

2023 Legislative Biennial Final Budget Details — April 22, 2023

On April 22, the Washington State Legislature finalized their legislative budget for the 2023-2025 biennium. The chart below highlights WSHA’s budget priorities, as well as other items of interest to hospitals and health systems, in comparison to the House and Senate proposals from March.

The charts below list state funds and total funds, which includes a sum of general funding from the state (listed as “GFS” below) and other funds, such as federal funds or funds derived from fees or local intergovernmental transfers.

Our top budget priorities for this budget include:

- **Hospital Safety Net Assessment Program**
- **Difficult to discharge**
- **Health care workforce investments**
- **Behavioral health investments**

Hospital Safety Net Assessment Program

Budget Item Description	House proposal (3/27/23)	Senate proposal (3/23/23)	Final Budget (4/22/23)	WSHA Position
The Hospital Safety Net Assessment Program allows the Health Care Authority (HCA) to collect assessments from hospitals and use the proceeds, along with federal match for enhanced payment to hospitals for Medicaid services.	Legislation reflects the recent agreement.	Legislation reflects the recent agreement.	Funding reflects legislative agreement.	Strong Support – WSHA priority

Difficult to discharge investments (DSHS long-term care, developmental disabilities administration)

Budget Item Description	House proposal (3/27/23)	Senate proposal (3/23/23)	Final Budget (4/22/23)	WSHA Position
Continue the rapid response nursing team program until June 30, 2024, to provide staffing teams for long-term care facilities facing workforce shortages.	\$17.4 M – GFS \$34.8 M – Total	\$17.4 M – GFS \$34.8 M – Total	\$17.4 M – GFS \$34.8 M – Total	Strong Support – WSHA priority
Operations for nursing facility services in Transitional Care Center of Seattle . One FTE position for complex transition planning to home and community-based settings.	\$41 M – GFS \$82 M – Total	\$41 M – GFS \$82 M – Total	\$41 M – GFS \$82 M – Total	Strong Support – WSHA priority

<p>Institutional transitions to help Medicaid patients transition from acute care hospitals, state hospitals and community psychiatric hospitals into settings in the community with more appropriate levels of care. The Governor’s Institutional Transitions budget package was a combination of three agency decision packages: Acute Care Hospital Long Length of Stay, Behavioral Health Transitions, and Housing Expansion.</p> <p>The Acute Care Hospital elements included: specialty dementia care (SDC) slots, community stability supports (CSS) slots, TBI slots, non-citizen slots, and 5 FTE to coordinate placements.</p> <p>The Behavioral Health Transitions package included \$791,000 in staff costs for helping people transition out of state hospitals.</p> <p>The Housing Expansion elements included: Rental subsidies for people leaving nursing homes, state hospitals, and acute care hospitals, an interim housing pilot, and program staff.</p>	<p>Rental subsidies: \$2.1 M – GFS \$139,000 – Total</p> <p>Interim housing: \$2.8 M – GFS/Total</p> <p>Community placement incentives (SDC slots, CSS slots, <i>TBI slots</i>, and 5 FTE): \$5 M – GFS 10.1 M – Total</p> <p>Behavioral health transitions: \$784,000 – GFS \$1.5 M – Total</p> <p>Non-citizen slots: \$1.8 M – GFS \$1.8 M – Total</p>	<p>Community housing transitions (leaving state hospitals): \$3.6 M – GFS \$4.4 M – Total</p> <p>Community placement incentives (SDC slots, CSS slots, and 5 FTE): \$2.6 M – GFS \$5.3 M – Total</p> <p>Behavioral health transitions: \$791,000 – GFS \$1.5 M – Total</p> <p>Non-citizen slots: \$1.8 M – GFS \$1.8 M – Total</p> <p>Not funded: TBI slots</p>	<p>Community housing transitions (leaving state hospitals): \$5 M – GFS \$3 M – Total</p> <p>Community placement incentives (16 SDC slots, 30 CSS slots, 6 TBI slots and 5 FTE): \$3.3 M – GFS \$6.7 M – Total</p> <p>Behavioral health transitions: \$791,000 – GFS \$1.5 M – Total</p> <p>Non-citizen slots: \$1.8 M – GFS \$1.8 M – Total</p>	<p>Strong Support – WSHA priority</p>
<p>Hospital discharge assessment study to evaluate the impact of requiring functional assessments prior to discharge from acute care hospitals.</p>	<p>\$250,000 GFS/Total</p>	<p>\$250,000 GFS/Total</p>	<p>\$250,000 GFS/Total</p>	<p>Strong Support</p>
<p>Taskforce and multi-site difficult to discharge pilot program to address challenges faced with discharging patients from acute care and post-acute care capacity (including incentive payments, administrative support, and HCS assessment).</p>	<p>HCA: \$13.4 M – GFS \$13.7 M – Total DSHS: \$865,000 – GFS \$1.5 M – Total OFM: \$1 M – GFS/Total UW: \$205,000 – GFS/Total (3 sites)</p>	<p>HCA: \$22.3 M – GFS \$22.5 M – Total DSHS: \$1.3 M – GFS; \$2.7 M – Total OFM: \$1 M –GFS/Total UW: \$205,000 – GFS/Total (5 sites)</p>	<p>HCA: \$22.3 M – GFS \$22.5 M – Total DSHS: \$1.3 M – GFS \$2.7 M – Total OFM: \$1 M – GFS/Total UW: \$205,000 – GFS/Total (5 sites)</p>	<p>Strong Support</p>

