
BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: Z-0442.1/26

ATTY/TYPIST: MFW:eab

BRIEF DESCRIPTION: Establishing a pilot program for posttraumatic stress disorder treatment and research.

1 AN ACT Relating to establishing a pilot program for posttraumatic
2 stress disorder treatment and research; amending RCW 49.17.243,
3 51.36.010, 51.36.010, and 51.36.060; adding a new section to chapter
4 51.36 RCW; creating a new section; providing effective dates; and
5 providing expiration dates.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 **Sec. 1.** RCW 49.17.243 and 2011 1st sp.s. c 37 s 501 are each
8 amended to read as follows:

9 (1) The director is authorized to provide funding from the
10 medical aid fund established under RCW 51.44.020, by grant or
11 contract, for safety and health investment projects for workplaces
12 insured for workers' compensation through the department's state
13 fund. This shall include projects to: Prevent workplace injuries,
14 illnesses, and fatalities; create early return-to-work programs; and
15 reduce long-term disability through the cooperation of employers and
16 employees or their representatives.

17 (2) Awards may be granted to organizations such as, but not
18 limited to, trade associations, business associations, employers,
19 employees, labor unions, employee organizations, joint labor and
20 management groups, and educational institutions in collaboration with
21 state fund employer and employee representatives.

1 (3) Awards may not be used for lobbying or political activities;
2 supporting, opposing, or developing legislative or regulatory
3 initiatives; any activity not designed to reduce workplace injuries,
4 illnesses, or fatalities; or reimbursing employers for the normal
5 costs of complying with safety and health rules.

6 (4) Funds for awards shall be distributed as follows: At least
7 (~~twenty-five~~) 25 percent for projects designed to develop and
8 implement innovative and effective return-to-work programs for
9 injured workers; at least (~~twenty-five~~) 25 percent for projects
10 that specifically address the needs of small businesses; and at least
11 (~~fifty~~) 50 percent for projects that foster workplace injury and
12 illness prevention by addressing priorities identified by the
13 department in cooperation with the Washington industrial safety and
14 health act advisory committee and the workers' compensation advisory
15 committee.

16 (5) The department is authorized to use the funds allocated for
17 effective return-to-work projects related to return-to-work programs
18 under subsection (4) of this section to provide funding for grants or
19 contracts for the development and evaluation of workplace behavioral
20 health programs including, but not limited to, suicide prevention,
21 mental health training, and developing supportive workplace cultures.
22 The projects must be focused on occupations that have high risk of
23 posttraumatic stress disorder through repetitive exposure to trauma.
24 The department is authorized to determine appropriate organizations
25 eligible for awards under this subsection.

26 (6) The department shall adopt rules as necessary to implement
27 this section.

28 **Sec. 2.** RCW 51.36.010 and 2023 c 171 s 9 are each amended to
29 read as follows:

30 (1) The legislature finds that high quality medical treatment and
31 adherence to occupational health best practices can prevent
32 disability and reduce loss of family income for workers, and lower
33 labor and insurance costs for employers. Injured workers deserve high
34 quality medical care in accordance with current health care best
35 practices. To this end, the department shall establish minimum
36 standards for providers who treat workers from both state fund and
37 self-insured employers. The department shall establish a health care
38 provider network to treat injured workers, and shall accept providers
39 into the network who meet those minimum standards. The department

1 shall convene an advisory group made up of representatives from or
2 designees of the workers' compensation advisory committee and the
3 industrial insurance medical and chiropractic advisory committees to
4 consider and advise the department related to implementation of this
5 section, including development of best practices treatment guidelines
6 for providers in the network. The department shall also seek the
7 input of various health care provider groups and associations
8 concerning the network's implementation. Network providers must be
9 required to follow the department's evidence-based coverage decisions
10 and treatment guidelines, policies, and must be expected to follow
11 other national treatment guidelines appropriate for their patient.
12 The department, in collaboration with the advisory group, shall also
13 establish additional best practice standards for providers to qualify
14 for a second tier within the network, based on demonstrated use of
15 occupational health best practices. This second tier is separate from
16 and in addition to the centers for occupational health and education
17 established under subsection (5) of this section.

