

FINAL BILL REPORT

SHB 1512

C 446 L 05

Synopsis as Enacted

Brief Description: Concerning improving the quality of care in state-purchased health care programs.

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Morrell, Clibborn, Moeller, Cody, Green, Appleton, Roberts, Sommers, Blake, Schual-Berke, Flannigan, Sells, Kenney and Kagi).

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

Background:

In 2003 legislation was adopted that requires the Health Care Authority (Authority) to coordinate state agency efforts to adopt uniform policies based on the best available scientific and medical evidence. Uniform policies across state purchased health care programs were deemed necessary by the legislation to ensure prudent, cost-effective health services purchasing, maximize efficiencies in administration of state purchased health care programs, and reduce administrative burdens on health care providers participating in state purchased health care programs. Adopted uniform policies are required to address:

1. formal assessment methods, including health technology assessment;
2. monitoring of health outcomes, adverse events, quality, and cost-effectiveness of health services;
3. development of a common definition of medical necessity; and
4. exploration of common strategies for disease management and demand management programs.

"Best available scientific and medical evidence" is defined in statute as the best available external clinical evidence derived from systematic research.

Summary:

The Authority, the Administrator of the Authority, and the Secretary of the Department of Social and Health Services must work in collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, health care providers, and health insurance carriers to use evidence-based medicine principles to develop common performance measures. The collaboration must also implement financial incentives in contracts with insuring entities, facilities, and providers. The incentives must:

1. reward improvements in health outcomes for individuals with chronic diseases, increased utilization of appropriate preventive health services, and reductions in medical errors; and
2. increase, through appropriate incentives to insuring entities and providers, the adoption and use of information technology contributing to improved health outcomes, better coordination of care, and decreased medical errors.

The Authority may require that insuring entities provide subscriber or member demographic and claims data necessary to implement performance measures or financial incentives related to performance.

The duty of the Authority to appoint a technical advisory committee relating to health care policy is removed.

Votes on Final Passage:

House	58	40	
Senate	47	0	(Senate amended)
House	61	34	(House concurred)

Effective: July 24, 2005