



Legislative Priorities 2026

Codify Tribal Data Sovereignty

Intent: Governor's Indian Health Advisory Councils established 8 Tribal Data Sovereignty Principles.

[HB 2685](#)

Sponsors: [Lekanoff](#), [Parshley](#), [Ramel](#), [Pollet](#)

- Inherent Tribal Authority to Manage Data
- Ownership of and Authority over Tribal Data
- Informed Consent
- Equal Access to Data (including Tribes in communicable disease notifications)
- Equal Partners in Data Projects
- Consulting and Engaging with Tribes on Use of Their Data
- Privacy and Security Protections (includes Public Records Act exemption for certain Tribal data)
- Tribal Data Sovereignty Supersedes Third Party Access and Use of Tribal Data

Solution: These need to be added to RCW 43.71B- Washington Indian Health Improvement Act.

Transparency in State Savings on Federal Medicaid Matching Funds

Intent:

- **Medicaid is Part of the Federal Trust Responsibility.** The United States has a federal trust responsibility to provide health care to American Indians and Alaska Natives (AI/AN). This responsibility is reflected in Medicaid laws and policies that provide specific protections for AI/AN, Tribes, and Indian health care providers (IHCPs). RCW 43.71B.901 recognizes Washington State's responsibility to act in a manner consistent with the federal trust responsibility. These laws create a three-part relationship between Tribes, the federal government, and Washington State when implementing the Medicaid program.
- **Failure to Understand Federal Laws Harms Tribal Communities.** State agencies should provide regular leadership and staff training on Medicaid laws and policies regarding Tribes and AI/AN. State agencies should also defer to Tribal expertise and experience in operating health care facilities under a complex legal framework.
- **100% Medicaid Match for Tribal Health Services Generates Significant State Savings.** Medicaid allows states to amend their Medicaid plan so that the federal government pays 100% of the costs of services provided to AI/ANs at or through a Tribal facility. Since 1996, Washington State has utilized the 100% Federal Medical Assistance Percentage (FMAP). While the state has not tracked the savings, the 100% FMAP generates millions of dollars in state savings each year.
- **Medicaid Funds Are Necessary for IHCPs to Operate.** IHCPs in Washington State are funded by Indian Health Service at 18% level of need. Medicaid funds are critical for IHCPs to operate and serve their patients. AI/AN experience the highest health disparities among any other population in Washington State. These funds help reduce AI/AN health disparities and improve health outcomes by providing funding necessary to address the longstanding history of health care provider shortages and lack of health care facilities in Indian country.

Solution:

- Require the Health Care Authority to coordinate with the Governor's Indian Health Advisory Council to provide an annual report on the state savings from 100% FMAP;
- State savings resulting from the 100% FMAP must be reflected as revenue in the annual Health Care Authority budget;
- The report must include the state cost for services paid for non-natives. This cost must include the net effect of the increased payment amount the state receives from the 100% FMAP.
- This will be a budget proviso.

Other Priorities for 2026

HB 2182 - Improving access to abortion medications.

- Sponsors: [Thomas](#), [Lekanoff](#), [Parshley](#), [Ryu](#), [Kloba](#), [Doglio](#), [Ramel](#), [Simmons](#), [Peterson](#), [Berry](#), [Reed](#), [Obras](#), [Santos](#), [Cortes](#), [Zahn](#), [Street](#), [Springer](#), [Taylor](#), [Duerr](#), [Ormsby](#), [Berg](#), [Goodman](#), [Reeves](#), [Thai](#), [Macri](#), [Fosse](#), [Bergquist](#), [Salahuddin](#), [Hill](#), [Pollet](#)
- Companion bill: **SB 5917**:
[Bateman](#), [Frame](#), [Alvarado](#), [Cleveland](#), [Conway](#), [Hasegawa](#), [Lias](#), [Nobles](#), [Orwall](#), [Pedersen](#), [Saldaña](#), [Salomon](#), [Stanford](#), [Valdez](#), [Wilson](#), [C.](#)

SB 5981 - Protecting patient access to discounted medications and health care services through Washington's health care safety net by preventing manufacturer limitations on the 340B drug pricing program.

