FINAL BILL REPORT
ESSB 6228

PARTIAL VETO
C 224 L 14
Synopsis as Enacted

Brief Description: Concerning transparency tools for consumer information on health care cost and quality.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Mullet, Tom, Keiser, Frockt, Parlette, Hatfield, Cleveland, Fain, Becker, Ericksen, Rolfes and Pedersen).

Senate Committee on Health Care
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Some consumers have experienced difficulty getting an estimate for health care costs in advance of receiving services that is valuable in calculating possible out-of-pocket expenses or comparing choices of health care providers or facilities. Information on charges for common services is becoming more available; however, the data displaying charges does not incorporate the insurance coverage a consumer may have.

To assist with transparency, the Washington State Hospital Association developed a hospital database with information on charges and utilization for each hospital and common procedures. The database is searchable and allows comparisons of facilities. In 2013 the Centers for Medicare and Medicaid Services (CMS) released data that displays hospital average charges for the 100 most common Medicare claims, and in January 2014, CMS released data on provider charges for 30 common outpatient services.

The Washington Health Alliance, formerly the Puget Sound Health Alliance, has been working to produce health care data on cost and quality that will help inform purchasers. The most recent release of their report entitled Community Checkup provided data on quality of care and county-level results for the entire state.

Summary: Health insurance carriers offering benefit plans on or after January 1, 2016, must offer member transparency tools with certain price and quality information to enable the member to make treatment decisions based on cost, quality, and patient experience.

The transparency tools must aim for best practices and include the following:
- a display of cost data for common treatments for the following categories: in-patient treatments, outpatient treatments, diagnostic tests, and office visits;

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- a display of the cost for prescription medications on the member website or through a link to the third party that manages the prescription benefits is encouraged;
- a patient review option or method for members to provide a rating or feedback on their experience with the medical provider;
- an option to allow people to access the estimated costs on a portable electronic device;
- a display of the estimated cost of the treatment and the estimated out-of-pocket costs for the member, with a display of personalized benefits such as the deductible and cost sharing;
- a display of quality information on providers when available; and
- a display of alternatives that are more cost effective when there are alternatives available, such as using an ambulatory surgical center, is encouraged.

The operating integrated care delivery systems of health insurance carriers, licensed as health maintenance organizations, may display meaningful consumer data based on the total cost of care or episode of care. The patient review option that allows feedback on the experience with the medical provider must be monitored for appropriateness and validity, and the site may include independently compiled quality of care ratings of providers and facilities.

The member transparency tools must include information to allow a provider search of in-network providers, with additional information including the following: specialists; distance from the patient; the provider's contact information; the provider's education, board certification, and other credentials; where to find malpractice history and disciplinary actions; affiliated hospitals and other providers in a clinic; and directions to provider offices and hospitals.

Each carrier must provide enrollees with the performance information required by the Affordable Care Act and the related regulations.

The Performance Measure Committee is created to recommend health performance measures and propose benchmarks to track costs and improvements in health outcomes. State agencies must use the measure set to inform and set benchmarks for purchasing decisions. Members of the committee include representation from state agencies, employers, health plans, patient groups, consumers, academic experts on health care measurement, hospitals, physicians, and other providers. The Governor makes the appointments, except the associations representing hospitals and physicians may appoint their members. The committee is chaired by the director of the Health Care Authority.

Votes on Final Passage:

Senate	46	0	
House	91	6	(House amended)
Senate	49	0	(Senate concurred)

Effective: June 12, 2014

Partial Veto Summary: The Performance Measure Committee created to recommend health performance measures and propose benchmarks to track costs and improvements in health outcomes was vetoed since nearly identical language was included in another bill (HB 2572).