16-bed Traumatic Brain Injury facility in a community-based residential setting to provide specialized services to individuals experiencing a traumatic brain injury with complex medical and behavioral needs.	\$1.5 M – GFS \$2.9 M – Total	Not funded	Not funded	Strong Support – WSHA priority
Washington State Institute for Public Policy study on the need for developing specialized long-term services and supports for adults with traumatic brain injuries .	Not funded	\$552,000 – GFS/Total	\$480,000 – GFS/Total	
Increase rates for skilled nursing facilities that serve Medicaid clients.	\$107.4 M – GFS \$218.2 M – Total	\$116.7 M – GFS \$240 M – Total	\$104.7 M – GFS \$215.3 M – GFS	Support
Increase rates for assisted living facilities that serve Medicaid clients.	\$34.8 M – GFS \$73.7 M - Total	\$44.4 M – GFS \$94.8 M – Total	\$55.7 M – GFS \$116.9 M – GFS	Support
Enhanced rate pilot for providers who take specialized training to better serve clients with complex support needs to reduce unnecessary hospitalization of children and adults with intellectual & developmental disabilities.	\$5.2 M – GFS \$10.4 M – Total	\$5.2 M – GFS \$10.4 M – Total	\$5.2 M – GFS \$10.4 M – Total	Strong Support – WSHA priority
Specialty adult family home (AFH) pilot for up to 400 clients served by providers that specialize in serving individuals with intellectual or developmental disabilities with co-occurring conditions.	\$6 M – GFS \$13.3 M – Total	\$3.3 M – GFS \$6.9 M – Total	\$3.3 M – GFS \$6.9 M – Total	Strong Support – WSHA priority
Development Disability Administration behavior stabilization program to expand capacity for 10 diversion beds and mobile diversion services, as well as increase the rate for service providers.	\$6.8 M – GFS \$11 M – Total	\$6.8 M – GFS \$11 M – Total	\$6.8 M – GFS \$11 M – Total	Strong Support – WSHA priority
New program with 33 slots for people with developmental disabilities who are transitioning out of acute care and not eligible for federally funded programs due to their immigration status .	\$5.8 M – GFS/Total	\$5.8 M – GFS/Total	\$5.8 M – GFS/Total	Strong Support – WSHA priority
Increased rates for assisted living facilities that serve Medicaid clients with intellectual/developmental disabilities.	\$626,000 – GFS \$1.4 M – Total	\$784,000 – GFS \$1.8 M – Total	\$726,000 – GFS \$1.6 M – Total	Support
Increased rates for community residential services , including individualized support services and administrative components, that serve Medicaid clients with intellectual/developmental disabilities.	\$35.1 M – GFS \$70.9 M – Total	Not funded	\$16.5 M – GFS \$33.3 M – Total	

