

CERTIFICATION OF ENROLLMENT

SUBSTITUTE SENATE BILL 5589

67th Legislature
2022 Regular Session

Passed by the Senate February 8, 2022
Yeas 48 Nays 1

President of the Senate

Passed by the House March 3, 2022
Yeas 96 Nays 1

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Sarah Bannister, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SUBSTITUTE SENATE BILL 5589** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

SUBSTITUTE SENATE BILL 5589

Passed Legislature - 2022 Regular Session

State of Washington

67th Legislature

2022 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Robinson, Cleveland, Frockt, and Randall)

READ FIRST TIME 01/27/22.

1 AN ACT Relating to statewide spending on primary care; adding a
2 new section to chapter 70.390 RCW; and adding a new section to
3 chapter 48.43 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 70.390
6 RCW to read as follows:

7 (1) The board shall measure and report on primary care
8 expenditures in Washington and the progress towards increasing it to
9 12 percent of total health care expenditures.

10 (2) By December 1, 2022, the board shall submit a preliminary
11 report to the governor and relevant committees of the legislature
12 addressing primary care expenditures in Washington. The report must
13 include:

14 (a) How to define "primary care" for purposes of calculating
15 primary care expenditures as a proportion of total health care
16 expenditures, and how the definition aligns with existing definitions
17 already implemented in Washington, including the previous report from
18 the office of financial management and the Bree collaborative's
19 recommendations;

20 (b) Barriers to the access and use of the data needed to
21 calculate primary care expenditures, and how to overcome them;

1 (c) The annual progress needed for primary care expenditures to
2 reach 12 percent of total health care expenditures in a reasonable
3 amount of time;

4 (d) How and by whom it should annually be determined whether
5 desired levels of primary care expenditures are being achieved;

6 (e) Methods to incentivize the achievement of desired levels of
7 primary care expenditures;

8 (f)(i) Specific practices and methods of reimbursement to achieve
9 and sustain desired levels of primary care expenditures while
10 achieving improvements in health outcomes, experience of health care,
11 and value from the health care system, including but not limited to:
12 Supporting advanced, integrated primary care involving a
13 multidisciplinary team of health and social service professionals;
14 addressing social determinants of health within the primary care
15 setting; leveraging innovative uses of efficient, interoperable
16 health information technology; increasing the primary care and
17 behavioral health workforce; and reinforcing to patients the value of
18 primary care, and eliminating any barriers to access.

19 (ii) As much as possible, the practices and methods specified
20 must hold primary care providers accountable for improved health
21 outcomes, not increase the administrative burden on primary care
22 providers or overall health care expenditures in the state, strive
23 for alignment across payers, and take into account differences in
24 urban and rural delivery settings; and

25 (g) The ongoing role of the board in guiding and overseeing the
26 development and application of primary care expenditure targets, and
27 the implementation and evaluation of strategies to achieve them.

28 (3) Beginning August 1, 2023, the board shall annually submit
29 reports to the governor and relevant committees of the legislature.
30 To the extent possible, the reports must:

31 (a) Include annual primary care expenditures for the most recent
32 year for which data is available by insurance carrier, by market or
33 payer, in total and as a percentage of total health care expenditure;

34 (b) Break down annual primary care expenditures by relevant
35 characteristics such as whether expenditures were for physical or
36 behavioral health, by type of provider and by payment mechanism; and

37 (c) If necessary, identify any barriers to the reporting
38 requirements and propose recommendations for how to overcome them.

39 (4) In developing the measures and reporting, the board shall
40 consult with primary care providers and organizations representing

1 primary care providers and review existing work in this and other
2 states regarding primary care, including but not limited to the
3 December 2019 report by the office of financial management, the work
4 of the Bree collaborative, the work of the advancing integrated
5 mental health center and the center for health workforce studies at
6 the University of Washington, the work of the Milbank memorial fund,
7 the work of the national academy of sciences, engineering, and
8 medicine, and the work of the authority to strengthen primary care
9 within state purchased health care.

10 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
11 RCW to read as follows:

12 The commissioner may include an assessment of carriers' primary
13 care expenditures in the previous plan year or anticipated for the
14 upcoming plan year in its reviews of health plan form or rate
15 filings. In conducting the review, the commissioner must consider any
16 definition of primary care expenditures and any primary care
17 expenditure targets established under section 1 of this act. The
18 commissioner may determine the form and content of carrier primary
19 care expenditure reporting.

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