
HOUSE BILL 2565

State of Washington

63rd Legislature

2014 Regular Session

By Representative Rodne

Read first time 01/21/14. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to a mutual accountability model for clinical
2 practices and healthy behaviors; and adding a new section to chapter
3 41.05 RCW.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05 RCW
6 to read as follows:

7 (1) The board shall conduct a pilot project for enrollees in the
8 uniform medical plan to test the mutual accountability model in which
9 financial incentives are offered to both health care providers and
10 their patients for declaring or demonstrating to one another adherence
11 to best clinical practices and healthy behaviors. At a minimum, the
12 mutual accountability model must:

13 (a) Incorporate evidence-based medicine treatment guidelines and
14 information therapy, defined as providing a patient the right
15 information at the right time to make an informed decision;

16 (b) Be voluntary for health care providers and patients on an
17 encounter-by-encounter basis;

18 (c) Compensate health care providers for declaring to their

1 patients their adherence or reasons for nonadherence to evidence-based
2 medicine treatment guidelines, and for providing relevant educational
3 material as information therapy to their patients;

4 (d) Offer a financial reward to the patient for responding to the
5 delivery of information therapy by demonstrating the patient's
6 understanding of his or her health condition and recommended care, by
7 declaring or demonstrating adherence or providing a reason for
8 nonadherence to recommended care, by agreeing to allow the patient's
9 health care provider to view the patient's responses and acknowledge
10 the patient's health accomplishments, and by rating the quality of care
11 provided to the patient against the treatment guidelines and
12 recommended care; and

13 (e) Allow the health care provider and the patient to earn
14 additional financial incentives by applying the mutual accountability
15 model to wellness, prevention, and care management regimens such as
16 health risk assessments and screenings, smoking cessation, weight loss
17 and fitness programs, and disease management.

18 (2) To conduct the pilot project, the board shall contract,
19 directly or through an insuring entity, with a vendor that offers a
20 web-based health care cost containment program that incorporates the
21 mutual accountability model. The contract must apply to plan years
22 2015, 2016, and 2017.

23 (3) The board shall determine the number of beneficiaries necessary
24 to participate in the pilot project to achieve a statistical
25 significance, but the number of beneficiaries may not be less than ten
26 percent of the enrollees in the uniform medical plan.

27 (4) The board shall contract with an independent entity to collect
28 and analyze the pilot project data. The independent entity shall
29 provide analyses of the progress of the pilot project at least
30 annually. The independent contractor shall submit a final report
31 regarding the financial sustainability of the pilot project, its
32 effectiveness at controlling health care costs, and other relevant
33 objectives identified by the board. The report must include
34 recommendations for improving the program and expanding its use. The
35 independent contractor shall submit the report to the board by
36 September 1, 2018. The board shall submit the report to the governor
37 and the legislature by October 1, 2018.

1 (5) The board shall use funds from the uniform medical plan
2 benefits administration account established under RCW 41.05.143 for the
3 cost of the pilot project and may not pass these costs to participating
4 state agencies, other entities participating in the public employees'
5 benefits board, or providers.

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