Capitol News
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WSLHA Priorities

WSLHA's priority legislation, SB 6071, was voted out of the Senate Health Care Committee on Friday. The original bill limited the time insurers must recover payment from providers to 6 months. The Senate Health Care Committee amended it to one year as a compromise between providers and insurers. Current law is two years. It now goes to the Rules Committee.

WSLHA's other legislative priority is HB 1589, our legislation from the 2025 session regarding provider contracting. WSLHA is working with lawmakers on a strategy to address provider rates outside of the legislative process. In the meantime, to address other issues that providers have with insurers, we are working on an amendment to HB 1589 that would contain only these provisions:

- Require insurers to publish contact information for their primary point of contact
- Require insurers to provide redline versions of updated contracts
- Require insurers to provide payment methodology information no less than 60 days in advance of executing the contract
- For new contracts, requires insurers to provide access to contract information in a manner other than a secure website or portal

On Friday, WSLHA testified with concerns on SB 6226, legislation regarding **the use of telehealth in fitting hearing instruments**. This bill was brought forward by audiologists who oppose the Board of Hearing & Speech's proposed rule to prohibit the use of telehealth for an initial fitting of a hearing instrument. However, the bill language is much broader and could limit the Board's authority to establish other standards of care. WSLHA consulted with ASHA on this bill to determine our position and ASHA weighed in with similar concerns. We are working with the proponents of the bill on an amendment to limit the bill to the issue of telehealth in initial fittings of hearing instruments. A committee vote is scheduled for Wednesday.

On Friday, the Senate Health Care Committee passed SB 5845, the bill requiring **timely payment** on claims. It was amended to give insurers additional time to acknowledge receipt of a claim, from 14 days to 21 days. It also clarifies that carriers have 30 calendar days after receiving all requested documentation to pay or deny the claim. The bill only applies to commercial plans and only to claims from in-network providers.

General News

The third week of the 2026 Washington State Legislative Session marked a transition in the legislative process, as committees began moving beyond the preliminary stage of holding public

hearings on bills. This period, known as the “executive session” phase, is a critical juncture in which committees evaluate proposed legislation. During executive sessions, members debate the merits and potential impacts of each bill, consider and adopt amendments, and ultimately take formal votes to determine whether a measure should advance to the next stage of the legislative process. This stage is especially important because it allows lawmakers to weigh public input received during hearings against policy considerations, political priorities, and fiscal implications.

Looking ahead, after this week’s policy committee cutoff on February 4th, legislators will shift their focus to bills that impact the state budget. These bills have until February 9th to pass out of those fiscal committees. However, bills that are deemed “necessary to implement the budget” or NTIB are not subject to the February 9th deadline.

We anticipate the “millionaire tax” bill to be introduced this week, with a hearing in at least one of the fiscal committees likely Friday.