

# GAC – Advocacy Report

## Report to the 2016 WAFP House of Delegates

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As we write this, and for the sixth time in the past seven years, the Legislature failed to finish its work in the time allotted under our state constitution, and is now in special session. The regular session sputtered to a close as scheduled on March 10. Governor Inslee immediately called a special session in which Legislators are primarily focused on the state's supplemental operating budget – the largest remaining item on which there is no agreement.

But for the overtime period, which many thought would be avoided, this year's meeting of lawmakers has generally played out as expected for a 60-day, supplemental budget, election-year session: some follow-up from last year, a few significant accomplishments, and a whole lot of positioning for next year's session and the campaigns leading up to it. While a final report including discussion of the eventual budget agreement is still pending, it appears the interests of the Washington Academy of Family Physicians will emerge from the 2016 legislative sessions largely unscathed, with incremental but important progress in at least few areas.

What follows is a brief description of the bills passed to date by the 2016 legislature in which WAFP played an active role or which otherwise may be of interest to family physicians and their patients. Unless otherwise noted, as of this writing all are on the Governor's desk awaiting his signature, which is the final step to becoming law. We'll follow-up in our final report on any vetoes.

For ease of reference, we've listed the bills in numerical order simply as "Senate Bill" (SB) or "House Bill" (HB) rather than the more cumbersome notation (such as "Engrossed Second Substitute House Bill") that reflects procedural steps taken by a given bill to get through the process. We've also noted parenthetically the particular legislator who was the prime sponsor of the bill when introduced. If no effective date is specified in a bill, it takes effect ninety days after final adjournment of the legislative session in which it is enacted, which is June 9, 2016, for laws enacted during the 2016 regular session.

These brief summaries are taken from information compiled by legislative staff, and include only those sections of the legislation likely to matter to primary care and family medicine. We encourage you to go to the legislative website ([leg.wa.gov](http://leg.wa.gov)) for more details and to read enacted legislation in its entirety.

### **HB 1682: homeless students (Fey)**

- Authorizes a school nurse, school counselor, or homeless student liaison to provide informed consent for health care for a homeless child or youth under certain conditions.

### **HB 2335: health care provider credentialing (Cody)**

- Requires health care providers and insurance companies to use a single credentialing database.
- Effective June 1, 2018, requires insurance companies to make credentialing determinations within 90 days of receiving a complete application; and by June 1, 2020 the average response time must not exceed 60 days.

### **HB 2350: administration of medication by medical assistants (Cody)**

- Specifies that a medical assistant's existing authority to "administer" medications includes both the retrieval and application of the medication.

### **HB 2432: substance abuse monitoring for osteopathic physicians and surgeons, and osteopathic physician assistants (Riccelli)**

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- Places in statute the requirement that the Board of Osteopathic Medicine and Surgery contract with a substance abuse monitoring program.
- Increases the osteopath license surcharge to pay for program costs to \$50.

#### **HB 2545: flame retardant chemicals in consumer products (Van De Wege)**

- Effective July 1, 2017, prohibits the use of five flame retardant chemicals in children's products or residential upholstered furniture.
- Directs the Department of Ecology to study six additional flame retardants to be considered as a chemical of high concern for children, with a stakeholder advisory committee for each flame retardant chemical that is identified in rule.
- Requires the Department of Health to submit information to the Legislature with options for reducing exposure, safer alternatives, and recommendations for restricting or prohibiting the use of a flame retardant chemicals

#### **HB 2730: the prescription monitoring program (Peterson)**

- Expands access to the Department of Health's prescription monitoring program.

#### **SB 5143: childhood immunization resources for expecting parents (Becker)**

- Requires the Department of Health to develop resources for expecting parents regarding recommended childhood immunizations.

#### **SB 5689: the diabetes epidemic in Washington (Becker)**

- Requires relevant state agencies to develop plans to reduce the incidence of diabetes in Washington, improve diabetes care, and control medical complications and financial impacts associated with diabetes.
- Requires the agencies to submit a coordinated report to the Legislature every two years beginning December 31, 2019. The report must include information on agency efforts to control and prevent diabetes as well as ways to control costs of the disease.

#### **SB 5728: screening for HIV (Darneille)**

- Requires clinicians to screen for HIV infection for all patients who are 15 through 65 years of age. Patients must be informed of the screening and provided an opportunity to decline.
- Prohibits clinicians from denying services or treatment to a patient who declines HIV screening.

#### **SB 6203: pharmacy in long-term care settings (Parlette)**

- Allows chart orders for patients or residents of institutional facilities to be considered prescriptions if they contain specified elements.
- Allows a pharmacist to provide an emergency kit or supplemental dose kit to a nursing home or hospice program under certain conditions.
- Allows pharmacists to repackage and dispense unused drugs returned by a long-term facility or hospice program if the drugs are in single use packaging.

