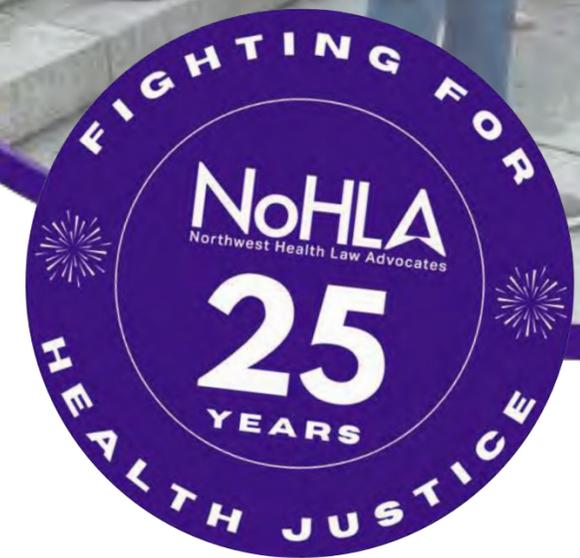


Thanks for being here!

We'll get started shortly.



2026 Legislative Wrap-Up

2026 Legislative Wrap-Up

March 25, 2026

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About NoHLA

- Nonprofit organization
- Established 1999
- Working to ensure that **everyone** in our state can access affordable, quality health care.



Housekeeping Notes

- This event is being recorded.
- There is far more content than we can cover in 60 minutes.
- A selection will be presented now.
- Slides will be emailed, including additional information.

Questions?

Enter in chat.
Q&A at end,
time permitting.

Technical issues?

Message Melissa privately
in Zoom or email
melissa@nohla.org.



Art by [@juliakestnerdesigns](https://www.instagram.com/juliakestnerdesigns) for [Amplifier.org](https://amplifier.org)

Session Overview

- Short 60-day session ended March 12
- Supplemental budget year
- Major federal cuts to health care, food assistance, and other programs
- \$2-5 billion state deficit expected, over a 4-year outlook



Context: Federal Landscape

Federal Health Policy Changes Impacting Washingtonians

Health coverage for 1 in 20 Washingtonians is at risk due to H.R. 1 and the failure to extend enhanced premium tax credits

What is happening?	How many Washingtonians affected?	When?
People with Exchange plans lost enhanced premium tax credits	216,000 (40-80K expected to be priced out)	Jan. 2026
Lawfully present immigrants under the poverty level lost Exchange federal premium tax credits & cost-sharing reductions	10,000	Jan. 2026
Lawfully present immigrants* lose Medicaid	20,000 (including 2,700 losing long-term care)	Oct. 2026
Lawfully present immigrants* lose Medicare	unknown	July 2026 would-be new eligibles; Jan. 2027 for existing eligibles
Lawfully present immigrants* over the poverty level lose Exchange federal premium tax credits & cost-sharing reductions	15,000	Jan. 2027
Medicaid Expansion community engagement (work reporting) requirements and other eligibility and enrollment requirements (e.g., semi-annual redeterminations; retroactive coverage reductions) go into effect	200,000-250,000	Jan. 2027
Medicaid cost-sharing requirements go into effect	78,000	Oct. 2028

In addition to these coverage losses, H.R. 1 is expected to result in billions of reduced revenue to WA health providers & systems.

*Naturalized citizens, green card holders, COFA islanders, and Cuban/Haitian entrants remain eligible

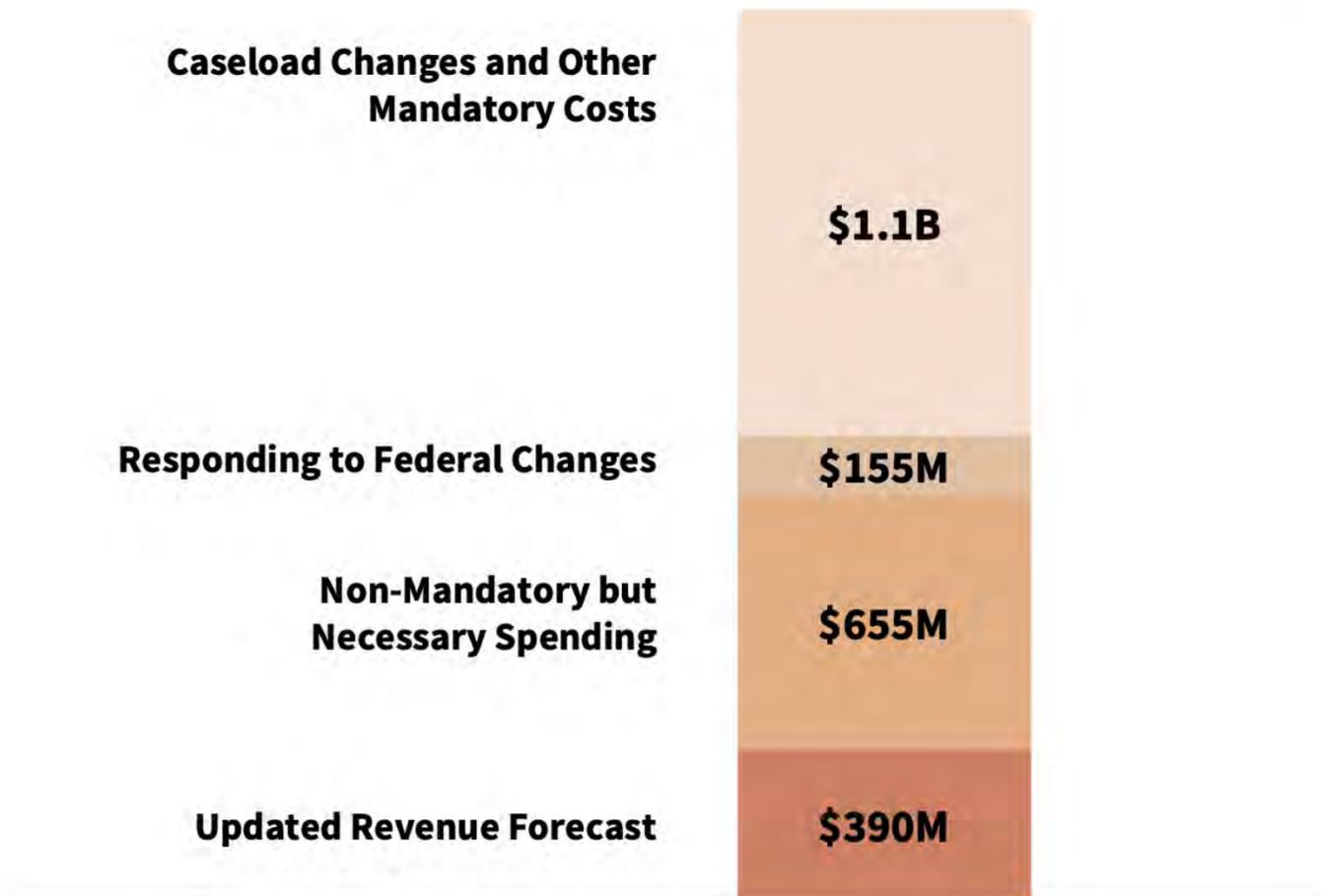
Source: [OFM, HR 1 Impacts on State People and Budget](#)

