Legislative Summary and Policy Preview

MAY 2016
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WSHA members,

The legislative session is a wrap!

There were many issues at play for hospitals and health systems in this year’s supplemental budget, and legislators were put in a tough spot working to find funding for numerous important issues facing our state. Fortunately, we are pleased to report that the outcome was a remarkably positive one for health care.

The budget includes much-needed investments that will continue to transform the way care is delivered in our state, expanding access where it is needed most and ultimately making our communities healthier. This truly important work is thanks to the tireless efforts from you and your hard-working staff, as well as WSHA’s staff and lobbyists.

The big themes were:

- **Mental health:** Much immediate work was needed to ensure that Washingtonians have the access they need to these important services. This work will continue, but we are glad to report that the legislature rose to the challenge, adding $40 million in new state investments.

- **Expanding access to care:** We continued working to ensure that residents across our state are able to get access to the care they need by successfully supporting telemedicine expansion, more aggressive timelines for provider credentialing and a pilot program for new modes of payment and delivery for our smallest hospitals.

- **Pharmacy:** Opioid abuse has risen to epidemic levels. We successfully supported legislation that expands access for providers to our state’s Prescription Monitoring Program to reduce opioid overprescribing, stopping addiction before it starts and preventing overdoses. We also successfully supported legislation that allows hospitals to transfer medications to their clinics without costly and unnecessary barriers.

- **Support for survivors of sexual assault:** To survive a sexual assault is to survive a horrific, traumatic event that nobody should have to suffer through. In order to help survivors successfully prosecute their attackers, we supported legislation that makes two major improvements to the system: first, the new law creates a statewide tracking system for sexual assault kits, and second, it begins a review of the availability of sexual assault nurse examiners with an eye toward exploring ways to improve access to and fund those services.

- **Public hospital district construction:** AWPHD and WSHA worked together to help pass legislation eliminating barriers faced by public hospital districts that need to update or expand their facilities. These changes enable public hospital districts to operate more efficiently, saving taxpayer dollars.

Thank you for your hard work to make this session another great one for health care in our state. It is our pleasure to represent you in Olympia.

Sincerely,

Scott Bond  
President & CEO  

Cassie Sauer  
Executive Vice President
The final budget included significant new investments in mental health, which was WSHA’s top budget priority in the 2016 legislative session.
State Budget: Supporting Mental Health Care Funding

The budget was again the most difficult task for legislators this year, with the short session extended for ongoing negotiations. The House and Senate approached the budget from very different perspectives, but fortunately they were able to reach an agreement that was beneficial for health care.

One of the largest issues at play for the legislature was mental health funding, which was also our top priority. We directed much of our efforts toward calling for investments to help decrease the long wait times for admission to state psychiatric hospitals and increase the number of caregivers to provide mental health treatment.

Mental Health Funding

**GOAL:** Provide sufficient funding to reduce or end psychiatric boarding for adults, adolescents and children in Washington State. Resources for psychiatric care should be available statewide, should include state hospitals, community inpatient and outpatient services, and appropriate community support services.

**OUTCOME:** $40 million in new state funding.

**Mental Health Operating Funds:** The operating budget includes significant new investments for mental health that are needed to increase the accessibility of mental health treatment.

Of these funds, $28.9 million will help state psychiatric hospitals:

- Provide salary raises to recruit and retain psychiatrists and other psychiatric hospital staff;
- Hire 51 new nurses for Western State Hospital;
- Address overspending and new expenditures to meet Centers for Medicare & Medicaid Services (CMS) requirements;
- Conduct an analysis of and develop a plan to create a forensic teaching unit at the University of Washington in collaboration with Western State Hospital; and
- Discharge 30 patients with long-term care needs from Western State Hospital and contract with a nursing home facility in the community for their care.

The remaining funds are targeted toward community-based care, such as funding mobile crisis teams to provide immediate local interventions and funding four new housing and recovery teams to support patients who are leaving inpatient settings. The budget also funds a pilot telephone-based consultation service for rural areas to support primary care providers addressing children’s mental health needs. Finally, it funds a variety of innovative strategies to prevent patients from needing long-term mental health care and for contracting with a Behavioral Health Organization for long-term care in community settings.

WSHA successfully lobbied for budget language allowing rates for new hospital psychiatric units to be set in a similar way to existing facilities, ending a recent practice that
discouraged hospitals from opening new units because of lower payment rates.

