Joint meeting of the Health Care Cost Transparency Board's

Advisory Committee of Health Care Stakeholders

&

Advisory Committee on Data Issues

May 22, 2025

Washington State Health Care Authority

Tab 1

Washington State Health Care Authority

Washington State Health Care Authority

Joint Meeting of the Health Care Cost Transparency Board's

Advisory Committee on Data Issues and
Advisory Committee of Health Care Stakeholders

Thurs., May 22, 2025
2–4 p.m.
Hybrid Zoom and in-person

Agenda

Members of the Advisory Committee on Data Issues		
☐ Christa Able	☐ Jason Brown	☐ Hunter Plumer
☐ Nnabuchi Anikpezie	☐ David DiGiuseppe	☐ Mark Pregler
☐ Megan Atkinson	☐ Chandra Hicks	☐ Russ Shust
☐ Amanda Avalos	☐ Leah Hole-Marshall	☐ Mandy Stahre
☐ Jonathan Bennett	☐ David Mancuso	☐ Julie Sylvester
☐ Bruce Brazier	☐ Ana Morales	☐

Members of the Advisory Committee of Health Care Stakeholders		
☐ Emily Brice	☐ Jodi Joyce	☐ Michele Ritala
☐ Patrick Connor	☐ Louise Kaplan	☐ Paul Schultz
☐ Bob Crittenden	☐ Stacy Kessel	☐ Jeb Shepard
☐ Paul Fishman	☐ Eric Lewis	☐ Dorothy Teeter
☐ Jamie Fowler	☐ Vicki Lowe	☐ Wes Waters
☐ Justin Gill	☐ Natalia Martinez-Kohler	
☐ Adriann Jones	☐ Sulan Mylnarek	

Chair of the Advisory Committee on Data Issues	Bianca Frogner
Chair of the Advisory of Health Care Stakeholders	Eileen Cody

Time	Agenda Items	Tab	Lead
2:00-2:10 (10 min)	Welcome, agenda, and roll call	1	Eileen Cody, Chair, Health Care Stakeholders Committee Ross Valore, Director, Board & Commissions, HCA
2:10-2:15 (5 min)	Approval of minutes from March 27, 2025, Joint Data Issues & Health Care Stakeholder Meeting	2	Eileen Cody, Chair Health Care Stakeholders Committee
2:15-2:25 (10 min)	Public comment	3	Bianca Frogner, Chair, Data Issues Committee
2:25-3:00 (35 minutes)	Analytic Streams & ASI strategy analysis & feedback	4	Harrison Fontaine, Senior Health Policy Analyst, HCA Joe Dieleman, Institute for Health Metrics and Evaluation (IHME) Bianca Frogner, Chair Data Issues Committee
3:00 -3:35 (35 min presentation & discussion)	Hospital expenditures	5	Ross Valore, Director, Board & Commission, HCA Harrison Fontaine, Senior Health Policy Analyst Eileen Cody, Chair, Health Care Stakeholders Committee

3:35-3:55 (20 min)	Legislative Update	6	Daniel Garcia, Legislative Analyst, HCA
3:55	Adjourn		Bianca Frogner, Chair Data Issues Committee

Tab 2

Washington State Health Care Authority

Joint meeting of the Advisory Committee on Data Issues and Health Care Stakeholders Advisory Committee meeting minutes

March 27, 2025

Virtual meeting held electronically (Zoom) and in person at the Health Care Authority (HCA)
2–4 p.m.

Note: This meeting was video recorded in its entirety. The recording and all materials provided to and considered by the Board are available on the **Health Care Cost Transparency Board webpage**.

Advisory Committee on Data Issues

Members present

Christa Able
Nnabuchi Anikpezie
Megan Atkinson
Amanda Avalos
Jonathan Bennett
Bruce Brazier
David DiGiuseppe
Bianca Frogner, Chair
Chandra Hicks
Leah Hole-Marshall
Hunter Plumer
Mark Pregler
Russ Shust
Mandy Stahre

Members absent

Jason Brown
David Mancuso
Ana Morales
Julie Sylvester

Health Care Stakeholders Advisory Committee

Members present

Emily Brice
Eileen Cody, Chair
Bob Crittenden
Jamie Fowler
Adriann Jones
Louise Kaplan
Eric Lewis
Vicki Lowe
Michele Ritala
Paul Schultz
Dorothy Teeter
Wes Waters

Members absent

Patrick Connor
Paul Fishman
Justin Gill
Jodi Joyce
Stacy Kessel
Natalia Martinez-Kohler
Sulan Mylnarek
Jeb Shepard

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Call to order

Eileen Cody, Chair of the Health Care Stakeholders Advisory Committee, called the joint meeting of the Advisory Committee on Data Issues and the Health Care Stakeholders Advisory Committee to order at 2:01 p.m. and reviewed the agenda.

Agenda items

Welcoming remarks

Eileen Cody reviewed the meeting agenda.

Ross Valore, Director, Board and Commission, Health Care Authority, conducted the roll call. A quorum of members were present. Committee members and the public were able to attend either in person or virtually via Zoom.

Approval of meeting minutes

Emily Brice moved, and **Bob Crittenden** seconded a motion, to approve the August 21, 2024, Advisory Committee of Health Care Stakeholders meeting minutes. Minutes were approved by unanimous vote.

Leah Hole-Marshall moved, and **Russ Shust** seconded a motion, to approve the November 20, 2024, Advisory Committee on Data Issues meeting minutes. Minutes were approved by unanimous vote.

Wes Waters moved, and **Michele Ritala** seconded a motion, to approve the November 20, 2024, Health Care Stakeholders Advisory Committee meeting minutes. Minutes were approved by unanimous vote.

To review the approved meeting minutes, please see Tab 3: Meeting minutes.

Introduce new members and staff

- The Health Care Stakeholders Advisory Committee welcomed a newly approved member, Jamie Fowler, MHA, who represents an ambulatory surgery center. Jamie's biography is on the **Health Care Stakeholder Advisory Committee webpage**.
- The Advisory Committee on Data Issues welcomed newly approved member Nnabuchi Anikpezie, DrPH, MPH, MBBS. Dr. Anikpezie's biography is on the **Advisory Committee on Data Issues webpage**.

Several new HCA staff members were introduced:

MaryAnn Lindeblad was appointed by Governor Ferguson to be the Interim Health Care Authority Director and will be serving until a new permanent director is chosen.
Ross Valore is now the Director for the Board and Commission Unit.
Jenn Scott and Harrison Fontaine are both Senior Health Policy Analysts who joined the team in December and support the Health Care Cost Transparency Board (Cost Board) and its advisory committees.

To review new advisory committee members and staff, please see Tab 2: New advisory committee members and staff.

Public comment

Ross Valore called for comments from the public. There was no public comment.

Updated Advisory Committee Charters

Bianca Frogner, Chair, Advisory Committee on Data Issues, introduced a new attendance policy for the advisory committees which the Cost Board approved at the January 30, 2025, meeting. The new attendance policy requires regular in-person or virtual attendance to ensure that the advisory committees can provide feedback to the Cost Board. The basis for removal from an advisory committee due to attendance is missing three meetings

in a calendar year or three consecutive meetings in a 12-month period. These attendance expectations have been incorporated into each committee's charter.

To review advisory committee attendance policy, please see Tab 5:

- Advisory committee charter changes: new attendance policy
- Advisory Committee on Data Issues charter
- Advisory Committee of Health Care Stakeholders charter

Updates on the 01/30/25 and 03/05/25 Cost Board meetings

Bianca Frogner presented a series of updates from the January 30, 2025, and March 5, 2025, Cost Board meetings.

To review Cost Board updates, please see Tab 6: Cost Board meeting updates from January 30, 2025, and March 5, 2025.

Process improvement

Ross Valore stated that the staff are beginning to plan for the Cost Board's June retreat and to develop a workplan for the Cost Board and committees based on topics identified in last year's retreat. Before launching into the planning process, staff wanted to hear feedback about advisory committee members' experience, with particular interest in their thoughts about the content and topics that they've been asked to consider and how information flows between the Cost Board and committees. A rich discussion yielded multiple opportunities for improvement including:

- Better utilizing the committees in their advisory capacity
- Providing more focused topics and better planned meetings
- Better connecting data presentations to the Cost Board's mission and using committee recommendations to optimize data
- Sending out meeting packets and information in a consistently timely manner
- Alerting committee members to the availability of Cost Board meeting materials
- Considering the Cost Board and committees' roles in the face of a changing health care landscape

Better aligning topics and committee schedules to support the committees' advisory role to the Cost Board

To review the process improvement presentation, please see Tab 7: Advisory committee member experience & process improvements.

Wrap up and adjourn

The meeting adjourned at 4 p.m.

The next joint meeting of the Advisory Committee on Data Issues and the Health Care Stakeholders Advisory Committee is on May 22, 2025. The start time is 2 p.m.

The next Cost Board meeting is on April 24, 2025. The start time is 2 p.m.

