

## State Legislative Policy Priorities

**Preserve access to health care and health coverage for Washingtonians.** The Medicaid expansion and health insurance exchange subsidies provide insurance and access to more than 700,000 low- and moderate-income working Washingtonians. In the face of possible federal changes, ensure these newly covered people continue to have access to an organized system of health care.

**Maintain hospital system financial stability.** Specific items include:

- ***Re-enact the Hospital Safety Net Assessment Program.*** This is an important program for both the state and hospitals. This program uses an assessment on hospitals to produce revenue to supplement Medicaid for safety net hospitals and revenue to support state health care programs. Hospitals and the state should share equally in the benefits. **(HB 1766)**
- ***Prevent a requirement that public hospital districts use the firefighter retirement system to cover emergency medical technicians' retirement benefits.*** The Department of Retirement Systems is interpreting current statute to require hospital district EMTs to join the fire fighters' retirement system and provide enrollment retroactively to 2005. This would require coverage for those no longer employed or alive. **(HB 1932/SB 5659)**

**Improve the mental health system.** Improve the type of information that providers have so they can deliver better patient care for those with mental health problems and increase the number of facilities treating patients with acute mental health needs through:

- ***Revising the state's mental health information laws.*** Allow for better exchange of information among caregivers while continuing to protect patient privacy. **(HB 1413/SB 5435)**
- ***Allowing expansion for new psychiatric beds.*** Renew the exemption from certificate of need for additional beds at currently licensed hospitals. **(HB 1547/SB 5446)**
- ***Allowing alternatives to Eastern and Western State Hospitals.*** Allow community hospitals to provide long-term psychiatric care. This will expand capacity and allow patients to be treated closer to home. **(HB 2107 and SB 5434)**
- ***Protecting mental health providers from onerous new duty to warn requirements and associated liability.*** A statutory fix is needed to undo the harm to providers, patients and the community that will result from the recent Washington State Supreme Court ruling *Volk v DeMeerleer*. **(HB 1810/SB 5800)**

**Provide tools to combat opioid overuse by enhancing the prescription monitoring program** through:

- ***Informing providers about overdoses.*** Use the prescription monitoring system to notify prescribers and primary care providers when one of their patients experiences an overdose. **(HB 1426 and SB 5248)**
- ***Supporting quality improvement in prescribing practices.*** Use the prescription monitoring program data to provide regular reports to a facility or provider group on the prescribing patterns of their physicians or other staff who prescribe opioids. **(HB 1426 and SB 5248)**

**Support innovative care models** by:

- ***Expanding telemedicine use.*** Based on the recommendation of the telemedicine collaborative, allow payment for visits initiated not only at the patient's home, hospital, or physician office but also at other sites determined by the patient. **(SB 5436)**

- ***Providing a new payment model for vulnerable critical access hospitals.*** Revise payment to support critical services, which include emergency and primary care. **(HB 1520)**
- ***Allowing easier completion of medical advance directives.*** Allow notaries to witness medical advance directives, as currently allowed in the durable power of attorney law. Also, clarify the requirements for witness to the advance directives. **(HB 1640/SB 5478)**

**Support more timely placements for hospital patients who need long term care.** Many hospitals have patients occupying their beds when the patients no longer need acute care. This is not the right place for patients to be, and it uses a valuable community resource. The system can be improved through better incentives for Medicaid managed care plans to speed up the discharge process. The state would charge plans additional amounts if they have patients remaining in the hospital after notification that the patient is ready for transfer to a skilled nursing facility. **(HB 1854)**

**Reduce administrative burdens on practitioners by enacting the physician compact.** Streamline the licensure practices for physicians practicing in multiple states. This interstate compact would allow physicians to have streamlined licensing when practicing across state lines. **(HB 1337/SB 5221)**

**Preserve hospitals' ability to deliver services to patients safely and efficiently.** Allow flexibility in hospital nurse staffing patterns so nurses can take breaks when it makes sense based on patient needs. Hospitals also need the flexibility to use pre-scheduled on-call to ensure adequate staff and need to be able to determine their own nurse staffing standards. Provide overall oversight through each hospital's nurse staffing committee, and measure success through the Medicaid Quality Incentive. **(HB 1714 and HB 1715)**

**Prevent expansion of scope for ambulatory surgery centers.** Ambulatory surgery centers should not be allowed to see patients with anticipated stays longer than 24 hours. These centers are not required to meet hospital regulations for quality and safety. In addition, some centers cherry pick by targeting the better insured patients, leaving the complex and underfunded patients at the local hospitals. **(SB 5593)**

**Clarify legal framework to aid homeless youth receiving medical care.** Appropriately place in statute the provision to allow school employees to consent to outpatient care for homeless youth and establish liability protection for providers. **(HB 1641)**

**Expand the Worker's Compensation Trust Eligibility.** Washington Hospital Services is pursuing legislation to expand the types of health care facilities that can participate in the worker's compensation trust to include large specialty clinics and kidney centers. Currently, the program is only open to hospitals. Expanding eligibility allows WSHA members to participate in the program and will lower costs for current trust members.

