

---

**SUBSTITUTE SENATE BILL 6360**

---

**State of Washington**

**60th Legislature**

**2008 Regular Session**

**By** Senate Health & Long-Term Care (originally sponsored by Senators Pflug, Keiser, Swecker, Fairley, Hewitt, Schoesler, and Kohl-Welles)

READ FIRST TIME 02/08/08.

1       AN ACT Relating to establishing a task force on primary care  
2 medical practice; creating new sections; and providing an expiration  
3 date.

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

5       NEW SECTION. **Sec. 1.** The legislature finds that the citizens of  
6 Washington deserve primary care physicians that they can trust and rely  
7 upon for their health and illness care.

8       NEW SECTION. **Sec. 2.** (1)(a) The joint legislative task force on  
9 primary care medical practice is established, with members as provided  
10 in this subsection:

11       (i) The president of the senate shall appoint one member from each  
12 caucus of the senate.

13       (ii) The speaker of the house of representatives shall appoint one  
14 member from each caucus of the house of representatives.

15       (iii) The governor shall appoint:

16       (A) Two persons representing physicians practicing in the state,  
17 one of whom practices in a rural county, as defined in RCW 82.14.370;

18       (B) Two members representing community clinics;

1 (C) Two members representing health plans;  
2 (D) Two members representing the department of health; and  
3 (E) Two members representing the department of social and health  
4 services.

5 (b) The task force shall choose bipartisan cochairs from among its  
6 legislative membership.

7 (2) The task force shall examine ways to recruit and retain primary  
8 care physicians in the state, including providing greater reimbursement  
9 rates for primary care physicians who:

10 (a) Ensure that all patients have access to and know how to use a  
11 nurse consultant;

12 (b) Encourage female patients to have a mammogram on the evidence-  
13 based recommended schedule;

14 (c) Effectively implement strategies designed to reduce patients'  
15 use of nonemergent emergency room care;

16 (d) Communicate with patients through electronic means; and

17 (e) Effectively manage blood sugar levels of patients with  
18 diabetes.

19 (3) The task force, where feasible, may consult with individuals  
20 from the public and private sector or ask such persons to establish an  
21 advisory committee. Members of the advisory committee are not entitled  
22 to expense reimbursement.

23 (4) The task force shall use legislative facilities, and staff  
24 support shall be provided by senate committee services and the house of  
25 representatives office of program research.

26 (5) Legislative members of the task force shall be reimbursed for  
27 travel expenses in accordance with RCW 44.04.120. Nonlegislative  
28 members, except those representing an employer or organization, are  
29 entitled to be reimbursed for travel expenses in accordance with RCW  
30 43.03.050 and 43.03.060.

31 (6) The expenses of the task force shall be paid jointly by the  
32 senate and the house of representatives. Task force expenditures are  
33 subject to approval by the senate facilities and operations committee  
34 and the house executive rules committee, or their successor committees.

35 (7) The task force shall report its findings and recommendations to  
36 the appropriate committees of the legislature by December 1, 2008.

37 (8) The task force shall report its findings and recommendations to  
38 the office of financial management by December 1, 2008, for

1 consideration in the office of financial management's study of the  
2 primary care system, pursuant to Substitute Senate Bill No. 6282  
3 (2008).

4 (9) This section expires December 31, 2008.

--- END ---