



WSCA Legislative Agenda Update

January 17, 2018

The 2018 WSCA Legislative Agenda focuses on four main points:

- **Fair Pay for Chiropractic Services**
- **Prior Authorization**
- **The Governor's Bill on Opioid Use, and**
- **CQAC Independence from the Department of Health**

There are many more issues the WSCA is monitoring this session. Those matters of greatest concern are detailed below, along with overviews of other issues currently being monitored.

Please note that the information listed here is accurate as of the time of its preparation; however, legislative matters are continually evolving and newer information will supersede what is noted here. The WSCA will provide updates as new information becomes available.

Upcoming Events

Ways & Means (Senate) - SHR 4, - 1/17 @ 3:30pm

- SB 6062 - Public Hearing - Addressing the establishment of an individual health insurance market claims-based reinsurance program.

Ways & Means (Senate) - SHR 4, - 1/18 @ 3:30pm

- SB 6062 - Exec Session - Addressing the establishment of an individual health insurance market claims-based reinsurance program.

Health Care & Wellness (House) - HHR A, JLOB - 1/19 @ 10:00am

- HB 2447 - Public Hearing - Concerning practitioner education of opiate risks and pain management alternatives.
- HB 2489 - Public Hearing - Concerning opioid use disorder treatment, prevention, and related services.

HIGH PRIORITY BILLS

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Position</u>
<p>Opiate prescriptions</p> <p>HB 2272 (SB 6050)</p>	H HC/Wellness	Cody	Support
<p>Concerning restrictions on prescriptions for opiates.</p> <p>WSCA requested that the practitioner must discuss non-pharmacological options with a patient prior to prescribing and opioid.</p>			
<p>Chiropractic QAC authority</p> <p>HB 2313 (SB 6156)</p>	H HC/Wellness	Cody	Support
<p>Providing the chiropractic quality assurance commission with additional authority over budget development, spending, and staffing.</p> <p>WSCA PRIORITY LEGISLATION- WSCA provided public testimony on 1/10/18 and has requested the bill be scheduled for Executive Session.</p>			
<p>Chiropractic reimbursement</p> <p>SB 5518 (Dead)</p>	S Ways & Means	Miloscia	Support
<p>Requiring fair reimbursement for chiropractic services.</p> <p>Prohibits a health carrier from paying a chiropractor less for a service or procedure identified under a spinal manipulation code. Allows a health carrier to pay a chiropractor less than another provider for procedures or services under an equivalent code based on differences in the cost of maintaining a practice or carrying malpractice insurance, as recognized by a nationally accepted reimbursement methodology.</p> <p>WSCA PRIORITY LEGISLATION - WSCA is working with the new HC Committee Chair and Prime Sponsor to move this bill from the X files and make it eligible for hearing in Senate Ways and Means,</p>			
<p>Health insurance mandates</p> <p>SB 5637 (Dead)</p>	S Health & Long T	Becker	Oppose
<p>Addressing health insurance mandates in the individual and small group markets.</p> <p>Exempts commercial health benefit plans, offered in the individual and small group markets, from all state-mandated benefits beyond those required by the federal government.</p> <p>WSCA opposes any health plan that doesn't contain all state mandates and requirements since the "every category of provider" law is considered a mandate. This law prohibits a carrier from requiring a patient who has a spinal manipulation benefit from directing the patient to one particular profession rather than allowing the patient to choose.</p>			

Young adult health care prg S Health & Long T Ericksen Oppose
Creating the young adult affordable health care program.

Creates the young adult affordable health care program to provide an incentive with a subsidy for young adults under the age of twenty-six who are United States citizens living in this state. Requires the insurance commissioner to develop the program and ensure access to private commercial health care products, certified as qualifying plans with health savings accounts with an accompanying catastrophic health insurance plan.

[SB 5728](#)

WSCA opposes any health plan that doesn't contain all state mandates and requirements since the "every category of provider" law is considered a mandate. This law prohibits a carrier from requiring a patient who has a spinal manipulation benefit from directing the patient to one particular profession rather than allowing the patient to choose. In some cases, catastrophic health plans remove choice of provider. Therefore, without protections to the "every category law" WSCA would oppose the bill.

[SB 6050](#) **Opiate prescriptions** S Health & Long Cleveland Support
(HB
2272) Concerning restrictions on prescriptions for opiates.
WSCA requested that the practitioner must discuss non-pharmacological options with a patient prior to prescribing and opioid.

[SB 6156](#) **Chiropractic QAC authority** S Health & Long Cleveland Support
(HB
2313) Providing the chiropractic quality assurance commission with additional authority over budget development, spending, and staffing.
WSCA PRIORITY LEGISLATION - Provides additional authority over budget development, spending, and staffing to the chiropractic quality assurance commission.
See notes on HB 2313

[SB 6157](#) **Health plan prior auth.** S Health & Long Short Support
Regarding prior authorization.
Prohibits a health carrier from requiring prior authorization for an initial evaluation and management visit and up to twelve consecutive treatment visits with a contracting provider in a new episode of care of certain therapies that meet standards of medical necessity and are subject to quantitative treatment limits of the health plan.

