INSURANCE COMMISSIONER REQUEST LEGISLATION (2027)

ENSURING ACCESS TO PRIMARY CARE

Draft text – subject to change

AN ACT Relating to designing a financing and payment model to ensure access to primary care for health insurance consumers; and creating new sections.

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

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

(a) Washington consumers are struggling to access timely, comprehensive, and affordable primary care services within the current insurance-based health care coverage and delivery system;

(b) Washington is experiencing primary care workforce shortages and gaps, which contribute to primary care access challenges. The federal health resources and services administration estimates that a majority of Washington residents, more than 5,100,000, live in a primary care health professional shortage area in 2026;

(c) In 2022, the legislature enacted RCW 70.390.080, directing the insurance commissioner and the health care authority to measure state primary care expenditures toward the goal of spending 12 percent of all state health care dollars on primary care. However, as of 2026, the state has made minimal progress toward this goal;

(d) Research at the state and national level has shown that timely access to comprehensive primary care and preventive services is critical to improving health, effectively managing chronic disease, and reducing the utilization of higher cost health care services; and

(e) Washington consumers and employers are experiencing significant year-over-year increases in the cost of health coverage across health insurance markets, including fully insured health plans. These trends discourage beneficial use of primary care

services and place a financial strain on consumers, employers, and the state.

(2) Therefore, the legislature intends to pursue the design of a primary care financing and payment model through which affordable, timely, comprehensive primary care services could be accessed outside of traditional health insurance products.

NEW SECTION. **Sec. 2.** (1) The insurance commissioner, in consultation with the governor, the health care authority, the department of health, and tribal leaders, and with input from interested parties including consumers, primary care providers, facilities, unions, and carriers, shall design a primary care financing and payment model. The model shall pursue the goals of:

(a) Ensuring access to affordable, timely, high quality, comprehensive primary care and preventive health services for health insurance consumers;

(b) Reducing health insurance administrative burdens for primary care providers and facilities; and

(c) Lowering or containing health insurance costs for consumers and purchasers by reducing the need for avoidable high cost services such as hospitalizations and emergency department visits.

(2) In the model design, the insurance commissioner shall consider and address:

(a) The potential cost savings for health insurance consumers and purchasers as the result of improved primary care access;

(b) The scope of included benefits and application to different health insurance markets or programs, including health plans regulated by the insurance commissioner. A phased implementation timeline shall be considered for different markets or programs over time;

(c) How current health plans or coverage programs for health care services beyond primary care would interact with the model;

(d) Primary care provider reimbursement methods and rates, including consideration of prospective, per member per month payments;

(e) Reducing administrative burden for participating primary care providers and facilities, including but not limited to coding, billing, prior authorization, credentialing, contracting, quality measurements, and reporting;

(f) Primary care delivery models, such as advanced primary care, integration of behavioral health services into primary care, and direct primary care;

(g) Consumer eligibility, enrollment, and attribution or assignment of enrollees to participating providers or facilities;

(h) The roles and responsibilities of the insurance commissioner and state agencies in program governance and administration, including but not limited to contracting with participating health care providers, administration of quality or performance measures such as the Washington state common measure set, program oversight, and necessary electronic health records and claims systems;

(i) State regulatory changes or federal approvals necessary to implement the model; and

(j) Program financing and funding.

(3) The insurance commissioner may enter into a contract for economic, actuarial, or other analysis to carry out this section.

(4) The insurance commissioner shall submit an implementation plan and recommendations on the design elements outlined in subsection (2) of this section to the relevant health and fiscal committees of the legislature by June 30, 2028.

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