Unfortunately, the budget did not provide additional funding for loan repayment for mental health care providers. WSHA strongly advocated for this to address workforce shortages in mental health, particularly for groups such as psychiatric nurse practitioners and social workers, and we were disappointed it was not included.

WSHA was also concerned about proposals to take significant reserves from Behavioral Health Organizations and what that might mean for access to mental health care. The budget did not take all these reserves.

Mental Health Capital Funds: WSHA’s interest in the capital budget was for funding for new mental health facilities. We are pleased the budget includes significant new funding for construction costs of mental health facilities for both short-term and long-term mental health treatment, including:

- A $5 million competitive grant pool for construction costs for new mental health facilities. Facilities treating involuntarily detained patients — including hospital psychiatric units, evaluation and treatment facilities, crisis stabilization programs and crisis triage centers — are eligible to apply.
- $7.5 million for design and construction of mental health facilities to divert or transition patients from state hospitals to community settings. Some WSHA members are interested in providing this service.
- $6 million for building or renovating four health homes that will serve individuals diagnosed with a chronic behavioral health disorder. The homes must be located in Everett, Bellingham, Southwest Washington or Eastern Washington in counties that have adopted the 1/10th of one percent mental health tax.

Other Items Included in the Budget

- Managed care rate levels: Holds 2017 Medicaid managed care rates to 2016 levels for a projected savings of $13 million state, $47 million total. We are concerned about the impact this could have on patient access to care and payments to providers. The budget also authorizes a workgroup of state agencies to forecast Medicaid managed care rate strategies and the impact on clients by October 2016.
- Home health nurses: Reduces spending by $4.2 million state and $8.5 million total in “inpatient cost avoidance.” Savings would come as a result of avoiding admissions and enabling earlier hospital discharges by increasing access to skilled home RNs and LPNs working with children who need medically intensive care. The state will add $3.25 million to $4.4 million from the federal government to increase the pay rate for home health and private nurses. The HCA will work with WSHA and the Home Health Association to develop a plan to show how home health nursing can prevent readmissions, increase access to care and reduce length of stay. WSHA has concerns about the report and its timeline. The state has requested the analysis by December 2016.
- Department of Health: Funds important new policy bills in the Department of Health (DOH) that were passed, including hospital pharmacy licensing ($160,000),
prescription monitoring program ($26,000), maternal mortality ($230,000), vapor/e-cigarette regulation ($1.6 million), a taskforce on out-of-pocket costs for drugs ($49,000) and vaccine reporting for schools ($511,000). It also appropriates $100,000 to the DOH to ensure hospitals are complying with charity care laws and rules.

- **Sexual Assault Nurse Examiners:** Funds a study of Sexual Assault Nurse Examiners ($76,000) and grants for sexual assault nurse examiner services and training ($60,000) through the Office of Crime Victims Advocacy. The budget also includes $407,000 to the State Patrol to implement the sexual assault kit tracking system, 15 percent of which goes to the Office of Crime Victims Advocacy for the purpose of funding grants for sexual assault nurse examiner services and training.

- **Backlog of Department of Health rules:** Provides funding for rulemaking in the DOH to address the current backlog, which we are hopeful could allow for progress on some pharmacy regulations.

- **Health homes service:** Includes $3.9 million state and $4 million federal funds to maintain and expand health homes services for high-risk, high-cost enrollees who are dually eligible for Medicare and Medicaid.

- **Birth centers:** Directs the state to do a study on how it could utilize birth centers in place of hospitals, specifically focusing on outcomes and C-section rates.

- **Uniform Medical Plan payment rates:** Reiterates a request for the HCA to request CMS to consider Uniform Medical Plan payment rates as an acceptable cost proxy for Federally Qualified Health Center and Rural Health Clinic services. CMS has already denied this request once.

- **Medicaid for incarcerated people:** Directs the state to suspend, rather than terminate, Medicaid enrollment for incarcerated people. This will provide continuity of health care for low-income residents who have completed their sentences and are returning to the community.

- **Restoration of budgeted savings:** Includes restorations of budgeted savings that did not materialize, including $11.4 million in savings that did not occur due to later-than-expected implementation of integration of physical and behavioral health, and $16.7 million in expected savings under an 1115 waiver that CMS did not approve.

- **Tracking preventive services and vaccinations:** Requires the HCA to track and report preventive services and vaccinations provided in Medicaid managed care by carrier, age, gender and other eligibility criteria.

