into account what is the actual service performed and the cost to deliver the actual service. This law affects only physical medicine, rehabilitation, and certain evaluation and management codes.

4SHB 1103 –Concerning Health Professions: This bill helps identify and remove health care providers who pose a risk to the public. The bill also puts in place stronger regulations of providers, by the Commissions, and the Department of Health, in an effort to protect patients of all providers regulated by the State.

Protection of Every Category of Provider law.

2007 – SSB 5597- Concerning Contracts with Chiropractors: bill successfully passed into law. This bill strongly benefits both the patient and the chiropractor in that a patient should never have to be turned away from their regular chiropractic clinic if their usual doctor is not available, but a fully licensed and capable associate is. This law was intended to make sure that patients receive seamless care at their preferred provider clinic, regardless of which provider is there. This bill doesn't expand the scope of practice nor change insurers credentialing standards. It also doesn't allow portability in the credentialing of clinics i.e., if the agreement is for the providers within a specific clinic, once an associate leaves they cannot take their previously credentialed status with them – a new provider agreement must be created at the new location, if there is a need in the provider panel.

Protection of Every Category of Provider law.

2006 - Protection of Every Category of Provider law.

2005- E2SHB 1418 – Regulating Insurance Overpayment recovery practices successfully passed into law. This bill protects providers from insurance companies who retroactively seek to deny, adjust, or recoup a claim that has been paid, after the expiration of two years from the date that the initial claim was paid. The bill does not stop an insurer from collecting on claims that are fraudulent (a scheme or practice specifically intended to steal from the insurer.)

2002- HB 2501 – Modifying Provisions Concerning Chiropractors was successfully passed into law. This allows chiropractors to recommend nutritional products of all types and removed the limitation of certain types of nutritional supplements. The bill also allows for the performance of extremity adjustments independent of a spinal complaint, and the chiropractor is allowed to bill for the extremity services provided.

SSB 6264- This bill requires promoters of kickboxing, boxing and martial arts events to have chiropractors and physicians ringside at the events, and paid at the same rate, for state sanctioned events.

Protection of Every Category of Provider law.

2000 - Self Referral to chiropractors RCW 48.43.515 Patients who have insurance plans that are regulated by the state of Washington, that have spinal adjusting benefits, are allowed to self-refer for those services and no longer have to obtain a referral from a physician, or other, provider.

Protection of Every Category of Provider law.

1996 – A Health carrier may not prohibit its enrollees from contracting for services outside the health care plan. RCW 48.43.085 . This gives providers the right to sell their services to consumers outside of a health care plan whereas in the past insurers tried to control the services that chiropractors, and other providers, provided to patients even if the plan was not going to cover it.

1995 - Every Category of Provider Law RCW 48.43.045 Patients must have access to every category of licensed health care provider who treats covered conditions within the state's Basic Health Plan, and the services are within the providers' designated scope of practice, and who is contracted by the insurer, for benefits listed in the patient's policy when it is regulated by the State of Washington.

1991 – Three State-wide Chiropractic Societies/Associations merge into one – the WSCA

1983 – Each group contract shall offer coverage for chiropractic care on the same basis as any other care. RCW 48.44.310

1971 – Benefits shall not be denied for chiropractic care if the service is within the scope of practice and would be paid if performed by a medical doctor. RCW 48.21.142

* In the early years, Washington's chiropractic successes were credited to the work done by chiropractic pioneers, **Senator William. S. Day, DC** and **Representative Al Adams, DC**. The chiropractic profession in Washington made huge advances in the '50s, '60s and early '70s. After their departure from the state Legislature in the 1970s and their passing soon after, the chiropractic profession lost leadership and focus, resulting in a loss of political and legislative influence. No one took us seriously with three chiropractic state associations and three political action committees. The lack of cohesiveness through the next years made it difficult to successfully pass legislation from the latter '70s through the early '90s. The success of the WSCA, WCT and ultimately the Washington state chiropractic profession hinges upon a strong working relationship within the profession and its external allies. That includes your contributions to elect our chiropractic friends and "un-elect" our foes.