Context: State Landscape

State Legislature Dynamics

- Second year of the biennial legislative cycle is often more stable
- But this year:
 - Federal threats
 - Ongoing budget instability
 - Governor and agency heads still settling
- Governor's budget can set tone
 - Released later, Dec. 23rd
 - Balanced to 2-year instead of 4-year
 - Continued revenue skepticism

Budget Shortfall: \$2.3B in 2025-27



Source: [OFM, House Appropriations Committee \(Jan. 12, 2026\)](#)

High-Level Session Outcomes: Bills & Budget

- Bills

- [267 bills passed](#) the Legislature - far fewer than usual
- Reminder: Governor has 20 days to sign bills into law or veto*

- Budget

- Budget draws on the Rainy Day Fund
- Balanced to two-year biennium rather than 4-year outlook
- Few new investments - only \$621M for new policy
- Targeted cuts to health, human services, early learning and education - but worst cuts spared
- Reminder: Governor can line-item veto

**bills that are not yet signed by the Governor are noted as “passed” but not “signed”*

High-Level Session Outcomes: Revenue

- Major new revenue: Millionaires' Tax (SB 6346) - **PASSED**
 - Starts generating \$2.3B+ revenue by 2029
 - Funds the Working Families Tax Credit, Fair Start for Kids, free school meals
 - Health impacts:
 - Unallocated revenue (~1/2) goes to general fund, specifically including health
 - Exempts from sales tax: hygiene & grooming products, diapers, over-the-counter drugs
 - Eliminates B&O tax surcharge on large medical groups, hospitals, drug warehouse/resellers
 - Economic Opportunity Institute [fact sheet](#)
- Other revenue helped balance the budget this biennium, including:
 - HB 2487: Clarifies that insurers are only exempted from the B&O tax on insurance business for which they pay the premium tax, rather than ancillary lines of business - **PASSED**
 - SB 6231: Removing a tax exemption for the replacement of equipment for data centers - **PASSED**
 - SB 6228: Removes a tax exemption for the warehousing/reselling of prescription drugs and provides a tax preference for critical access pharmacies - **PASSED**



Session Outcomes: Health Care Priorities

Advocacy makes a difference.

+ 6,191

more health coverage slots for immigrant Washingtonians

who are (or will soon be) otherwise ineligible for health coverage.



+ \$25 million

premium assistance for people buying health insurance

through Washington Healthplanfinder, and for whom costs have skyrocketed.



1 million

Washingtonians did **not** lose access to Physical, Speech, and Occupational Therapies

because we defeated a bill that would have eliminated that coverage for all adults enrolled in Apple Health (Medicaid).



oversight authority

expanded over health business mergers and acquisitions – which are driving up prices and reducing patient access to care.

Expands Attorney General oversight for transactions, like private equity purchases of hospitals and provider groups.



hospital charity care

access defended against proposed restrictions

by defeating a bill that would have restricted hospital charity care, with disproportionate impacts to immigrants, people with housing instability, and people seeking reproductive care.



Priority 1: Defend an equitable health safety net

- **Safety net coverage.** Oppose cuts to Apple Health/Medicaid, the Exchange Marketplace, and Medicare that would reduce eligibility or limit benefits.
- **Immigrant health care.** Maintain the Apple Health Expansion, expand capacity to ensure basic care for 45,000+ lawfully present immigrants losing coverage this year due to H.R. 1, and enhance immigrant privacy protections.
- **Marketplace stabilization.** Maintain Cascade Care Savings premium assistance to help 75,000+ Washingtonians afford coverage, expand investment to offset rising premiums and expired federal enhanced premium tax credits, and set higher standards for Marketplace plans.
- **Progressive & targeted revenue.** Support new progressive revenue to protect the health safety net, including structural solutions to balance our tax code and targeted policies.

Outcome: Safety Net Coverage

The final budget spared deep cuts to most health safety net programs and coverage.

- **House proposed budget:** Would have eliminated all Apple Health/Medicaid coverage of physical therapy, occupational therapy & speech therapy for adults. **NOT ADOPTED**
- **House-proposed budget:** Would have reduced school-based Medicaid funds for early intervention and special education health services (e.g., audiology, mental health, nursing, PT/OT/ST care), shifting costs to schools. **NOT ADOPTED**
- **Both chambers:** Proposed sweeping ~\$33M as an “underspend” from Employment, Day, and Individual & Family Support services for people with developmental disabilities. **NOT ADOPTED**; scaled back to \$12M in the final budget. Will likely still lead to some cuts.*

**With thanks to [The Arc - Washington State](#) for this analysis*

2026 WA Immigrant Health Snapshot: Interest & Need

ription
next slide.

