

Week 4

Friday, Feb. 7, marked the first of a series of cut-off dates that will cut down the number of active bills under consideration for the remainder of the 2020 Legislative Session. This first cut-off was the deadline by which all bills had to be passed out of their policy committee of origin in order to be considered further during the legislative session. As a result, the number of "live" bills was cut down by about half, if not more. You'll see on the attached tracking list which bills are still alive at this time. The fiscal cut off is tomorrow at 5 pm and this will bring the amount of viable bills down even further.

One key bill that WHMCA has been following is in regard to the B&O tax increase. In 2019 the Legislature passed a B&O tax surcharge of 20%, which effectively created a 1.8% rate for the service category. The purpose of the surcharge was to fund financial assistance for higher education students. The tax was supposed to be directed to those professions that relied on employees with a higher education and caught in the net included virtually all of health care except for hospitals. However, the legislation proved too complex to administer and in 2020 it is being revised. The revisions include lowering the B&O tax from 1.8% (that included the surcharge) to 1.75%, and completely exempting those with incomes below \$1 million from the B&O surcharge.

While the legislation to correct the flaws in the 2019 B&O tax is now considered a done deal, awaiting only the Governor's signature, WMHCA did work with the Washington State Medical Association and health care coalition members to try to remove the tax surcharge from all health care providers. Unfortunately, we were unsuccessful despite strong support from Republicans.

WMHCA is also strongly focusing on prior authorization legislature and the challenges that health carrier prior authorization practices pose to consumers and providers. [2ESB 5601](#) would require the registration of health care benefit managers of all types to include pharmacy benefit managers. Increasingly these are the entities who make decisions on how health care is delivered, but unlike health insurance carriers, they are not regulated by the state. This legislation would regulate them and allow the Office of the Insurance Commissioner to more easily investigate complaints. Currently, the legislation is progressing, but some hurdles remain due to insurer opposition. WMHCA has joined with other health care provider organizations to support the legislation.

Legislation ([SSB 6061](#)) was introduced that would require telemedicine training by January 1, 2021 for health care professionals who provide clinical services through telemedicine, unless you're an MD or DO. The sponsor of the legislation learned that current UW residency programs do include telemedicine training. The training, which is currently twenty minutes in length, would be available from the UW's Telemedicine Collaborative. In addition, the legislation allows training to be offered by hospitals and other health care facilities, continuing education courses; or trainings developed by a health professional board or commission.

I have been meeting with various legislators as well as participating in coalition meetings, as usual. I will send another report over on Wednesday with the results of tomorrow evening's cut off.

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