DSHS funding to increase the capacity of the LTC Ombuds Program to meet the service demands.	\$2.4 M – GFS/Total	\$1.2 M – GFS/Total	\$1.2 M – GFS/Total	
Expand capacity of Office of Public Guardianship to recruit additional public guardians and assist in training.	Not funded	Not funded	\$1.5 M – GFS/Total	
Operating cost for with the phase-in of 64 beds in enhanced services facilities and 107 specialized dementia care beds established through the 2021-23 capital budget for behavioral health providers.	Not funded	\$14.7 M – GFS \$29.6 M – Total	\$14.7 M – GFS \$29.6 M – Total	
Increase to daily rate for enhanced service facilities .	\$7.8 M – GFS \$15.7 M – Total	\$6.5 M – GFS \$13.1 M – Total	\$7.8 M – GFS \$15.7 M – Total	
Increase for specialty dementia care rates for assisted living providers .	\$20.4 M – GFS \$42.4 M – Total	\$11.7 M – GFS \$24.8 M – Total	\$10.9 M – GFS \$22.5 M – Total	
Convert from flat rate to add on rate for nursing homes for specialty behavior services, ventilator, and tracheotomy management . House includes traumatic brain injury daily rate increase.	\$4.8 M – GFS \$9.7 M – Total	\$1.9 M – GFS \$3.9 M – Total	\$1.9 M – GFS \$3.9 M – Total	
Continued use of Klamath Cottage as short-term option for individuals with developmental disabilities who are ready to discharge from an acute care or state hospital and do not have an immediate placement available.	\$4.5 M – GFS/Total	\$4.5 M – GFS/Total	\$4.5 M – GFS/Total	
Pilot for community residential providers to support locating affordable housing for people with developmental disabilities.	\$802,000 – GFS \$1.5 M – Total	\$802,000 – GFS \$1.5 M – Total	\$802,000 – GFS \$1.5 M – Total	
Planning for enhanced behavior support specialty contract to provide intensive behavioral services to adults with intellectual and developmental disabilities in community residential settings.	Not funded	\$155,000 – GFS \$276,000 – Total	\$155,000 – GFS \$276,000 – Total	

Health care staffing and workforce investments

Budget Item Description	House proposal (3/27/23)	Senate proposal (3/23/23)	Final Budget (4/22/23)	WSHA Position
DOH to implement SSB 5499 (Multistate nurse licensure compact).	Not funded	\$1.2 M – Total	\$1.2 M – Total	Strong support – WSHA priority

DOH to contract with the central nursing resource center to gather data to assess current clinical placement practices and identify policy options and recommendations to help increase the number of clinical placement opportunities.	Not funded	\$560,000 – GFS/Total	\$560,000 – GFS/Total	Strong support – WSHA priority
DOH to conduct rulemaking requiring nursing pools to register and disclose corporate structure and ownership as provided in SSB Bill 5547 (Nursing pool transparency).	Not funded	\$55,000 – GFS \$107,000 – Total	\$55,000 – GFS \$107,000 – Total	Strong support – WSHA priority
Nurse Preceptorship Grant Program	\$6 M – GFS/Total	\$6 M – GFS/Total	\$6 M – GFS/Total	Strong support – WSHA priority
Funding to hire additional faculty and staff to serve additional students in the EWU Bachelor of Science in Nursing (BSN) degree program.	\$4.6 M – GFS/Total	\$4.6 M – GFS/Total	\$4.6 M – GFS/Total	Support
Funding is provided to increase the number of nursing slots in the community college system.	\$3.6 M – GFS/Total	\$3.6 M – GFS/Total	\$3.6 M – GFS/Total	Support
Expenditure authority for the Nursing Care Quality Assurance Commission (NCQAC) to increase staffing levels to meet increased demand for nursing licensure/updates to policies and regulatory framework.	\$2.3 M – GFS/Total	\$2.3 M – Total	\$2.3 M – Total	Support
Funding is provided to increase nurse educator salaries to support the College of Nursing's reaccreditation effort. (WSU)	\$3.9 M – GFS/Total	\$3.9 M – GFS/Total	\$3.9 M – GFS/Total	Support
Funding to Labor & Industries, DOH, Attorney General's Office and the Office of Administrative Hearings for implementation of E2SSB 5236 (hospital staffing standards). Study conducted by the Washington Institute for Public Policy.	Not funded	L&I: \$5.29 M – Total DOH: \$1.0 M – Total AGO: \$1.1 M – Total OAH: \$31,000 – Total Study: \$163,000 GFS	L&I: DOH: \$1.9 M – GFS \$4.8 M – Total AGO: \$204,000 – Total OAH: \$34,000 – Total Study: \$163,000 GFS	
Implementation of the high school certified nursing assistant pilot and the licensed practical nurse apprenticeship programs , and rulemaking of E2SSB 5582.	Not funded	\$1.2 M – GFS/Total	\$1.2 M – GFS/Total	Support