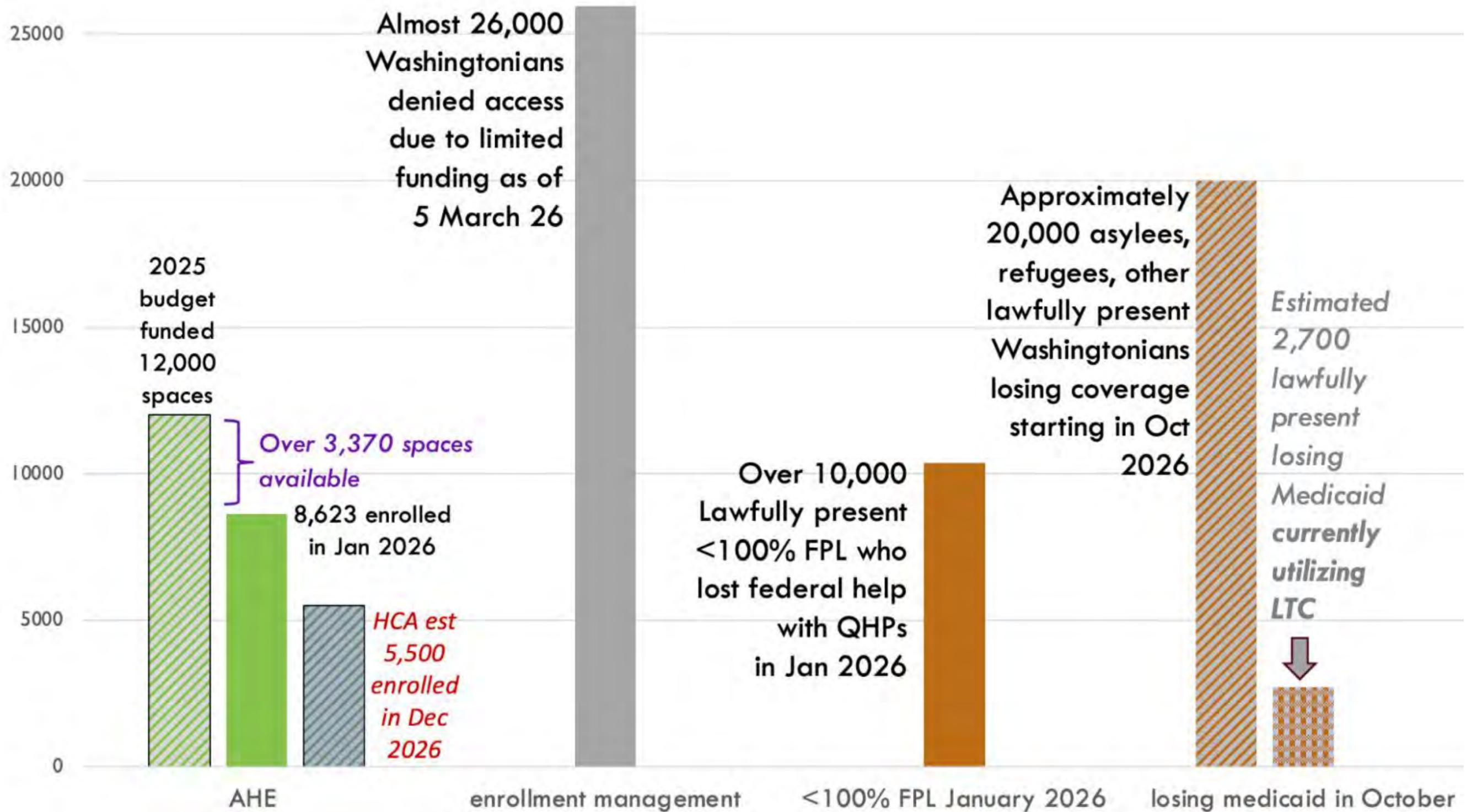


Image description for 2026 WA Immigrant Health Snapshot: Interest & Need

Image description of bar chart from previous slide:

AHE (horizontal axis label)

Group of 3 bars:

- Tallest bar: 2025 budget funded 12,000 spaces; top third of bar marked as Over 3,370 spaces available
- Medium height bar: 8,623 enrolled in Jan 2026
- Shortest bar: HCA est 5,500 enrolled in Dec 2026

Enrollment

Management

(horizontal axis label)

Single bar, notably taller than any other bar in chart. With label: Almost 26,000 Washingtonians denied access due to limited funding as of 5 March 26

<100% FPL Jan 2026

(horizontal axis label)

Single bar, medium height compared to others. With label: Over 10,000 Lawfully present <100% FPL who lost federal help with QHPs in January 2026

Losing Medicaid in October

(horizontal axis label)

Group of 2 bars:

- Second tallest bar of chart, marked as: Approximately 20,000 asylees, refugees, other lawfully present Washingtonians losing coverage starting in Oct 2026
- Smallest bar in chart, labeled: Estimated 2,700 lawfully present losing Medicaid currently utilizing LTC

Outcome: Immigrant Health

The final budget cuts \$28 million from the Apple Health Expansion, but expands 6,191 state slots for immigrants ineligible for federal coverage due to H.R. 1 or otherwise.

- **Apple Health Expansion**

- 2026: Continues enrollment freeze (sweeping previously-appropriated unspent funds)
- Jan. 1, 2027:
 - Expands program by 5,000 slots, for a total of ~12,500 slots
 - Moves program from managed care to fee-for-service delivery

- **State Long-term Care Program**

- Oct. 1, 2026: adds 29 developmental disability slots + 1,162 long-term care slots
- Prioritizes based on acuity and risk of losing housing