18 (2)(a) Upon the occurrence of any injury to a worker entitled to
19 compensation under the provisions of this title, he or she shall
20 receive proper and necessary medical and surgical services at the
21 hands of a physician, osteopathic physician, chiropractor,
22 naturopath, podiatric physician, optometrist, dentist, licensed
23 advanced registered nurse practitioner, physician assistant, or
24 psychologist in claims solely for mental health conditions, of his or
25 her own choice, if conveniently located, except as provided in (b) of
26 this subsection, and proper and necessary hospital care and services
27 during the period of his or her disability from such injury.

28 (b) Once the provider network is established in the worker's
29 geographic area, an injured worker may receive care from a nonnetwork
30 provider only for an initial office or emergency room visit. However,
31 the department or self-insurer may limit reimbursement to the
32 department's standard fee for the services. The provider must comply
33 with all applicable billing policies and must accept the department's
34 fee schedule as payment in full.

35 (c) The department, in collaboration with the advisory group,
36 shall adopt policies for the development, credentialing,
37 accreditation, and continued oversight of a network of health care
38 providers approved to treat injured workers. Health care providers
39 shall apply to the network by completing the department's provider
40 application which shall have the force of a contract with the

1 department to treat injured workers. The advisory group shall
2 recommend minimum network standards for the department to approve a
3 provider's application, to remove a provider from the network, or to
4 require peer review such as, but not limited to:

5 (i) Current malpractice insurance coverage exceeding a dollar
6 amount threshold, number, or seriousness of malpractice suits over a
7 specific time frame;

8 (ii) Previous malpractice judgments or settlements that do not
9 exceed a dollar amount threshold recommended by the advisory group,
10 or a specific number or seriousness of malpractice suits over a
11 specific time frame;

12 (iii) No licensing or disciplinary action in any jurisdiction or
13 loss of treating or admitting privileges by any board, commission,
14 agency, public or private health care payer, or hospital;

15 (iv) For some specialties such as surgeons, privileges in at
16 least one hospital;

17 (v) Whether the provider has been credentialed by another health
18 plan that follows national quality assurance guidelines; and

19 (vi) Alternative criteria for providers that are not credentialed
20 by another health plan.

21 The department shall develop alternative criteria for providers
22 that are not credentialed by another health plan or as needed to
23 address access to care concerns in certain regions.

24 (d) Network provider contracts will automatically renew at the
25 end of the contract period unless the department provides written
26 notice of changes in contract provisions or the department or
27 provider provides written notice of contract termination. The
28 industrial insurance medical advisory committee shall develop
29 criteria for removal of a provider from the network to be presented
30 to the department and advisory group for consideration in the
31 development of contract terms.

32 (e) In order to monitor quality of care and assure efficient
33 management of the provider network, the department shall establish
34 additional criteria and terms for network participation including,
35 but not limited to, requiring compliance with administrative and
36 billing policies.

37 (f) The advisory group shall recommend best practices standards
38 to the department to use in determining second tier network
39 providers. The department shall develop and implement financial and
40 nonfinancial incentives for network providers who qualify for the

1 second tier. The department is authorized to certify and decertify
2 second tier providers.

3 (3) The department shall work with self-insurers and the
4 department utilization review provider to implement utilization
5 review for the self-insured community to ensure consistent quality,
6 cost-effective care for all injured workers and employers, and to
7 reduce administrative burden for providers.

