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**SUBSTITUTE SENATE BILL 6413**

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**State of Washington**

**66th Legislature**

**2020 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Cleveland, O'Ban, Keiser, Rivers, and Hasegawa)

1 AN ACT Relating to establishing the primary care collaborative;  
2 and creating new sections.

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

4 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

5 (a) Washington is best served by a health care system that  
6 provides the highest outcomes for the most people at the least cost.  
7 Sustaining broad access to quality care while also addressing other  
8 critical needs within the state requires the wise investment of  
9 available health care dollars.

10 (b) Among the wisest ways to invest health care dollars is on  
11 robust primary care, especially where it integrates behavioral health  
12 services. There is consistent and growing evidence that a strong  
13 primary care orientation achieves better health outcomes, more health  
14 equity, and lower overall costs. It is the essential backbone of any  
15 health care system, allowing other medical specialists to focus where  
16 they too bring the most value.

17 (c) Based on nationwide estimates, only five to seven percent of  
18 health care spending goes to primary care. A 2019 study by  
19 Washington's office of financial management indicates the proportion  
20 in Washington is no different. In high-performing health care systems  
21 of other countries it is double or triple this amount.

1 (d) Acknowledging the dearth of spending on primary care as both  
2 a problem and opportunity, Oregon, Colorado, Rhode Island, and  
3 Vermont are among the states proactively addressing it. Each is  
4 engaged in a legislatively directed, collaborative process to  
5 systematically strengthen primary care, substantially increasing the  
6 proportion of health care spending devoted to it by both public and  
7 private payers through deliberate reprioritization and innovations in  
8 how such care is provided.

9 (e) Learning from and following the lead of these states,  
10 Washington has begun taking steps of its own to advance primary care.  
11 The office of financial management study, directed by the  
12 legislature, helps identify a starting point. The health care  
13 authority is actively engaged with stakeholders in considering how to  
14 further this goal within state purchased health care, with the  
15 integration of behavioral health services into primary care already a  
16 key component of its transformation initiative. Primary care is among  
17 the topics on which the Bree collaborative has chosen to focus in  
18 2020.

19 (2) The legislature intends to build on what is already being  
20 done in this state and others to strengthen primary care by  
21 establishing a formal process to set statewide primary care spending  
22 targets and identify and direct the implementation of strategies to  
23 achieve them.

24 NEW SECTION. **Sec. 2.** (1) There is established a primary care  
25 collaborative to be administered by the health care authority. The  
26 authority shall invite representatives from at least the following to  
27 participate:

- 28 (a) Health care consumers;
- 29 (b) Behavioral health treatment providers;
- 30 (c) Employers that offer self-insured health benefit plans;
- 31 (d) The office of the insurance commissioner;
- 32 (e) Medicaid-managed care organizations;
- 33 (f) Commercial health insurance carriers;
- 34 (g) The University of Washington school of medicine;
- 35 (h) The Elson S. Floyd college of medicine;
- 36 (i) The Pacific Northwest University of Health Sciences;
- 37 (j) A statewide organization representing federally qualified  
38 health centers;

1 (k) A statewide organization representing hospitals and health  
2 systems;

3 (l) A statewide organization representing local public health  
4 districts;

5 (m) A statewide professional association for family physicians;

6 (n) A statewide professional association for pediatricians;

7 (o) A statewide professional association for physicians;

8 (p) A statewide professional association for nurses;

9 (q) A statewide professional association for advanced registered  
10 nurse practitioners;

11 (r) A direct patient-provider primary care practice;

12 (s) A statewide professional association for chiropractors; and

13 (t) The centers for medicare and medicaid services.

14 (2) By December 1, 2020, the collaborative shall report findings  
15 and recommendations, including any recommended statutory changes, to  
16 the governor and appropriate committees of the legislature regarding  
17 statewide spending on primary care, addressing:

18 (a) How to define "primary care" for purposes of determining  
19 current and desired levels of primary care spending by public and  
20 private payers as a proportion of overall health care spending;

21 (b) Barriers to the access and use of all the data needed to  
22 determine current and desired levels of primary care spending, and  
23 how to overcome them;

24 (c) What the desired level of primary care spending is in this  
25 state, and the annual progress needed to achieve that level of  
26 spending in a reasonable period of time;

27 (d) How and by whom it should annually be determined whether  
28 desired levels of primary care spending are being achieved;

29 (e) Methods to incentivize the achievement of desired levels of  
30 primary care spending;

31 (f) (i) Specific practices and methods of reimbursement to achieve  
32 and sustain desired levels of primary care spending, including but  
33 not limited to: (A) Supporting advanced, integrated primary care  
34 involving a multidisciplinary team of health and social service  
35 professionals; (B) addressing social determinants of health within  
36 the primary care setting; (C) leveraging innovative uses of  
37 efficient, interoperable health information technology; (D)  
38 increasing the primary care workforce; and (E) reinforcing to  
39 patients the value of primary care, and eliminating any barriers to  
40 access.

1           (ii) As much as possible, the practices and methods specified  
2 must hold primary care providers accountable for improved health  
3 outcomes, not increase the administrative burden on primary care  
4 providers or overall health care spending in the state, allow for  
5 uniform implementation across payers, and take into account  
6 differences in urban and rural delivery settings;

7           (g) State laws and rules that could be eliminated to reduce  
8 health care costs in Washington; and

9           (h) The ongoing role of the collaborative in guiding and  
10 overseeing the development and application of primary care spending  
11 targets, and the implementation and evaluation of strategies to  
12 achieve them.

13           (3) In developing its report, the collaborative shall be informed  
14 by existing work in this state and others regarding primary care,  
15 including but not limited to the December 2019 report by the office  
16 of financial management, the work of the Bree collaborative, the work  
17 of the AIMS center and the center for health workforce studies at the  
18 University of Washington, and the work of the health care authority  
19 to strengthen primary care within state purchased health care.

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