- Sponsor:
[Cleveland](#), [Slatter](#), [Harris](#), [Bateman](#), [Alvarado](#), [Chapman](#), [Dhingra](#), [Frame](#), [Hasegawa](#), [Lias](#), [Pedersen](#), [Saldaña](#), [Valdez](#)
- Companion bill: **HB 2145**:
[Thai](#), [Macri](#), [Obras](#), [Parshley](#), [Tharinger](#), [Salahuddin](#), [Stonier](#), [Berry](#), [Zahn](#), [Bergquist](#), [Lekanoff](#), [Fosse](#), [Stearns](#), [Entenman](#), [Duerr](#), [Wylie](#), [Reed](#), [Fey](#), [Hill](#), [Pollet](#), [Santos](#), [Taylor](#), [Hall](#), [Bernbaum](#), [Berg](#), [Ormsby](#), [Reeves](#), [Ryu](#), [Kloba](#), [Ramel](#), [Doglio](#), [Mena](#), [Cortes](#), [Street](#), [Scott](#), [Thomas](#), [Morgan](#), [Gregerson](#), [Goodman](#), [Farivar](#), [Davis](#)

HB 2281 - Concerning the state and tribal government-to-government relationship.

- This bill that supports the Governor's Executive Order #25-10 that was shared at the Centennial Accord.
- Sponsor:
[Stearns](#), [Mena](#), [Salahuddin](#), [Leavitt](#), [Wylie](#), [Pollet](#), [Reeves](#), [Peterson](#), [Berry](#), [Farivar](#), [Reed](#), [Obras](#), [Santos](#), [Cortes](#), [Parshley](#), [Zahn](#), [Nance](#), [Street](#), [Duerr](#), [Ormsby](#), [Berg](#), [Callan](#), [Lekanoff](#), [Goodman](#), [Macri](#), [Fosse](#), [Hill](#), [Bernbaum](#)

HB 2242 - Preserving access to preventive services by clarifying state authority and definitions

- Sponsor:
[Bronoske](#), [Doglio](#), [Parshley](#), [Simmons](#), [Berry](#), [Ramel](#), [Thomas](#), [Ormsby](#), [Thai](#), [Macri](#), [Fosse](#), [Hill](#), [Pollet](#), [Obras](#), [Wylie](#), [Zahn](#)
- Companion bill: **SB 5967**: [Cleveland](#), [Harris](#), [Hasegawa](#), [Lias](#), [Pedersen](#)
- This bill does not create any mandates for vaccines, it ensures that Washington's vaccine recommendations are determined by the state, are based on the science and evidence base, and that those vaccines remain accessible to the people who live here and want them. The bill calls out the sovereign right of Tribes to determine their own vaccine priorities.

SB 5988 - Establishing fee authority for accreditation services provided to opioid treatment programs by the department of health.

- Sponsor: [Robinson](#)
- Companion Bill **HB 2437**
- WA-DOH held Tribal listening sessions regarding the inability to sustain the OTP accreditation program without fees; this bill would give DOH the authority to establish fees to keep the program going. Overwhelmingly, over the course of our Tribal collaboration, we heard wonderful feedback about the success of our program and the desire to maintain it, even if that means needing to establish fees. Since the listening sessions, we held regular updates at several Tribal meetings and held our follow up listening session for the proposed ARL/leg.

Contact

Vicki Lowe, AIHC Executive Director, vicki.lowe@aihc-wa.com
Maria Ness, AIHC Legislative Liaison, maria.gardipee@outlook.com
Ashley Lowe-Thaens, AIHC Legislative Administrator, ashley.lowe-thaens@aihc-wa.com