

FINAL BILL REPORT

SSB 5099

C 103 L 02
Synopsis as Enacted

Brief Description: Designating medical directors.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Winsley and Thibaudeau).

Senate Committee on Health & Long-Term Care
House Committee on Health Care

Background: The term "utilization review" is often used to describe a range of managed care cost containment strategies including monitoring a provider's pattern of treatment, determining the medical necessity of certain types or levels of treatment, and evaluating the efficacy, appropriateness or efficiency of certain treatments for certain health conditions. These efforts are typically overseen by the "medical director" of the given managed care entity. Concerns regarding the qualifications and accountability of medical directors have increased as managed care financing arrangements have come to dominate health insurance.

The Patient Bill of Rights, passed by the Legislature in 2000, requires Washington carriers that offer a health plan to designate a medical director who is licensed to practice in this state. This requirement, however, does not apply to plans that cover only dental care.

Summary: A health carrier that offers dental only coverage must designate a dental director who is licensed as a dentist in Washington, or in a state that has been determined by the Dental Quality Assurance Commission to have licensing standards that are substantially equivalent to those in Washington.

Votes on Final Passage:

Senate	47	0	
House	97	0	(House amended)
Senate	33	0	(Senate concurred)

Effective: June 13, 2002