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**BUDGET SUMMARY**

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<thead>
<tr>
<th>ISSUE</th>
<th>FINAL BUDGET</th>
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<tr>
<td>Mental Health Operating Funding</td>
<td>$40 million funded</td>
</tr>
<tr>
<td></td>
<td>• $28.9 million for state psychiatric hospitals</td>
</tr>
<tr>
<td></td>
<td>• $11.1 million for community mental health funding</td>
</tr>
<tr>
<td>Mental Health Capital Funding</td>
<td>$18.5 million funded</td>
</tr>
<tr>
<td>Managed Care Rates</td>
<td>$13 million reduction state, $47 million reduction total</td>
</tr>
<tr>
<td>Home Health Nurses for “inpatient cost avoidance”</td>
<td>$4.2 million reduction state, $8.5 million reduction total</td>
</tr>
<tr>
<td>New Policy Bills</td>
<td>$2.6 million funded</td>
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<tr>
<td>Home Health Service</td>
<td>$3.9 million state and $4 million total funded</td>
</tr>
<tr>
<td>Restoration of Budgeted Savings</td>
<td>$28.1 million appropriated to cover savings that did not materialize</td>
</tr>
<tr>
<td>Loan Repayment for mental health providers</td>
<td>Not funded</td>
</tr>
</tbody>
</table>
State Policy: Moving Health Care Forward

This was another successful year for WSHA’s priority policy bills. WSHA’s top priority was improving mental health care in our state, and WSHA continued to work with members to identify legislation that was needed to improve quality and increase access to care for Washington residents. WSHA took a proactive stance on many issues, engaged with legislators and other stakeholder groups and had great outcomes.

These bills are listed in numerical order.

HB 1682
Improving Educational Outcomes for Homeless Students
(Supported with concerns, Enacted)
This bill allows a school nurse, counselor or homeless student liaison to provide informed consent for certain nonemergency, outpatient health care for minor homeless youth. The bill also provides liability protection for schools and school employees and requires notice of liability protection to be provided to health care providers. WSHA supported the concept of expanded access to care but sought to extend liability protection to health care providers, allowing them to rely upon the consent given by liaisons. Unfortunately, this expanded protection was not included. WSHA will be working to address these concerns via creation of a model notice form that includes an attestation of the role of the person providing informed consent for the homeless youth’s care.

HB 1713
Crisis Substance Abuse Services
(Amended to supported, Enacted)
This bill represents a significant shift in crisis services for our state. It creates a new category for individuals who could be detained under the Involuntary Treatment Act (ITA): people who are a danger to themselves or others as a result of their substance use disorder. The bill essentially replicates the mental health crisis system for at-risk substance use patients. WSHA supports improvements to crisis substance use services but raised serious concerns that without funding for facilities and services, substance abuse patients would be boarded in hospitals. The bill was amended to not allow an individual to be detained for a substance use crisis unless a treatment program has “adequate space.” This compromise alleviates the concerns about boarding individuals in hospitals until 2026, when the adequate space requirement is removed. The bill takes effect Jan. 1, 2018.

HB 2335
Provider Credentialing
(Supported, Enacted)
This bill ensures physicians seeking credentialing by a health carrier are notified of their acceptance or denial within 90 days of submitting their application. It also requires that the average response time be less than 60 days as of June 1, 2020.
Provider credentialing plays an important role in ensuring providers are appropriately trained and of high quality. However, delays in the credentialing process can hurt patients’ access to care by making doctors and nurses wait to start working. This bill ensures that physicians and other providers are efficiently credentialed. It is particularly important for our rural and small hospitals that do not have special credentialing arrangements with insurers. This bill is the result of a collaborative effort led by the Washington State Medical Association.

HB 2350

Medication by Medical Assistants
(Supported, Enacted)

This bill clarifies that medical assistants may retrieve and administer medication in their clinics and hospitals, as long as the duties fall within the scope of the assistant’s training and experience. It was strongly supported by hospitals, clinics and physicians, and it will make care more efficient.

HB 2362

Recordings/Law Enforcement
(Supported, Enacted)

This bill addresses the privacy of law enforcement body camera recordings under the state Public Records Act. Our interest in this bill is that law enforcement are often in health care facilities, and we want to be sure that people’s most private moments captured on body cameras are not made available to the public. We had major concerns about whether recordings taken in a hospital could be made public because law enforcement entities are not covered by federal or state patient privacy laws. This bill includes a WSHA-supported amendment that provides the highly private moments of patients and their families recorded in health care facilities a high degree of protection from public disclosure.

