

Summary of Senate bill 5801

The bill creates a single statewide provider network for the treatment of injured workers of State Fund and self-insured employers, and requires expansion of Centers of Occupational Health and Education (COHE).

Stakeholder and Advisory Group – Labor & Industries (L&I) will establish the network, considering input from health-care provider groups and associations. Representatives or designees of the workers' compensation advisory committee and of the industrial insurance medical and chiropractic advisory committees will advise L&I on certain network provisions.

Minimum network standards – Providers must follow L&I's evidence-based coverage decisions and treatment guidelines, policies, and other national treatment guidelines appropriate for individual patients, and meet certain minimum standards or credentials including:

- Current malpractice insurance;
- Previous malpractice judgments or settlements not in excess of criteria to be determined;
- No licensing or disciplinary action in any jurisdiction or loss of privileges;
- For some specialties such as surgeons, privileges in at least one hospital; and
- Credentialed by another health plan, or alternative criteria for providers who are not credentialed by another plan, to address access-to-care concerns in certain regions.

Workers' choice and initial visit exemption – Injured workers will have the choice of a provider in the network. For the initial visit, care from a non-network provider will be allowed.

Tier 2 – Providers may qualify under a performance-based, occupational health best practice tier within the network. These providers will be entitled to financial and non-financial incentives. The details of this tier need to be developed.

Risk of harm – If a provider does not meet minimum network standards, L&I can take appropriate action to work with the provider. In instances where a provider exhibits a pattern of low-quality care that exposes patients to risk of harm, L&I can remove the provider from the network. Such patterns include treatments for which the risks of harm exceed the benefits or patterns of treatments not shown to be curative, safe, or effective based on research. When a provider is removed from the network, L&I or the self-insurer will assist injured workers under the provider's care in identifying a new network provider for selection.

COHEs – L&I will expand the Centers for Occupational Health and Education (COHE) to ensure access to a COHE-participating provider for all workers. L&I will certify and de-certify COHEs based on specific criteria to measure the success of the COHE.

COHE Occupational Health Best Practice R&D – L&I will research, develop, pilot and implement benchmark quality indicators of occupational health best practices for individual providers, and develop appropriate financial and non-financial incentives for providers based on progressive and measurable gains. In addition, COHEs will develop and test best practices to reduce long-term disability for the duration of the claim in conjunction with developing methods of tracking measures and outcomes. The information will be used to evaluate progress in the medical provider network and the COHEs, and to allow efficient coordination of services.