Continued support for additional nursing slots in the existing accelerated Bachelor of Science in Nursing program at the Seattle campus. Senate also provides funding for the School of Nursing and Healthcare Leadership at the Tacoma campus. (UW)	\$742,000 – GFS/Total	\$742,000 – GFS/Total	\$742,000 – GFS/Total	
Expansion of the psychiatry and family medicine residency programs , and child and adolescent psychiatry fellowship positions (UW). House budget does not include \$2M for family medicine residency program.	\$426,000 – GFS/Total \$1.2 M – GFS/Total	\$426,000 – GFS/Total \$1.2 M – GFS/Total \$2 M – GFS/Total	\$426,000 – GFS/Total \$1.2 M – GFS/Total \$2 M – GFS/Total	
State Board for Community and Technical Colleges to develop a plan to train more nurses and design and implement an online curriculum and pathway to earn a licensed practical nursing credential, as provided in ESSB 5582 (Nurse supply)	Not funded	\$882,000 – GFS/Total	\$882,000 – GFS/Total	
Workforce Training and Education Coordinating Board to award incumbent healthcare worker training matching grants to labor-management partnerships.	Not funded	\$2.0 M – GFS/Total	\$2.0 M – GFS/Total	
Pilot program to make \$3,000 behavioral health apprenticeship stipends available to students. (student achievement)	\$500,000 – GFS/Total	Not funded	\$500,000 – GFS/Total	
One-time funding is provided for increasing loan repayment awards within the Behavioral Health Loan Repayment Program. (student achievement)	\$10 M – A-Non-Appr/Total	Not funded	\$10 M – A-Non-Appr/Total	
One-time funding to loan repayment awards within the Washington Health Corps program. (student achievement)	\$10 M – GFS/Total	Not funded	\$10 M – GFS/Total	
Establish a public health degree with a behavioral health focus at the Vancouver and Spokane campuses. (WSU)	\$1.4 M – GFS/Total	Not funded	\$1.5 M – GFS/Total	

Behavioral health investments

Budget Item Description	House proposal (3/27/23)	Senate proposal (3/23/23)	Final Budget (4/22/23)	WSHA Position
Crisis stabilization facilities. This includes funding for 23-hour behavioral health crisis facilities.	\$13.1 M – GFS \$26.7 M – Total	\$26.9 M – GFS \$48.4 M – Total	\$13.1 M – GFS \$26.7 M – Total	Strong Support – WSHA priority