HB 2450

Critical Access Hospitals
(Supported, Enacted)

In some of Washington’s smaller communities, low volumes of patients, the shift from inpatient to outpatient services and a lack of commercial pay patients have put financial strains on local hospitals, putting them at risk of closing. Yet, Washington’s rural population is older, sicker and lower income than in urban areas. This bill seeks to ensure access to essential health services in these communities by giving 10-12 of our state’s smallest hospitals a chance to participate in a pilot program that changes how services are provided and how hospitals are paid. It would allow these hospitals to return to critical access hospital status if they choose, minimizing the risk of participating.

WSHA strongly supported this bill, as state law did not otherwise permit hospitals to return to the critical access hospital program once they left it, discouraging innovation. The pilot program, developed by the Washington Rural Health Access Preservation (WRHAP) project, currently only involves Medicaid payments, but hospitals hope to expand the model to Medicare payments as well.

HB 2452

Medical Licensure Compact
(Supported, Defeated)

This bill would have streamlined licensing for physicians practicing in multiple states, which would have been a significant help for recruiting physicians to work in our state and for border communities. It would have allowed Washington State to participate in a national compact along with 13 other participating states. The national compact facilitates more timely exchange of licensing and disciplinary information between participating states, and
a physician practicing under an interstate compact would be bound to comply with the statutes, rules and regulations of each compact state where he or she practices.

Recruitment of qualified physicians takes place in an increasingly national market, and the continued development of telemedicine made this legislation important as providers work to meet the increased demand for outpatient services from the many more insured residents in our state. Compared with 20 percent nationally, 30 percent of Washington’s physicians are licensed in multiple states, and the need for multi-state licensing will only continue to grow over time. WSHA will advocate in favor of this legislation again in 2017.

**HB 2530**

**Protecting Victims of Sex Crimes**  
**Supported, Enacted**

This bill creates a statewide tracking system for sexual assault kits, allowing survivors, law enforcement officials and prosecuting attorneys to access and track these kits to ensure they can be used as evidence in trial. The bill increases transparency as to the number and location of sexual assault kits throughout the state, and it provides clarity to hospitals and other providers about how to catalog kits. Washington is the first state to implement a statewide tracking system for sexual assault kits.

WSHA is a member of the statewide Sexual Assault Forensic Examination (SAFE) Best Practices Task Force, and strongly supported this bill, which supports survivors of sexual assault and those who care for them.

**HB 2711**

**Increasing the Availability of Sexual Assault Nurse Examiners**  
**Supported, Enacted**

This bill directs the Office of Crime Victims Advocates (OCVA) to conduct a study on the availability of Sexual Assault Nurse Examiners throughout the state and make recommendations for best practices in the delivery of sexual assault examination services. Sexual Assault Nurse Examiners are specially trained to support survivors of assault and gather the evidence that will be used to prosecute and imprison rapists. The study will include important information such as strategies to improve access in underserved areas, including funding options.

As a member of the statewide SAFE Best Practices Task Force, WSHA is dedicated to ensuring survivors of sexual assault receive the best care possible during a very difficult time. This bill is an important part of improving access to skilled, certified nurses to provide patient-centered care to survivors of sexual assault.

**HB 2730**

**Prescription Monitoring Program**  
**Supported, Enacted**

The U.S. is in the grips of an opioid epidemic, and this bill seeks to reduce opioid overprescribing, and therefore addiction and overdose, by enhancing the state’s Prescription Monitoring Program (PMP). The PMP is an effective tool for improving patient care and reducing opioid abuse. The bill expands access to the program to an additional 14,000 licensed providers and streamlines the registration process, making it easier for hospital and health system-based providers to access prescription data. It also removes logistical barriers that have prevented providers from fully utilizing the PMP in the past.

WSHA collaborated with the Washington State Department of Health and the Washington State Medical Association on the bill. Opioid abuse is a threat to our communities, and WSHA is dedicated to doing our part to help stop addiction before it begins.
**SB 5453**

**Establishing Extended Stay Recovery Centers**  
**(Opposed, Defeated)**

This bill, introduced in the 2015 session, would have created “extended stay recovery centers”: ambulatory surgical facilities that could keep patients for up to three days and provide post-surgical care. These centers would essentially operate as hospitals but without the regulations and safeguards under which hospitals operate. WSHA opposes increasing the type and length of care allowed in ambulatory surgical facilities without also increasing the patient safety and community service requirements. If the state allows ambulatory surgical facilities to provide post-surgical care it should be limited to rare circumstances, significantly limited in scope and duration, and subject to state audit and oversight.

