
SUBSTITUTE SENATE BILL 6391

State of Washington

56th Legislature

2000 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Thibaudeau, Deccio and Kohl-Welles)

Read first time 02/02/2000.

1 AN ACT Relating to primary health care providers; and creating new
2 sections.

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

4 NEW SECTION. **Sec. 1.** The legislature declares that promoting and
5 maintaining a financially viable health care system in all parts of the
6 state is a paramount interest. The legislature finds that, especially
7 in rural communities, demographics and economic conditions may result
8 in a large number of people relying on public programs to pay for their
9 health care. In cases where providers serve a disproportionately large
10 number of low-income clients, the reimbursement rates from public
11 programs to primary health care providers may prove insufficient to
12 maintain their medical practices. The legislature further finds that
13 determining where providers serve a disproportionately large number of
14 low-income clients and developing strategies to provide additional
15 compensation will help stabilize the current health care system,
16 especially in rural areas.

17 NEW SECTION. **Sec. 2.** (1) The primary health care provider study
18 is authorized.

1 (2) The medical assistance administration and the health care
2 authority shall jointly conduct a state-wide study to determine payment
3 sources for primary health care providers performing outpatient primary
4 care services and primary care in hospital emergency rooms for the
5 state's medical assistance programs, including healthy options and the
6 basic health plan. The purpose of the study is to determine which
7 providers serve a relatively high number of low-income clients, and how
8 that affects their medical practice. The agencies are directed to use
9 this data to develop proposals to support these providers' medical
10 practices.

11 (3) The medical assistance administration and the health care
12 authority shall conduct a study of individual primary care providers
13 who perform outpatient primary care services. This includes primary
14 care providers such as pediatricians, family practitioners, general
15 practitioners, internists, physician assistants, or advanced registered
16 nurse practitioners. The agencies will determine which regions of the
17 state to include in the study, based on factors they determine will
18 provide the most representative data state-wide. The agencies shall
19 also consult with interested parties, including any organization or
20 agency affected by this act. To conduct the study, the agencies may
21 seek information in relation to such factors as:

22 (a) The rates paid to primary care providers for their medical
23 assistance programs, including healthy options, and basic health plan
24 contracts;

25 (b) How these rates compare with nonpublic pay clients for the same
26 services; and

27 (c) The payment sources for the providers examined in the study,
28 the size of their medical practices, and other factors determined by
29 the agencies that may be important in developing payment methods for
30 such providers.

31 The agencies are authorized to attain this information from health
32 plans or providers. The agencies will maintain the confidentiality of
33 data collected for the purpose of the study.

34 (4) The medical assistance administration and the health care
35 authority shall determine what constitutes a relatively high percentage
36 of low-income clients for individual providers who contract for healthy
37 options and the basic health plan, and recommend whether and at what
38 point this disproportionately high percentage should result in
39 additional compensation to the primary care provider.

1 (5) The medical assistance administration and the health care
2 authority will recommend a method to calculate a payment adjustment
3 designed to help support medical practices, according to the study's
4 findings.

5 (6) The medical assistance administration and the health care
6 authority shall report to the legislature by December 1, 2000, with the
7 results of the primary health care provider study. The report will
8 include recommendations on: (a) What constitutes a disproportionately
9 high percentage of low-income clients; (b) possible payment adjustments
10 for these providers; (c) methods to implement such a rate adjustment;
11 and (d) what such a payment adjusted program will cost.

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