

The 2021 Legislative Session: Weeks Ten-Eleven (March 14 – March 27)

Now more than two-thirds of the way through the 2021 regular session, the pace has become even more hectic, with the past two weeks a flurry of activity.

Friday was the deadline for bills still under consideration to be voted out of policy committees in the chamber opposite that in which the bill was introduced. Senate bills not acted upon by House committees and House bills not acted upon by Senate committees will generally no longer continue in the process to becoming law. The deadline for fiscal committees is Friday, April 2.

Bills on which WAFP has been most active over the past two weeks include:

- **Audio-only telemedicine.** [HB 1196](#) requires audio-only telemedicine visits be reimbursed at the same rate as in-person visits. Despite pressure to limit reimbursement to behavioral health visits only and to allow it outside of established clinician-patient relationships (both ideas opposed by WAFP), the bill was amended only slightly by the Senate Health & Long Term Care Committee and passed without an opposing vote. It is scheduled for a hearing before the Senate Ways & Means Committee on Wednesday.
- **Pregnancy and miscarriage-related patient care.** [SB 5140](#) prohibits health care entities from restricting health care providers from providing services related to pregnancy complications. Language in the bill regarding attorney's fees in the case of an enforcement action was amended, and the bill passed the House 57-41. It now goes back to the Senate, which is expected to concur in the amendment and send the bill to Gov. Jay Inslee's desk.
- **Postpartum Medicaid coverage.** [SB 5068](#) extends postpartum Medicaid coverage from its current 60 days to one year following the end of a pregnancy. WAFP President Dr. Lillian Wu testified in favor of the bill before the House Appropriations Committee on March 18. The Committee passed the bill without a dissenting vote, and it is now on the [House Floor Calendar](#) pending what is expected to be a favorable vote by the full House.
- **Public health system restructuring.** [HB 1152](#) makes numerous changes to the structure of the state's public health system, including establishing four regional public health centers. Dr. Ashlin Mountjoy, co-chair of the WAFP Public Health Committee, testified in favor of the bill before the Senate Health & Long-Term Care Committee. With some amendments — including one making it more likely WAFP will be represented on the Public Health Advisory Board — the committee passed the bill with five dissenting votes. It is scheduled for a public hearing before the Senate Ways & Means Committee on Wednesday.

This past week also saw deliberations over the state's 2021-23 operating budget begin in earnest with the release of [budget proposals by both the House and Senate](#). Buoyed by a [favorable state revenue forecast](#) on March 17 and new federal funding, the proposals differ in detail but generally include much of what WAFP explicitly advocated for this year, or otherwise supports, including:

- **Medicaid rate increases.** Both proposals fund Medicaid rate increases for behavioral health services, adult primary care services, pediatric primary care services, and family planning.
- **Foundational public health.** In addition to substantial funding for activities related to COVID-19, the Senate would appropriate \$150 million for foundational public health services. The House proposes \$100 million.
- **Family Medicine Residency Network.** Both House and Senate proposals appropriate the \$8 million needed to maintain the current number of residency slots available in Washington.
- **Subsidized health care.** The Senate would spend \$100 million to subsidize health insurance coverage for individuals earning up to 250 percent of the federal poverty level. The House provides \$35 million for grants to community health centers, rural health clinics, and others to provide care — including primary and preventive care — for uninsured and underinsured individuals.
- **Primary care investment.** The Senate includes a small appropriation to support the Health Care Authority’s continued implementation of its [primary care transformation initiative](#), and language holding it accountable for doing so. This is not in the House proposal.

Both budget proposals assume the passage of [SB 5096](#), which would impose a state capital gains tax. That bill has passed the Senate and is currently before the House Finance Committee.

The House and Senate will each pass their own budget proposals early next week. It will then be time for leadership of both chambers, and the governor, to begin negotiating — likely reaching an agreement on a final budget prior to the end of the 2021 regular session on April 28.