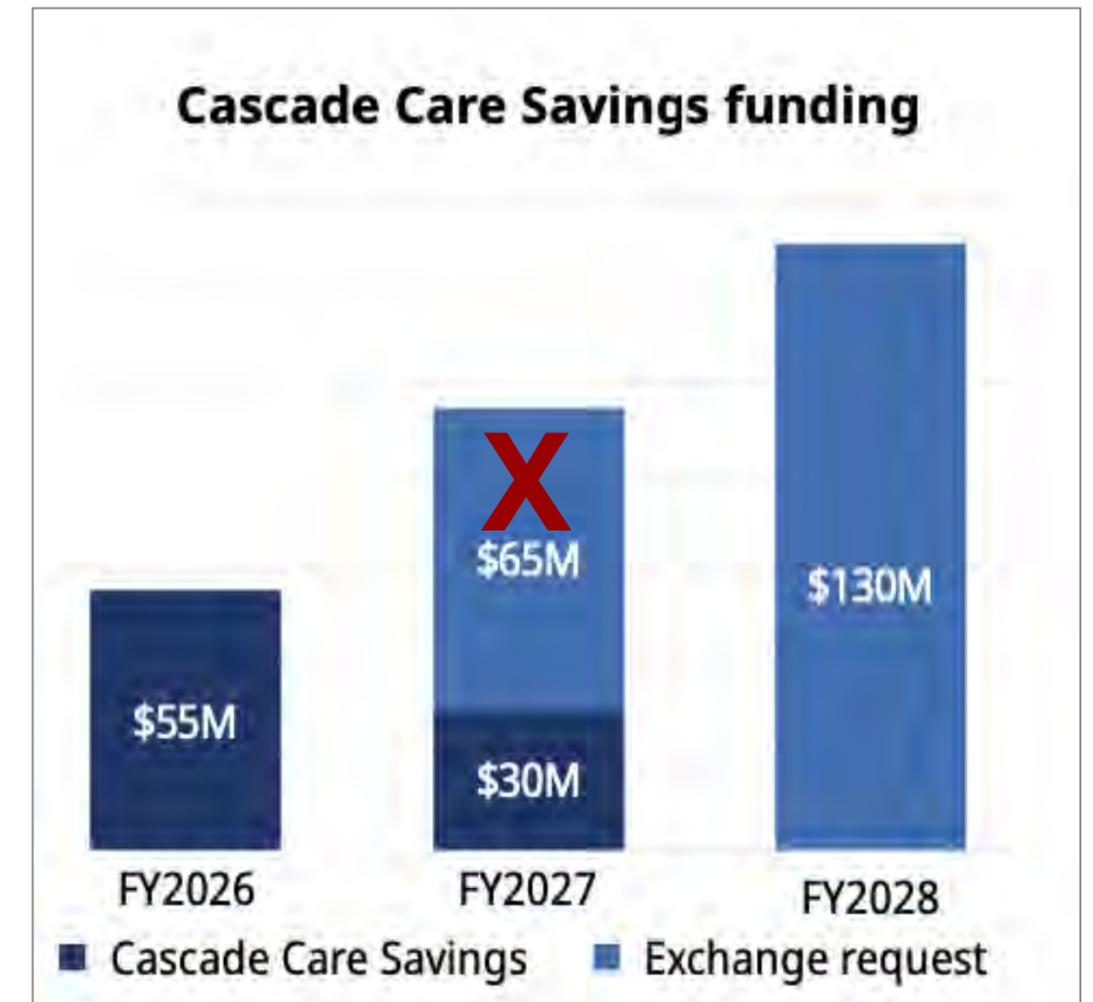
- **For both programs**

- Available to those with immigration statuses ineligible for Medicaid
- HCA must report by Oct. 1, 2026 on how to reduce benefits/services to expand program capacity

Outcome: Marketplace Stabilization

The final budget maintains the state's premium assistance program for lower-income people buying coverage through WA Healthplanfinder, but does not address expanded need.

- **Cascade Care Savings**
 - Program has been funded at \$55M/FY level, but previously only had \$30M appropriated for FY27
 - Health Benefit Exchange requested \$65M additional for FY27, but only received \$25M in the final budget
 - This level funds the program, but will not keep pace with rising premiums and expanded demand due to federal policy changes
- **SB 6210/HB 2564 Health plan certification process** (Slatter/Stonier) - Would have authorized the Exchange to include access and affordability issues among its criteria for certifying health plans. (*Exchange request bill*) **DIED**



Source: [Health Benefit Exchange Cascade Care Savings Fact Sheet, 2026](#)

Outcome: Safety Net Revenue

Legislature considered, but largely did not pass, targeted revenue to support the health safety net.

- **SB 6182** – **Abortion Savings Program** (Bateman) – Establishes an annual assessment on Exchange health plans to fund DOH grants that support abortion services for patients that are uninsured, underinsured, or have insurance barriers. **PASSED**
- **SB 6173 & HB 2300** – **Apple Health Employer Assessment** (Alvarado) and Assessing employers for their workers' health care costs paid by the state (Reeves) – Two different approaches to imposing a fee on large employers for their workers receiving benefits through Apple Health. **BOTH DIED**
- **HB 2073/SB 5808** – **Funding health insurance premium assistance** (Parshley) – Would have require nonprofit health carriers to pay a portion of any excessive surplus to the OIC to help fund premium assistance. **DIED**
- **HB 2626** – **Increasing the insurance premium tax on certain health insurance providers** (Parshley) – Would have increased HMO insurance premium tax by 1% to help fund premium assistance, created a new premium tax on disability insurers, and removed a premium tax exemption for dentistry services payments. **DIED**
- **HB 2745** - **Increasing temporarily insurance premium taxes on insurers to fund health insurance premium assistance** (Parshley) - Would have temporarily increased the premium tax by 0.75% in 2026 to help fund premium assistance. **DIED**
- **HB 2100/SB 6093** – **Enacting an excise tax on large operating companies on the amount of payroll expenses above the minimum wage threshold of the additional Medicare tax to fund services to benefit Washingtonians and establishing the Well Washington fund account (Well WA).** (Scott/Saldaña) **DIED**
- **HB 2175** – **Exempting providers of free durable medical equipment from retail sales & use tax.** (Klicker) **DIED**

Priority 2: Improve health care affordability

- **Stop unfair medical bills.** Support protecting patients from harsh billing practices, such as excessive interest rates and wage garnishment for medical debt.
- **Slow corporate influence.** Support addressing outsized profit incentives by enhancing state oversight of health system consolidations and codifying corporate practice of medicine protections.
- **Tackle high prices.** Support efforts to moderate rising premiums, including requiring insurers to devote a greater share of premiums to care instead of profit or administration.