Tab 3

Washington State Health Care Authority

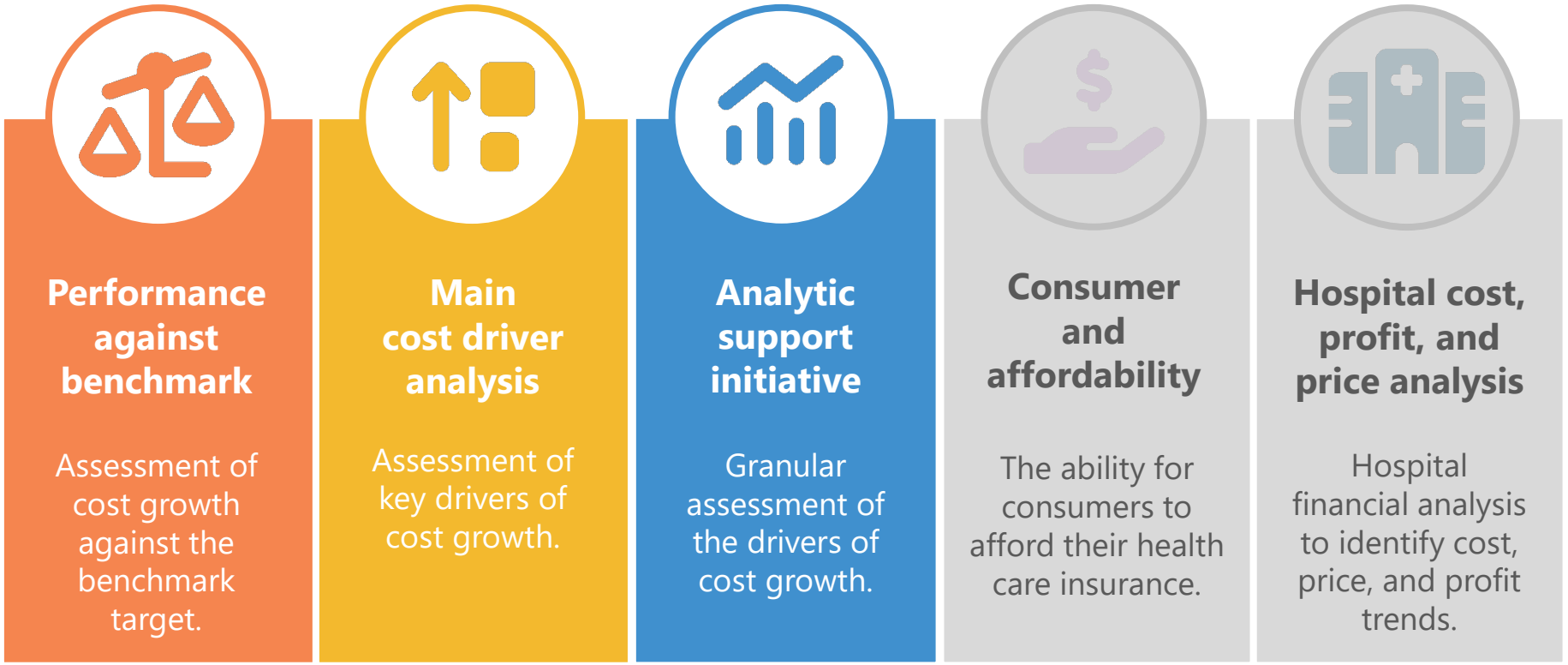
Public comment

Washington State Health Care Authority

Tab 4

Washington State Health Care Authority

Cost Board reports overview



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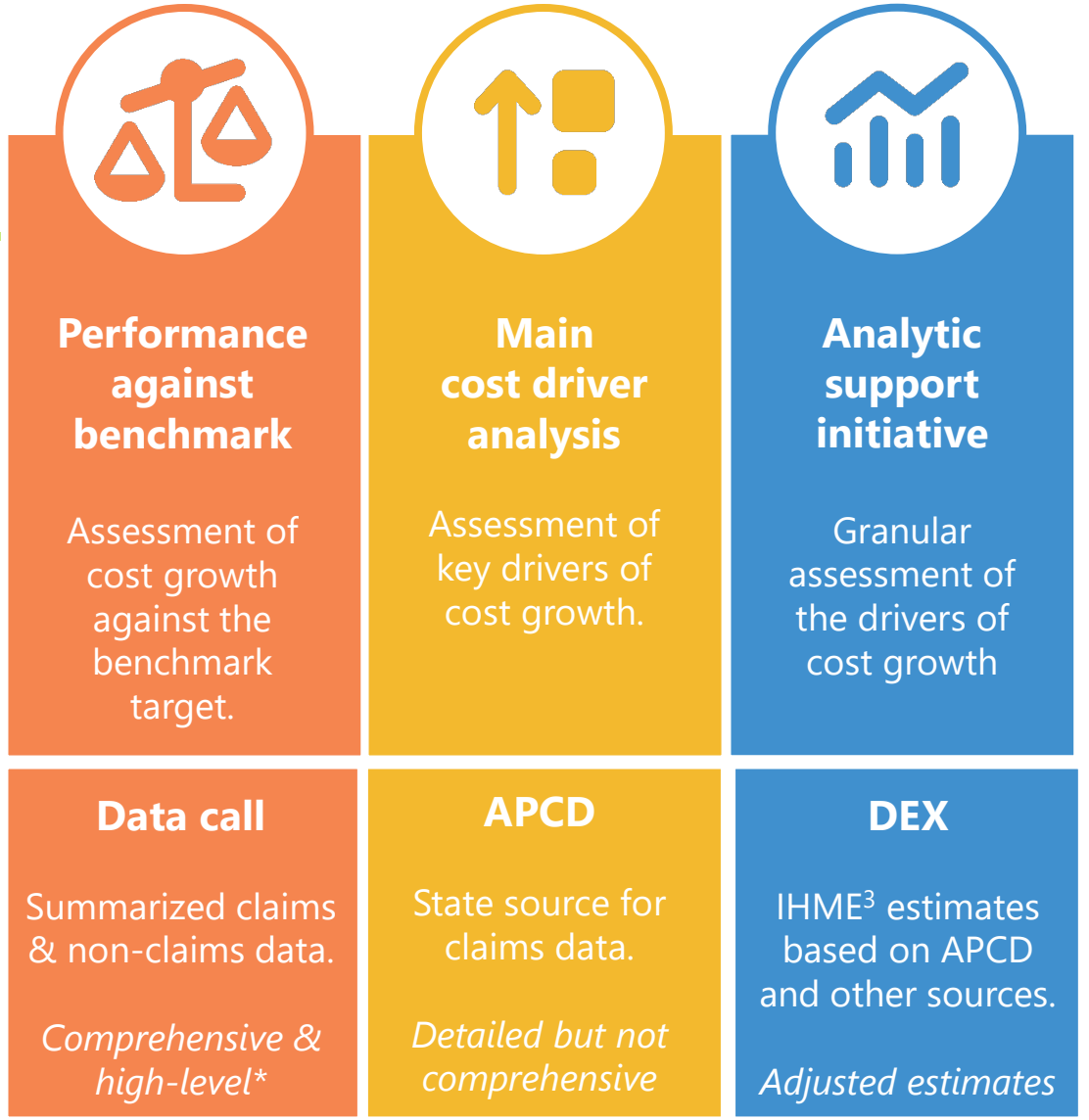
Data streams overview

- Data sources: foundation for analyses (reports and interactive visualizations) provided to the Cost Board
- Sources are *currently* each associated with one report
- Data visualizations for APCD[1] and DEX[2]



1. APCD: All payer claims database
2. DEX: Disease expenditure database
3. IHME: Institute for Health Metrics and Evaluation

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Data sources: overview

Characteristic of data source	Data Call	APCD	DEX[1]
Aggregated: Summarized information in data source	X		
Granular: Claims-level data		X	
Granular Estimates: *estimates* from processed data			X
Comprehensive: Proportion of population captured	92% of total WA population	70% of total WA population	Estimates adjusted to be representative of WA population
Most recent data* *As of 5/1/2025	2022	2024	2022

- Data Call and APCD
  - Reported spending from claims or carrier/providers
  - HCA leads
- DEX
  - Estimated spending triangulated using APCD and other sources.
  - IHME leads

Washington State Health Care Authority

Data sources: comparing characteristics

Characteristic of data source	Data Call	APCD	DEX[1]
Medicare spending: Medicare spending in data source *Note: APCD Medicare FFS and Part D data was available only through 2022	X	X*	X
Long term care spending: Long term care spending in data source *Note: some Medicaid long term care spending is not captured	X*	X*	X
Non-Claims: Includes non-claims payments, including incentives, direct payments	X		
Other related costs: Net Cost of Private Health Insurance	X		
Self-insured data: Submission from self-insured health carriers. *Note: self-insured carriers' submissions are voluntary to the APCD	X		X
Disease burden: Prevalence of diseases *Note: chronic conditions of those receiving care, using definitions from Chronic Conditions Data Warehouse (CCW)		X*	X
Demographics: Populations changes and characteristics (e.g., age, race, ethnicity, etc.) *Note: some data elements incomplete	X*	X*	X
Price/intensity: Price charged for service		X	X
Utilization: Volume of services utilized		X	X
Condition: Clinical condition of those seeking care		X	X
Location: Basis of geographic association		service and residency location	residency location

1: For each characteristic DEX reports *estimates,* including confidence intervals

Health Care Authority

Data reports

- Performance against the benchmark (HCA)
  - **Source**: Data Call
  - **Analytic focus**: Performance against the cost growth benchmark
    - Assessed at the state, carrier, and large provider organization level
  - Service-category level cost driver analysis and analysis of non-claims data
- Main cost driver analysis (OnPoint)
  - **Source**: APCD
  - **Analytic focus**: service category level cost driver analysis
    - Considers utilization and price (cost per service)

Data reports: ASI

- Analytic support initiative (IHME)
  - Data source: DEX

  Analytic focus: Service category and condition-level cost driver analysis
    - Considers utilization, price/intensity, and population characteristics
  - Service category utilization patterns by factors including rurality, local income, and region using Accountable Community of Health (ACH)
    - *Today's presentation*
  - Detailed analysis of conditions driving potentially avoidable expenditure
    - *Today's presentation*

