CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1512

Chapter 446, Laws of 2005

59th Legislature 2005 Regular Session

STATE-PURCHASED HEALTH CARE--PERFORMANCE MEASURES

EFFECTIVE DATE: 7/24/05

Passed by the House April 18, 2005 Yeas 61 Nays 34

FRANK CHOPP

Speaker of the House of Representatives

Passed by the Senate April 6, 2005 Yeas 47 Nays 0

BRAD OWEN

President of the Senate

Approved May 13, 2005.

CERTIFICATE

I, Richard Nafziger, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1512** as passed by the House of Representatives and the Senate on the dates hereon set forth.

RICHARD NAFZIGER

Chief Clerk

FILED

May 13, 2005 - 2:43 p.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

Secretary of State State of Washington

SUBSTITUTE HOUSE BILL 1512

AS AMENDED BY THE SENATE

Passed Legislature - 2005 Regular Session

State of Washington 59th Legislature 2005 Regular Session

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)

READ FIRST TIME 02/28/05.

AN ACT Relating to incentives to improve quality of care in state purchased health care programs; amending RCW 41.05.021 and 41.05.075; and adding a new section to chapter 74.09 RCW.

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

5 Sec. 1. RCW 41.05.021 and 2002 c 142 s 1 are each amended to read 6 as follows:

7 (1) The Washington state health care authority is created within 8 the executive branch. The authority shall have an administrator appointed by the governor, with the consent of the senate. 9 The administrator shall serve at the pleasure of the governor. 10 The 11 administrator may employ up to seven staff members, who shall be exempt from chapter 41.06 RCW, and any additional staff members as are 12 necessary to administer this chapter. The administrator may delegate 13 any power or duty vested in him or her by this chapter, including 14 15 authority to make final decisions and enter final orders in hearings conducted under chapter 34.05 RCW. The primary duties of the authority 16 shall be to: Administer state employees' insurance benefits and 17 retired or disabled school employees' insurance benefits; administer 18 19 the basic health plan pursuant to chapter 70.47 RCW; study statepurchased health care programs in order to maximize cost containment in these programs while ensuring access to quality health care; and implement state initiatives, joint purchasing strategies, and techniques for efficient administration that have potential application to all state-purchased health services. The authority's duties include, but are not limited to, the following:

7 (a) To administer health care benefit programs for employees and
8 retired or disabled school employees as specifically authorized in RCW
9 41.05.065 and in accordance with the methods described in RCW
10 41.05.075, 41.05.140, and other provisions of this chapter;

(b) To analyze state-purchased health care programs and to explore options for cost containment and delivery alternatives for those programs that are consistent with the purposes of those programs, including, but not limited to:

(i) Creation of economic incentives for the persons for whom the state purchases health care to appropriately utilize and purchase health care services, including the development of flexible benefit plans to offset increases in individual financial responsibility;

(ii) Utilization of provider arrangements that encourage cost containment, including but not limited to prepaid delivery systems, utilization review, and prospective payment methods, and that ensure access to quality care, including assuring reasonable access to local providers, especially for employees residing in rural areas;

24 (iii) Coordination of state agency efforts to purchase drugs 25 effectively as provided in RCW 70.14.050;

26 (iv) Development of recommendations and methods for purchasing 27 medical equipment and supporting services on a volume discount basis; 28 ((and))

(v) Development of data systems to obtain utilization data from state-purchased health care programs in order to identify cost centers, utilization patterns, provider and hospital practice patterns, and procedure costs, utilizing the information obtained pursuant to RCW 41.05.031; <u>and</u>

34 (vi) In collaboration with other state agencies that administer 35 state purchased health care programs, private health care purchasers, 36 health care facilities, providers, and carriers, use evidence-based 37 medicine principles to develop common performance measures and

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1 implement financial incentives in contracts with insuring entities,
2 health care facilities, and providers that:

<u>(A) Reward improvements in health outcomes for individuals with</u>
 <u>chronic diseases, increased utilization of appropriate preventive</u>
 <u>health services, and reductions in medical errors; and</u>

6 (B) Increase, through appropriate incentives to insuring entities, 7 health care facilities, and providers, the adoption and use of 8 information technology that contributes to improved health outcomes, 9 better coordination of care, and decreased medical errors;

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(c) To analyze areas of public and private health care interaction;

11 (d) To provide information and technical and administrative 12 assistance to the board;

(e) To review and approve or deny applications from counties, municipalities, and other political subdivisions of the state to provide state-sponsored insurance or self-insurance programs to their employees in accordance with the provisions of RCW 41.04.205, setting the premium contribution for approved groups as outlined in RCW 41.05.050;

19 (f) ((To appoint a health care policy technical advisory committee 20 as required by RCW 41.05.150;

21 (g)) To establish billing procedures and collect funds from school 22 districts and educational service districts under RCW 28A.400.400 in a 23 way that minimizes the administrative burden on districts;

(((h))) (<u>q</u>) To publish and distribute to nonparticipating school districts and educational service districts by October 1st of each year a description of health care benefit plans available through the authority and the estimated cost if school districts and educational service district employees were enrolled; and

29 (((i))) <u>(h)</u> To promulgate and adopt rules consistent with this 30 chapter as described in RCW 41.05.160.

