

SENATE BILL REPORT

SB 6413

As Reported by Senate Committee On:
Health & Long Term Care, February 3, 2020

Title: An act relating to establishing the primary care collaborative.

Brief Description: Establishing the primary care collaborative.

Sponsors: Senators Cleveland, O'Ban, Keiser, Rivers and Hasegawa.

Brief History:

Committee Activity: Health & Long Term Care: 1/27/20, 2/03/20 [DPS-WM].

Brief Summary of First Substitute Bill

- Requires the Health Care Authority to administer a Primary Care Collaborative to develop various primary care spending recommendations and report its recommendations to the legislature.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 6413 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Becker, Conway, Dhingra, Frockt, Muzzall, Rivers and Van De Wege.

Staff: Evan Klein (786-7483)

Background: The National Academies of Sciences, Engineering, and Medicine define primary care as the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Primary care providers generally include internists, family physicians, pediatricians, nurse practitioners, and physician assistants.

In the 2019 Omnibus Operating Budget, the Office of Financial Management (OFM) was provided funding to conduct a study to determine annual primary care medical expenditures in Washington, by insurance carrier, in total and as a percentage of total medical expenditure.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

In its December 2019 report to the Legislature, OFM found that primary care expenditures as a percentage of total medical expenditures ranged from 4.4 percent to 5.6 percent based on either a narrow or broad definition of primary care. Primary care spending as a percentage of total spending was found to be highest for people under 18 years old and lowest for people 65 years and older. OFM further found that similar percentages of primary care spending were seen in public employee, Medicaid, and commercial coverage.

Summary of Bill (First Substitute): A Primary Care Collaborative (Collaborative) is established, and to be administered by the Health Care Authority (Authority). The Authority must invite representatives of:

- health care consumers;
- behavioral health treatment providers;
- employers offering self-insured health benefit plans;
- the Office of the Insurance Commissioner;
- Medicaid-managed care organizations;
- commercial health insurance carriers;
- the University of Washington School of Medicine;
- the Elson S. Floyd College of Medicine;
- the Pacific Northwest University of Health Sciences;
- a statewide organization representing federally qualified health centers;
- a statewide organization representing hospitals and health systems;
- a statewide organization representing local public health districts;
- a statewide professional association for family physicians;
- a statewide professional association for pediatricians;
- a statewide professional association for physicians;
- a primary care provider practicing at a direct primary care practice;
- a statewide professional association for advance registered nurse practitioners;
- a statewide professional association for chiropractors;
- a statewide professional association for nurses; and
- the Centers for Medicare and Medicaid Services.

The Collaborative must develop recommendations and report its findings to the Legislature by December 1, 2020. The recommendations must address:

- how to define primary care for purposes of determining spending by public and private payers as a proportion of overall health care spending;
- barriers to the access and use of data needed to determine current and desired levels of primary care spending;
- desired levels of primary care spending in Washington;
- how to annually determine whether desired levels of primary care spending are being achieved;
- methods to incentivize the desired levels of primary care spending;
- practices and methods of reimbursement to achieve and sustain desired levels of primary care spending;
- state laws and regulations that could be eliminated to reduce health care costs in Washington; and
- the ongoing role of the collaborative in guiding and overseeing the development and application of primary care spending targets.

In developing its report, the Collaborative must be informed by existing work in Washington and other states regarding primary care.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Adds a professional association for ARNPs, a primary care provider practicing at a direct primary care practice, and a representative from a statewide association for chiropractors to the list of representatives invited to participate in the Collaborative.
- Requires the primary care collaborative to address state laws and regulations that could be eliminated to reduce health care costs in Washington.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: Washington has long been a leader in health care reform, and one of the main goals in achieving health care reform is access to primary care. Not everyone has adequate access to primary care. This bill establishes the Collaborative to continue the work of the state and to strengthen the state's primary care backbone. Strong primary care systems decrease costs and increase health outcomes. States that invest in primary care have seen these outcomes. Various entities in the state are all working towards increasing access to primary care. Highly performing health care systems should be spending two or three times the amount of money on primary care. This is not about putting more money in primary care provider's pockets, but providing more patient supports, better tracking systems, and working as part of collaborative teams. This is an issue that transcends urban and rural settings. Primary care providers want the time to listen to their patients, want to be able to establish life long relationships with their patients, and to have a team beside them to support all of the health care needs of the patient. The bill mentions spending but there is hope to strengthen the language around enforcement of spending to ensure there are improved health outcomes.

OTHER: The hope is to refocus the Collaborative from the appropriate levels of primary care spending, to focusing on what the model of primary care should look like. The state should not want to drive more money into a system that is not spending that money in the best way. Chiropractors are direct access providers in Washington and are trained in diagnosis. Placement of a chiropractor on the panel will help provide key education, provide better mainstream care, and will ensure the Collaborative reviews the musculoskeletal needs of patients.

Persons Testifying: PRO: Senator Annette Cleveland, Prime Sponsor; Russell Maier, Washington Academy of Family Physicians; Tony Butrielle, Washington Academy of Family Physicians; Annika Lavole, Pacific Northwest University, Washington Academy of Family

Physicians; Cindi Laws, citizen; Brad Tower, Washington Association of Naturopathic Physicians.

OTHER: Lisa Thatcher, On Behalf of Dr. Garrison Bliss; Lori Grassi, Washington State Chiropractic Association.

Persons Signed In To Testify But Not Testifying: No one.