

---

HOUSE BILL 1600

---

State of Washington                      64th Legislature                      2015 Regular Session

By Representatives Rodne, Cody, Schmick, Johnson, Jinkins, Harris, Walkinshaw, Tharinger, and Wylie

Read first time 01/23/15. Referred to Committee on Health Care & Wellness.

1            AN ACT Relating to a three-part aim solution that improves health  
2 and health care in a manner that lowers overall health care costs in  
3 a normally distributed population; and adding a new section to  
4 chapter 41.05 RCW.

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

6            NEW SECTION.    **Sec. 1.**    A new section is added to chapter 41.05  
7 RCW to read as follows:

8            (1) The authority shall conduct a pilot project for enrollees in  
9 the uniform medical plan to test a three-part aim solution that  
10 improves health and health care in a manner that lowers overall  
11 health care costs in a normally distributed population. At a minimum,  
12 the three-part aim solution must:

13            (a) Offer financial incentives to both health care providers and  
14 their covered patients for declaring or demonstrating to one another  
15 adherence to best clinical practices and healthy behaviors;

16            (b) Incorporate evidence-based medicine treatment guidelines and  
17 information therapy;

18            (c) Be voluntary for health care providers and covered patients  
19 on an encounter-by-encounter basis;

20            (d) Compensate health care providers for declaring to their  
21 covered patients their adherence or reasons for nonadherence to

1 evidence-based medicine treatment guidelines, and for providing  
2 relevant educational material as information therapy to their covered  
3 patients;

4 (e) Offer a financial reward to the covered patient for  
5 responding to the delivery of information therapy by demonstrating  
6 the patient's understanding of his or her health condition and  
7 recommended care, by declaring or demonstrating adherence or  
8 providing a reason for nonadherence to recommended care, by agreeing  
9 to allow the patient's health care provider to view the patient's  
10 responses and acknowledge the patient's health accomplishments, and  
11 by rating the quality of care provided to the patient against the  
12 treatment guidelines and recommended care;

13 (f) Be delivered through an internet application that facilitates  
14 the solution's objectives and provides features such as scalability,  
15 accessibility, ease of use, documentation of provider and patient  
16 activity, and the overall administration of the solution; and

17 (g) Allow the health care provider and the patient to earn  
18 additional financial incentives by applying the three-part aim  
19 solution to wellness, prevention, and care management regimens such  
20 as health risk assessments and screenings, smoking cessation, weight  
21 loss and fitness programs, and disease management.

22 (2) Integral to the pilot project, the authority shall conduct a  
23 matched cohort study to determine the cost containment capabilities  
24 of the three-part aim solution. The pilot and its associated matched  
25 cohort study must:

26 (a) Commence at the beginning of the 2016 plan year and continue  
27 for at least two years;

28 (b) Involve an intervention group consisting of a subset of  
29 enrollees of the uniform medical plan to be covered by the solution  
30 that is matched to the plan's overall population in terms of age,  
31 gender, and other pertinent and accessible variables. The  
32 intervention group must consist of a population determined by the  
33 board as sufficient to achieve a statistical significance, but not  
34 less than twenty-five percent of the total number of beneficiaries  
35 enrolled in the uniform medical plan; and

36 (c) Compare the overall annual per member health care costs of  
37 the intervention group, inclusive of the full cost of the program, to  
38 the overall annual per member health care costs of control group  
39 consisting of a matched population of the uniform medical plan  
40 beneficiaries not covered by the three-part aim solution.

1 (3) The authority shall contract, directly or through an insuring  
2 or plan administration entity, with a vendor that offers a three-part  
3 aim solution that meets the requirements described in subsection (1)  
4 of this section. The vendor must:

5 (a) Be willing to subject its solution to a publicly conducted,  
6 matched-cohort study as provided in this section; and

7 (b) Have at least a five-year track record of delivering its  
8 solution as described in this section.

9 (4) To ensure a fair, unbiased, and true evaluation of the  
10 solution, the authority shall:

11 (a) Provide the necessary support and access to pilot data to the  
12 solution vendor to ensure the successful deployment and  
13 administration of the solution; and

14 (b) Contract with an independent evaluator that is a recognized  
15 expert in the area of health reform research and the type of matched-  
16 cohort study required by this section, and that is acceptable to the  
17 solution vendor, to collect and analyze the pilot project data to  
18 compare the intervention group's results to the control group's  
19 results as required in this section. The independent evaluator shall  
20 report the findings of its analyses to the authority and the solution  
21 vendor at least annually and within six months of the pilot project's  
22 anniversary. The independent evaluator shall submit a final report  
23 regarding the financial sustainability of the solution, its  
24 effectiveness at controlling health care costs, and other relevant  
25 objectives, to the authority and the solution vendor within six  
26 months of the pilot project's conclusion.

27 (5) The authority shall submit the annual and final pilot project  
28 reports, with commentary by the authority and solution vendor, to the  
29 governor, the legislature, and the board within thirty days of  
30 receipt from the independent evaluator.

31 (6) Unless disapproved by the governor, the authority shall  
32 expand the solution to cover all uniform medical plan enrollees for  
33 at least three years if the independent evaluator's analysis of the  
34 pilot project's matched-cohort study determines that the solution  
35 controls health care costs enough to at least achieve self-funding.

36 (7) The authority shall use funds from the uniform medical plan  
37 benefits administration account established under RCW 41.05.143 for  
38 the cost of the pilot project and may not pass these costs to  
39 participating state agencies, other entities participating in the  
40 public employees' benefits board, or providers.

1 (8) For purposes of this section:

2 (a) "Information therapy" means providing a patient with the  
3 right educational material at the right time so the patient can make  
4 an informed health decision.

5 (b) "Covered patient" means a uniform medical plan enrollee who  
6 is made eligible to voluntarily participate in the three-part aim  
7 solution established in this section.

--- END ---