8 (4) The department for state fund claims shall pay, in accordance
9 with the department's fee schedule, for any alleged injury for which
10 a worker files a claim, any initial prescription drugs provided in
11 relation to that initial visit, without regard to whether the
12 worker's claim for benefits is allowed. ~~((1A))~~ Notwithstanding
13 treatment provided under section 5 of this act, in all accepted
14 claims, treatment shall be limited in point of duration as follows:

15 In the case of permanent partial disability, not to extend beyond
16 the date when compensation shall be awarded him or her, except when
17 the worker returned to work before permanent partial disability award
18 is made, in such case not to extend beyond the time when monthly
19 allowances to him or her shall cease; in case of temporary disability
20 not to extend beyond the time when monthly allowances to him or her
21 shall cease: PROVIDED, That after any injured worker has returned to
22 his or her work his or her medical and surgical treatment may be
23 continued if, and so long as, such continuation is deemed necessary
24 by the supervisor of industrial insurance to be necessary to his or
25 her more complete recovery; in case of a permanent total disability
26 not to extend beyond the date on which a lump sum settlement is made
27 with him or her or he or she is placed upon the permanent pension
28 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,
29 solely in his or her discretion, may authorize continued medical and
30 surgical treatment for conditions previously accepted by the
31 department when such medical and surgical treatment is deemed
32 necessary by the supervisor of industrial insurance to protect such
33 worker's life or provide for the administration of medical and
34 therapeutic measures including payment of prescription medications,
35 but not including those controlled substances currently scheduled by
36 the pharmacy quality assurance commission as Schedule I, II, III, or
37 IV substances under chapter 69.50 RCW, which are necessary to
38 alleviate continuing pain which results from the industrial injury.
39 In order to authorize such continued treatment the written order of

1 the supervisor of industrial insurance issued in advance of the
2 continuation shall be necessary.

3 The supervisor of industrial insurance, the supervisor's
4 designee, or a self-insurer, in his or her sole discretion, may
5 authorize inoculation or other immunological treatment in cases in
6 which a work-related activity has resulted in probable exposure of
7 the worker to a potential infectious occupational disease.
8 Authorization of such treatment does not bind the department or self-
9 insurer in any adjudication of a claim by the same worker or the
10 worker's beneficiary for an occupational disease.

11 (5)(a) The legislature finds that the department and its business
12 and labor partners have collaborated in establishing centers for
13 occupational health and education to promote best practices and
14 prevent preventable disability by focusing additional provider-based
15 resources during the first (~~(twelve))~~ 12 weeks following an injury.
16 The centers for occupational health and education represent
17 innovative accountable care systems in an early stage of development
18 consistent with national health care reform efforts. Many Washington
19 workers do not yet have access to these innovative health care
20 delivery models.

21 (b) To expand evidence-based occupational health best practices,
22 the department shall establish additional centers for occupational
23 health and education, with the goal of extending access to at least
24 (~~(fifty))~~ 50 percent of injured and ill workers by December 2013 and
25 to all injured workers by December 2015. The department shall also
26 develop additional best practices and incentives that span the entire
27 period of recovery, not only the first (~~(twelve))~~ 12 weeks.

28 (c) The department shall certify and decertify centers for
29 occupational health and education based on criteria including
30 institutional leadership and geographic areas covered by the center
31 for occupational health and education, occupational health leadership
32 and education, mix of participating health care providers necessary
33 to address the anticipated needs of injured workers, health services
34 coordination to deliver occupational health best practices,
35 indicators to measure the success of the center for occupational
36 health and education, and agreement that the center's providers
37 shall, if feasible, treat certain injured workers if referred by the
38 department or a self-insurer.

39 (d) Health care delivery organizations may apply to the
40 department for certification as a center for occupational health and

1 education. These may include, but are not limited to, hospitals and
2 affiliated clinics and providers, multispecialty clinics, health
3 maintenance organizations, and organized systems of network
4 physicians.

5 (e) The centers for occupational health and education shall
6 implement benchmark quality indicators of occupational health best
7 practices for individual providers, developed in collaboration with
8 the department. A center for occupational health and education shall
9 remove individual providers who do not consistently meet these
10 quality benchmarks.