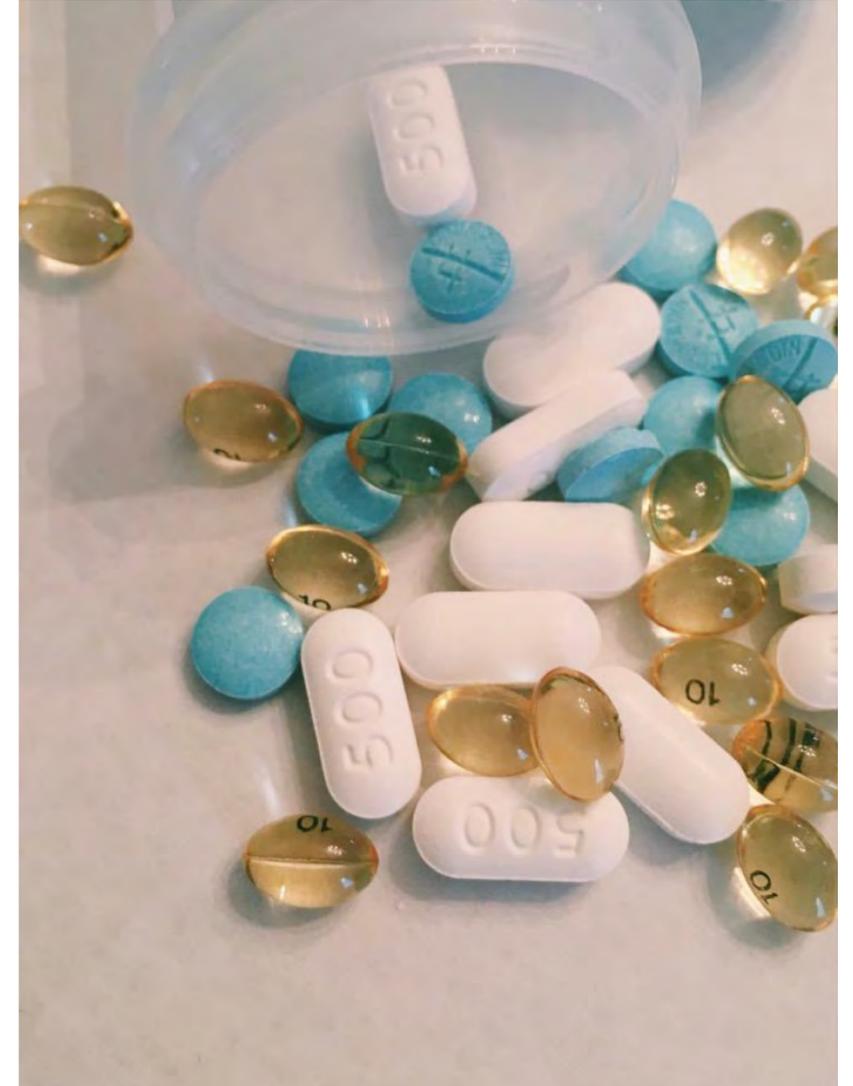
Outcome: Health Affordability Bills

Legislature considered, but largely did not pass, bills to address health affordability.

- **HB 2548 Strengthening health care market standards** (Taylor/Dhingra) - Expands Attorney General oversight of health care mergers, acquisitions, and other transactions involving hospitals and provider groups – including deals with insurers and private equity investors. **SIGNED**
- **SB 5993 Medical debt interest** (Alvarado) – Would ban interest on new or unpaid medical debt and limit enforcement of judgments that include medical debt to 6 years from date of entry. **DIED**
- **SB 6105 Raising the exemption from garnishment of earnings for judgments arising from medical debt** (Lias) – Would exempt from garnishment of medical debt 60 times the state minimum hourly wage or 80% of the disposable earnings of the debtor. **DIED**
- **SB 5387/HB 1675 Corporate practice of medicine** (Robinson/Thai) – Restricts medical practice ownership and control to those with a license to practice medicine. **DIED**
- **SB 5953/HB 2283 Establishing a medical loss ratio of at least 90% for health plans** (Slatter/Rule) – Effective for commercial health plans starting 2027 **DIED**
- **HB 1187 Protecting patients involved in motor vehicle accidents from delayed ambulance bills** (Ryu) **SIGNED**

Priority 3: Expand Access to Care

- **Preventive care, reproductive care, and vaccines.** Support efforts to shore up state vaccine & preventive services infrastructure, reproductive care, and accessible systems as federal public health systems erode.
- **Care denials.** Support eliminating unnecessary care delays and denials, such as excessive prior authorization requirements that stem from AI. Oppose additional care restrictions.



Outcome: Maintaining accessible care

Legislature passed a number of bills aimed at maintaining access to care in the wake of federal changes.

- **HB 2242** – **Preserving access to preventive services by clarifying state authority and definitions** (Bronoske/Cleveland) – Allows DOH, using evidence-based methods, to recommend preventive health services. (*Governor/Insurance Commissioner request legislation*) **SIGNED**
- **HB 2475** – **Language accessible public programs** (Ortiz-Self) – Requires the Office of Equity to develop uniform guidelines for language-accessible public services and collaborate with specified others to develop a proposal to address the statewide interpreter/translator shortage. **SIGNED**
- **SB 5917** – **Improving access to abortion medications** (Thomas/Bateman) – Requires DOC to coordinate with DOH to identify appropriate recipients of abortion medication and prioritize bulk distribution to health care providers/entities, and establish a program to deliver, dispense, and distribute the medication, with discretion whether to charge a fee. (*Women's Commission request legislation*) **SIGNED**

Outcome: Reducing care denials

Legislature also showed a continued interest in reducing care denials at point of service.

