

CERTIFICATION OF ENROLLMENT

**ENGROSSED HOUSE BILL 2755**

Chapter 131, Laws of 2020

66th Legislature  
2020 Regular Session

AIR AMBULANCE SERVICES--CLAIMS DATA

EFFECTIVE DATE: June 11, 2020

Passed by the House February 17, 2020  
Yeas 98 Nays 0

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate March 5, 2020  
Yeas 47 Nays 0

CYRUS HABIB

**President of the Senate**

Approved March 25, 2020 3:18 PM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED HOUSE BILL 2755** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

March 26, 2020

**Secretary of State  
State of Washington**

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**ENGROSSED HOUSE BILL 2755**

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Passed Legislature - 2020 Regular Session

**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** Representatives Schmick, Caldier, and Cody

Read first time 01/20/20. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to transparency regarding the cost of air  
2 ambulance services; and amending RCW 43.371.060.

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

4 **Sec. 1.** RCW 43.371.060 and 2019 c 319 s 6 are each amended to  
5 read as follows:

6 (1)(a) Under the supervision of and through contract with the  
7 authority, the lead organization shall prepare health care data  
8 reports using the database and the statewide health performance and  
9 quality measure set. Prior to the lead organization releasing any  
10 health care data reports that use claims data, the lead organization  
11 must submit the reports to the authority for review.

12 (b) By October 31st of each year, the lead organization shall  
13 submit to the director a list of reports it anticipates producing  
14 during the following calendar year. The director may establish a  
15 public comment period not to exceed thirty days, and shall submit the  
16 list and any comment to the appropriate committees of the legislature  
17 for review.

18 (2)(a) Health care data reports that use claims data prepared by  
19 the lead organization for the legislature and the public should  
20 promote awareness and transparency in the health care market by  
21 reporting on:

1 (i) Whether providers and health systems deliver efficient, high  
2 quality care; and

3 (ii) Geographic and other variations in medical care and costs as  
4 demonstrated by data available to the lead organization.

5 (b) Measures in the health care data reports should be stratified  
6 by demography, income, language, health status, and geography when  
7 feasible with available data to identify disparities in care and  
8 successful efforts to reduce disparities.

9 (c) Comparisons of costs among providers and health care systems  
10 must account for differences in the case mix and severity of illness  
11 of patients and populations, as appropriate and feasible, and must  
12 take into consideration the cost impact of subsidization for  
13 uninsured and government-sponsored patients, as well as teaching  
14 expenses, when feasible with available data.

15 (3) The lead organization may not publish any data or health care  
16 data reports that:

17 (a) Directly or indirectly identify individual patients;

18 (b) Disclose a carrier's proprietary financial information;

19 (c) Compare performance in a report generated for the general  
20 public that includes any provider in a practice with fewer than four  
21 providers; or

22 (d) Contain medicaid data that is in direct conflict with the  
23 biannual medicaid forecast.

24 (4) The lead organization may not release a report that compares  
25 and identifies providers, hospitals, or data suppliers unless:

26 (a) It allows the data supplier, the hospital, or the provider to  
27 verify the accuracy of the information submitted to the data vendor,  
28 comment on the reasonableness of conclusions reached, and submit to  
29 the lead organization and data vendor any corrections of errors with  
30 supporting evidence and comments within thirty days of receipt of the  
31 report;

32 (b) It corrects data found to be in error within a reasonable  
33 amount of time; and

34 (c) The report otherwise complies with this chapter.

35 (5) The authority and the lead organization may use claims data  
36 to identify and make available information on payers, providers, and  
37 facilities, but may not use claims data to recommend or incentivize  
38 direct contracting between providers and employers.

39 (6) The lead organization shall make information about claims  
40 data related to the provision of air ambulance service available on a

1 web site that is accessible to the public in a searchable format by  
2 geographic region, provider, and other relevant information.

3 (7)(a) The lead organization shall distinguish in advance to the  
4 authority when it is operating in its capacity as the lead  
5 organization and when it is operating in its capacity as a private  
6 entity. Where the lead organization acts in its capacity as a private  
7 entity, it may only access data pursuant to RCW 43.371.050(4) (b),  
8 (c), or (d).

9 (b) Except as provided in RCW 43.371.050(4), claims or other data  
10 that contain direct patient identifiers or proprietary financial  
11 information must remain exclusively in the custody of the data vendor  
12 and may not be accessed by the lead organization.

Passed by the House February 17, 2020.

Passed by the Senate March 5, 2020.

Approved by the Governor March 25, 2020.

Filed in Office of Secretary of State March 26, 2020.

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