11 (f) The department shall develop and implement financial and
12 nonfinancial incentives for center for occupational health and
13 education providers that are based on progressive and measurable
14 gains in occupational health best practices, and that are applicable
15 throughout the duration of an injured or ill worker's episode of
16 care.

17 (g) The department shall develop electronic methods of tracking
18 evidence-based quality measures to identify and improve outcomes for
19 injured workers at risk of developing prolonged disability. In
20 addition, these methods must be used to provide systematic feedback
21 to physicians regarding quality of care, to conduct appropriate
22 objective evaluation of progress in the centers for occupational
23 health and education, and to allow efficient coordination of
24 services.

25 (6) If a provider fails to meet the minimum network standards
26 established in subsection (2) of this section, the department is
27 authorized to remove the provider from the network or take other
28 appropriate action regarding a provider's participation. The
29 department may also require remedial steps as a condition for a
30 provider to participate in the network. The department, with input
31 from the advisory group, shall establish waiting periods that may be
32 imposed before a provider who has been denied or removed from the
33 network may reapply.

34 (7) The department may permanently remove a provider from the
35 network or take other appropriate action when the provider exhibits a
36 pattern of conduct of low quality care that exposes patients to risk
37 of physical or psychiatric harm or death. Patterns that qualify as
38 risk of harm include, but are not limited to, poor health care
39 outcomes evidenced by increased, chronic, or prolonged pain or
40 decreased function due to treatments that have not been shown to be

1 curative, safe, or effective or for which it has been shown that the
2 risks of harm exceed the benefits that can be reasonably expected
3 based on peer-reviewed opinion.

4 (8) The department may not remove a health care provider from the
5 network for an isolated instance of poor health and recovery outcomes
6 due to treatment by the provider.

7 (9) When the department terminates a provider from the network,
8 the department or self-insurer shall assist an injured worker
9 currently under the provider's care in identifying a new network
10 provider or providers from whom the worker can select an attending or
11 treating provider. In such a case, the department or self-insurer
12 shall notify the injured worker that he or she must choose a new
13 attending or treating provider.

14 (10) The department may adopt rules related to this section.

15 (11) The department shall report to the workers' compensation
16 advisory committee and to the appropriate committees of the
17 legislature on each December 1st, beginning in 2012 and ending in
18 2016, on the implementation of the provider network and expansion of
19 the centers for occupational health and education. The reports must
20 include a summary of actions taken, progress toward long-term goals,
21 outcomes of key initiatives, access to care issues, results of
22 disputes or controversies related to new provisions, and whether any
23 changes are needed to further improve the occupational health best
24 practices care of injured workers.

25 **Sec. 3.** RCW 51.36.010 and 2025 c 58 s 5117 are each amended to
26 read as follows:

27 (1) The legislature finds that high quality medical treatment and
28 adherence to occupational health best practices can prevent
29 disability and reduce loss of family income for workers, and lower
30 labor and insurance costs for employers. Injured workers deserve high
31 quality medical care in accordance with current health care best
32 practices. To this end, the department shall establish minimum
33 standards for providers who treat workers from both state fund and
34 self-insured employers. The department shall establish a health care
35 provider network to treat injured workers, and shall accept providers
36 into the network who meet those minimum standards. The department
37 shall convene an advisory group made up of representatives from or
38 designees of the workers' compensation advisory committee and the
39 industrial insurance medical and chiropractic advisory committees to

1 consider and advise the department related to implementation of this
2 section, including development of best practices treatment guidelines
3 for providers in the network. The department shall also seek the
4 input of various health care provider groups and associations
5 concerning the network's implementation. Network providers must be
6 required to follow the department's evidence-based coverage decisions
7 and treatment guidelines, policies, and must be expected to follow
8 other national treatment guidelines appropriate for their patient.
9 The department, in collaboration with the advisory group, shall also
10 establish additional best practice standards for providers to qualify
11 for a second tier within the network, based on demonstrated use of
12 occupational health best practices. This second tier is separate from
13 and in addition to the centers for occupational health and education
14 established under subsection (5) of this section.