- **SB 5395** – **Prior authorization transparency and accountability** (Orwall/Rule) - Strengthens guardrails in the prior authorization process; includes NoHLA-requested language of intent to apply to Medicaid as soon as feasible. **SIGNED**
- **HB 2250/SB 5959** – **Charity care residency** (Engell/Short) - Would have limited eligibility for charity care to people who can readily prove Washington state residency, disproportionately impacting immigrants, those with housing instability, and those seeking reproductive care. **DIED**

Select Other Health Bill & Budget Items (Non-Exhaustive*)



*This summary does not include all health-related items - for more details, see [Budget Documents](#) and [Bills Passed List](#). Note that bills listed in the prior section are not repeated here.

Medicaid Delivery System

- **SB 5124** – **SNF/Rehabilitation Hospitals network adequacy standards** (Muzzall) – Requires HCA to establish and adopt standards by January 1, 2028. **PASSED**
- **SB 5955** **Medicaid fee-for-service** (Hasegawa) – Medicaid Deprivatization Act would shift Medicaid from a largely MCO-based system to managed fee-for-service, to be fully implemented by January 1, 2027. **DIED**
- **SB 5981** **Protecting patient access to discounted medications and health care services through WA's health care safety net by preventing manufacturer limitations on the 340B drug pricing program** (Cleveland/Thai) – Prohibits drug makers from limiting the distribution of 340B discounted drugs through contracted pharmacies, and includes new 340B transparency requirements. **SIGNED**
- **SB 5881** **Providing enhanced Medicaid payments to providers and hospitals** (Muzzall) – Would require that the difference in the state's annual Medicaid expenditures compared to pre- H.R. 1 be transferred from the general fund to a new Medicaid enhanced provider rate account, to pay increased Medicaid reimbursement rates. **DIED**

Medicaid & Health Program Infrastructure – Budget

Work reporting requirements mandated by HR 1:

- **Medicaid eligibility** – Funding provided to comply with increased eligibility verifications;
- **IT Project** – Funding provided to create a community engagement verification hub.
- **CMS Eligibility Solution** – Funding provided to upgrade ProviderOne to comply with CMS mitigation plan requiring Washington to streamline eligibility verification process.
- **Managed care access rules** – Funding provided to implement access rule changed required by HR 1.
- **Rural Health Transformation Project** – Funding provided to implement RHT project under HR 1.
- **Concurrent enrollment** – Funding provided for staffing to implement recommendations from the State Auditor's Office addressing premium payments made as a result of concurrent Medicaid enrollments.
- **Master Person Index** – Funding provided to comply with a CMS mitigation plan requiring WA to streamline eligibility verification and assist with implementation of a community engagement verification hub.
- **Statewide EHR** – Funding provided for staffing and implementation of foundational statewide EHR to support DOC, DSHS, and HCA.

Aging & Disability Care

- **HB 1390 Repeals the Community Protection Program** and requires DSHS to transition clients to less restrictive service options. (Goodman, *DSHS request legislation*) **PASSED**
- **HB 2230 Streamlines the monitoring and oversight of community residential service business providers.** (Zahn) – Allows only one annual routine review per provider in specified areas. **SIGNED**
- **HB 2319 Renaming certain state residential facilities for persons with developmental disabilities** (Farivar) – Would change facility names from “School” to “Residential Habilitation Center.” **DIED**
- **HB 2350 Increasing transparency about Residential Habilitation Center federal compliance** (Farivar) – Requires DSHS to provide affected clients and their representative/family member or named others, and the RHC in question, notice of noncompliance and additional related notices when DSHS has learned that an RHC is out of compliance with federal requirements. **SIGNED**
- **HB 2505 Exempting certain former foster care providers from adult family home licensure** (Eslick) – Lets former foster youth stay in their foster family home without requiring the foster family to go through the burdensome administrative process to become an adult family home. **SIGNED**
- **SB 6019 Improving the functioning of home care rate statutes** (Cleveland) – Directs DSHS to determine, for FY 2027 and beyond, the portion of the total vendor rate dedicated to wages, benefits, and required employer contributions for home care workers who provide direct care. **SIGNED**

Aging & Disability Care – Budget

- The final budget includes \$250,000 for a **comprehensive 10-year DDCCS strategic plan** to expand community-based services and reduce reliance on congregate institutional settings.
- Maintenance of **health homes**, which previously faced a funding cliff
- **Area Agency on Aging (AAA)** case management reduced by 2% for current biennium and an additional 3% in FY 2027 and ongoing
- 10% rate increase for **Adult Day Services**
- Direct and indirect care low-wage equity add-on reduced by 50% (2027) for **nursing homes**; additional add-ons eliminated beginning FY 2029
- **Assisted living facility** funding reduced to reflect one-year delay in statutorily required rate rebase

Universal Health Care

- **SJM 8002** (Hasegawa) – Requests that the federal government make changes to Original Medicare, including that its copays be reduced and benefits increased, to make it more competitive with Medicare Advantage plans. **FILED**
- **SJR 8206 Right to affordable health care** (Hasegawa) – Would send to voters an amendment to the state constitution establishing cost-effective, clinically appropriate, and affordable health care as a fundamental right. **DIED**
- **SB 5946 Expanding medical assistance program income eligibility** (Hasegawa) – Would require HCA to submit a State Plan Amendment to CMS to increase Apple Health income eligibility to 300% FPL (up from today's 138% FPL). **DIED**
- **SB 5947 Establishing the WA Health Care Board** (Hasegawa) – Would require the state, upon federal authorization, to immediately begin implementation of a state-based universal single-payer healthcare system that fully integrates Medicare and ERISA-protected employers. **DIED**
- **SB 5948 Establishing deadlines for the universal health care commission** (Hasegawa) – Would require the UHCC, after other specified steps, to draft legislation for a universal healthcare system by Dec. 1, 2029. **DIED**

Reproductive & Gender-Affirming Care

- **SB 6025** – **Updating the definition of fetal death** (Cleveland) – Modifies the definition of fetal death to mean any product of conception that shows no evidence of life, is not an induced termination of pregnancy, and has completed 20 weeks or more of gestation or weighs 350 grams or more if gestational age is not known. **SIGNED**
- **SB 6183** – **Concerning coverage for HIV antiviral drugs** (Lias) – Requires health plans to cover all FDA-approved HIV antivirals without any utilization management protocols. **SIGNED**
- **Budget item:** Funding for programs and grants for **abortion care**
- **Budget item:** Funding for culturally competent **LGTBQ+ 988** suicide prevention services
- **Budget item:** Funding for FY 2027 to support access to protected health care services, as defined in chapter 7.115 RCW, that are at risk of disruption (such as **gender affirming care**)

