

CERTIFICATION OF ENROLLMENT

ENGROSSED HOUSE BILL 2755

66th Legislature
2020 Regular Session

Passed by the House February 17, 2020
Yeas 98 Nays 0

**Speaker of the House of
Representatives**

Passed by the Senate March 5, 2020
Yeas 47 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED HOUSE BILL 2755** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED HOUSE BILL 2755

Passed Legislature - 2020 Regular Session

State of Washington

66th Legislature

2020 Regular Session

By Representatives Schmick, Caldier, and Cody

Read first time 01/20/20. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to transparency regarding the cost of air
2 ambulance services; and amending RCW 43.371.060.

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

4 **Sec. 1.** RCW 43.371.060 and 2019 c 319 s 6 are each amended to
5 read as follows:

6 (1)(a) Under the supervision of and through contract with the
7 authority, the lead organization shall prepare health care data
8 reports using the database and the statewide health performance and
9 quality measure set. Prior to the lead organization releasing any
10 health care data reports that use claims data, the lead organization
11 must submit the reports to the authority for review.

12 (b) By October 31st of each year, the lead organization shall
13 submit to the director a list of reports it anticipates producing
14 during the following calendar year. The director may establish a
15 public comment period not to exceed thirty days, and shall submit the
16 list and any comment to the appropriate committees of the legislature
17 for review.

18 (2)(a) Health care data reports that use claims data prepared by
19 the lead organization for the legislature and the public should
20 promote awareness and transparency in the health care market by
21 reporting on:

1 (i) Whether providers and health systems deliver efficient, high
2 quality care; and

3 (ii) Geographic and other variations in medical care and costs as
4 demonstrated by data available to the lead organization.

5 (b) Measures in the health care data reports should be stratified
6 by demography, income, language, health status, and geography when
7 feasible with available data to identify disparities in care and
8 successful efforts to reduce disparities.

9 (c) Comparisons of costs among providers and health care systems
10 must account for differences in the case mix and severity of illness
11 of patients and populations, as appropriate and feasible, and must
12 take into consideration the cost impact of subsidization for
13 uninsured and government-sponsored patients, as well as teaching
14 expenses, when feasible with available data.

15 (3) The lead organization may not publish any data or health care
16 data reports that:

17 (a) Directly or indirectly identify individual patients;

18 (b) Disclose a carrier's proprietary financial information;

19 (c) Compare performance in a report generated for the general
20 public that includes any provider in a practice with fewer than four
21 providers; or

22 (d) Contain medicaid data that is in direct conflict with the
23 biannual medicaid forecast.

24 (4) The lead organization may not release a report that compares
25 and identifies providers, hospitals, or data suppliers unless:

26 (a) It allows the data supplier, the hospital, or the provider to
27 verify the accuracy of the information submitted to the data vendor,
28 comment on the reasonableness of conclusions reached, and submit to
29 the lead organization and data vendor any corrections of errors with
30 supporting evidence and comments within thirty days of receipt of the
31 report;

32 (b) It corrects data found to be in error within a reasonable
33 amount of time; and

34 (c) The report otherwise complies with this chapter.

35 (5) The authority and the lead organization may use claims data
36 to identify and make available information on payers, providers, and
37 facilities, but may not use claims data to recommend or incentivize
38 direct contracting between providers and employers.

39 (6) The lead organization shall make information about claims
40 data related to the provision of air ambulance service available on a

1 web site that is accessible to the public in a searchable format by
2 geographic region, provider, and other relevant information.

3 (7)(a) The lead organization shall distinguish in advance to the
4 authority when it is operating in its capacity as the lead
5 organization and when it is operating in its capacity as a private
6 entity. Where the lead organization acts in its capacity as a private
7 entity, it may only access data pursuant to RCW 43.371.050(4) (b),
8 (c), or (d).

9 (b) Except as provided in RCW 43.371.050(4), claims or other data
10 that contain direct patient identifiers or proprietary financial
11 information must remain exclusively in the custody of the data vendor
12 and may not be accessed by the lead organization.

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