



Balance Billing

Ariele N. Page Landstrom, JD

WMC Staff Attorney

During the 2019 Legislative Session, the Legislature passed a bill ([2SHB 1065](#)) aimed to protect patients from charges by out-of-network health care providers or out-of-network facilities—a practice called “surprise billing” or “balance billing.” An example of balance billing occurs when a patient visits a hospital emergency room they believe is covered under their insurance plan as an in-network facility; however, the patient is seen by an out-of-network emergency room physician and then is billed the difference between the physician’s rate and the amount that was paid by the insurer.

The new law requires that an insurer must cover emergency services provided by an out-of-network hospital emergency department. An out-of-network provider or facility may not balance bill a patient for emergency services. Additionally, they may not balance bill a patient for non-emergency services provided at an in-network hospital or an in-network ambulatory surgical facility if the services are provided by an out-of-network provider and involve surgical or ancillary (anesthesiology, pathology, radiology, lab, or hospitalist) services. Additionally, an insurer may not seek reimbursement from a patient due to balance billing when the emergency services are provided by an out-of-network hospital in Oregon or Idaho.

What happens if there are violations of this new law? If the Office of the Insurance Commissioner (OIC) believes that any health care provider, hospital, or ambulatory surgical facility has engaged in a pattern of unresolved violations of the new law, the Insurance Commissioner may submit information to the Department of Health for investigation; if the information is regarding a physician or physician assistant, that information would come to the Medical Commission. If the Medical Commission determines a provider has committed a violation, the Medical Commission may levy a fine or cost recovery upon the provider and any other action as permitted under the Uniform Disciplinary Act.

The new law takes effect January 1, 2020. Patients with complaints regarding balance billing on or after this date must file reports with the OIC. For more information, visit the [OIC’s website](#).

MMR Vaccine Exemption Law Change 2019

Kathy Bay DNP, RN, CENP

**Clinical and Quality Assurance Section Manager
Office of Immunizations and Child Profile**

Washington State Department of Health

In 2019, the Washington State Legislature passed a bill that removes the personal and philosophical option to exempt children from the MMR (measles, mumps, and rubella) vaccine required for school and child care entry. It also requires employees and volunteers at child care centers to provide MMR vaccination records or proof of immunity. The bill went into effect on July 28, 2019.

Practitioners see a wide variety of parental approaches during appointments. The one underlying theme that is almost consistently present is the goal by the parent to make the best decisions and protect their child. When there is a disagreement about the best plan of care, the conversation can become very challenging. Specifically related to management of immunizations and vaccine-preventable diseases, the role can be even more fraught with issues. Scientific research has documented the reduction of vaccine-preventable disease due to immunizations. Unfortunately, research also indicates that people are influenced by anecdotal stories and misinformation they may read about online or hear about through non-healthcare sources. Given the impact of the House Bill 1638, the new Washington state immunization law removing personal and philosophical belief exemptions, parent conversations about exemptions may be more difficult.

Some practitioners reported concerns there might be a huge influx of visits causing scheduling difficulties or leaving some children unprotected. It’s good to remember that this law will not affect most students. Almost 9 out of 10 kindergartners in Washington are complete with both doses of MMR vaccine, and overall, only three percent of K-12 students have an exemption to MMR. Students who are complete for their immunizations, along with those who have medical or religious exemptions, are not affected by the new exemption law.

What Changed

- Washington state law no longer allows a personal/philosophical option to exempt children from the requirement to be fully immunized against measles, mumps and rubella diseases for school and child care entry.

Legislative Update

- The law applies to both public and private schools and licensed child cares.
- The law also requires employees and volunteers at licensed child care centers to provide immunization records indicating they have received the MMR vaccine, or provide proof from a practitioner that they are immune to measles or have a medical contraindication.

What Did Not Change

- The new law did not change religious or medical exemptions.
- The list of vaccines required for school and child care entry did not change.
- Personal/philosophical exemptions are still available for all vaccines except MMR.

What's the Practitioner's Role?

The recent measles outbreaks in Washington and the ongoing outbreaks across the United States demonstrate why the change to the vaccine exemption law was enacted to help keep Washington healthy and safe from three serious diseases. The Department of Health and healthcare practitioners must work to help parents and the public understand the safety record of vaccines and the critical role they have in saving lives.

Patients who are students

- Offer all recommended and age-appropriate immunizations to your patients to protect them from serious diseases.
- Help parents and guardians understand the safe, proven protection of vaccines and why you are recommending them.
- If a parent or guardian asks for an exemption for personal or religious reasons, counsel them on the benefits and risks of immunizations. Your signature on the exemption form indicates you have done this education; it does not mean you have assessed their beliefs or religion.

A medical exemption may be used to exempt a child from one or more vaccine requirements if in your judgment, a specific vaccination is not advisable for the child for medical reasons. Find the Advisory Committee on Immunization Practices' "Guide to Vaccine Contraindications and Precautions" [here](#). Medical contraindications to a vaccine are rare.

Patients who are child care workers or volunteers

- The new law requires that staff and volunteers at licensed child care facilities provide one of the following options:
 - Immunization records showing they have received the MMR vaccine.

- Proof of immunity to measles through documented lab evidence of antibody titer.
- A healthcare provider's attestation of the person's history of measles sufficient to provide immunity against measles. (The provider may consider CDC guidance for evidence of immunity, including for those born before 1957.)
- Written certification, signed by a Washington-licensed MD, ND, DO, ARNP, or PA, that the MMR vaccine is not advisable for that person.
- If a child care worker can't find their records, the Centers for Disease Control and Prevention recommends repeating the vaccine if there is no medically verified record that the shot was given.
- If the worker doesn't have records and declines vaccination or revaccination, they may ask for your help obtaining another qualifying option as listed above, such as a titer test. Consult with your patient to determine the best option for them in your medical judgment.
- Staff and volunteers may not be exempted from the requirement to provide documentation of immunity for personal and religious reasons.

More Information

To help answer questions and share the current status, DOH has created an [exemption law change webpage](#). This page contains information and resources on school and child care immunization requirement changes, including frequently asked questions you can use to find answers to what you hear most often from your patients. The page is updated as more questions are submitted.

If you'd like to know more about school immunization requirements or the Certificate of Exemption, visit the department's [School and Child Care Immunization website](#).

Washington Clarification Letter on 2017 Opioid Rules

Washington State Boards, Commissions and the Department of Health have composed a letter to clarify the 2017 opioid prescribing rules. We have received reports of patients on chronic opioid therapy whose opioids have been rapidly tapered or discontinued. We are also hearing reports of patients on chronic opioid therapy who are unable to find providers willing to care for them. The purpose of this letter is to help you better understand the existing rules around prescribing opioids and managing existing patients on chronic opioid therapy so that you feel comfortable continuing to care for these individuals. [Read the letter](#) in its entirety and [contact us](#) if you have any questions.