**SB 6322**

**Payment of Health Services for Inmates**  
**(Supported, Defeated)**

This bill would have required the Department of Corrections (DOC) to pay an enhanced payment rate for a small subset of vulnerable hospitals that were most impacted by previous cuts in DOC payments down to the Medicaid rate for hospital care. It would have addressed payments for particularly those hospitals that treat large proportions of Medicare, Medicaid and DOC patients. The bill did not progress due to legislators’ concerns about budget increases during a difficult budget session.

**SB 6327**

**Hospital Discharge Planning with Lay Caregivers**  
**(Neutral, Enacted)**

This bill allows a patient to identify a lay caregiver to help with care after discharge. Hospitals will notify the lay caregiver of the patient’s discharge and offer education to the lay caregiver on aftercare tasks, as long as these steps do not delay discharge. Patients will be notified of the need to authorize disclosure of medical information to the patient’s lay caregiver as well as community service providers. WSHA worked with advocates for the bill to create a meaningful process for lay caregivers that was workable in the hospital setting.

**SB 6328**

**Vapor Products and Minors**  
**(Supported, Enacted)**

The Washington State Liquor and Cannabis Board previously had no authority over the sale of e-cigarettes or vapor products to minors. This bill brings statewide regulation and enforcement to a nearly unregulated e-cigarette/vapor market. It establishes important youth access protections, provides meaningful enforcement and establishes consumer protection warnings. This bill is the result of a collaborative effort by stakeholders from across Washington State and takes meaningful steps to make our communities and kids healthier.

**SB 6445**

**Mental Health/Physician Assistants**  
**(Supported, Enacted)**

This bill allows physician assistants — valuable members of the care team — to deliver mental health services through the Involuntary Treatment Act. Physician assistants would be allowed to deliver services they are competent to perform based on their education, training and experience, and that are consistent with their delegation agreement with a supervising physician. Prior to the change, physician assistants were not recognized as mental health professionals who could provide care as part of the Involuntary Treatment Act.
**SB 6519**

**Telemedicine**  
*(Supported, Enacted)*

Telemedicine continues to be one of WSHA’s top priorities, and this bill will help advance telemedicine in our state by charting a course for its future. Beginning in 2018, this bill allows providers to be reimbursed for virtual visits that reach patients in their homes. This requirement applies to patients with commercial insurance plans and Medicaid, as well as to public employees covered by the HCA. This bill also creates a collaborative to be hosted by the University of Washington that will provide recommendations to lawmakers and explore best practices for telemedicine moving forward. The collaborative will convene by this July and will be active through 2018.

Telemedicine has the obvious benefit of connecting rural communities to services that are geographically distant, but this technology can also help vulnerable patients and their caregivers in urban areas.

**SB 6534**

**Maternal Mortality Review Panel**  
*(Supported, Enacted)*

Washington’s maternal mortality rate is higher than the national average, yet the causes of maternal death are often unknown or difficult to identify. This bill establishes a maternal mortality review panel to conduct reviews and make recommendations for system changes to improve health care services for women. The panel will have access to enhanced medical data from across the state to identify risk factors and causes of mortality. The members of the panel will be appointed by the secretary of the Washington State Department of Health. This is a key part of WSHA’s patient safety work, and WSHA successfully advocated to amend the bill to make it workable and meaningful.

**SB 6558**

**Hospital Pharmacy Licenses**  
*(Supported, Enacted)*

For years, hospitals transferred essential medications to their clinics without regulatory barriers. This allowed hospitals to maintain appropriate medication inventory and control while making it easier for patients to get their prescribed medications. However, the state Board of Pharmacy outlawed this practice in 2013, and hospital-owned clinics were told they had to be independently licensed to accept medications from a hospital. For a large hospital system, this would mean applying for and managing upwards of 200 new pharmacy licenses.

In 2015, WSHA advanced legislation (SB 5460) to address these inconsistent licensing requirements and maintain hospitals’ ability to transfer medications to their clinics. This year, the legislature passed SB 6558 to help implement last year’s legislation. This bill provides direction to the state Pharmacy Commission to allow hospital pharmacy licenses to extend to their owned and operated clinics for the purpose of transferring medications, and it directs the commission to inspect those clinics according to the level of service provided.
## WSHA POLICY BILLS SUMMARY

These bills are listed in numerical order. In the case of companion bills, only the enacted bill is listed; dead bills have the companion listed, where applicable. Please visit [www.leg.wa.gov](http://www.leg.wa.gov) to read the text of the bills as they were enacted.

