



## Legislative Update

### Washington State Society of Anesthesiologists

#### 2024 Legislative Session Begins Monday

The 60-day session of the Washington State Legislature begins Monday and lawmakers are preparing to hear and vote on bills almost immediately. Several hundred bills have been pre-filed for introduction Monday and will add to the carry over bills from the 2023 session.

A short session with one party controlling the Senate, House and Governor's Office would typically involve little controversy. Legislative leaders say they want to focus on housing, behavioral health, public safety and climate change. It's Governor Inslee's last year in office, and all statewide offices are up for election this November, in addition to the entire House and half of the Senate. Several members of the Legislature have announced intentions to run for some other office this year which will impact decisions they make in Olympia.

Last week, a conservative organization called "Let's Go Washington" submitted signatures for six initiatives to the Legislature, which are already fueling some difficult conversations in the Capitol.

- Capital Gains: Repeals capital gains tax
- Income Tax: The state does not have an income tax but recent litigation suggests the current State Supreme Court would approve one if passed by the Legislature. Passage of the initiative would effectively block state adoption of an income tax for two years.
- Payroll Tax: Allows workers to opt out of a payroll tax that funds a state-run long term care insurance system.
- Climate: Repeals the Climate Commitment Act which caps emissions from large industries and sells emissions credits to meet the cap.
- Police Pursuit: Removes restrictions placed on police pursuit of suspects.
- Parental Notification: Requires parental notification for most decisions affecting minor children in public schools. Notification would include discipline, health care (likely including reproductive and gender-assignment health issues), and the ability of parents to opt kids out of sex education curriculum.

These initiatives, if passed, would undo some of the biggest priorities for Democrats in the Legislature over the past few years.

Lawmakers can respond to these initiatives in one of three ways: pass them as written (which is very unlikely); ignore them and allow them to advance to the November 2024 ballot; or propose an alternative that will appear alongside the original initiative on the ballot.

Regardless of how legislators decide to proceed, internal discussions will be extended and debates over possible alternatives could consume precious time in a short legislative session.

## **Anesthesia bills up in week 1**

On Friday, the Senate Health & Long Term Care Committee will hear SB 5184, legislation to create licensure for certified anesthesiologist assistants in Washington. WSSA members plan to testify in the hearing and members who support the bill are encouraged to [register support](#) on the legislative website. WSSA has engaged in several months of stakeholder meetings with CRNAs about this legislation, at the request of the bill's sponsors in the House and Senate, but no agreement was reached. The bill reflects recommendations from a Department of Health sunrise review report in 2021 which recommended licensure for CAAs.

The House Environment & Energy Committee will hear HB 2073 on Thursday. This legislation directs the Department of Ecology to commission a study on “gases with a high global warming potential that are used for anesthetic purposes” and develop and publish a guidance document intended to reduce emissions. DOE must consult with the Department of Health and others (including professional associations) in developing the guidance, which will become mandatory in 2026.

The House Health Care & Wellness Committee will hear [HB 2041](#) on Tuesday, legislation to modify the physician assistant collaborative practice. While WSSA was not directly involved in negotiations on the bill, discussions with the Washington Association of Physicians Assistants (WAPA) and the Washington State Medical Association (WSMA) led to the inclusion of language that preserves the existing requirement that PAs administering general or intrathecal anesthesia must be directly supervised by a physician anesthesiologist.

## **Upcoming Events**

### **Appropriations (House) - HHR A and Virtual JLOB - 1/8 @ 4:00pm**

- HB 2104 - Public Hearing - Making 2023-2025 fiscal biennium supplemental operating appropriations.

### **Health Care & Wellness (House) - HHR A and Virtual JLOB - 1/9 @ 1:30pm**

- HB 1972 - Public Hearing - Increasing the licensure fees that support the Washington physicians health program.
- HB 2041 - Public Hearing - Concerning physician assistant collaborative practice.

### **Ways & Means (Senate) - SHR 4 and Virtual JACB - 1/9 @ 4:00pm**

- SB 5950 - Public Hearing - Making 2023-2025 fiscal biennium supplemental operating appropriations.

### Environment & Energy (House) - HHR C and Virtual JLOB - 1/11 @ 8:00am

- HB 2073 - Public Hearing - Concerning emissions of greenhouse gases from sources other than methane and carbon dioxide.

### Health & Long Term Care (Senate) - SHR 4 and Virtual JACB - 1/12 @ 8:00am

- SB 5184 - Public Hearing - Concerning licensure of anesthesiologist assistants.

