

**ESSB 6228** - H AMD TO HCW COMM AMD (H-4399.1/14) **945**

By Representative Cody

**ADOPTED 03/07/2014**

1 On page 1, beginning on line 17 of the striking amendment, strike  
2 all of section 2 and insert the following:

3 "NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05  
4 RCW to read as follows:

5 (1) There is created a performance measures committee, the purpose  
6 of which is to identify and recommend standard statewide measures of  
7 health performance to inform public and private health care purchasers  
8 and to propose benchmarks to track costs and improvements in health  
9 outcomes.

10 (2) Members of the committee must include representation from  
11 state agencies, small and large employers, the two largest health  
12 plans by enrollment, patient groups, federally recognized tribal  
13 members, consumers, academic experts on health care measurement,  
14 hospitals, physicians, and other providers. The governor shall  
15 appoint the members of the committee, except that a statewide  
16 association representing hospitals may appoint a member representing  
17 hospitals, a statewide association representing physicians may appoint  
18 a member representing physicians, and a statewide association  
19 representing nurses may appoint a member representing nurses. The  
20 governor shall ensure that members represent diverse geographic  
21 locations and both rural and urban communities. The committee must be  
22 chaired by the director of the authority.

23 (3) The committee shall develop a transparent process for  
24 selecting performance measures, and the process must include  
25 opportunities for public comment.

26 (4) By January 1, 2015, the committee shall submit the performance  
27 measures to the authority. The measures must include dimensions of:

1 (a) Prevention and screening;  
2 (b) Effective management of chronic conditions;  
3 (c) Key health outcomes;  
4 (d) Care coordination and patient safety; and  
5 (e) Use of the lowest cost, highest quality care for preventive  
6 care and chronic and acute conditions.  
7 (5) The committee shall develop a measure set that:  
8 (a) Is of manageable size;  
9 (b) Gives preference to nationally reported measures and, where  
10 nationally reported measures may not be appropriate or available,  
11 measures used by state agencies that purchase health care or  
12 commercial health plans;  
13 (c) Focuses on the overall performance of the system, including  
14 outcomes and total cost;  
15 (d) Is aligned with the governor's performance management system  
16 measures and common measure requirements specific to medicaid delivery  
17 systems under RCW 70.320.020 and 43.20A.895;  
18 (e) Considers the needs of different stakeholders and the  
19 populations served; and  
20 (f) Is usable by multiple payers, providers, hospitals,  
21 purchasers, public health, and communities as part of health  
22 improvement, care improvement, provider payment systems, benefit  
23 design, and administrative simplification for providers and hospitals.  
24 (6) State agencies shall use the measure set developed under this  
25 section to inform and set benchmarks for their purchasing.  
26 (7) The committee shall establish a public process to periodically  
27 evaluate the measure set and make additions or changes to the measure  
28 set as needed."

29

EFFECT: Modifies the section establishing a performance measures committee as follows:

- Directs the committee to propose (instead of set) benchmarks.
- Requires the committee membership to include federally recognized tribal members and the two largest health plans by enrollment (rather than health plans). Permits a statewide association representing nurses to appoint a member

representing nurses.

- Requires the measures to include use of the lowest cost, highest quality care for preventive care and chronic conditions, in addition to acute conditions.
- Requires the committee to give preference to measures used by state agencies or commercial health plans (instead of state agencies and the Health Benefit Exchange) where nationally reported measures may not be appropriate or available.
- Requires state agencies to use the measure set to inform and set benchmarks for their purchasing decisions (rather than inform their purchasing decisions and set benchmarks).

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