Data Reports: comparing components

Component of report	Performance against the benchmark (HCA)	Main cost driver analysis (OnPoint)	Analytic Support Initiative (IHME)
Utilization: Volume of services utilized		X	X
Price: Price charged for service		X	X
Service category: High-level service categories (Inpatient, Outpatient, Rx, etc.) ***Services categorized differently**	X	X	X*
Condition: Clinical condition of those seeking care		X	X
Demographics: Populations changes and characteristics (e.g., age, race, ethnicity, etc.)			X
Disease burden: Prevalence of diseases			X
Geographic: Regional or geographic factors			X
Non-claims payments: supplemental payments, bundled payments, performance incentives, etc.	X		
Business Practice: Affiliations/Mergers/Acquisitions and other business practices	X		

Data reports: key findings

- Performance against the benchmark and monitoring trends
  - In 2022, state-level growth and five out of 13 carriers exceeded the benchmark
  - Hospital outpatient, retail pharmacy, and non-claims spending increased the most
- Main cost driver analysis
  - Claims-based cost drivers are broadly consistent with the data call
  - Total spending was highest for hospital inpatient, hospital outpatient, and retail pharmacy
  - In the commercial market, increases in price (cost per service) largely drove spending trends in these service categories

Data reports: ASI key findings & takeaways

- ASI as part of overall analytic approach
  - Comprehensive and granular analysis to inform current state assessment and evaluation of policy levers
  - Analytic capacity to parallel internal analytic capacity building
  - Complementary DEX data source
- ASI findings: highlights
  - **Increasing price/intensity was the primary driver of increased spending across service categories**
  - Demographic shifts primarily affected Medicare spending, with other payers less influenced
  - Spending on behavioral health disorders (mental disorders and substance use disorders) increased at a faster rate than other health conditions

Discussion questions

- What additional data sources should we consider for future analysis?
- What additional analysis would best complement the current work?
  - What analyses from other states are you aware of / would you suggest?
- Have you observed similar condition-level spending trends in your work? Are you aware of any efforts to address these trends?
- How do these findings inform our understanding of current drivers of inpatient and ED spending? How does this relate to potential policy levers?

Analytic Support Initiative

WA Health Care Cost Transparency Board

HCA & Institute for Health Metrics and Evaluation

May 22, 2025

ASI

Analytical Support Initiative Overview

Condensed objective:

- **develop WA specific analyses of cost growth trends** to identify specific areas of focus for discussion, additional analysis, and support of cost mitigation strategies
- **provide information** that will result in actionable recommendations on reducing health care cost growth in WA

Philanthropic funding for July 2023-July 2025

Timeline:

- 1st six months → building foundation
- 2nd and 3rd six-month periods → doing the work collaboratively
- 4th six months → formalizing recommendations

Today's discussion

Key questions:

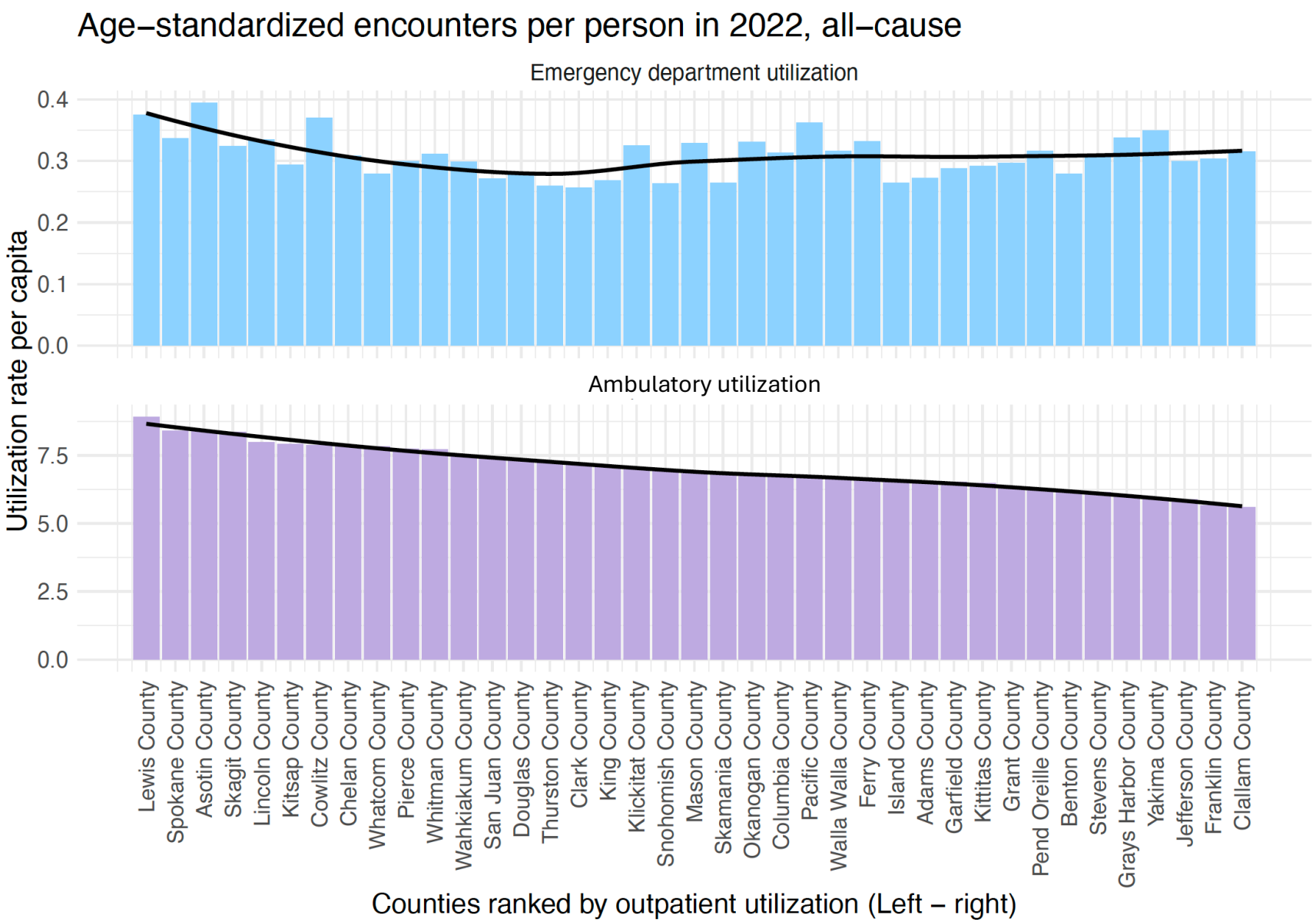
1) How does the relationship between missing utilization of outpatient services and preventable admissions interact with rurality and wealth?
2) What is the spending burden associated with top contributors to potentially preventable admissions ?

Approach:

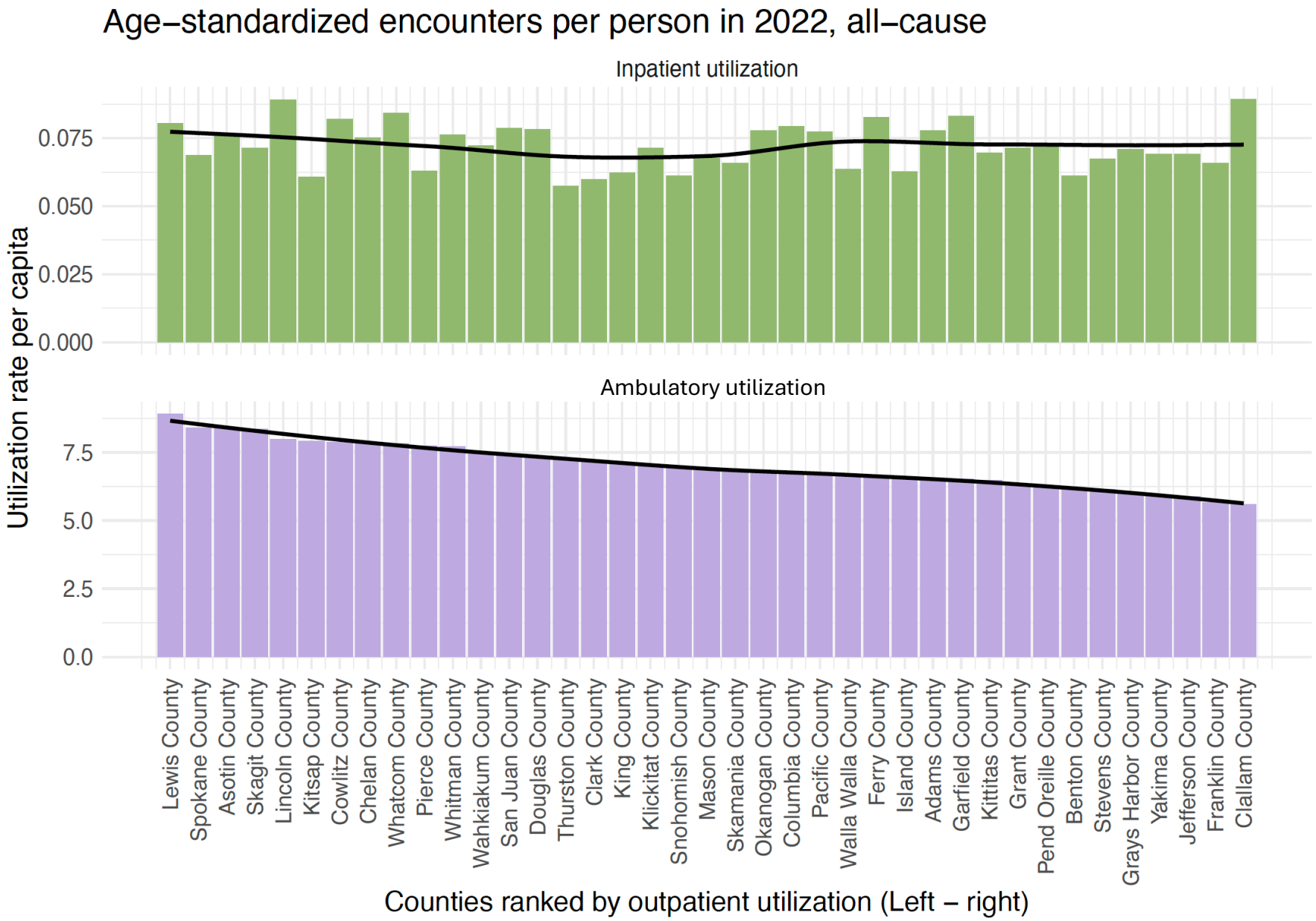
1) Aggregate analysis
2) Health condition specific analysis