15 (2)(a) Upon the occurrence of any injury to a worker entitled to
16 compensation under the provisions of this title, he or she shall
17 receive proper and necessary medical and surgical services at the
18 hands of a physician, osteopathic physician, chiropractor,
19 naturopath, podiatric physician, optometrist, dentist, licensed
20 advanced practice registered nurse, physician assistant, or
21 psychologist in claims solely for mental health conditions, of his or
22 her own choice, if conveniently located, except as provided in (b) of
23 this subsection, and proper and necessary hospital care and services
24 during the period of his or her disability from such injury.

25 (b) Once the provider network is established in the worker's
26 geographic area, an injured worker may receive care from a nonnetwork
27 provider only for an initial office or emergency room visit. However,
28 the department or self-insurer may limit reimbursement to the
29 department's standard fee for the services. The provider must comply
30 with all applicable billing policies and must accept the department's
31 fee schedule as payment in full.

32 (c) The department, in collaboration with the advisory group,
33 shall adopt policies for the development, credentialing,
34 accreditation, and continued oversight of a network of health care
35 providers approved to treat injured workers. Health care providers
36 shall apply to the network by completing the department's provider
37 application which shall have the force of a contract with the
38 department to treat injured workers. The advisory group shall
39 recommend minimum network standards for the department to approve a

1 provider's application, to remove a provider from the network, or to
2 require peer review such as, but not limited to:

3 (i) Current malpractice insurance coverage exceeding a dollar
4 amount threshold, number, or seriousness of malpractice suits over a
5 specific time frame;

6 (ii) Previous malpractice judgments or settlements that do not
7 exceed a dollar amount threshold recommended by the advisory group,
8 or a specific number or seriousness of malpractice suits over a
9 specific time frame;

10 (iii) No licensing or disciplinary action in any jurisdiction or
11 loss of treating or admitting privileges by any board, commission,
12 agency, public or private health care payer, or hospital;

13 (iv) For some specialties such as surgeons, privileges in at
14 least one hospital;

15 (v) Whether the provider has been credentialed by another health
16 plan that follows national quality assurance guidelines; and

17 (vi) Alternative criteria for providers that are not credentialed
18 by another health plan.

19 The department shall develop alternative criteria for providers
20 that are not credentialed by another health plan or as needed to
21 address access to care concerns in certain regions.

22 (d) Network provider contracts will automatically renew at the
23 end of the contract period unless the department provides written
24 notice of changes in contract provisions or the department or
25 provider provides written notice of contract termination. The
26 industrial insurance medical advisory committee shall develop
27 criteria for removal of a provider from the network to be presented
28 to the department and advisory group for consideration in the
29 development of contract terms.

30 (e) In order to monitor quality of care and assure efficient
31 management of the provider network, the department shall establish
32 additional criteria and terms for network participation including,
33 but not limited to, requiring compliance with administrative and
34 billing policies.

35 (f) The advisory group shall recommend best practices standards
36 to the department to use in determining second tier network
37 providers. The department shall develop and implement financial and
38 nonfinancial incentives for network providers who qualify for the
39 second tier. The department is authorized to certify and decertify
40 second tier providers.

1 (3) The department shall work with self-insurers and the
2 department utilization review provider to implement utilization
3 review for the self-insured community to ensure consistent quality,
4 cost-effective care for all injured workers and employers, and to
5 reduce administrative burden for providers.