#### **SB 6238: prescription of a schedule II controlled substances (Rivers)**

- Allows health care providers to prescribe schedule II controlled substances for any disease state or condition for which the U.S. Food and Drug Administration approves an indication.

#### **SB 6327: hospital discharge planning with lay caregivers (Bailey)**

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- Requires hospitals to adopt policies to allowing patients to designate a lay caregiver and include lay caregivers in discharge planning.
- Requires hospitals and acute care facilities to coordinate as appropriate with lay caregivers, long-term care workers, and home and community-based service providers.

#### **SB 6421: epinephrine auto-injectors (Ranker)**

- Allows health care providers to prescribe epinephrine auto-injectors in the name of an authorized entity such as a restaurant, sports arena, university, or recreation camp.
- Requires authorized entities with a prescription for an epinephrine auto-injector to follow training, storage, maintenance, and use requirements.
- Allows trained employees of authorized entities to administer an epinephrine auto-injector to a person believed to be having an allergic reaction.

#### **SB 6519: telemedicine (Becker)**

- Establishes a collaborative for the advancement of telemedicine to make recommendations on improving reimbursement and access to health services provided through telemedicine.
- Effective January 1, 2018, modifies the list of sites where a patient may receive telemedicine services to include "home."

#### **SB 6569: patient out-of-pocket costs (Cleveland)**

- Creates a task force on patient out-of-pocket costs, with a focus on prescription costs.
- Requires a report to the Legislature by December 1, 2016.
- *This bill was vetoed by Governor Inslee*

The WAFP also engaged on several bills which failed to pass in 2016. Two of these the Academy actively opposed: **HB 2304 (DeBolt)** would have expanded the prescriptive authority of naturopaths; **HB 2343 (Cody)** would have allowed medical school graduates who have not completed a residency program to engage in the supervised practice of medicine as “associate physicians.”

Bills failing to pass which WAFP supported include:

- **HB 2307 (Farrell)/SB 6149 (Keiser)** requiring reasonable accommodations in employment for pregnancy, childbirth, or pregnancy-related health conditions;
- **HB 2313 (Orwall)/SB 6157 (Miloscia)** raising the smoking/vaping age from 18 to 21;
- **HB 2363 (Cody)/SB 6417 (Ranker)** promoting transparency of prescription drug pricing and costs;
- **HB 2515 (Pettigrew)/SB 6272 (Becker)** requiring Medicaid to pay for primary care services at a rate no lower than Medicare; and
- **HB 2931 (Stanford)** restricting the use of non-competition agreements.

Each of these issues will likely be before the Legislature again in 2017. WAFP will need to decide how much of its time and effort to commit supporting them both during the interim and through the 2017 session.

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Also held during the 2016 legislative session was WAFP's annual Policy and Advocacy Leadership Institute – Family Medicine Day (PALI), which took place on Wednesday, January 20. Nearly 30 WAFP members came to the Capitol Campus in Olympia to discuss with legislators and other policymakers matters of interest and concern to family medicine. Joining the group in the morning were:

- Senator Randi Becker, Chair of the Senate Health Care Committee. Senator Becker discussed her background as a clinic administrator, the importance of primary care, and her legislation encouraging and supporting the use of telemedicine;
- Insurance Commissioner Mike Kreidler, who reviewed his 2016 legislative agenda, including a bill addressing “surprise billing” for emergency room services, and a bill requiring registration of insurance company third-party administrators.
- Dr. Bob Crittenden, a past-president of the WAFP and now Governor Inslee's Special Assistant for Health Reform. Dr. Crittenden discussed Governor Inslee's legislative agenda, the Healthier Washington Initiative, and the Medicaid waiver for which the state has applied.
- Marc Provence, Medicaid Transformation Manager with the Health Care Authority, discussed in more detail the changes taking place within Medicaid as part of Healthier Washington, including payment reform, and the state's interest that this prompt similar reforms in the commercial health insurance market.

Following discussion over lunch of the “how-to” of legislative advocacy and of WAFP priority issues, WAFP members spent the afternoon meeting individually or in small groups with legislators representing where they practice and/or live. Included among these was a meeting with Speaker of the House Frank Chopp. These meetings allowed members to connect personally with legislators, discussing how family medicine contributes to their community and what legislators need to do to support it. It was also an opportunity to thank them for, and reinforce the importance of, the funding they provided in 2015 to support family medicine residencies, and the Health Professional Loan Repayment Program. Particular support was also voiced for the 2016 legislation to increase the payment rate for primary care under Medicaid, and to bring more transparency to prescription drug costs and pricing.

Respectfully submitted,

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