AGGREGATE ANALYSES

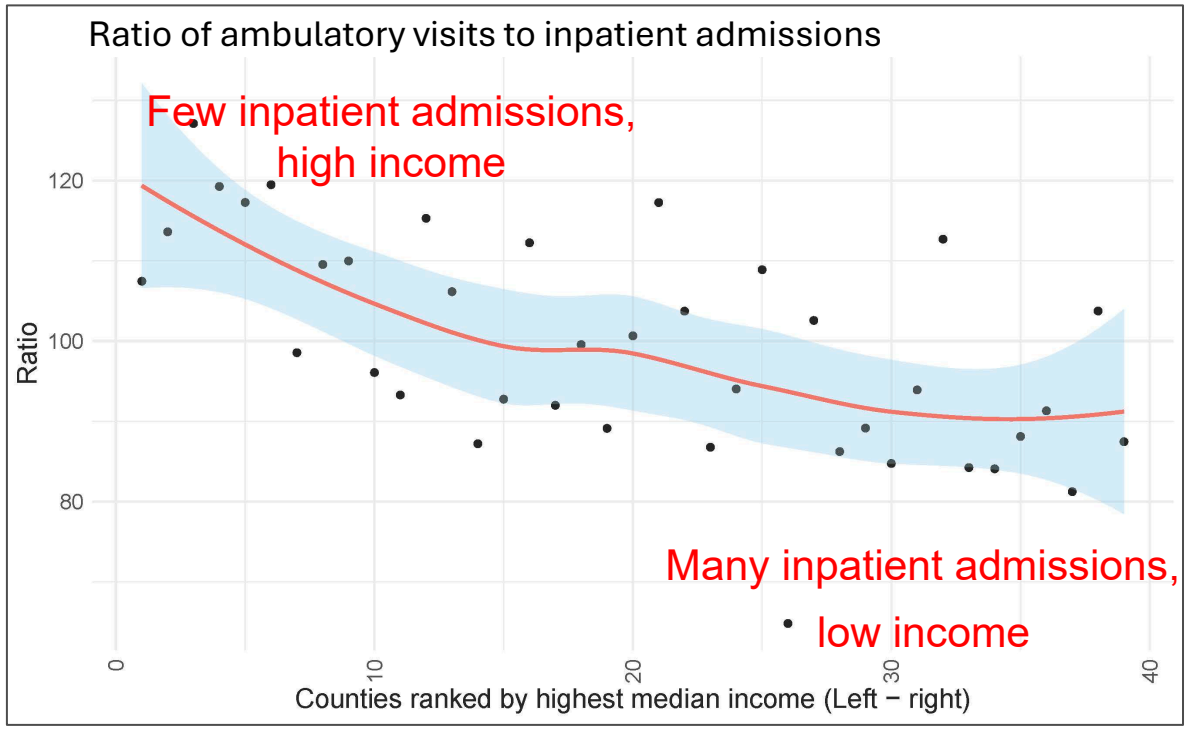
There is not a clear tradeoff between ambulatory and ED services