6 (4) The department for state fund claims shall pay, in accordance
7 with the department's fee schedule, for any alleged injury for which
8 a worker files a claim, any initial prescription drugs provided in
9 relation to that initial visit, without regard to whether the
10 worker's claim for benefits is allowed. ~~((1A))~~ Notwithstanding
11 treatment provided under section 5 of this act, in all accepted
12 claims, treatment shall be limited in point of duration as follows:

13 In the case of permanent partial disability, not to extend beyond
14 the date when compensation shall be awarded him or her, except when
15 the worker returned to work before permanent partial disability award
16 is made, in such case not to extend beyond the time when monthly
17 allowances to him or her shall cease; in case of temporary disability
18 not to extend beyond the time when monthly allowances to him or her
19 shall cease: PROVIDED, That after any injured worker has returned to
20 his or her work his or her medical and surgical treatment may be
21 continued if, and so long as, such continuation is deemed necessary
22 by the supervisor of industrial insurance to be necessary to his or
23 her more complete recovery; in case of a permanent total disability
24 not to extend beyond the date on which a lump sum settlement is made
25 with him or her or he or she is placed upon the permanent pension
26 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,
27 solely in his or her discretion, may authorize continued medical and
28 surgical treatment for conditions previously accepted by the
29 department when such medical and surgical treatment is deemed
30 necessary by the supervisor of industrial insurance to protect such
31 worker's life or provide for the administration of medical and
32 therapeutic measures including payment of prescription medications,
33 but not including those controlled substances currently scheduled by
34 the pharmacy quality assurance commission as Schedule I, II, III, or
35 IV substances under chapter 69.50 RCW, which are necessary to
36 alleviate continuing pain which results from the industrial injury.
37 In order to authorize such continued treatment the written order of
38 the supervisor of industrial insurance issued in advance of the
39 continuation shall be necessary.

1 The supervisor of industrial insurance, the supervisor's
2 designee, or a self-insurer, in his or her sole discretion, may
3 authorize inoculation or other immunological treatment in cases in
4 which a work-related activity has resulted in probable exposure of
5 the worker to a potential infectious occupational disease.
6 Authorization of such treatment does not bind the department or self-
7 insurer in any adjudication of a claim by the same worker or the
8 worker's beneficiary for an occupational disease.

9 (5) (a) The legislature finds that the department and its business
10 and labor partners have collaborated in establishing centers for
11 occupational health and education to promote best practices and
12 prevent preventable disability by focusing additional provider-based
13 resources during the first (~~(twelve))~~ 12 weeks following an injury.
14 The centers for occupational health and education represent
15 innovative accountable care systems in an early stage of development
16 consistent with national health care reform efforts. Many Washington
17 workers do not yet have access to these innovative health care
18 delivery models.

19 (b) To expand evidence-based occupational health best practices,
20 the department shall establish additional centers for occupational
21 health and education, with the goal of extending access to at least
22 (~~(fifty))~~ 50 percent of injured and ill workers by December 2013 and
23 to all injured workers by December 2015. The department shall also
24 develop additional best practices and incentives that span the entire
25 period of recovery, not only the first (~~(twelve))~~ 12 weeks.

26 (c) The department shall certify and decertify centers for
27 occupational health and education based on criteria including
28 institutional leadership and geographic areas covered by the center
29 for occupational health and education, occupational health leadership
30 and education, mix of participating health care providers necessary
31 to address the anticipated needs of injured workers, health services
32 coordination to deliver occupational health best practices,
33 indicators to measure the success of the center for occupational
34 health and education, and agreement that the center's providers
35 shall, if feasible, treat certain injured workers if referred by the
36 department or a self-insurer.

37 (d) Health care delivery organizations may apply to the
38 department for certification as a center for occupational health and
39 education. These may include, but are not limited to, hospitals and
40 affiliated clinics and providers, multispecialty clinics, health

1 maintenance organizations, and organized systems of network
2 physicians.

3 (e) The centers for occupational health and education shall
4 implement benchmark quality indicators of occupational health best
5 practices for individual providers, developed in collaboration with
6 the department. A center for occupational health and education shall
7 remove individual providers who do not consistently meet these
8 quality benchmarks.

9 (f) The department shall develop and implement financial and
10 nonfinancial incentives for center for occupational health and
11 education providers that are based on progressive and measurable
12 gains in occupational health best practices, and that are applicable
13 throughout the duration of an injured or ill worker's episode of
14 care.