## Bill Tracking and Summary List

<u>Bill Details</u>	<u>Status</u>	<u>Sponsor</u>
<p><b>Physicians health prg. fees</b></p> <p><a href="#">HB 1972</a> (SB 5822)</p>	H Prefiled	Simmons
<p>Increasing the licensure fees that support the Washington physicians health program.</p> <p>Summary: Increases the licensure surcharge to support the Washington Physicians Health Program, with physician and physician assistant fees increasing from \$50 to \$70 annually.</p>		
<p><b>Physician assistant practice</b></p> <p><a href="#">HB 2041</a></p>	H Prefiled	Riccelli
<p>Concerning physician assistant collaborative practice.</p> <p>Summary is <a href="#">here</a>.</p>		
<p><b>Cannabis use/SUD employees</b></p> <p><a href="#">HB 2047</a></p>	H Prefiled	Dent
<p>Allowing employers to screen candidates for cannabis use when hiring for certain positions involving services to persons with substance use disorder.</p>		
<p><b>Health employees/overtime</b></p> <p><a href="#">HB 2061</a></p>	H Prefiled	Bronoske
<p>Defining an employee of a health care facility for purposes of mandatory overtime provisions.</p>		
<p><b>Health provider contracting</b></p> <p><a href="#">HB 2066</a> (SB 5948)</p>	H Prefiled	Riccelli
<p>Addressing affordability through health care provider contracting.</p> <p>Prohibits hospitals and health care providers (including physician groups) from engaging in the following contracting tactics:</p> <ul style="list-style-type: none"> <li>• “All-or-nothing clauses” by which a carrier would be forced to contract with multiple hospitals or affiliates of hospitals.</li> <li>• “Anti-steering clauses” by which carriers are restricted from encouraging enrollees to obtain health care services from a competitor of a hospital.</li> <li>• “Anti-tiering clauses” by which carriers must place hospitals or affiliate in a certain cost-sharing tier.</li> </ul>		

Prohibits hospitals and health care providers (including physician groups) from making a public statement or releasing notices to patients about potential or planned terminations of contracts with insurance carriers prior to 30 days before the contract termination date. Violations of the law are enforced by the Attorney General under the consumer protection act, authorizing treble damages in the event of violations.

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**Greenhouse gas other sources**      H Prefiled      Slatter

Concerning emissions of greenhouse gases from sources other than methane and carbon dioxide.

[HB 2073](#)

Directs the Department of Ecology to commission a study on “gases with a high global warming potential that are used for anesthetic purposes” and develop and publish a guidance document intended to reduce emissions. DOE must consult with the Department of Health and others (including professional associations) in developing the guidance.

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**PFML benefits/health info.**      H Prefiled      Berry

Establishing requirements for the disclosure of health care information for qualifying persons to receive paid family and medical leave benefits.

[HB 2102](#)

Requires physicians to submit PFML paperwork within five days and prohibits charging a fee.

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**Operating budget, supp.**      H Prefiled      Ormsby

Making 2023-2025 fiscal biennium supplemental operating appropriations.

[HB 2104](#)  
(SB 5950)

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**Physician wellness programs**      H Prefiled      Thai

Concerning wellness programs for certain health care professionals.

[HB 2122](#)

Establishes confidentiality protections for physician wellness programs to promote their utilization and support retention of workforce.

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**Anesthesiologist assistants**      S Health & Long      Rivers

Concerning licensure of anesthesiologist assistants.

[SB 5184](#)  
(HB 1038)

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**Physicians health prg. fees**      S Prefiled      Muzzall

Increasing the licensure fees that support the Washington physicians health program.

[SB 5822](#)  
(HB 1972)

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**Operating budget, supp.**      S Prefiled      Robinson

Making 2023-2025 fiscal biennium supplemental operating appropriations.

[SB 5950](#)  
(HB 2104)

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**Psilocybin services**      S Prefiled      Salomon

Concerning psilocybin services.

[SB 5977](#)

Establishes circumstances under which nonprofit organizations can lawfully purchase, cultivate, and deliver psilocybin, and for “participants” to consume psilocybin.

Requirements are imposed related to a screening process which must be provided by a licensed medical or mental health provider for participants to receive psilocybin services. Conditions that must be screened for are outlined in the bill, and in some cases participants would be barred from receiving psilocybin services based on their answers, and in other cases would be “encouraged to consult” a health care provider regarding the risk of consuming psilocybin.

The Department of Health is granted rulemaking authority to establish guidelines for “evidence-based or research-based additional screening exclusions.”

Prohibits psilocybin organizations from making claims that psilocybin products and services have curative or therapeutic effects or make other health care claims that are “not supported by the totality of publicly available scientific evidence.”

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