31 (2) On and after January 1, 1996, the public employees' benefits 32 board may implement strategies to promote managed competition among 33 employee health benefit plans. Strategies may include but are not 34 limited to:

35 (a) Standardizing the benefit package;

36 (b) Soliciting competitive bids for the benefit package;

37 (c) Limiting the state's contribution to a percent of the lowest 38 priced qualified plan within a geographical area;

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(d) Monitoring the impact of the approach under this subsection 1 with regards to: Efficiencies in health service delivery, cost shifts 2 to subscribers, access to and choice of managed care plans statewide, 3 and quality of health services. The health care authority shall also 4 5 advise on the value of administering a benchmark employer-managed plan to promote competition among managed care plans. 6

7 Sec. 2. RCW 41.05.075 and 2002 c 142 s 4 are each amended to read 8 as follows:

(1) The administrator shall provide benefit plans designed by the 9 board through a contract or contracts with insuring entities, through 10 self-funding, self-insurance, or other methods of providing insurance 11 coverage authorized by RCW 41.05.140. 12

(2) The administrator shall establish a contract bidding process 13 14 that:

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(a) Encourages competition among insuring entities;

16 (b) Maintains an equitable relationship between premiums charged for similar benefits and between risk pools including premiums charged 17 for retired state and school district employees under the separate risk 18 pools established by RCW 41.05.022 and 41.05.080 such that insuring 19 entities may not avoid risk when establishing the premium rates for 20 21 retirees eligible for medicare;

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(c) Is timely to the state budgetary process; and

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(d) Sets conditions for awarding contracts to any insuring entity. 24 (3) The administrator shall establish a requirement for review of utilization and financial data from participating insuring entities on 25

26 a quarterly basis.

(4) The administrator shall centralize the enrollment files for all 27 employee and retired or disabled school employee health plans offered 28 under chapter 41.05 RCW and develop enrollment demographics on a plan-29 30 specific basis.

31 (5) All claims data shall be the property of the state. The administrator may require of any insuring entity that submits a bid to 32 contract for coverage all information deemed necessary including: 33

(a) Subscriber or member demographic and claims data necessary for 34 risk assessment and adjustment calculations in order to fulfill the 35 36 administrator's duties as set forth in this chapter; and

(b) Subscriber or member demographic and claims data necessary to
 implement performance measures or financial incentives related to
 performance under subsection (7) of this section.

(6) All contracts with insuring entities for the provision of 4 health care benefits shall provide that the beneficiaries of such 5 benefit plans may use on an equal participation basis the services of 6 7 practitioners licensed pursuant to chapters 18.22, 18.25, 18.32, 18.53, 18.57, 18.71, 18.74, 18.83, and 18.79 RCW, as it applies to registered 8 9 nurses and advanced registered nurse practitioners. However, nothing 10 in this subsection may preclude the administrator from establishing appropriate utilization controls approved pursuant to RCW 41.05.065(2) 11 12 (a), (b), and (d).

13 (7) The administrator shall, in collaboration with other state 14 agencies that administer state purchased health care programs, private 15 health care purchasers, health care facilities, providers, and 16 carriers, use evidence-based medicine principles to develop common 17 performance measures and implement financial incentives in contracts 18 with insuring entities, health care facilities, and providers that:

19 (a) Reward improvements in health outcomes for individuals with 20 chronic diseases, increased utilization of appropriate preventive 21 health services, and reductions in medical errors; and

(b) Increase, through appropriate incentives to insuring entities,
 health care facilities, and providers, the adoption and use of
 information technology that contributes to improved health outcomes,
 better coordination of care, and decreased medical errors.

26 <u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 74.09 RCW 27 to read as follows:

The secretary shall, in collaboration with other state agencies that administer state purchased health care programs, private health care purchasers, health care facilities, providers, and carriers, use evidence-based medicine principles to develop common performance measures and implement financial incentives in contracts with insuring entities, health care facilities, and providers that:

(1) Reward improvements in health outcomes for individuals with
 chronic diseases, increased utilization of appropriate preventive
 health services, and reductions in medical errors; and

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- 1 (2) Increase, through appropriate incentives to insuring entities,
- 2 health care facilities, and providers, the adoption and use of
- 3 information technology that contributes to improved health outcomes,
- 4 better coordination of care, and decreased medical errors.
 - Passed by the House April 18, 2005. Passed by the Senate April 6, 2005. Approved by the Governor May 13, 2005. Filed in Office of Secretary of State May 13, 2005.