Patient Rights & Privacy Protections

- **HB 1496 Strengthening patients' rights regarding their health care information** (Berry) – Would eliminate the per-page fee in favor of a flat fee not to exceed \$50 to provide a medical record copy; would require DOH to establish standards for an actual costs-based fee for providing access to or exchanging electronic health records. Would eliminate free copy of records for SSI or Social Security disability denials. **DIED**
- **HB 2152 Permitting the medical use of cannabis by qualifying patients in specified health care facilities** (Kloba) Requires hospitals, nursing homes, and hospice centers to permit cannabis use by terminally-ill patients within parameters. **SIGNED**
- **SB 5906 Establishing data and personal safety protections within areas of public accommodation** (Hansen) – Would require health facilities to adopt policies designating public and nonpublic areas and barring immigration enforcement personnel from non-public areas without a valid judicial warrant or court order. **DIED**
- **SB 6002 Driver privacy protections** (Trudeau/Salahuddin) – Regulates the use of automated license plate readers, including around certain protected health care facilities. **PASSED**

Public Health

- **HB 2442** – **Providing local governments tax resources and fund flexibility** (Berg/Frame) – Among other things, authorized a new county property tax levy for public health clinic expenses. **PASSED**
- **HB 2294** (Farivar) – **Prohibits negative use restrictions on real property that have the effect of limiting consumer access to food and medicine** to prevent food and medicine deserts **SIGNED**
- **HB 2360** – **Expanding access to albuterol in public and private schools** (Donaghy) **PASSED**
- **SB 6129** – **Taxation of cigarettes and other nicotine products** (Robinson) – Would have added nicotine products to tobacco tax to raise funds for the Andy Hill cancer research endowment fund match transfer account and the foundational public health services account. **DIED**
- **SB 6286** – **Fining private detention facilities that deny entry to Dept. of Health for an inspection** (Orwall) – Would have distributed fines to individuals or families of individuals who have been wrongfully detained, assaulted, or killed at, or while being transported to, a private detention facility. **DIED**

Public Health – Budget

- Effective \$21M cut to the **Foundational Public Health** account due to a prior fund diversion related to the structure of cigarette and nicotine taxes
- HCA funding for **DentistLink**
- HCA funding for a **doula hub**
- DSHS/HCA funding **reductions for behavioral health** staff
- DOH removal of funding & "**underspend**" **sweeps** for a number of programs & services, including community compensation stipends for low-income individuals who participate in engagements across the agency, Health Equity Zones, and Birth Equity project

Behavioral Health

- **HB 2429 Supporting children and youth behavioral health** (Callan) – Requires the Children and Youth Behavioral Health work group to advise & make recommendations to the newly established Children and Youth Behavioral Health Leadership Council regarding implementation of the WA Thriving strategic plan. **SIGNED**
- **HB 1574 – Protecting access to life-saving care and substance use services** (Macri) – would have expanded criminal legal protections for those overdosing and as well as for people, facilities, and programs seeking to prevent overdoses by distributing public health supplies. **DIED**
- **HB 1634 – Providing school districts and public schools with assistance to coordinate comprehensive behavioral health supports for students** (Thai) – requires the development and use of a technical assistance and training framework to help schools support student behavioral health. **SIGNED**
- **HB 1834/SB 5708 – Protecting Washington children online (Keep Kids Safe Online)** (Frame/Callan) – AGO request bill would have prohibited operators of internet-based services/apps from providing addictive feeds to minors **DIED**
- **HB 2038/SB 5799 – Establishing the youth behavioral health account and funding the account through a B&O additional tax on the operation of social media platforms (Callan/Wilson)** – Would have supported implementation of the Washington Thriving Behavioral Health Strategic Plan and more. **DIED**
- **HB 2168/SB 5933 – Facilitating the rapid sharing of overdose mapping information for overdose prevention** (Manjarrez/Riccelli) – would have required DOH to establish a data-sharing system. **DIED**

Behavioral Health - Budget

- **HB 2720** – Increasing access and resources for behavioral health emergency services providers by imposing a covered lives assessment (Macri) – Would have established a tax on specified health plans to help fund crisis services. **DIED**
- **Crisis Services Stakeholdering Proviso** – Directs HCA to develop and submit a report detailing a statewide implementation roadmap and funding plan for crisis relief centers and crisis stabilization units to the Governor and the appropriate committees of the legislature by Dec. 1, 2026.
- **Permanent Supportive Housing/CoC** – Funding provided for grants to recipients of HUD Continuum of Care grants for costs to maintain permanent supportive housing and associated services.
- **CCBHC Demonstration** - Funds HCA to implement two Certified Community Behavioral Health Clinic sites through a federal demonstration project.

Health Care Providers

- **HB 2254 Providing flexibility in the partnership access line to cover administrative costs** (Callan) - Allows the PAL assessment to cover the cost of contracting with the third-party administrator instead of using state general funds. (*Health Care Authority Request*) **SIGNED**
- **HB 2577 Concerning hospital inspections** (Macri) - Makes changes to DOH's hospital inspections process in alignment with JLARC recommendations. **SIGNED**
- **SB 6194 Rural hospitals on reservations** (King) - Allows payments to be made for services provided by any rural hospital that is located on a federally recognized Indian reservation at 150% of FFS rates. **SIGNED**
- **SB 6103 Making payments for services provided by a rural emergency hospital subject to appropriation** (Muzzall) - Facilitates transition of East Adams Hospital to a REH designation. **SIGNED**
- **SB 5923 Concerning critical access hospital designations in Skagit county** (Muzzall) - Facilitates transition of Island Hospital to a CAH designation. **SIGNED**
- **SB 6159 Strengthening public hospitals** (Dhingra) – Would create a new insurer tax to fund a public hospital infrastructure account, from which appropriations could be made to fund public district hospitals or any publicly owned or operated health care entity undertaking a major new construction or modernization project. **DIED**