<table>
<thead>
<tr>
<th>BILL #</th>
<th>DESCRIPTION</th>
<th>WSHA POSITION</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>HB 1713 / SB 5573</td>
<td>Integrating the treatment systems for mental health and chemical dependency.</td>
<td>Support</td>
<td>Passed</td>
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<tr>
<td>HB 1732</td>
<td>Addressing meal and rest breaks and mandatory overtime for certain health care employees.</td>
<td>Oppose</td>
<td>Not Passed</td>
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<td>HB 2080 / SB 5720</td>
<td>Concerning fingerprint-based background checks for health professionals.</td>
<td>Support</td>
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<tr>
<td>HB 2313 / SB 6157</td>
<td>Concerning the legal age to purchase tobacco and vapor products.</td>
<td>Support</td>
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<td>HB 2335</td>
<td>Addressing health care provider credentialing.</td>
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<td>HB 2340 / SB 6271</td>
<td>Addressing the Washington state health insurance pool.</td>
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<td></td>
<td></td>
<td></td>
<td>Not Passed in full, sunset extended</td>
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<tr>
<td>HB 2350</td>
<td>Defining the administration of medication by medical assistants.</td>
<td>Support</td>
<td>Passed</td>
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<td>HB 2406</td>
<td>Addressing employment noncompetition agreements (not applicable to health care).</td>
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<td>HB 2439</td>
<td>Increasing access to adequate and appropriate mental health services for children and youth.</td>
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<td>Passed</td>
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<td>HB 2447</td>
<td>Addressing emergency health care services balanced billing.</td>
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<td>HB 2450</td>
<td>Allowing critical access hospitals participating in the Washington rural health access preservation pilot to resume critical access hospital payment and licensure.</td>
<td>Support</td>
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<td>HB 2452 / SB 6228</td>
<td>Creating the interstate medical licensure compact.</td>
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<td>HB 2464</td>
<td>Addressing insurance coverage for abuse-deterrent opioids.</td>
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<td>HB 2485</td>
<td>Requiring hospitals to request information on advanced registered nurse practitioners granted privileges.</td>
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<td>HB 2530</td>
<td>Protecting victims of sex crimes.</td>
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<td>HB 2580</td>
<td>Establishing a public registry for the transparency of blood establishments.</td>
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<tr>
<td>HB 2711</td>
<td>Increasing the availability of sexual assault nurse examiners.</td>
<td>Support</td>
<td>Passed</td>
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<td>HB 2730</td>
<td>Concerning the prescription drug monitoring program.</td>
<td>Support</td>
<td>Passed</td>
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<td>HB 2794</td>
<td>Addressing initial detention determinations by designated mental health professionals.</td>
<td>Oppose</td>
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<td>HB 2926/SB 6530</td>
<td>Providing public notices of public health, safety, and welfare in a language other than English.</td>
<td>Support</td>
<td>Not Passed</td>
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<tr>
<td>HB 2931</td>
<td>Restricting the use of noncompetition agreements (would have applied to health care).</td>
<td>Oppose</td>
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<td>HB 2939/SB 6586</td>
<td>Requiring the DSHS to collect and publicly report information on safe surrender of newborn children.</td>
<td>Support</td>
<td>Not Passed</td>
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<td>SB 5453</td>
<td>Establishing extended stay recovery centers.</td>
<td>Oppose</td>
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<td>SB 5635</td>
<td>Enacting the uniform power of attorney act.</td>
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<td>Passed</td>
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<td>SB 6156</td>
<td>Reauthorizing the Medicaid fraud false claims act.</td>
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<td>Passed</td>
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<td>SB 6270</td>
<td>Providing prenatal vitamin coverage.</td>
<td>Support</td>
<td>Not Passed</td>
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<tr>
<td>SB 6322</td>
<td>Concerning the payment of health services by hospitals for inmates.</td>
<td>Support</td>
<td>Not Passed</td>
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<td>Providing for hospital discharge planning with lay caregivers.</td>
<td>Neutral</td>
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<td>SB 6328</td>
<td>Regulating and enforcing e-cigarette/vapor market.</td>
<td>Support</td>
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<tr>
<td>SB 6519</td>
<td>Expanding patient access to health services through telemedicine and establishing a collaborative for the advancement of telemedicine.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 6558</td>
<td>Allowing a hospital pharmacy license to include individual practitioner offices and multipractitioner clinics owned and operated by a hospital and ensuring such offices and clinics are inspected according to the level of service provided.</td>
<td>Support</td>
<td>Passed</td>
</tr>
<tr>
<td>SB 6625</td>
<td>Restricting the use of employment noncompetition agreements.</td>
<td>Neutral</td>
<td>Not Passed</td>
</tr>
</tbody>
</table>
Association of Washington Public Hospital Districts (AWPHD)