15 (g) The department shall develop electronic methods of tracking
16 evidence-based quality measures to identify and improve outcomes for
17 injured workers at risk of developing prolonged disability. In
18 addition, these methods must be used to provide systematic feedback
19 to physicians regarding quality of care, to conduct appropriate
20 objective evaluation of progress in the centers for occupational
21 health and education, and to allow efficient coordination of
22 services.

23 (6) If a provider fails to meet the minimum network standards
24 established in subsection (2) of this section, the department is
25 authorized to remove the provider from the network or take other
26 appropriate action regarding a provider's participation. The
27 department may also require remedial steps as a condition for a
28 provider to participate in the network. The department, with input
29 from the advisory group, shall establish waiting periods that may be
30 imposed before a provider who has been denied or removed from the
31 network may reapply.

32 (7) The department may permanently remove a provider from the
33 network or take other appropriate action when the provider exhibits a
34 pattern of conduct of low quality care that exposes patients to risk
35 of physical or psychiatric harm or death. Patterns that qualify as
36 risk of harm include, but are not limited to, poor health care
37 outcomes evidenced by increased, chronic, or prolonged pain or
38 decreased function due to treatments that have not been shown to be
39 curative, safe, or effective or for which it has been shown that the

1 risks of harm exceed the benefits that can be reasonably expected
2 based on peer-reviewed opinion.

3 (8) The department may not remove a health care provider from the
4 network for an isolated instance of poor health and recovery outcomes
5 due to treatment by the provider.

6 (9) When the department terminates a provider from the network,
7 the department or self-insurer shall assist an injured worker
8 currently under the provider's care in identifying a new network
9 provider or providers from whom the worker can select an attending or
10 treating provider. In such a case, the department or self-insurer
11 shall notify the injured worker that he or she must choose a new
12 attending or treating provider.

13 (10) The department may adopt rules related to this section.

14 (11) The department shall report to the workers' compensation
15 advisory committee and to the appropriate committees of the
16 legislature on each December 1st, beginning in 2012 and ending in
17 2016, on the implementation of the provider network and expansion of
18 the centers for occupational health and education. The reports must
19 include a summary of actions taken, progress toward long-term goals,
20 outcomes of key initiatives, access to care issues, results of
21 disputes or controversies related to new provisions, and whether any
22 changes are needed to further improve the occupational health best
23 practices care of injured workers.

24 **Sec. 4.** RCW 51.36.060 and 2023 c 171 s 11 are each amended to
25 read as follows:

26 Attending providers under this title shall comply with rules and
27 regulations adopted by the director, and shall make such reports as
28 may be requested by the department or self-insurer upon the condition
29 or treatment of any such worker, or upon any other matters concerning
30 such workers in their care. Except under RCW 49.17.210 and 49.17.250,
31 and notwithstanding treatment provided under section 5(2)(a)(i) of
32 this act, all medical information in the possession or control of any
33 person and relevant to the particular injury in the opinion of the
34 department pertaining to any worker whose injury or occupational
35 disease is the basis of a claim under this title shall be made
36 available at any stage of the proceedings to the employer, the
37 claimant's representative, and the department upon request, and no
38 person shall incur any legal liability by reason of releasing such
39 information.

1 NEW SECTION. **Sec. 5.** A new section is added to chapter 51.36
2 RCW to read as follows:

3 (1) **Legislative findings and intent.** The legislature finds that
4 posttraumatic stress disorder is a serious and growing concern for
5 workers in high risk occupations, and that emerging research supports
6 the link between trauma exposure and the development of posttraumatic
7 stress disorder. The legislature intends to support innovative
8 strategies to diagnose and treat work-related posttraumatic stress
9 disorder, with the goal of improving recovery outcomes that enable
10 sustained work. To that end, the department is authorized and
11 directed to develop and implement a pilot program focused on these
12 objectives.

