

**RCW 43.70.066 Study—Uniform quality assurance and improvement program—Reports to legislature—Limitation on rule making.** (1) The department of health shall study the feasibility of a uniform quality assurance and improvement program for use by all public and private health plans and health care providers and facilities. In this study, the department shall consult with:

- (a) Public and private purchasers of health care services;
- (b) Health carriers;
- (c) Health care providers and facilities; and
- (d) Consumers of health services.

(2) In conducting the study, the department shall propose standards that meet the needs of affected persons and organizations, whether public or private, without creation of differing levels of quality assurance. All consumers of health services should be afforded the same level of quality assurance.

(3) At a minimum, the study shall include but not be limited to the following program components and indicators appropriate for consumer disclosure:

- (a) Health care provider training, credentialing, and licensure standards;
- (b) Health care facility credentialing and recredentialing;
- (c) Staff ratios in health care facilities;
- (d) Annual mortality and morbidity rates of cases based on a defined set of procedures performed or diagnoses treated in health care facilities, adjusted to fairly consider variable factors such as patient demographics and case severity;
- (e) The average total cost and average length of hospital stay for a defined set of procedures and diagnoses;
- (f) The total number of the defined set of procedures, by specialty, performed by each physician at a health care facility within the previous twelve months;
- (g) Utilization performance profiles by provider, both primary care and specialty care, that have been adjusted to fairly consider variable factors such as patient demographics and severity of case;
- (h) Health plan fiscal performance standards;
- (i) Health care provider and facility recordkeeping and reporting standards;
- (j) Health care utilization management that monitors trends in health service underutilization, as well as overutilization of services;
- (k) Health monitoring that is responsive to consumer, purchaser, and public health assessment needs; and
- (l) Assessment of consumer satisfaction and disclosure of consumer survey results.

(4) In conducting the study, the department shall develop standards that permit each health care facility, provider group, or health carrier to assume responsibility for and determine the physical method of collection, storage, and assimilation of quality indicators for consumer disclosure. The study may define the forms, frequency, and posting requirements for disclosure of information.

In developing proposed standards under this subsection, the department shall identify options that would minimize provider burden and administrative cost resulting from duplicative private sector data submission requirements.

(5) The department shall submit a preliminary report to the legislature by December 31, 1995, including recommendations for

initial legislation pursuant to subsection (6) of this section, and may submit supplementary reports and recommendations as completed, consistent with appropriated funds and staffing.

(6) The department shall not adopt any rule implementing the uniform quality assurance program or consumer disclosure provisions unless expressly directed to do so by an act of law. [1998 c 245 § 72; 1997 c 274 § 3; 1995 c 267 § 4.]

**Effective date—1997 c 274:** See note following RCW 41.05.021.

**Captions not law—Severability—Effective dates—1995 c 267:** See notes following RCW 43.70.052.