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SENATE BILL 6333

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State of Washington                      60th Legislature                      2008 Regular Session

By Senators Keiser, Kohl-Welles, Marr, and McAuliffe

Read first time 01/15/08. Referred to Committee on Health & Long-Term Care.

1            AN ACT Relating to the creation of a citizens' work group on health  
2 care reform; creating new sections; and providing an expiration date.

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

4            NEW SECTION.    **Sec. 1.** The legislature finds that:

5            (1) In the past two decades, Washington state has implemented  
6 legislative initiatives to improve access to quality, affordable health  
7 care in the state. These initiatives, which placed Washington in the  
8 forefront of states addressing their residents' health care needs,  
9 include:

10            (a) The basic health plan providing affordable coverage to over one  
11 hundred thousand individuals and families below two hundred percent of  
12 the federal poverty level;

13            (b) The "cover all children" initiative, expanding publicly funded  
14 coverage to children in families under three hundred percent of the  
15 federal poverty level and promising to cover all children by 2010;

16            (c) The blue ribbon commission on health care costs and access  
17 resulting in the passage of Engrossed Second Substitute Senate Bill No.  
18 5930, that, among other actions, directed state agencies to integrate

1 prevention, chronic care management, and the medical home concept into  
2 state purchased health care programs;

3 (d) The movement toward evidence-based health care purchasing for  
4 state health care programs, including the prescription drug program and  
5 its preferred drug list, the health technology assessment program, the  
6 use of medical evidence to evaluate medical necessity under state  
7 medical assistance programs and the direction provided in Engrossed  
8 Second Substitute Senate Bill No. 5930 relating to aligning payment  
9 with evidence-based care; and

10 (e) The development of patient safety initiatives, including health  
11 care facility reporting of adverse medical events and hospital-acquired  
12 infection reporting.

13 (2) Despite these initiatives, the cost of health care has  
14 continued to increase at a disproportionately high rate.

15 (3) Affordability is key to accessing health care, as evidenced by  
16 the fact that more than half of the uninsured people in Washington  
17 state are in low-income families, and low-wage workers are far more  
18 likely to be uninsured than those with higher incomes. These  
19 increasing costs are placing quality care beyond the reach of a growing  
20 number of Washington citizens and contributing to health care  
21 expenditures that strain the resources of individuals, businesses, and  
22 public programs.

23 (4) Efforts by public and private purchasers to control  
24 expenditures, and the stress these efforts place on the stability of  
25 the health care workforce and viability of health care facilities,  
26 threaten to reduce access to quality care for all residents of the  
27 state.

28 (5) Prompt action is crucial to prevent further deterioration of  
29 the health and well-being of Washingtonians.

30 (6) Addressing an issue of this importance and magnitude demands  
31 the full engagement of concerned Washingtonians in a reasoned  
32 examination of options to improve access to quality, affordable health  
33 care.

34 NEW SECTION. **Sec. 2.** The Washington citizens' work group on  
35 health care is established.

36 (1) By April 1, 2008, the governor shall appoint nine citizen  
37 members who may include, but are not limited to, representatives from

1 business, labor, health care providers and consumer groups, and persons  
2 with expertise in health care financing and health care ethics. The  
3 work group shall actively engage Washingtonians in a public process to  
4 examine options for improving access to quality, affordable health care  
5 and direct the economic analysis of several health care reform  
6 proposals, as provided in section 3 of this act.

7 (2) To engage Washingtonians in a process to examine options for  
8 improving access to quality, affordable health care, the work group  
9 shall:

10 (a) Seek to maximize participation of Washingtonians from all walks  
11 of life and all parts of the state by conducting meetings in all  
12 regions of the state and providing other venues for participation;

13 (b) Provide information to Washingtonians on the state's health  
14 care achievements to date and ongoing trends or issues that negatively  
15 affect affordability, access, quality, and efficiency;

16 (c) Present information and seek public input about the health care  
17 proposals described in section 3 of this act, including any findings  
18 from the economic analysis of the proposals;

19 (d) Communicate its efforts through a variety of methods,  
20 including:

21 (i) A concise guide describing underlying health care issues, the  
22 health care proposals under review, and principles guiding the  
23 evaluation of those proposals;

24 (ii) A web site that announces meeting times and locations,  
25 provides detailed information on the health care proposals under  
26 review, and provides opportunities for public input; and

27 (iii) Public service announcements.

28 (3) The economic analysis of health care reform proposals provided  
29 in section 3 of this act shall be conducted by an independent entity.  
30 Each evaluation shall address the impact of implementation of the  
31 proposal on:

32 (a) The number of Washingtonians covered and number remaining  
33 uninsured;

34 (b) The scope of coverage available to persons covered under the  
35 proposal;

36 (c) The impact on affordability of health care to individuals,  
37 businesses, and government;

1 (d) The redistribution of amounts currently spent by individuals,  
2 businesses, and government on health, as well as any savings;

3 (e) Administrative efficiencies and resulting savings;

4 (f) The impact on hospital charity care; and

5 (g) The extent to which each proposal promotes:

6 (i) Improved health outcomes;

7 (ii) Prevention and early intervention;

8 (iii) Chronic care management;

9 (iv) Services based on empirical evidence;

10 (v) Incentives to use effective and necessary services;

11 (vi) Disincentives to discourage use of marginally effective or  
12 inappropriate services; and

13 (vii) A medical home.