**Allow public hospital districts to participate in self-insurance risk pools with other hospitals.** Health care organizations should be allowed to participate in risk pools regardless of their ownership. This legislation creates a new chapter of law that allows public hospitals to participate with non-governmental hospitals in the state's liability pool program. **(SB 5581)**

## State Legislative Budget Priorities (SFY 2018 and 2019)

### WSHA Operating Budget Requests (in priority order):

Re-enact the **Hospital Safety Net Assessment Program with the state and hospitals sharing equally in the benefits.**

- Currently, this program is targeted to return about \$150 million per year in net benefit to safety net hospitals and the state general fund. WSHA is seeking to continue the program for another four years, as long as the program maintains an equal share of benefits for the hospitals and the state. **(HB 1766)**

Prevent **Medicaid payment cuts for hospital-based outpatient clinics.** (The Governor included a proposed cut of \$40 million in his recent budget.)

- Hospital-based clinics at off-campus locations provide a substantial portion of primary and specialty care to the Medicaid population. Unlike many free-standing doctors' offices, patients are not turned away based on their coverage. These hospital-based clinics are less expensive than other safety net clinics serving Medicaid clients and considerably less expensive to the state than ERs.

Allow **Medicaid billing for integrated mental health in primary care.** This would provide payment for on-site clinic care managers supported by off-site psychiatric specialists. Psychiatric support and ongoing coordination are not currently paid for by Medicaid. (estimated at \$8 million)

- An integrated model of care makes it easier for people with mild to moderate mental health needs to get services. The model uses on-site clinical care managers who provide the bulk of the treatment, with the care managers supported by off-site psychiatrists. This is much more cost-effective than having psychiatric specialists at every location, but it is only sustainable if the care managers and psychiatrists are paid for their time. Medicare now allows billing for this model of care, and WSHA supports a similar change for Medicaid.

Improve **post-discharge placement for complex patients** by increasing funding to facilities willing to serve them. (\$5-6 million)

- Medicaid patients with complex post-hospital care needs often stay for an extended time in the hospital because nursing and adult family homes are unwilling to take them. This proposal would provide additional payments for these complex patients so they can leave the hospital.

Fund **essential services in small rural hospitals** as they transition to new value-based payment models. (\$4 million)

- About a dozen rural hospitals with poor financial outlooks are struggling to preserve essential services needed in their communities: emergency room, primary and long term care. This proposal would help keep the emergency room open and provide additional support for primary care for a three-year period. At the end of that period, the additional costs should be offset from savings to the Medicaid program that come from reductions in the use of more costly services. **(HB 1520)**

Fund **nursing home care in small rural hospitals.** (minimum \$400,000)

- For four rural nursing homes that may not be able to continue operation under current Medicaid levels, this proposal provides an increase to the Medicaid payment rates in order to keep nursing home care in these communities.

Increase the number of **education slots and clinical training for psychiatric advanced registered nurse practitioners.** (\$5 million)

- Washington has a desperate need for more mental health providers. This proposal provides funds to support additional faculty hires for educating and training psychiatric ARNPs and provides funds to preceptors to continue their training.

Combat the opioid crisis through **improvements to the prescription monitoring program (PMP).** (about \$800,000)

- This proposal provides additional funds to the Department of Health to allow improvements to the PMP. It includes funds to provide quarterly reports for quality improvement purposes to hospitals and clinics on the prescribing patterns of their enrolled physicians and other providers. **(HB 1426 and SB 5248)**

Provide needed **depression screening and treatment for adolescents enrolled in AppleHealth.** (\$2 million)

- Along with other organizations, WSHA is supporting additional funding to allow depression screening for Medicaid children aged 11 to 18. This would help ensure early detection and treatment. **(Contained in HB 1713)**

Ensure patients' wishes are being known through **a statewide registry for advance directives.** (\$1 million)

- Through work on Honoring Choices Pacific Northwest, providers and hospitals are making sure patients have an opportunity to complete advance directives. A statewide registry would make these readily available to all providers seeing the patient.

Ensure Medicaid patients receive **well-monitored pain management services.** (\$700,000)

- This proposal would provide increased funds for a center to provide consultation and address questions from providers regarding pain management.

Increase mental health services to communities by appropriately **funding hospitals opening new psychiatric services and updating payment rates for existing hospitals that provide inpatient psychiatric care.** (up to \$10 million)

- This proposal allows those hospitals opening a new psychiatric unit to be paid the same way existing units are paid and provides a boost to better align payment with costs at all providers.

#### **WSHA Capital Budget Requests:**

- Provide funding for **creation of new beds for psychiatric and substance abuse services.** (\$10-12 million)
- Fund capital needs for **rural health clinics providing dental care.**

#### **Other budget priorities WSHA supports:**

- Develop more **supportive housing facilities.**
- Increase state funding for **community mental health services** that prevent the need for inpatient psychiatric care.
- Increase funding targeted at long-term mental health patients, including improvements at **Western and Eastern State Hospitals, alternatives to the state hospital, and supportive housing services.**
- Support foundational public health services at the Department of Health & local public health.