WSCA PRIORITY LEGISLATION –

MEDIUM PRIORITY BILLS

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Position</u>
<p>HB 2291</p> <p>Massage therapists/photo Concerning the licensure and certification of massage therapists and reflexologists.</p> <p>Requires each license or certificate issued by the secretary of the department of health under chapter 18.108 RCW (massage practitioners) to bear a photograph of the applicant and be designed and constructed in a manner which avoids unreasonable risk of unauthorized alteration or duplication. Requires the secretary to establish, by rule, the appropriate requirements and procedures to create and issue photo licenses and photo certificates to existing license and certificate holders who were licensed and certified before January 1, 2021.</p> <p>WSCA is concerned about how this will apply to massage therapists who work in a chiropractic clinic.</p>	H HC/Wellness	Kraft	Oppose
<p>HB 2355 (SB 6062)</p> <p>Health reinsurance program Addressing the establishment of an individual health insurance market claims-based reinsurance program.</p> <p>Creates the Washington reinsurance program to stabilize the rates and premiums for individual health plans and provide greater financial certainty to consumers of health insurance. Requires the program to be operated by the Washington state health insurance pool and the board of directors of the pool. Requires the insurance commissioner, in consultation with the office of financial management, the department of revenue, the state health care authority, and the state health benefit exchange, to conduct a study on alternative financing mechanisms for the program for calendar years 2021 through 2023. Exempts the following from disclosure under the public records act: Data, information, and documents necessary to prepare the state innovation waiver application, determine reinsurance parameters obtained by the commissioner, and determine reinsurance claims payments. Creates the Washington reinsurance program account. Makes appropriations: (1) From the general fund to the Washington reinsurance program account for implementation and operation of the Washington reinsurance program; (2) From the insurance commissioner's regulatory account to the office of the insurance commissioner for carrying out the commissioner's duties; and (3) From the general fund-state to the office of the insurance commissioner.</p> <p>WSCA is monitoring this bill to assure that a provider tax is not applied to this legislation. Providers already "pay" through their decreased fee schedules.</p>	H HC/Wellness	Cody	Concerns

Pain management education H HC/Wellness McCabe Concerns
Concerning practitioner education of opiate risks and pain management alternatives.

[HB 2447](#)

Establishes Jeremy's law. Requires a practitioner who is authorized to prescribe opiates, who writes a prescription for an opiate for the first time during the course of treatment to a patient, to have an in-person discussion with the patient. Requires the department of health to: (1) Create a brief statement warning individuals about the risks of opiate use and abuse; and (2) Provide the warning on its web site.

WSCA requests that this bill include language that requires a provider to discuss with the patient non-pharmacological options.

Opioid use disorder H HC/Wellness Cody Support
Concerning opioid use disorder treatment, prevention, and related services.

[HB 2489](#)
(SB
6150)

Declares that opioid use disorder is a public health crisis. Requires state agencies to: (1) Increase access to evidence-based opioid use disorder treatment services; (2) Promote coordination of services within the substance use disorder treatment and recovery support system; (3) Strengthen partnerships between opioid use disorder treatment providers and their allied community partners; (4) Expand the use of the state prescription drug monitoring program; and (5) Support comprehensive school and community-based substance use prevention services. Requires that agencies administer state purchased health care programs to: (1) Coordinate activities to implement this act and the state interagency opioid working plan; (2) Explore opportunities to address the opioid epidemic; and (3) Provide status updates as directed by the joint legislative executive committee on health care oversight to promote legislative and executive coordination. Changes the name of the community mental health services act to the community behavioral health services act.

WSCA will ask, in testimony, that the bill include non-pharmacological options to pain management.

Rural MD student loan repay. H Hi Ed Riccelli Concerns
Establishing a matched student loan repayment program for rural medical doctors.

[HB 2598](#)

Creates the matched student loan repayment program for medical doctors to increase the rural physician workforce. Requires the student achievement council office of student financial assistance to administer the program. Creates the medical doctor loan repayment account.

WSCA will request that the sponsor include chiropractors who work in rural areas.

Volunteer health practitioner S Health & Long Pedersen Neutral
Enacting the uniform emergency volunteer health practitioners act.

[SB 5990](#) Establishes the uniform emergency volunteer health practitioners act which applies to volunteer health practitioners registered with a certain registration system and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect.

Health reinsurance program S Health & Long Cleveland Concerns
Addressing the establishment of an individual health insurance market claims-based reinsurance program.

[SB 6062](#)
(HB
2355) Creates the Washington reinsurance program to stabilize the rates and premiums for individual health plans and provide greater financial certainty to consumers of health insurance. Requires the program to be operated by the Washington state health insurance pool and the board of directors of the pool. Requires the insurance commissioner, in consultation with the office of financial management, the department of revenue, the state health care authority, and the state health benefit exchange, to conduct a study on alternative financing mechanisms for the program for calendar years 2021 through 2023. Exempts the following from disclosure under the public records act: Data, information, and documents necessary to prepare the state innovation waiver application, determine reinsurance parameters obtained by the commissioner, and determine reinsurance claims payments. Creates the Washington reinsurance program account. Makes appropriations: (1) From the general fund to the Washington reinsurance program account for implementation and operation of the Washington reinsurance program; (2) From the insurance commissioner's regulatory account to the office of the insurance commissioner for carrying out the commissioner's duties; and (3) From the general fund-state to the office of the insurance commissioner.