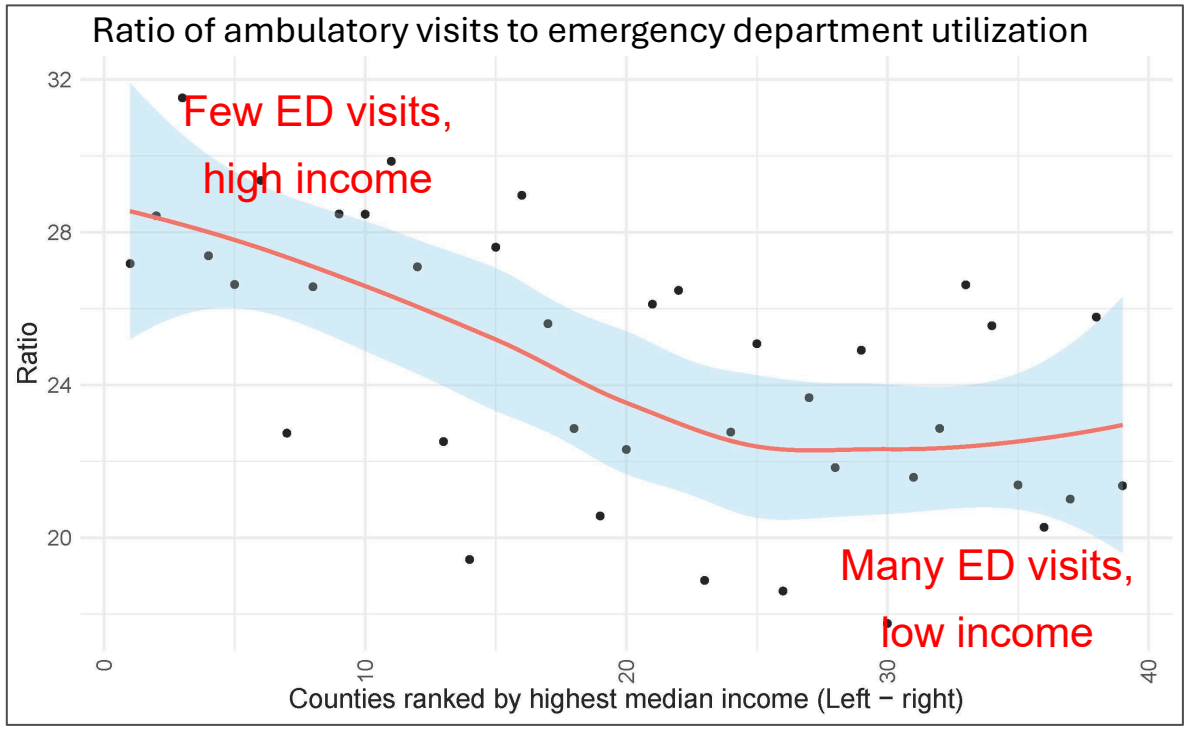


There is not a clear tradeoff between ambulatory and inpatient services

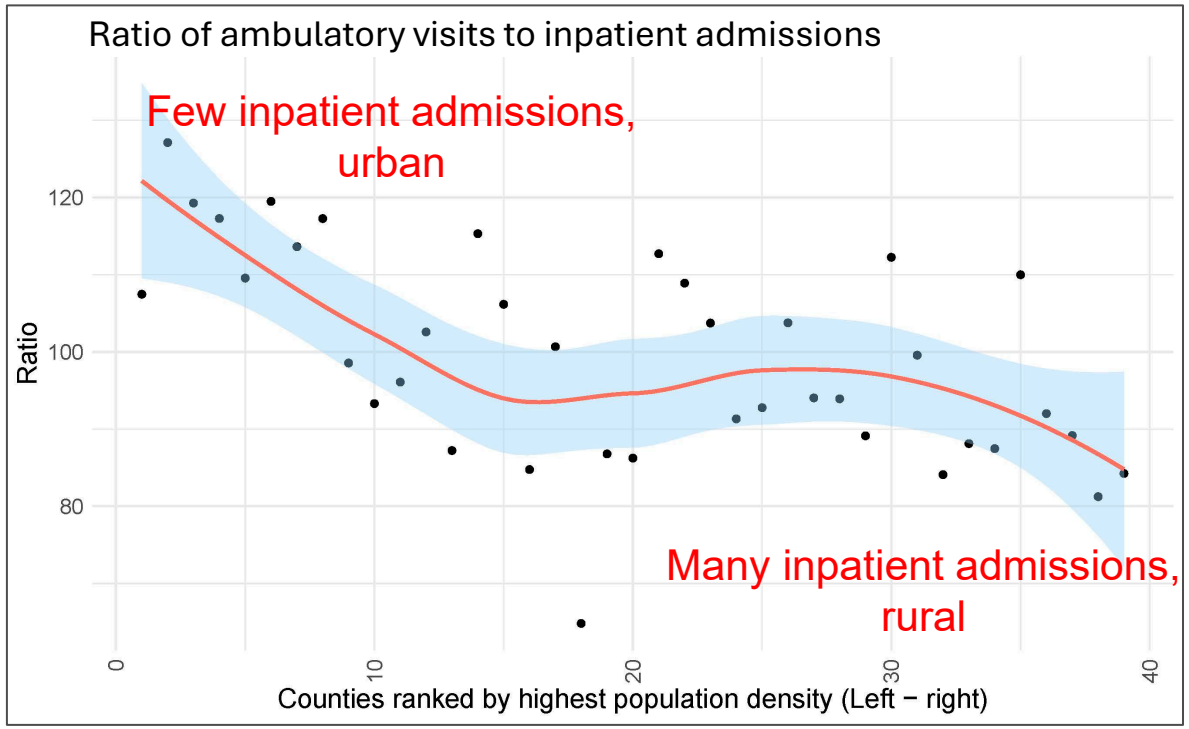


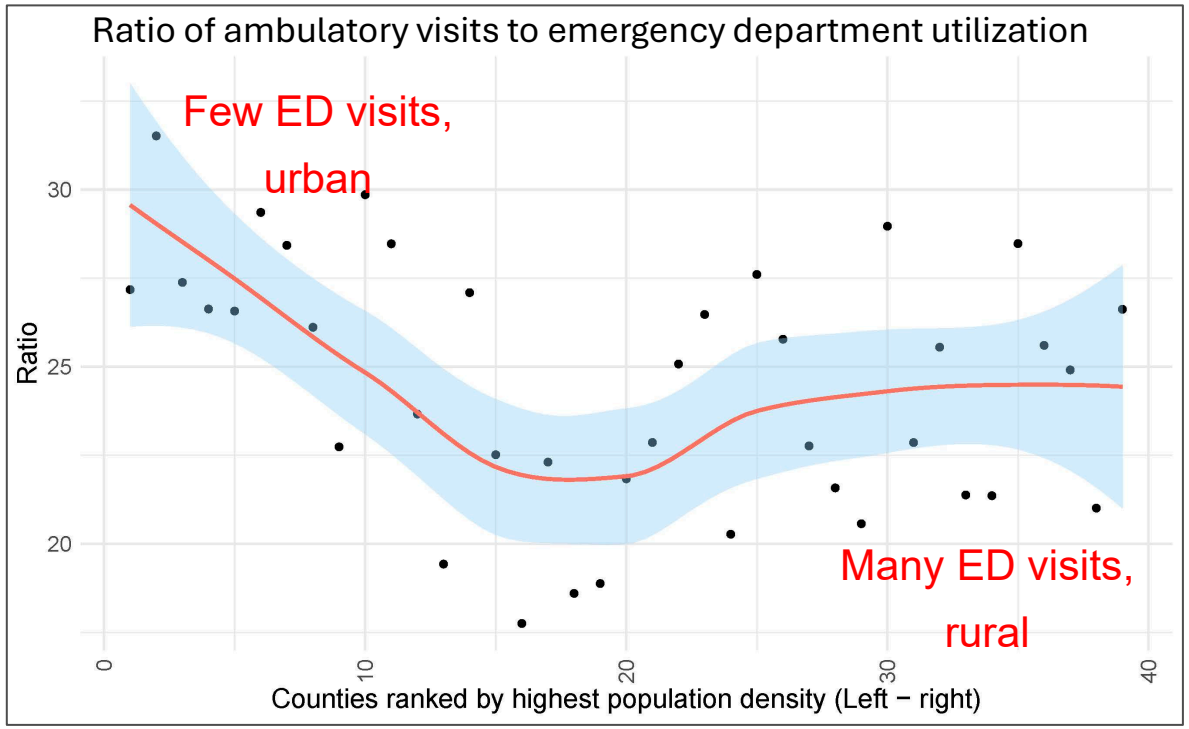
There is a clear relationship that lower income counties rely more on inpatient care and ED care





And there is a clear relationship that rural counties rely more on inpatient care and ED care





Health condition specific analyses

Picking health conditions to focus on:

1. Focus on health conditions where inpatient admissions are potentially avoidable

+

2. Have input data

+

3. Focus on health conditions that are significant drivers of health care spending in Washington

External inputs:

- CMS Potentially Avoidable Hospitalizations (PAH)
- AHRQ Ambulatory Care Sensitive Conditions (ACSC)
- Behavioral health conditions

Picking health conditions to focus on

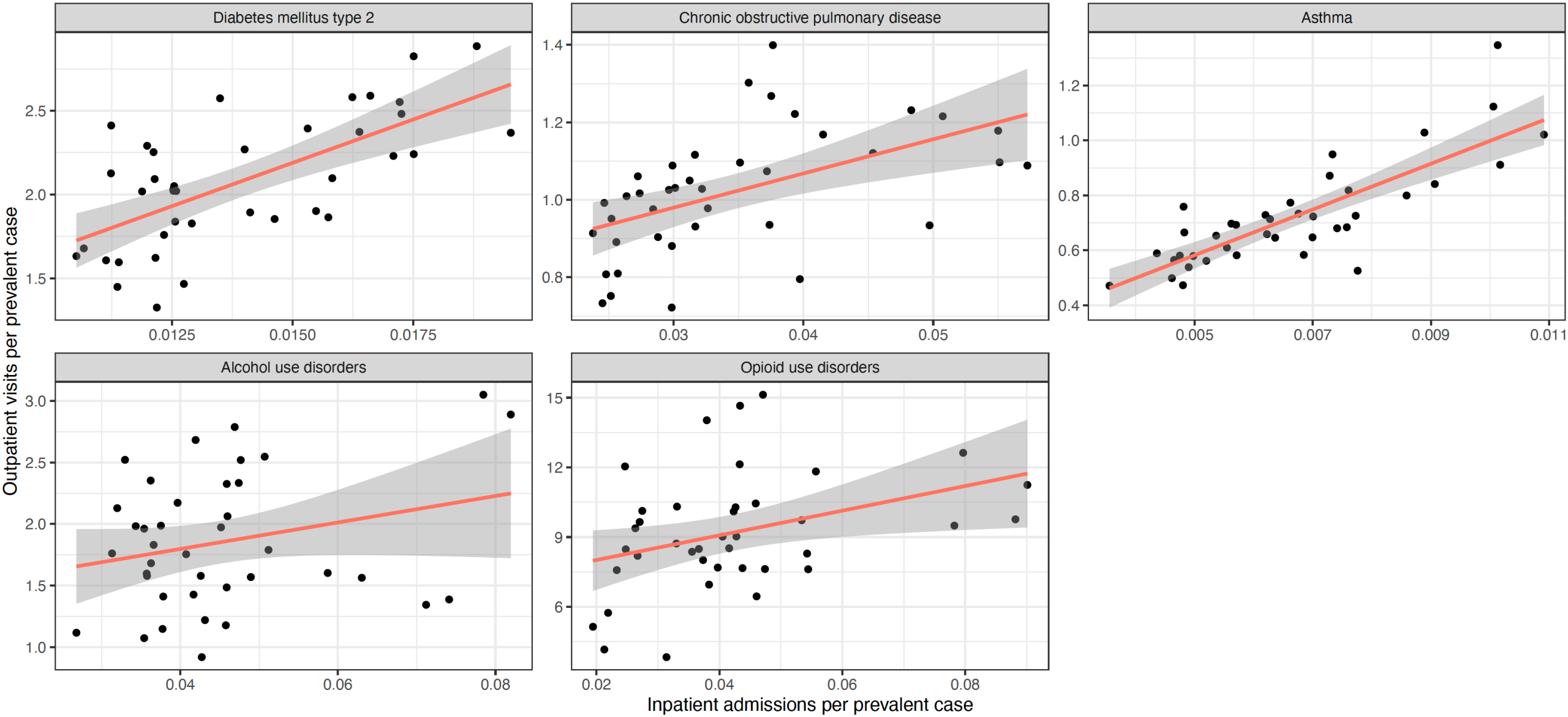
Health condition	WA total spending in 2022
Type 2 diabetes	$3,000M
Chronic obstructive pulmonary disease (COPD)	$600M
Asthma	$510M
Alcohol use disorders	$470M
Opioid use disorders	$400M

Collectively these conditions account for 8.3% of total spending on health care in WA in 2022.

External inputs:

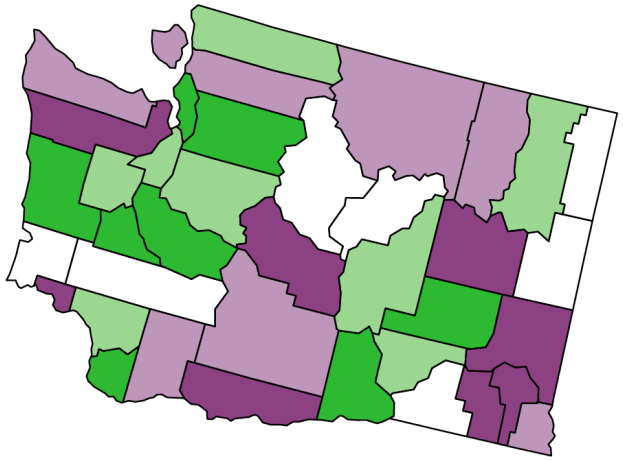
- CMS Potentially Avoidable Hospitalizations (PAH)
- AHRQ Ambulatory Care Sensitive Conditions (ACSC)
- Behavioral health conditions

Even when adjusting for disease prevalence, counties that use more ambulatory services also use more inpatient services



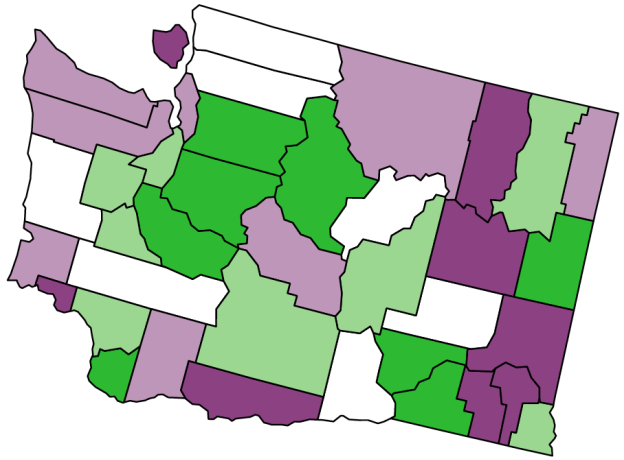
Potentially preventable inpatient admissions per case (2019), age-standardized

