

## 2010 Session Update

By Melanie Stewart

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Today is the 48th day of this session...meaning that were over  $\frac{3}{4}$  done with the time limited 60 day regular session. However, rumors are already flying that this Legislature may need a special session in order to conclude its business....particularly its work related to filling the \$3 billion deficit.

At this point in the session, the House is considering Senate bills, and visa versa. Because each house often makes changes to the other house's legislation, the final days are spent reconciling two different versions of a bill. That's because the same version must be voted on by each house in order for a bill to make it to the Governor's desk for her signature.

Short, 60 day sessions are always interesting. They're like mini-marathons, but this one is particularly challenging because of the almost \$3 billion budget deficit facing the State. As one step to closing that gap, both the House and Senate voted to suspend Initiative 960, which would have required a  $\frac{2}{3}$  vote of the Legislature for any tax increase. That requirement was seen as unworkable, and an unreasonable restriction on legislators in these extraordinary times.

The House and the Senate have now each unveiled their version of the budget. While the House has yet to release its revenue package, the Senate is focusing on a .3 temporary increase in the sales tax, and increased taxes on cigarettes. Both houses will be passing legislation to tax out-of-state businesses, and deal with what have been termed abusive tax avoidance practices. The Legislature is making these very difficult decisions in order to preserve access to health care, K-12 education, and higher education.

Against this backdrop of how to deal with the deficit, is the failure or the derailing of health care reform at the national level. It has left its mark in this state. Components of health care reform at the national level have been sprouting in this state. For example, House Bill 3015 would allow the state to enter into interstate compacts with other states, to allow those states to sell their insurance products in Washington. Your first reaction may be why not...consumers will have more choices. But then, when you read the fine print of the legislation, and you learn that these insurance products do not have to comply with our mandated benefits....and this would include every category of provider. In what may seem like a shift in thinking, key Democrats sponsored this legislation in both the House (HB 3015) and the Senate (SB 6781). HB 3015 was voted out of House Health Care & Wellness, with a strong bi-partisan vote. It was a very unsettling development and a step backward for health care consumers and providers. I testified with concerns about this legislation, on your behalf. While the bill progressed to the floor of the House, it was not voted on by the deadline, which should mean that it's considered "dead" for the session.

But...surprises can happen and last week the Senate Health and Long-Term Care Committee, replaced ESHB 2875, legislation dealing with health savings accounts for

state employees, with SHB 3015. You might wonder: how can this happen? The answer is that if you have the votes, and no one objects at key times in the process, there is a lot of flexibility in “paper hanging” as it’s termed. In this case, I am working with a broad based group of consumer and provider groups that are interested in stopped the latest incarnation of SHB 3015...now masquerading as ESHB 2875. The short version is that each bill deals with completely different subjects, and this is the basis for our objection...not to mention...that 3015 would take us in the completely wrong direction.

Another “interesting” development in the state is that the Health Care Authority is going to re-launch its non-subsidized Basic Health Plan (BHP) in July 2010. The non-subsidized plan is intended to be an option for the estimated 90,000 person BHP waiting list that is expected to grow to 125,000 by July 2010. The maximum annual benefit is \$75,000. However, massage will probably not be a covered benefit.

And one more “interesting” bill was heard to allow private insurance companies to offer BHP look-a-likes. Sponsored by Republicans, it would have exempted these plans from the requirements of Title 48, except in certain circumstances. The plans would not be subject to every category of provider. I testified with concerns about this legislation, on your behalf. Thankfully, this legislation failed to advance and is considered “dead” for the session.

Because of the growing influence of the federal health care debate on state issues, it is important for your national organization to understand our issues here in Washington. Our every category of provider law is very unique, and is often confused with any willing provider. The bottom line, however, is that we want to have these state provisions protected in any federal reform.

2010 is an election year. It has never been more important to be politically active, and to educate legislators about the important health care benefits of massage. We keep spending more and more on health care, and getting less. It’s time to get back to basics, and there’s nothing more basic than massage!!