13 (2) **Pilot program design and implementation.**

14 (a) In consultation with subject matter experts from the
15 department and advisory committees including, but not limited to, the
16 advisory committee established under RCW 51.04.110, the department
17 shall design and implement a pilot program to expand access to
18 evidence-based, high quality care for workers exposed to trauma
19 seeking coverage of posttraumatic stress disorder as an occupational
20 disease. As part of the pilot program, the department and self-
21 insured employers may:

22 (i) Authorize access to treatment for posttraumatic stress
23 disorder prior to claim adjudication, without regard to whether the
24 worker's claim for benefits is allowed. Costs for treatment prior to
25 claim adjudication on state fund claims that are ultimately rejected
26 shall be spread across all risk classes for which there is a
27 presumption of coverage of posttraumatic stress disorder as an
28 occupational disease. Costs for treatment prior to claim adjudication
29 on self-insured claims that are ultimately rejected shall be paid by
30 the self-insurer. Payment for this treatment or any other benefits
31 under this title, prior to the entry of an order by the department in
32 accordance with RCW 51.52.050 as now or hereafter amended, shall not
33 be considered a binding determination of the obligations of the
34 department or self-insurer under this title. Treatment for
35 posttraumatic stress disorder prior to claim adjudication shall be
36 limited to a clinical diagnostic interview or mental health
37 evaluation in which a mental health provider diagnoses posttraumatic
38 stress disorder and 11 treatment sessions to occur within 90 days of
39 the diagnosis.

1 (ii) Enter into agreements with health care organizations or
2 providers experienced in the diagnosis, assessment, and treatment of
3 posttraumatic stress disorder and probable posttraumatic stress
4 disorder. To enter into an agreement with the department or a self-
5 insurer, a health care organization or provider must meet
6 qualifications established by the department and follow best
7 practices for diagnosis, assessment, and treatment of posttraumatic
8 stress disorder. The department may identify and implement financial
9 and other incentives for participating providers, develop criteria
10 for workers to receive services under these agreements, and develop
11 criteria for evaluating the success of these agreements.

12 (iii) Authorize additional treatment for posttraumatic stress
13 disorder after claims are closed, when such treatment is deemed
14 necessary to maintain the worker's level of functioning at the time
15 of claim closure.

16 (iv) Modify administrative requirements as necessary to simplify
17 and reduce barriers for both workers and treating providers
18 participating in the pilot program. "Administrative requirements" for
19 the purpose of this act may include, but are not limited to, forms,
20 documentation, timelines, reporting obligations, prior
21 authorizations, or other programmatic processes imposed on workers or
22 treating providers solely for treatment under the pilot program.

23 (b) Self-insurers who participate in the pilot program shall upon
24 request produce a report of all workers' compensation claims that
25 were subject to provisions of the pilot program in a format required
26 by the department.

27 (c) To the extent any provision of the pilot program conflicts
28 with an existing statute, the pilot program supersedes the
29 conflicting statute for the duration of the pilot program only.

30 (3) **Reporting and recommendations.** By July 1, 2030, the director
31 shall provide recommendations to the appropriate committees of the
32 legislature on:

33 (a) Whether the pilot program or behavioral health programs
34 should be extended or expanded;

35 (b) Any statutory or policy changes needed to support broader
36 implementation; and

37 (c) Potential incentives or programmatic changes that provide
38 measurable benefits to workers and employers at a reasonable cost.

39 (4) This section expires December 31, 2030.

1 NEW SECTION. **Sec. 6.** The department of labor and industries may
2 adopt rules necessary to implement this act.

3 NEW SECTION. **Sec. 7.** Except for section 3 of this act, this act
4 takes effect July 1, 2026.

5 NEW SECTION. **Sec. 8.** Section 2 of this act expires June 30,
6 2027.

7 NEW SECTION. **Sec. 9.** Section 3 of this act takes effect June
8 30, 2027.

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