Diabetes mellitus type 2



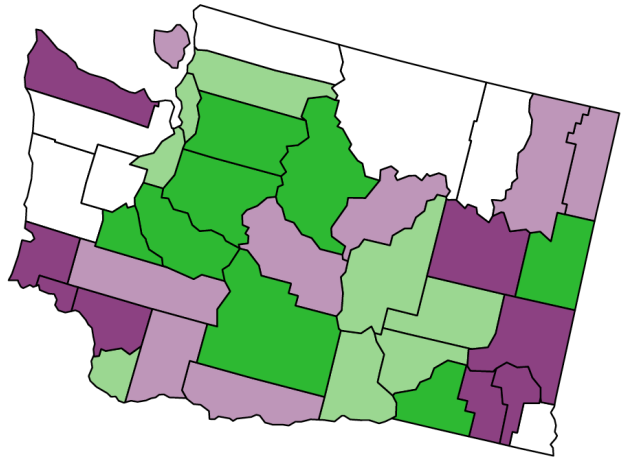
0.012 – 0.014 | 0.014 – 0.016 | 0.016 – 0.018 | 0.018 – 0.019 | 0.019 – 0.027

Chronic obstructive pulmonary disease



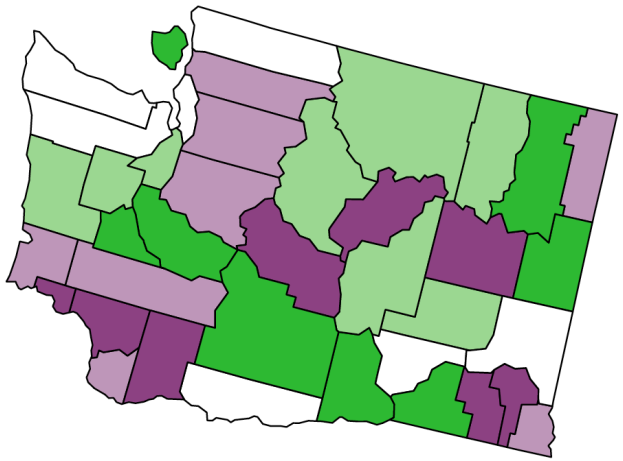
0.026 – 0.031 | 0.031 – 0.035 | 0.035 – 0.042 | 0.042 – 0.063 | 0.063 – 0.118

Asthma



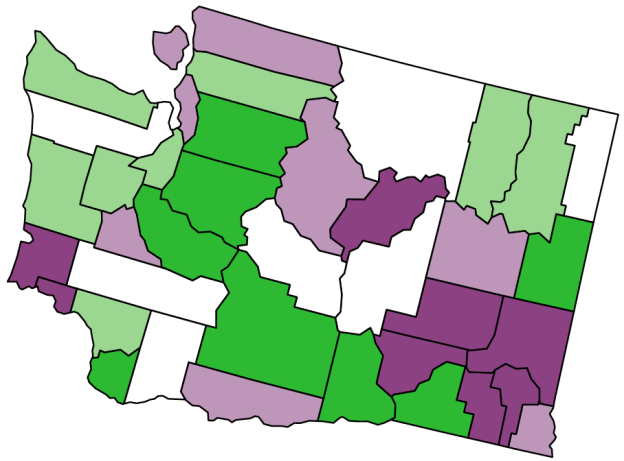
0.004 – 0.005 | 0.005 – 0.006 | 0.006 – 0.007 | 0.007 – 0.008 | 0.008 – 0.011

Alcohol use disorders



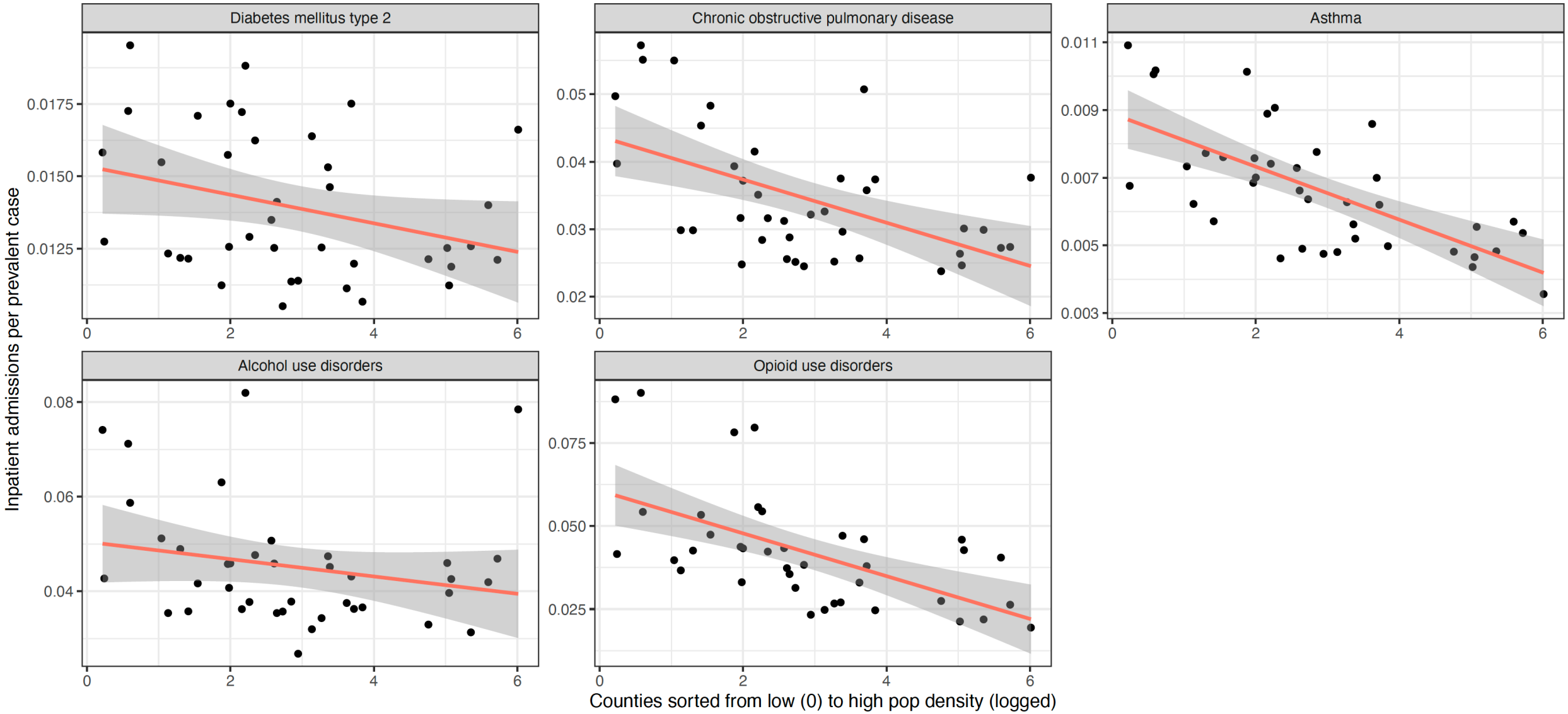
0.027 – 0.034 | 0.034 – 0.039 | 0.039 – 0.043 | 0.043 – 0.048 | 0.048 – 0.082

Opioid use disorders



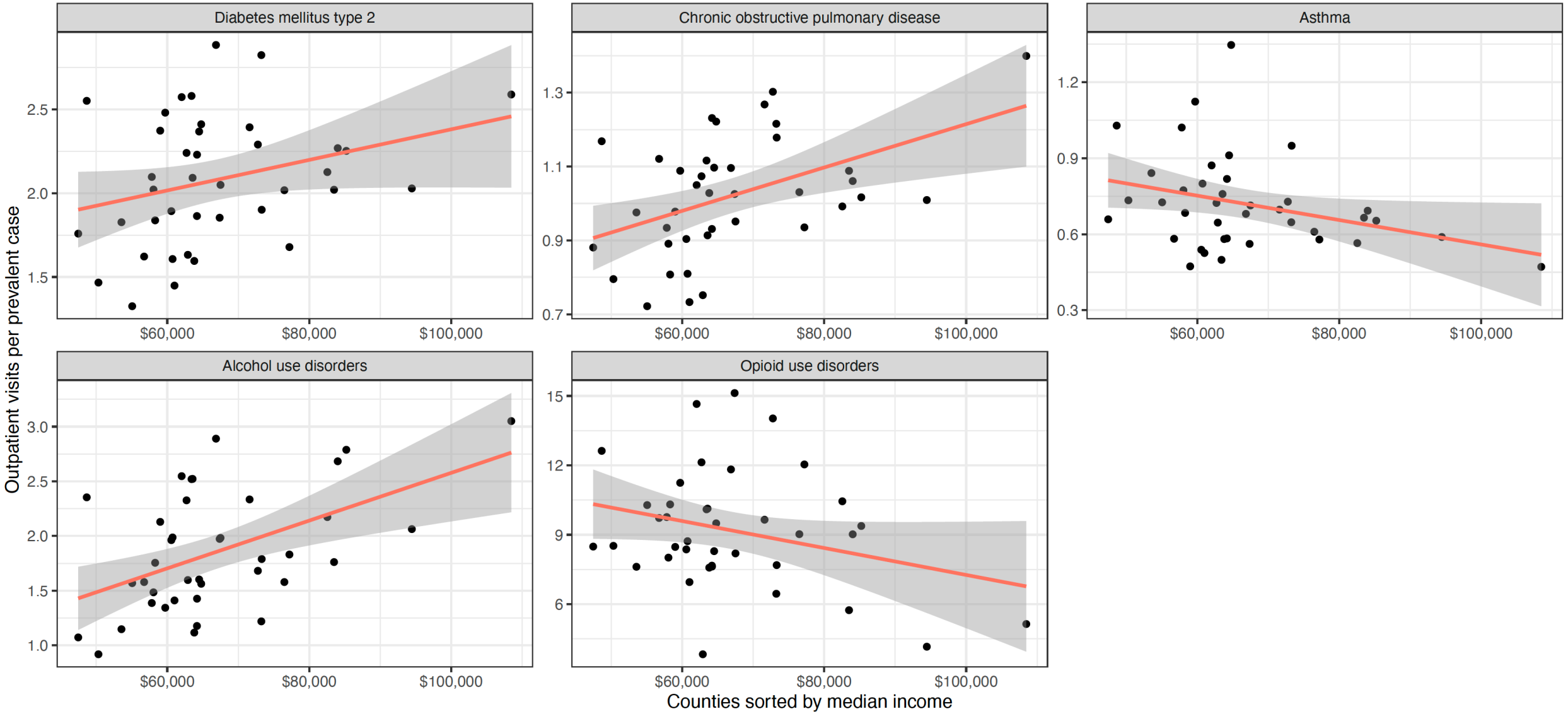
0.044 – 0.064 | 0.064 – 0.078 | 0.078 – 0.084 | 0.084 – 0.112 | 0.112 – 0.192

