
ENGROSSED SUBSTITUTE SENATE BILL 6228

State of Washington

63rd Legislature

2014 Regular Session

By Senate Health Care (originally sponsored by Senators Mullet, Tom, Keiser, Frockt, Parlette, Hatfield, Cleveland, Fain, Becker, Ericksen, Rolfes, and Pedersen)

READ FIRST TIME 02/07/14.

1 AN ACT Relating to transparency tools for consumer information on
2 health care cost and quality; adding a new section to chapter 48.43
3 RCW; and creating a new section.

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

5 NEW SECTION. **Sec. 1.** Consumers face a challenge finding reliable,
6 consumer friendly information on health care pricing and quality.
7 Greater transparency of health care prices and quality leads to
8 engaged, activated consumers. Research indicates that engaged and
9 educated consumers help control costs and improve quality with lower
10 costs per patient, lower hospital readmission rates, and the use of
11 higher quality providers. Washington is a leader in efforts to develop
12 and publish provider quality information.

13 Although data is available today, research indicates the existing
14 information is not user friendly, consumers do not know which measures
15 are most relevant, and quality ratings are inconsistent or
16 nonstandardized. It is the intent of the legislature to ensure
17 consumer tools are available to educate and engage patients in managing
18 their care and understanding the costs and quality.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW
2 to read as follows:

3 (1) Each carrier offering a health benefit plan offered or renewed
4 on or after January 1, 2016, must offer member transparency tools with
5 certain price and quality information to enable the member to make
6 treatment decisions based on cost, quality, and patient experience.
7 The transparency tools must aim for best practices and, at a minimum:

8 (a) Must display cost data for common treatments within the
9 following categories:

- 10 (i) In-patient treatments;
- 11 (ii) Outpatient treatments;
- 12 (iii) Diagnostic treatments; and
- 13 (iv) Office visits;

14 (b) Recognizing integrated health care delivery systems focus on
15 total cost of care, carrier's operating integrated care delivery
16 systems may meet the requirement of (a) of this subsection by providing
17 meaningful consumer data based on the total cost of care. This
18 subsection applies only to the portion of enrollment a carrier offers
19 pursuant to chapter 48.46 RCW and as part of an integrated delivery
20 system, and does not exempt from (a) of this subsection coverage
21 offered pursuant to chapter 48.21, 48.44, or 48.46 RCW if not part of
22 an integrated delivery system;

23 (c) Are encouraged to display the cost for prescription medications
24 on their member web site or through a link to a third party that
25 manages the prescription benefits;

26 (d) Must include a patient review option or method for members to
27 provide a rating or feedback on their experience with the medical
28 provider that allows other members to see the patient review, the
29 feedback must be monitored for appropriateness and validity, and the
30 site may include independently compiled quality of care ratings of
31 providers and facilities;

32 (e) Must allow members to access the estimated cost of the
33 treatment, or the total cost of care, as set forth in (a) and (b) of
34 this subsection on a portable electronic device while sitting in the
35 doctor's office;

36 (f) Must display options based on the selected search criteria for
37 members to compare;

1 (g) Must display the estimated cost of the treatment, or total cost
2 of the care episode, and the estimated out-of-pocket costs of the
3 treatment for the member and display the application of personalized
4 benefits such as deductibles and cost-sharing;

5 (h) Must display quality information on providers when available;
6 and

7 (i) Are encouraged to display alternatives that are more cost-
8 effective when there are alternatives available, such as the use of an
9 ambulatory surgical center when one is available or medical versus
10 surgical alternatives as appropriate.

11 (2) In addition to the required features on cost and quality
12 information, the member transparency tools must include information to
13 allow a provider search of in-network providers with information
14 including specialists, distance from patient, the provider's contact
15 information, the provider's education, board certification and other
16 credentials, malpractice history and disciplinary actions, affiliated
17 hospitals and other providers in a clinic, and maps and driving
18 directions.

19 (3) Each carrier offering a health benefit plan offered or renewed
20 on or after January 1, 2016, must, within thirty days from the offer or
21 renewal date, attest to the office of the insurance commissioner that
22 the member transparency tools meet the requirements in this section and
23 access to the tools is available on the home page within the health
24 plan's secured member web site.

25 (4) The commissioner may not expand the requirements of this act by
26 rule.

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