

The 2020 Legislative Session

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March 12 was the last day of Washington's 2020 legislative session. Although subsequent events make it seem like eons ago, we wanted to nonetheless highlight some of the work the WAFP did on your behalf, and results which will matter to you, your practice and your patients.

The central focus of the Academy's advocacy efforts, rooted in a 2018 House of Delegates resolution creating a Primary Care Investment Task Force, were steps towards increasing the proportion of health care spending in the state devoted to primary care.

The benchmark study for which the Academy successfully advocated in 2019 was completed last October; it showed that only four to six percent of health care spending in the state goes to primary care. With the understanding that spending should be two to three times this amount, the report served as the foundation for HB 2615 (Robinson) and SB 6413 (Cleveland), companion bills introduced at WAFP's urging in the 2020 session. The bills directed the state Health Care Authority to convene a Primary Care Collaborative under which a wide variety of stakeholders would meet to determine statewide primary care investment targets and the best strategies to achieve them.

Neither of these bills passed separately, but the text was incorporated in its entirety into the state's 2020 supplemental operating budget as passed by the legislature and sent to Gov. Jay Inslee. Unfortunately, it was among the numerous items vetoed by the governor to free up budget dollars and state agency resources in response to COVID-19.

Despite the veto, the report and subsequent 2020 legislation helped amplify work otherwise being done nationally and in Washington, both within and outside of state government, to prioritize primary care. The Academy is well positioned and already thinking about how to build on this to make further progress on this issue leading up to and during the 2021 session.

Other legislation which passed in the 2020 session supported by WAFP or otherwise of interest to family medicine is listed below. The prime sponsor is noted, but for further information on any of these, we encourage you to go to the legislative website (leg.wa.gov) or the state budget website (fiscal.wa.gov) for details and to read enacted legislation in its entirety.

- HB 1551 (Cody) substantially updates the law regarding control of certain communicable diseases, including allowing a minor of 14 years of age or older to give consent to treatment to avoid HIV infection without a parent or guardian's consent.
- HB 1552 (Dolan) addresses health care provider credentialing by insurance companies, including the requirement that under certain circumstances the companies reimburse a provider for services provided during the credentialing process.
- HB 1608 (Macri) prohibits a health care entity from limiting a provider's provision of accurate and comprehensive information to patients about the patient's health status and treatment options, including information about Washington's Death with Dignity

Act.

- HB 2457 (Cody) establishes the Health Care Cost Transparency Board to annually calculate the total health care expenditures and health care cost growth in Washington and establish a health care cost growth benchmark. An advisory committee to the Board is required to include a WAFP representative.
- SB 5282 (Lias) requires health care providers to obtain informed consent before performing a pelvic exam on an anesthetized patient.
- SB 5385 (Becker) requires health insurers to pay the same rate for a health care service provided through telemedicine as an in-person service. Hospital systems and provider groups of 11 or more may agree to a telemedicine rate that differs from in-person rates.
- SB 5395 (Wilson) requires public schools to provide comprehensive sexual health education by the 2022-23 school year, with notice to parents and the ability to have their children excused from such instruction.
- SB 6086 (Hasegawa) permits a licensed pharmacy to register a remote dispensing site where technology is used to dispense medications for opioid use disorder.
- SB 6288 (Dhingra) creates the Office of Firearm Safety and Violence Prevention within the Department of Commerce, charged with among other things the administration of the Washington Firearm Violence Intervention and Prevention Grant Program.
- SB 6404 (Frockt) requires health insurance companies to submit certain information related to prior authorization practices to the insurance commissioner, and the commissioner to develop standardized reports of the data.
- SB 6551 (Stanford) establishes the International Medical Graduate Implementation Work Group, a grant program for career guidance and clinical training for international medical graduates, and creates an exceptional qualifications waiver and time-limited clinical experience license.

Note should also be made of SB 6492 (Pedersen), which adjusts legislation passed in 2019 imposing a business and occupation tax surcharge on various entities, including independent physician practices. Although it was a goal of WAFP and other physician organizations to have the 2019 surcharge repealed, it was evident early in the session that the legislature had no intention of doing so. However, this bill did reduce the effective tax rate with the surcharge from 1.8 percent to 1.75 percent.

SB 6168 (Rolfes) passed as the state's 2020 supplemental operating budget, adjusting the underlying 2019-2021 biennial operating budget adopted in the 2019 session.

In addition to the Primary Care Collaborative, the budget also included both a Medicaid primary care rate increase and behavioral health rate increase. This was a break-through of sorts – the

result of persistent, ongoing efforts by the WAFP and others to highlight the increasing difficulty of participating in Medicaid given the other burdens and expectations that have been placed on primary care providers. Unfortunately, all three of these provisions were vetoed by Gov. Inslee to preserve state resources in light of COVID-19.

Other items included in the budget and not vetoed by the Governor include:

- Funding to eliminate debt owed to the state by Rural Health Centers stemming from a previous Medicaid reimbursement methodology.
- Funding to backfill lost federal grant funding for Title X family planning services.
- Funding for foundational public health services.

The Academy's advocacy efforts have not slowed since the end of the 2020 session and are unlikely to do for the foreseeable future. Current agenda items include:

- Reacting to and helping shape the state's ongoing response to COVID-19, including steps to support primary care practices confronting adverse financial impacts.
- Determining next steps for the Primary Care Investment Initiative, some of which may dovetail with efforts to mitigate the financial impacts of COVID-19.
- A likely special legislation session this summer, where the legislature is expected to take action – likely cuts – to address the dramatic impact of COVID-19 and the accompanying economic shutdown on the state budget.
- The 2020 elections, where WAFP's FamilyMedPAC will be considering how to strategically support those candidates who will best serve the interests of its members and their patients.
- Identifying additional issues to take up during the 2021 legislative session, including those directed by the 2020 House of Delegates and traditional issues such as funding for the Primary Care Residency Network. The 2021-23 state operating budget, which the 2021 legislature will be required to adopt, is expected to be extremely difficult.
- Initial consideration of the role the Academy will play within the national movement in response to the public health threats posed by racism and law enforcement violence.