Health Insurers

- **SB 5845** – **Modernizing and clarifying timely payment requirements for health carriers** (Slatter) – Establishes carrier payment timelines for plans offered to PEBB/SEBB employees, including 30 calendar day maximum for payment of clean claims. **SIGNED**
- **SB 5594** – **Concerning biosimilar medicines and interchangeable biological products** (Harris) Would have allowed insurers to require a patient to try a biosimilar prior to an equivalent branded drug and expand the ability of pharmacists to substitute equivalent or interchangeable drugs. **DIED**
- **Budget item: Ruckelshaus Situational Assessment** - Funds the Office of the Insurance Commissioner to enter a contract with the Ruckelshaus Center to design, convene, and facilitate a collaborative forum with respect to contracting practices between health carriers and health care providers and facilities for fully insured health plans. (Relates to a bill that did not pass, HB 1589).

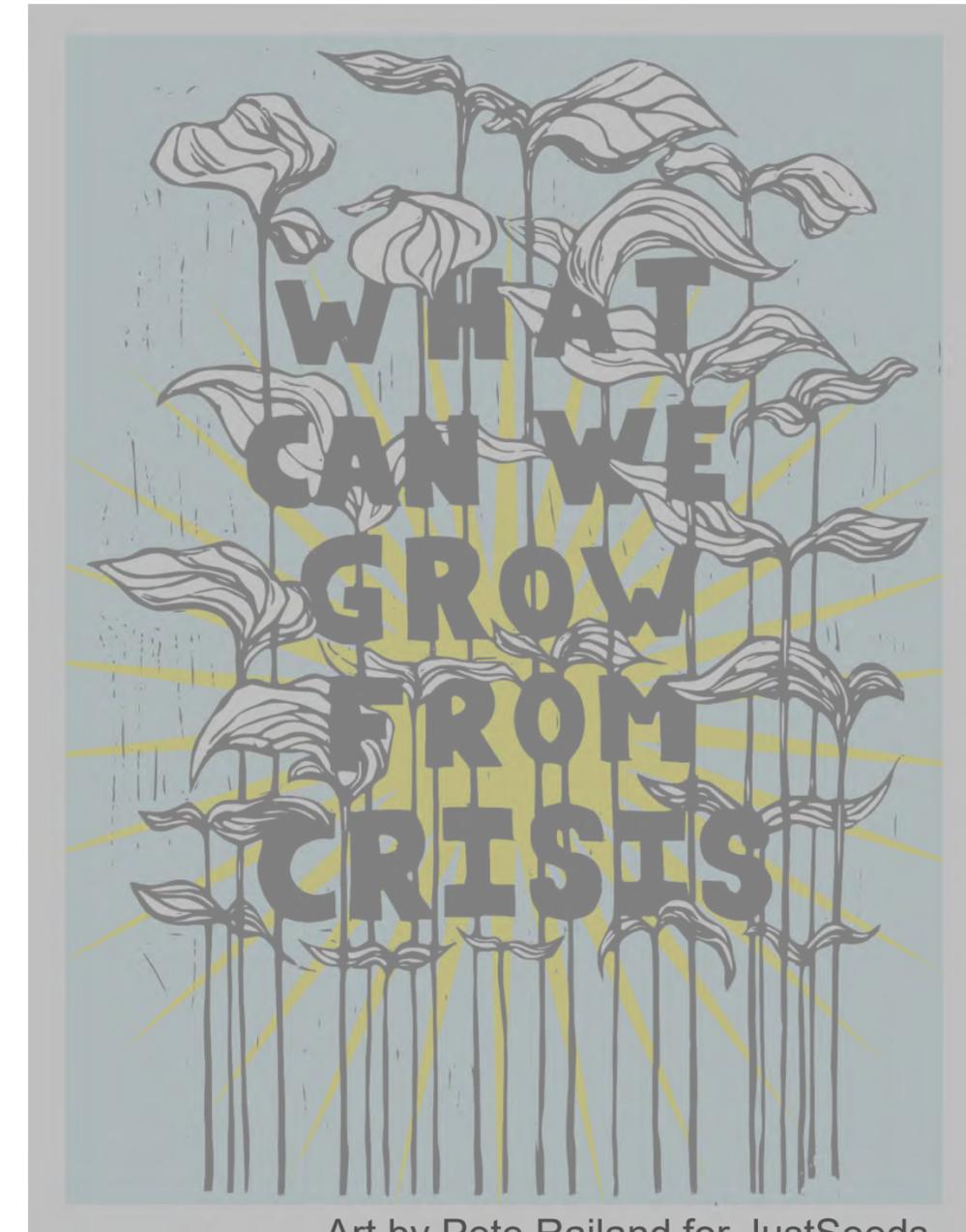
Artificial Intelligence in Health Care

- **HB 2225 Regulation of artificial intelligence companion chatbots** (Wellman/Callan) – Requires AI companion chatbot developers to implement and publicly disclose protocols for detecting and responding to self-harm or suicidal ideation; includes additional protections for minors. (*Governor request bill*) **PASSED**
- **HB 2157 Regulating high-risk artificial intelligence system development, deployment, and use** (Ryu) – Would require developers of high-risk AI systems, which include those used to make decisions regarding access to health care services, to use reasonable care to protect consumers from any known or foreseeable risks of their AI systems' discriminatory impact based on consumers' membership in protected classes (e.g., race, age, disability). **DIED**

What's Ahead

2027 Session Preview

- Many legislator changes known or expected in fall elections cycle
- Many key health issues remain unaddressed, such as:
 - Additional revenue & safety net plan to support H.R. 1 coverage losses
 - H.R. 1 cuts to hospital safety net assessment
- Anticipate continued budget challenges, given:
 - Continued federal volatility and economic instability
 - Biennial budget did not plan toward 4-year outlook
 - Gap until Millionaires' Tax takes effect



Art by [Pete Railand](#) for [JustSeeds](#)

Q & A

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