Counties with high population density have fewer potentially preventable inpatient admissions per case (2019), age-standardized



← Less urban, more urban →

And there is a clear relationship between income and outpatient utilization



← Less income, more income →

Take-aways

1. We don’t see that more outpatient visits are associated with fewer hospitalizations

2. For conditions that are ambulatory care sensitive:
   a) more inpatient admissions in rural counties, and
   b) more outpatient visits in wealthy counties

Discussion Questions

- Have you observed similar condition-level spending trends in your work? Are you aware of any efforts to address these trends?

- How do these findings inform our understanding of current drivers of inpatient and ED spending? How does this relate to potential policy levers?

Thank you

ASI

Tab 5

Washington State Health Care Authority

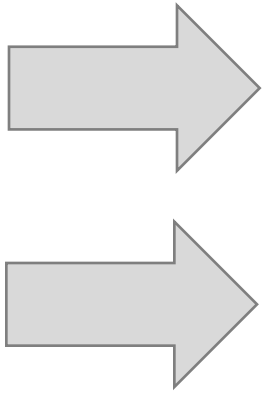
Moving from data to policy: Hospital policy levers

Washington State Health Care Authority

Cost Board directives

Identify **trends** in health care cost growth

Analyze total **health care expenditures**



Provide **policy recommendations** to the Legislature to increase transparency and affordability

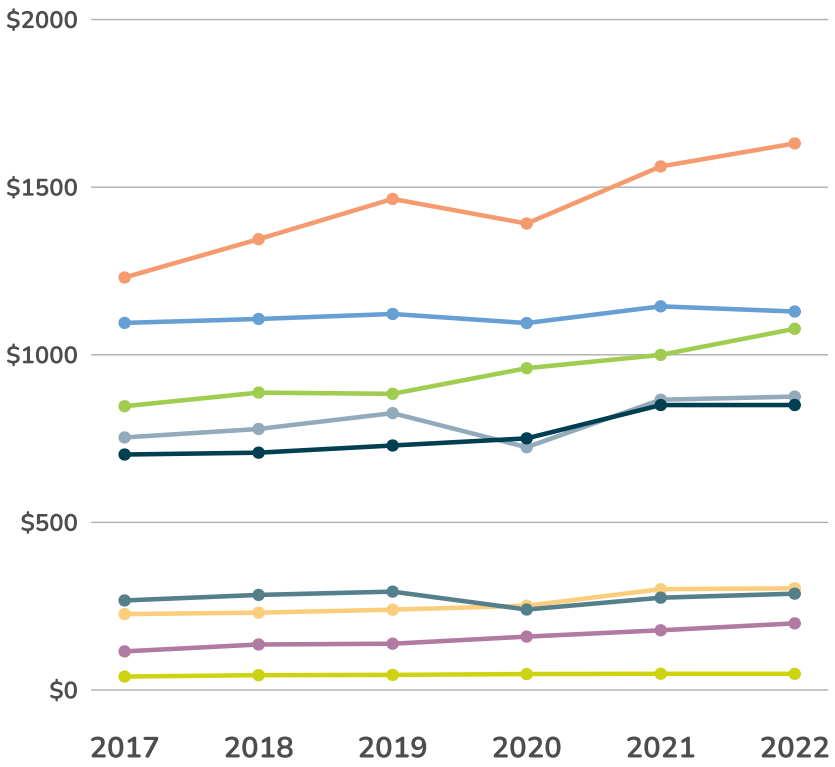
Washington State Health Care Authority

Commercial spending growth, by service category

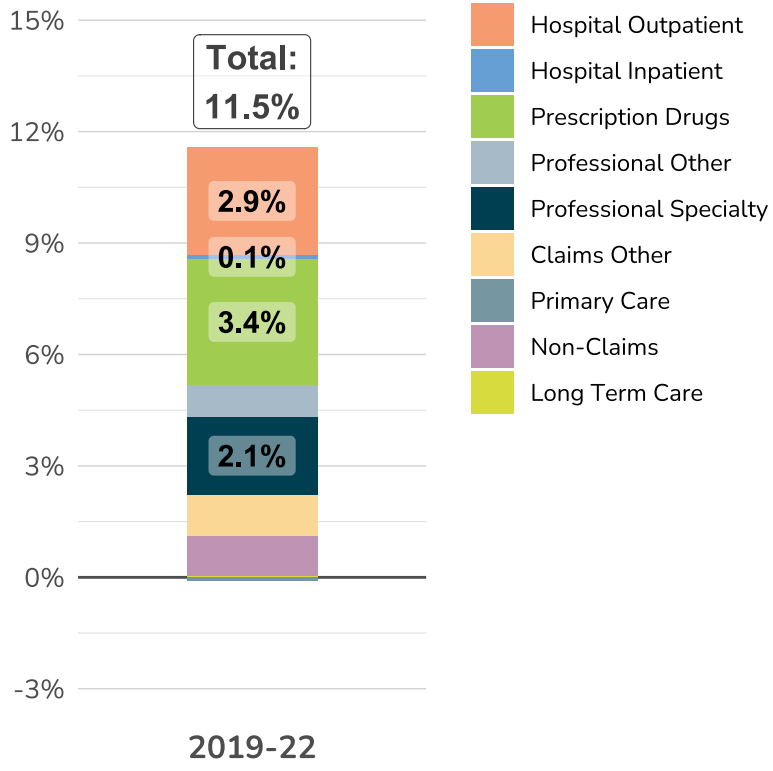
Top contributors by **total** spending or by **growth:**

- Hospital outpatient
- Hospital inpatient
- Prescription drugs
  - Focus of PDAB
- Professional specialty

Total medical expense by category
Commercial market, per member per year



Contribution to Growth
Ordered by 2022 PMPM



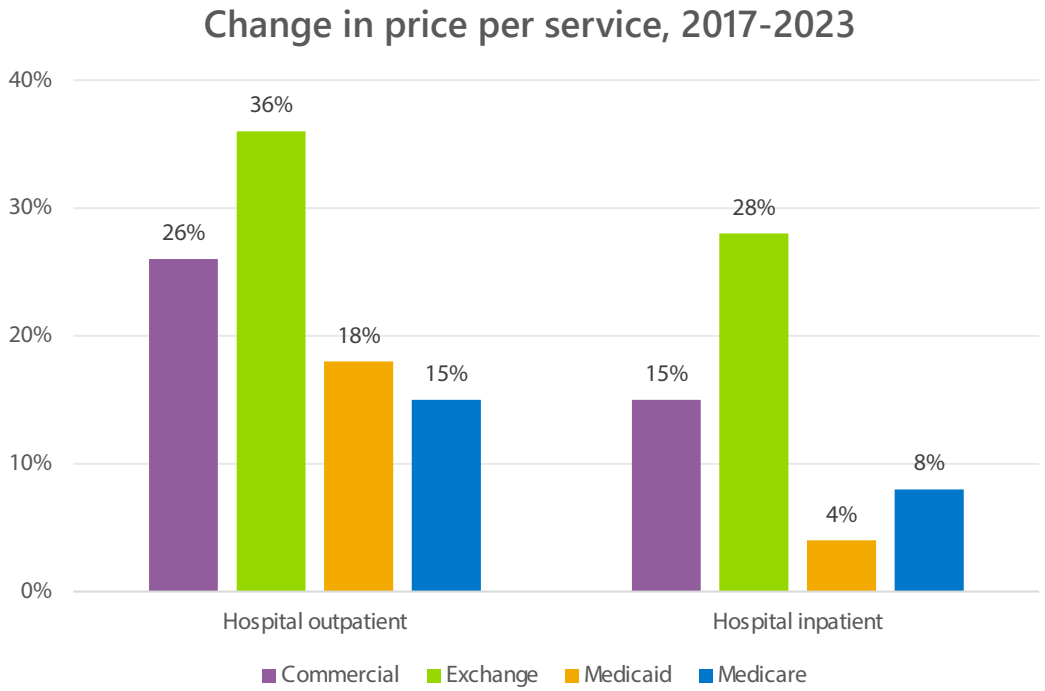
Source: WA Health Care Cost Transparency Board data calls

Washington State Health Care Authority

Washington hospital spending in context

Analysis conducted for the Cost Board shows that for hospitals in Washington State:

- **Price and cost are higher** than for peer hospitals.[1]
- **Commercial reimbursement was 250 percent what Medicare would pay**.[2]
- **Price per service increased** across all markets from 2017–2023. Increases were highest in commercial and exchange markets. [3]



Source: OnPoint's WA Cost Driver Analysis Using APCD Data

Sources:
1. Washington Hospital Financial Analysis
2. RAND Report Round 5 Washington State Analysis
3. OnPoint's WA Cost Driver Analysis Using APCD Data

Washington State Health Care Authority

Why focus on hospital spending?

