

SENATE BILL REPORT

SB 5144

As Reported by Senate Committee On:
Health Care, January 29, 2015

Title: An act relating to making the Bree collaborative more accessible to the public and promoting transparency.

Brief Description: Requiring all meetings of the Robert Bree collaborative to be subject to the open public meetings act.

Sponsors: Senators Dammeier, Becker, Bailey, Rivers, Brown, Parlette and O'Ban.

Brief History:

Committee Activity: Health Care: 1/26/15, 1/29/15 [DP, w/oRec].

SENATE COMMITTEE ON HEALTH CARE

Majority Report: Do pass.

Signed by Senators Becker, Chair; Dammeier, Vice Chair; Frockt, Ranking Minority Member; Angel, Bailey, Brown, Parlette and Rivers.

Minority Report: That it be referred without recommendation.

Signed by Senators Cleveland, Conway, Jayapal and Keiser.

Staff: Kathleen Buchli (786-7488)

Background: Bree Collaborative. The Dr. Robert Bree Collaborative (Collaborative) was established in 2011 by the Washington State Legislature to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in this state. The Collaborative must annually identify up to three health care services for which there are substantial variations in practice patterns or high utilization trends in Washington. Upon the identification of these health care services, the Collaborative must identify evidence-based best practices to improve the quality and reduce variation in the use of service. The Collaborative must also identify strategies to increase the use of the evidence-based practices.

The Collaborative must report to the Administrator of the Health Care Authority (Administrator) on the selected health services and the proposed strategies. The Administrator must review the selected health services and the proposed strategies. If

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endorsed by the Administrator, all state-purchased health care programs, including health carriers and third party administrators that contract with state programs, must implement the evidence-based guidelines and strategies.

To acquire expertise in the particular health care service areas under review, the Collaborative must add members or establish clinical committees. Proceedings of the Collaborative must be open to the public and notice of meetings must be provided at least 20 days in advance.

Open Public Meetings Act. Under the Open Public Meetings Act, all meetings of the governing body of a public agency must be open to the public. The governing body may not adopt any rule, order, or directive unless it is adopted in a meeting that is open to the public. The agency must file with the Code Reviser notice of regular meetings including a schedule of the time and place of such meetings on or before January of each year for publication in the Washington State register. The agenda must be published 24 hours in advance. Special meetings may be called with 24-hour notice provided through the media, the agency's website, and at the main entrance of the agency's principal location. Members of the agency who attend a meeting where action is taken in violation of the Open Public Meetings Act are subject to a civil penalty of \$100.

Summary of Bill: Meetings of the Collaborative, including subcommittees, are subject to the Open Public Meetings Act.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: We know that the Collaborative is doing this by rule, but we need to recognize that significant health care decisions are being made by the Collaborative. It is imperative that they be made in an open environment so that the public has trust in the process. The public needs to know that the process is transparent and that there are no secret deals being made behind closed doors.

Persons Testifying: PRO: Senator Dammeier, prime sponsor.