

## The 2019 Legislative Session

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The 2019 session of the Washington State Legislature closed on April 28, 105 days after the session began. Although many expected the session to stretch longer than the constitutionally allotted 105 days, the passage of a flurry of bills over the final days allowed legislators to leave on time. In all, the legislature passed 467 bills; Gov. Jay Inslee vetoed all or part of 17 of them.

Numerous bills of interest to family medicine made it through the process and on to the governor's desk for his signature. Among them:

- **Tobacco 21 (HB 1074).** Beginning January 1, 2020, the age at which a person may legally be sold cigarettes, tobacco products and vapor products will go from 18 to 21. This marked the end of a five-year effort, during which time the bill became an Academy priority — with family physicians making compelling public health arguments on its behalf at WAFP's annual advocacy day.
- **Vaccinations (HB 1638).** As of July 28, 2019, a child may no longer be exempt from the requirement to receive the measles, mumps and rubella vaccine based on the philosophical or personal objection of his or her parent or guardian. This bill too was among the bills identified to legislators as a WAFP priority at Family Medicine Day 2019.
- **Healthy Foods (HB 1587).** The Fruit and Vegetable Incentives Program at the Department of Health will, among other things, provide vouchers to health professionals for distribution to eligible participants for use at an authorized farmers market or grocery store.
- **Public Option Insurance Plan (SB 5526).** Beginning in 2021, a state-facilitated health insurance plan will be available to individuals purchasing insurance on Washington's Health Benefit Exchange, with the goal of decreased premiums and lower out-of-pocket costs. Although overall provider reimbursement rates are capped, rates for primary care providers are also subject to a floor. Contrary to other provider organizations, in the name of expanding access to care, WAFP ultimately supported this legislation.
- **Dental Coverage for Pacific Islanders (SB 5274).** Beginning in 2020, subsidized dental coverage will now be available for eligible Washington residents who are citizens of the Republic of the Marshall Island, the Federated States of Micronesia, or the Republic of Palau. This is follow-up to legislation passed in 2018 supported by a WAFP House of Delegates resolution which called for subsidized health coverage to these residents.
- **Business & Occupation Tax Surcharge (HB 2158).** Beginning January 1, 2020, certain businesses, including independent physician practices and clinics, will be subject to a 20 percent B&O tax surcharge, with the revenue being used by the state for various education purposes. WAFP joined others in strongly opposing this bill. Although laudable in purpose, it passed with seeming indifference to the challenges already confronting

independent practices and the choices it might compel with regard to the participation of these practices in public programs such as Medicaid.

Deserving particular mention is the state's 2019-2021 operating budget, which the legislature passed as HB 1109. Although in detail it is too much to summarize here, a few of the highlights for family medicine include:

- **Generally favorable treatment of health care**, including substantial new dollars for behavioral health programs and public health systems. Traditional priorities for WAFP were also maintained, including family practice residencies, the health professional student loan repayment program and Medicaid.
- **Universal coverage work group.** Convened by the Health Care Authority, the work group is directed to study and make recommendations to the legislature on how to create, implement, maintain, and fund a universal health care system. Its final report is due in November 2020.
- **Primary Care Investment Study.** WAFP's 2018 House of Delegates adopted a resolution aimed at increasing the proportion of the health care spending in the state devoted to primary care. This initiative has been guided by an Academy Task Force specifically convened for this purpose, and is modeled after similar work underway in states such as Oregon, Rhode Island and Colorado, and is also supported by the American Academy of Family Physicians.

As a first step, the Academy was successful in procuring an appropriation in the 2019-2021 operating budget funding a study by the Office of Financial Management (OFM). It is using the state's All-Payer Claims Database to determine the current proportion of health care spending which goes to primary care.

The final OFM report is due in December 2019.

Along with physician leaders of the WAFP Task Force, we have been part of the advisory group meeting with OFM staff on a biweekly basis over the interim to provide feedback and guidance on the study. It has been an extremely instructive and insightful process, demonstrating both the challenges of transitioning this initiative from concept to concrete action, and the value of the study as a foundation for WAFP advocacy in 2020 and beyond.

In addition to the OFM study, WAFP efforts in the upcoming legislative session will acknowledge and look to benefit from complementary work to prioritize primary care being done by others such as the Health Care Authority and the Bree Collaborative. In fact, the goal is to move this work forward in a way that does not risk damage to all that is already being done – in a short, election-year legislative session charged with adopting a supplemental budget that does not typically lend itself to big new projects.

As such, WAFP will pursue legislation in 2020 directing the Health Care Authority to convene a formal "primary care collaborative" including a comprehensive set of stakeholders to build on

what's already being done in this state and in others, and deliver to the Governor and the legislature by late next year an actionable roadmap for increasing statewide investment in primary care.

We end by noting that perhaps as significant as the content of the primary care investment initiative is the transition it reflects in the legislative relations work of the Academy: from an organization that has played exclusively a reactive role responding to legislation brought by others, to one which also takes a proactive leadership role in the development and pursuit of its own agenda. This is a fairly dramatic shift, and its success will among other things depend on the ability and willingness of WAFP to prioritize and commit the resources necessary to promote and support a membership that is even more active in the arena of policymaking and politics. The start has been promising, but there's much more to discuss and do that we encourage you all to be part of.