AWPHD’s focus is on the benefits and limitations that affect public hospital districts because of their public status. AWPHD is concerned with legislation that impacts, positively or negatively, hospital districts’ role as units of local government.

This sometimes means amending well-intentioned legislation that inadvertently impacts hospital districts. It also involves stopping legislation that is expressly intended to limit public hospital districts’ administrative capacity. When needed, AWPHD also initiates or supports bills that expand capacity or provide the necessary flexibility for small, rural public hospital districts to operate efficiently and deliver high-quality care.

**HB 2771**

**Hospital District Contracts**  
*(Supported, Enacted)*

This bill allows public hospitals, like other government entities, to accept responsible construction bids that are above the estimated costs without rebidding the entire project. Previously, public hospital districts were required to rebid an entire project if bids received were above the stated estimated cost, even by $1. This requirement was unique to public hospital districts, making projects take longer and more expensive to taxpayers, forcing patients to wait to get the health services they need.

This bill was unanimously endorsed by the Capital Projects Advisory Review Board (CPARB), and we are grateful for their support.

**HB 2772**

**Hospital District Job Orders**  
*(Supported, Enacted)*

Hospitals, by their nature, are capital intensive and require constant upgrading and remodeling to meet public safety standards. This bill allows public hospital districts to participate in job order contracting to get numerous commonly encountered construction projects done quickly and easily through multi-year contracts. This makes construction more flexible, reduces delays and saves taxpayer money.

This is particularly important for hospitals, given their highly specialized spaces, safety standards and regulations, as having a contractor versed in these nuanced areas is essential. This bill was unanimously endorsed by the Capital Projects Advisory Review Board (CPARB).
SB 6021

Requiring Voters to Ratify an Agreement
(Opposed, Defeated)

This bill would have required that the existing affiliation between King County Public Hospital District No. 1 and University of Washington Medical Center be ratified by a vote of the people despite the fact that the agreement has been repeatedly upheld by the courts. The affiliation was already settled law, and the bill would have set the precedent that affiliations of any sort might be subject to a popular vote, making it difficult to build the collaborations necessary to meet patient needs.

SB 6037

Requiring a Vote for Certain Affiliations
(Opposed, Defeated)

This bill would have required a vote of the people for public hospital districts to enter into an affiliation in which a certain percentage of the district’s operations are contracted to another entity. This would have inhibited the ability of a hospital district from establishing important affiliations to ensure the community continues to have access to crucial health care services it needs.

SB 6312

Core Legislative Powers of Elected Commissioners
(Opposed, Defeated)

This bill would have required a vote of the people for public hospital districts to transfer “core legislative powers” to another agency, such as a partner hospital. This also would have inhibited the ability of hospital districts to form important affiliations to continue delivering high-quality care.
Session is over but policy issues always remain. We are working hard this summer and fall to help members take advantage of new opportunities enacted this legislative session and begin preparing for next session, and to provide leadership for important policy issues that surface outside the legislative process.

While the legislature passed important changes, some of them need further work before they can be realized. Pharmacy is a good example. With the success of our pharmacy legislation, we have begun working with the Department of Health to ensure new regulations will allow hospitals to license their clinic pharmacies under the hospital license, taking into account of the types of services these clinic pharmacies provide. We hope to finally be able to streamline this process.

Then there are issues that continue to rise, despite previous legislative failures. After once again defeating union attempts this session to regulate staff meal and rest breaks, the issue has resurfaced at the agency level. The Department of Labor and Industries is considering revising its guidelines on rest breaks and potentially restricting the use of intermittent rest breaks. Flexibility in staffing is essential in health care settings, when patients’ needs are always changing. It’s important for staff to have breaks, be well-rested and focused on their patients. However, rigid staffing requirements don’t work well in the hospital setting and don’t improve patient care.