See notes on HB 2355

Essential health coverage S Health & Long Cleveland Neutral
Requiring maintenance of minimum essential health care coverage.

[SB 6084](#) Requires an applicable individual, for each month, to ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for the month.

[SB 6150](#)
(HB
2489) **Opioid use disorder** S Health & Long Cleveland Support
Concerning opioid use disorder treatment, prevention, and related services.
Declares that opioid use disorder is a public health crisis. Requires state agencies to: (1) Increase access to evidence-based opioid use disorder treatment services; (2) Promote coordination of services within the substance use disorder treatment and

recovery support system; (3) Strengthen partnerships between opioid use disorder treatment providers and their allied community partners; (4) Expand the use of the state prescription drug monitoring program; and (5) Support comprehensive school and community-based substance use prevention services. Requires that agencies administer state purchased health care programs to: (1) Coordinate activities to implement this act and the state interagency opioid working plan; (2) Explore opportunities to address the opioid epidemic; and (3) Provide status updates as directed by the joint legislative executive committee on health care oversight to promote legislative and executive coordination. Changes the name of the community mental health services act to the community behavioral health services act.

<u>SB 6391</u>	Opioid oversight system Creating a comprehensive opioid oversight system.	Miloscia	Concerns
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LOW PRIORITY BILLS

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Position</u>
<u>HB 1637</u> (SSB 5471)	Medicaid reimbursement/PCPs Concerning the reimbursement rate primary care providers receive to participate in medicaid.	H Approps	Pettigrew Neutral
<u>HB 2482</u> (SB 6247)	Health service limitations Concerning limitations on health care provider services imposed by health care entities. Addresses what a health care entity may or may not do with regard to prohibiting or limiting a health care provider's practice.	H HC/Wellness	Macri Concerns
<u>HB 2500</u>	Health carrier salaries Concerning salaries of nonprofit health carriers. Requires a health carrier, that is a nonprofit organization and has a paid board of directors, to convene a panel of enrollees who will: (1) Set the compensation and benefit levels of the carrier's board of directors; and (2) Approve the compensation and benefit levels of the carrier's employees with the top five highest levels of	H HC/Wellness	Caldier Support

compensation and benefits.

	Health service limitations	S Health & Long	Kuderer	Concerns
<u>SB 6247</u> (HB 2482)	Concerning limitations on health care provider services imposed by health care entities.			
	Addresses what a health care entity may or may not do with regard to prohibiting or limiting a health care provider's practice.			

MONITORING BILLS

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>	<u>Position</u>	
	Health care balance billing	H HC/Wellness	Cody	Neutral
	Addressing health care services balance billing.			
<u>HB 1117</u> (Dead) (SB 5619)	Establishes the balance billing protection act to provide for the protection of consumers against balance billing for emergency and other health care services when: (1) Emergency health care services are provided to a covered person; or (2) Health care services are provided to a covered person at an in-network facility, but are provided by an out-of-network provider when no in-network provider is available to provide the health care services.			
	Health care 3-part aim sol.	H HC/Wellness	Rodne	Oppose
	Creating a pilot project to test a three-part aim solution that improves health and health care in a manner that lowers overall health care costs in a normally distributed population.			
<u>HB 1276</u> (Dead)	Requires the state health care authority to: (1) Conduct a pilot project for enrollees in the uniform medical plan to test a three-part aim solution that improves health and health care in a manner that lowers overall health care costs in a normally distributed population; (2) Conduct a matched cohort study to determine the cost containment capabilities of the three-part aim solution; and (3) Contract, directly or through an insuring or plan administration entity, with a vendor that offers a three-part aim solution.			
	Preventive service coverage	H Rules 3C	Robinson	Neutral
	Requiring health plans to cover, with no cost sharing, all preventive services required to be covered under federal law as of December 31, 2016.			
<u>ESHB 1523</u> (SB 5602)	Requires a health plan to provide coverage for the same preventive services required to be covered under: (1) 42 U.S.C. Sec. 300gg-13 (2016); and (2) Federal rules or guidance in effect on December 31, 2016, implementing 42 U.S.C. Sec. 300gg-13.			

Medical school loan program H Hi Ed Haler Neutral
Establishing a medical school loan program.

HB 2127
(Dead)

Creates the medical student loan program to increase the rural physician workforce in the state. Requires the office of student financial assistance to administer the program and gives the office certain powers and duties. Creates the medical student loan account.

Health care balance billing S Health & Long T Rivers Neutral
Addressing health care services balance billing.

SB 5619
(Dead)
(HB
1117)

Establishes the balance billing protection act to provide for the protection of consumers against balance billing for emergency and other health care services when: (1) Emergency health care services are provided to a covered person; or (2) Health care services are provided to a covered person at an in-network facility, but are provided by an out-of-network provider when no in-network provider is available to provide the health care services.