14 (4) By December 1, 2008, the work group shall report to the  
15 appropriate committees of the legislature on the work group's findings,  
16 including:

17 (a) A summary of the work group's activities, including meetings  
18 held, number of people in attendance, and number of contacts from the  
19 public;

20 (b) A summary of public input;

21 (c) The results of the work group's review of the proposals. In  
22 reviewing the proposals, the work group shall evaluate the extent to  
23 which each proposal:

24 (i) Provides a medical home for every family;

25 (ii) Provides health care that Washington families can afford;

26 (iii) Promotes improved health outcomes, in part through a more  
27 efficient delivery system;

28 (iv) Requires that individuals, employers, and government share in  
29 financing the proposal; and

30 (v) Enables Washington families to choose their provider and health  
31 network, and have the option of retaining their current provider;

32 (d) A summary of the work group's conclusions; and

33 (e) Recommendations related to the work group's review of the  
34 proposals, including suggestions for the adoption of any health care  
35 proposal during the 2009 session of the legislature.

36 (5) The work group may seek other funds including private  
37 contributions and in-kind donations for activities described under  
38 subsection (2) of this section.

1 (6) This section expires June 30, 2009.

2 NEW SECTION. **Sec. 3.** (1) The work group shall present information  
3 and seek public input about, direct the economic analysis of, and  
4 review the following health care proposals:

5 (a) A proposal permitting carriers to offer health plans with  
6 reduced requirements. The proposal should permit carriers to adjust  
7 rates by up to eight percent annually based upon the medical claims  
8 experience of an insured group, and exempt carriers from certain  
9 requirements defined in chapters 48.21, 48.42, and 48.43 RCW, including  
10 requirements to cover:

11 (i) Certain providers, including: Chiroprody; optometry; registered  
12 nurses or advanced registered nurses, as well as the categories of  
13 health care providers subject to the requirements of RCW 48.43.045(1);

14 (ii) Services, including: Chemical dependency benefits;  
15 chiropractic; diabetes treatment; dentistry; denturist services;  
16 emergency medical services; home health care; hospice care; long-term  
17 care facility following hospitalization; lumpectomy; mammograms;  
18 mastectomy; maternity services; mental health treatment;  
19 phenylketonuria; prenatal diagnosis of congenital disorders; prostate  
20 cancer screening; neurodevelopmental therapies; reconstructive breast  
21 surgery; temporomandibular joint disorders; and women's health care  
22 services; and

23 (iii) Certain groups, including: Dependent coverage for  
24 incapacitated children; dependents under age twenty-five; coverage for  
25 adopted children;

26 (b) A proposal to expand upon the health insurance partnership  
27 under chapter 70.47A RCW by allowing individuals and large employer  
28 groups to purchase health benefit plans through the partnership;

29 (c) A proposal to provide a guaranteed benefit plan for all  
30 Washingtonians covering annual catastrophic health expenses of  
31 medically necessary care in excess of ten thousand dollars and basic  
32 preventive care including annual examinations, cancer screenings,  
33 immunizations, and at least one dental care visit;

34 (d) A proposal that:

35 (i) Covers all Washingtonians except those covered under a  
36 federally funded program, are incarcerated, or are new to the state;

1 (ii) Selects networks based on a competitive procurement process in  
2 which each applicant submits a bid using the same uniform package of  
3 benefits;

4 (iii) Provides a fee-for-service option;

5 (iv) Promotes evidence-based practices and technologies; and

6 (v) Is funded through a payroll assessment applied to employers and  
7 employees.

8 (2) In addition to the proposals described in subsection (1) of  
9 this section, the work group may develop its own proposal.

10 NEW SECTION. **Sec. 4.** (1) Consistent with funds appropriated  
11 specifically for this purpose, the office of financial management shall  
12 provide staff support and administrative services to the work group  
13 including:

14 (a) Contracting with a consultant to schedule and locate work group  
15 and community meetings, and facilitate meetings and other activities to  
16 enable the work group to complete its responsibilities in a timely and  
17 effective manner; and

18 (b) Contracting with an independent consultant with expertise in  
19 health economics and actuarial science to evaluate the health care  
20 reform proposals under consideration. The office of financial  
21 management may contract with a consultant already providing similar  
22 services to a state agency if doing so will expedite the work without  
23 compromising quality or increasing cost.

24 (2) The office of financial management, other state agencies, the  
25 senate, and the house of representatives shall provide staff support  
26 for the efforts of the work group upon request.

27 NEW SECTION. **Sec. 5.** If specific funding for the purposes of this  
28 act, referencing this act by bill or chapter number, is not provided by  
29 June 30, 2008, in the omnibus appropriations act, this act is null and  
30 void.

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