We are also working to show our hospitals can voluntarily and collectively address issues of concern brought forward by lawmakers without actually needing new state statutes. Working with a team of financial assistance counselors from your hospitals, we have created a new standardized financial assistance application and communications. At the WSHA Board’s request, we are asking all hospitals to adopt the new standard. We are also working on the community benefits our hospitals provide. As the need for charity care has declined, there is interest in aligning hospital community benefits with regional population health goals.
Meanwhile, the state agencies are busy and we are actively engaged with them. We are working with the Health Care Authority on next year’s hospital safety net assessment program. And we are very much engaged in the state’s work on Healthier Washington. The state has big goals to change the system and may be receiving significant additional federal funds. Now is the time for your hospitals to be part of this effort at the regional level.

We are also beginning to think more about policy actions needed on opioids, mental health and provider licensure. There was significant progress on some of these this year, but a lot more is needed. We have begun developing ideas to bring to the legislature in 2017, and we welcome your suggestions.

While the work goes on, we have seen tremendous forward progress in meeting the health care needs of our state. Most notably, we are fortunate to have a state legislature that understood the need to expand Medicaid. Because of the legislature’s action, our health care system is more stable and there has been a dramatic decrease in the number of Washingtonians who are living without health insurance. That’s a lot to be proud of.

None of the progress would be possible without your active engagement and support. Thank you for letting us represent you.

Cassie Sauer
Executive Vice President

Claudia Sanders
Senior Vice President
Policy Development
The Washington Hospital Political Action Committee (WHPAC) and the American Hospital Association Political Action Committee (AHAPAC) unify hospitals’ political voice. The PACs are important ways for hospital and health system leaders to elect champions and engage with elected officials. Hospitals and health systems have much at stake in the political process on issues including regulation, patient access to care, reimbursements, health quality reporting, improving patient safety and more. Your support helps us elect strong lawmakers and build relationships with them. These conversations ensure they understand how their policies affect our ability to provide safe, quality health care.

It’s Up to You

All Washington State residents, including legislators, depend on hospitals for their health care. Hospitals provide essential health services and jobs in communities across the state. But health care policy is complicated, and lawmakers and their staff members need to ensure that we can continue to improve the quality of care and maintain the fiscal sustainability of our hospitals.

By donating to the PAC, you help ensure that we elect legislators who understand and care about their local hospitals. The PAC also creates opportunities for hospital and health system leaders to build relationships with legislators.

2016 PAC Campaign

Your contributions are key to our advocacy success in Olympia and Washington, D.C. PAC contributions help elect champions for hospitals, build relationship with legislators and provide the opportunity to discuss the impact of legislation on hospitals, staff and patients.

We continue to look to you for support of the PACs and encourage your active, personal involvement. Thanks to the broad support we received from hospitals and health systems throughout the state, our 2015 PAC campaign was very successful.

In 2015: The 2015 PAC campaign raised more than $210,000, surpassing our goal of $200,000.

Additionally, we had 100 percent WSHA Board participation and more than half the hospital leadership teams reach their individual hospital/health system goal.

To make your PAC donation online or for more information about last year’s campaign leaders and how PAC funds are spent, visit [www.wsha.org/whpac](http://www.wsha.org/whpac). Passsword: WHPAC
Thank You for Testifying in Olympia

Your Policy and Advocacy team would like to thank everyone who testified on bills on your behalf in Olympia this session. Your presence, your stories, and your experience help legislators and the public better understand the impact of health care policies on patients and the sustainability of local hospitals.

Glenn Adams, Pharm.D, Administrative Director of Pharmacy, Confluence Health
Gary Bostrom, Chief Executive Officer & Chief Financial Officer, East Adams Rural Healthcare
Laurene Burton, Administrative Director, EvergreenHealth
John Gallagher, Chief Executive Officer, Sunnyside Community Hospital & Clinics
Ty Heim, Director of Construction, EvergreenHealth
Eric Jensen, Chief Administrative Officer, EvergreenHealth Monroe
Matt Levi, Director, Clinical Operations, Care Transformation, and Virtual Health Services, CHI Franciscan Health
Vikki Noyes, Chief Operating Officer, Confluence Health
Cheryl Pell, RPh, Director of Pharmacy Management, Medication Review
Thomas P. Schaaf, MD, Internal Medicine Hospitalist, Providence Health System
John Scott, MD, MSc, Medical Director, UW Telehealth
Michael Schiesser, MD, Internal Medicine, Addiction Medicine, EvergreenHealth