

June 1: Progress on State Legislative Policy Priorities

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 2202)** 

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)** 
- **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 or SB 5894)**

TBD: Necessary to implement the budget.
- **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)**

A study for this may be included in the budget.

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 1427)** 
- **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 1427)** 

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. **(SB 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)**

A study for this may be included in the budget.

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)**



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)**



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)**



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