- From 2018–2022, high and fast-growing **hospital prices were the #1 driver of commercial market spending** in the U.S.
- Most Peterson-Milbank states have identified hospital spending and, particularly, hospital prices, as a primary contributor to commercial market spending growth.

Note: By "**prices**," we don't mean what hospitals charge, but rather the payments they receive. Most of these payments are at contractually defined levels. Thus, when we say "price," we really mean "**payment per service unit**."

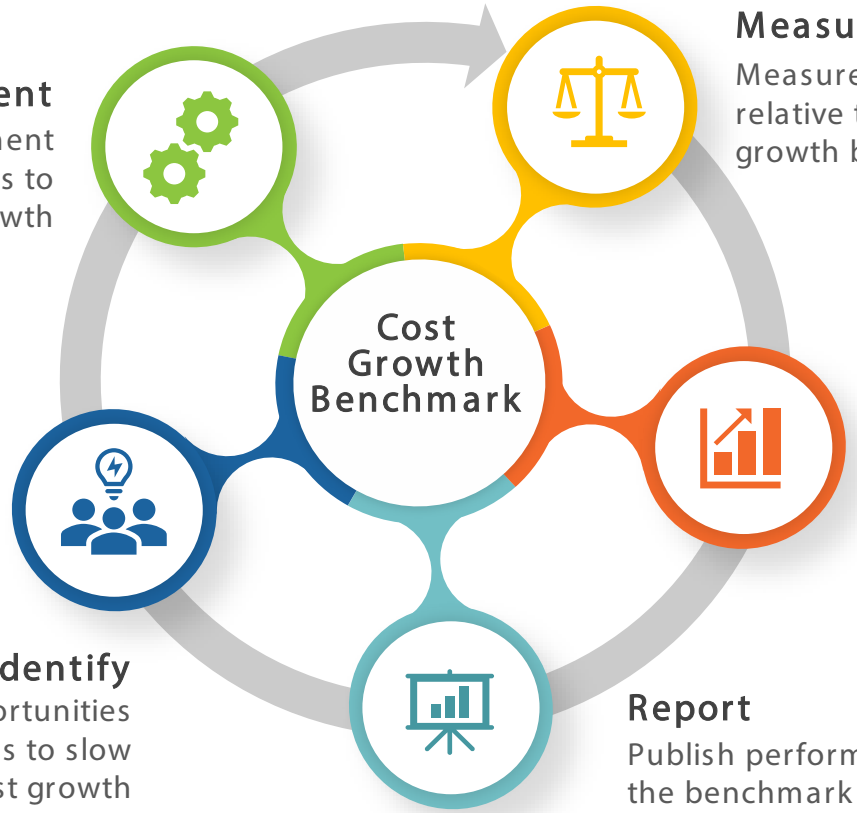
Source: Health Care Cost Institute. 2022 Health Care Cost and Utilization Report. April 2024.

Washington State Health Care Authority

Cost growth benchmarks do not sufficiently address hospital price growth

- Cost growth benchmarks **do not hold hospitals accountable** for their specific contributions to spending growth.
  - Total medical expense accountability is assessed for a population of patients based on an attributed primary care relationship.
  - A significant percentage of hospital services are delivered to patients who have not been attributed to the hospital's employed or contractually affiliated PCPs
- Cost growth against the benchmark measurement does not assess the role of price and utilization.

Cost growth benchmark programs need to be complemented by policy action



Measure
Measure performance relative to the cost growth benchmark

Analyze
Analyze spending to understand cost trends and cost growth drivers

Report
Publish performance against the benchmark and analysis of cost growth drivers

Identify
Identify opportunities and strategies to slow cost growth

Implement
Implement strategies to slow cost growth

- Cost growth benchmarks alone **do not result in meaningful action** to constrain cost growth.
- Cost growth benchmarks programs were designed to serve as a **catalyst** for other affordability policy actions.

Washington State Health Care Authority

Overview of potential strategies

Tied to cost growth benchmark values

1. Publish data on hospital prices and price growth, and "name names."

2. Create a complementary hospital price growth benchmark.

3. Tie the terms of hospital CON and CMIR approvals to the cost growth benchmark value.

Independent but complementary

4. Take direct action on specific hospital pricing policy issues, e.g., facility fees, OON fees.

5. Establish a hospital price growth cap.

6. Set a hospital price cap (aka "reference-based pricing").

Could be independent of or tied to cost growth benchmarks

7. Prospectively review and approve hospital revenue and/or price growth.

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OON = Out of Network

Hospital policy levers: discussion questions

- Do you have advice for how to prioritize or evaluate these policy levers?
- Which of these levers do you think will have the greatest impact on curbing health care cost?
- What data analysis are you aware of that may inform evaluation of these levers?
- Which do you think would be the most challenging to implement?

Tab 6

Washington State Health Care Authority

Cost Board Legislative update

Daniel Garcia

Legislative Analyst

Washington State Health Care Authority

2025 session

- Adjourned April 27, 2025 (sine die)
- Long session with biennial budget
- Selected highlights with Agency Request Legislation and affordability related bills

Washington State Health Care Authority

2025 Legislative priorities

- Maintaining coverage and ensuring access
- Strengthening behavioral health, substance use disorder (SUD), and housing supports
- Improving health outcomes through enhanced rates and benefits
- Critical staffing support
- Health and Human Services (HHS) Enterprise Coalition projects and IT investments

2025 session by the numbers

Washington State Health Care Authority

HCA Agency Request Legislation

Washington State Health Care Authority

HCA request: access and affordability

- E2SSB 5083 – **PEBB/SEBB affordability**
- Beginning January 1, 2027, caps PEBB/SEBB reimbursement for licensed hospitals in Washington.
  - In-network acute care hospitals: 200% of Medicare payments amounts
  - In-network children's hospitals: at 150-190% of Medicaid ratio of cost-to-charges (RCC)
  - Out-of-network rates for acute care and children's hospitals capped at lower levels
- Establishes reimbursement floors at 150% of Medicare for Primary Care and Behavioral Health Services

HCA request: modernizing the APCD

- HB 1382 – **Modernizes the Washington State All Payer Claims Database (WA-APCD)**
- Removes references to "proprietary financial information" in statutes implementing the WA-APCD, effective July 1, 2026.
- Allows HCA to act as the lead organization for the WA-APCD effective immediately.
- Expands the goals of the WA-APCD as they relate to providers, hospitals, carriers, and certain statewide associations; also allows data disclosures in accordance with those goals.
- Requires HCA to update the Legislature on health care price transparency programs by December 31, 2025.

HCA request: PEBB/SEBB alignment

- **SB 5478 – Aligns Public Employee Benefits Board (PEBB) and School Employee Benefits Board (SEBB) authorities around permissible types of alternative coverage offerings**
  - Emergency transportation
  - Identity protection
  - Legal aid
  - Long-term care insurance
  - Noncommercial personal automobile insurance
  - Personal homeowner's or renter's insurance
  - Pet insurance
  - Specified disease or illness-triggered fixed payment insurance, hospital confinement fixed payment insurance, or other fixed payment insurance offered as an independent, non-coordinated benefit regulated by the Office of Insurance Commissioner (OIC)
  - Travel insurance

HCA request: care coordination

- HB 1287 – **Improves communication and care coordination**
- Aligns data disclosure permissions for:
  - Licensed mental health counselors
  - Licensed marriage and family therapists
  - Licensed social workers
  - Certified counselors
  - Certified advisers with state and federal health care privacy protections
- HIPAA and Washington's data privacy protections in chapter 70.02 RCW still apply.
- Will permit providers to share patient information with other treating providers.

A few related policy bills

Washington State Health Care Authority

Health carrier reporting

- SB 5084 – **Primary Care Spend Reporting**
- Allows OIC to require health carriers to annually report primary care expenditures in previous calendar years, or anticipated expenditures for upcoming calendar years
- OIC to determine reporting requirements
  - Consider the definitions and targets set by the Cost Board

Health care registry

- **E2SHB 1686 – Creating a health care entity registry**
- Requires the Department of Health (DOH), in consultation with others, including HCA, to develop a plan and recommendations to the Legislature on how to create an interactive registry of the health care landscape in Washington
  - Intent is to understand the business structure and funding sources of health care entities operating in Washington
  - Covers licensed and unlicensed facilities, providers, provider groups, systems, carriers, and benefit managers

State health plan

- SSB 5568 – **Updating and modernizing the Washington state health plan.**
- Requires the Office of Financial Management (OFM), in coordination with relevant public and private stakeholders, to update the state health plan by developing a statewide health resources strategy.
  - OFM must consider the principals of health equity
  - OFM can access APCD
  - Including data from OIC, DSHS, and the Health Benefit Exchange
- OFM report
  - Preliminary report due July 1, 2026
  - Completed health resources strategy report to the Governor's Office and Legislature by December 31, 2027
  - Report updates starting January 1, 2033, and every 4 years after

Price transparency

- SSB 5493 – **Hospital price transparency**
- By July 1, 2027, hospitals must publish all data and comply with all federal rules and regulations on standard charges and shoppable services.
- Beginning July 1, 2027, at least once a year hospitals must submit the most recent machine-readable file containing:
  - A list of all standard charges for all hospital items or services
  - The most recent consumer-friendly list of standard charges for a limited set of shoppable services to DOH

Questions

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Washington State Health Care Authority