Rebases per diem rates paid for hospital based inpatient psychiatric beds.	\$14.8 M – GFS \$52.1 M – Total	\$14.8 M – GFS \$52.1 M – Total	\$14.8 M – GFS \$52.1 M – Total	Strong Support
Children in crisis funding for HB 1580 which creates a Multisystem Care Coordinator within the Office of the Governor and a Rapid Care Team composed of representatives from multiple agencies including DCYF. (Funding for Governor’s office, DCYF, HCA, DSHS)	\$3.5 M – GFS/Total	Not funded	\$6.3 M – GFS \$6.5 M – Total	Strong Support
Maintains the Intensive Outpatient/Partial Hospitalization pilot sites at the FY 2022 contracted levels and shifts these services to a Medicaid benefit beginning in CY 2024.	\$1.9 M – GFS \$8.6 M – Total	\$1.1 M – GFS \$7.5 M – Total	\$1.1 M – GFS \$7.5 M – Total	Strong Support – WSHA priority
Increases Children’s long Term Inpatient Program (CLIP) bed rates.	\$3.5 M – GFS \$6.9 M – Total	\$3.4 M – GFS \$6.9 M – Total	\$3.5 M – GFS \$6.9 M – Total	Strong Support
Funding is adjusted for changes in utilization and the cost of providing long-term involuntary inpatient treatment in a community setting. Assumes the number of community beds will increase to 300 by the end of FY2024 and 316 by the end of FY 2025.	\$1.5 M – GFS \$7.6 M – Total	\$1.5 M – GFS \$7.6 M – Total	\$1.5 M – GFS \$7.6 M – Total	
Expands youth inpatient navigator teams into other geographic regions of the state.	HCA \$4.3 M – GFS \$5.0 M – Total DSHS: \$487,000 – GFS \$850,000 – Total	HCA: \$3.3 M – GFS \$4.0 M – Total DSHS: \$487,000 – GFS \$850,000 – Total	HCA: \$3.3 M – GFS \$4.0 M – Total DSHS: \$487,000 – GFS \$850,000 – Total	
Operating costs for 15 behavioral health facilities that were funded in prior capital budgets. It is assumed that 57 beds will come online in FY 2024, increasing to 177 beds in FY 2025 and 294 beds by the end of FY 2027. The facilities include a mix of intensive behavioral health, peer respite, secure withdrawal and management, and substance abuse residential treatment providers.	\$16.4 M – GFS \$35.7 M – Total	\$16.4 M – GFS \$35.7 M – Total	\$16.4 M – GFS \$35.7 M – Total	Support

Crisis system enhancements for mobile and community-based crisis teams.	\$44.5 M – Total	\$13.7 M – Total	\$44.5 M – Total	
MCO community behavioral health provider rate increase as of Jan. 1, 2024. <i>The final budget specifies a 15% rate increase for non-hospital providers.</i>	\$95.3 M – GFS \$267.7 M – Total	\$44.5 M – GFS \$124.9 M – Total	\$95.3 M – GFS \$267.7 M – Total	Support
Maintains and increases access to behavioral health services for Medicaid patients through a 22% increase to fee-for-service provider rates for specified services.		\$2.1 M – GFS \$6.2 M – Total	\$643,000 – GFS \$2.1 M – Total	Support
Funding for non-Medicaid/state only services to address behavioral health service needs that cannot be paid for with Medicaid funds including designated crisis responders, involuntary treatment hearing court costs, and services to low-income individuals who are not eligible for Medicaid. <i>The final budget specifies a 15% rate increase.</i>	\$67.7 M – GFS/Total	Not funded	\$55.7 M – GFS/Total	Support
Civil conversion rate enhancement for all hospital and non-hospital facilities serving this population except those whose rates are set at 100% of their most recent Medicare cost report.	\$3.5 M – GFS \$9 M – Total	\$10.3 M – GFS/Total	\$3.5 M – GFS \$9 M – Total	
Funding is provided for HCA to pay for 16 beds at a civil commitment facility being developed in Stanwood beginning in October 2024.	\$1.7 M – GFS \$3.7 M – Total	\$1.7 M – GFS \$3.7 M – Total	\$1.6 M – GFS \$1.8 M – Total	
New HCA programs and strategies funded by opioid settlement agreements include, but are not limited to: <ul style="list-style-type: none"> • Tribes and Indian health programs • Neonatal abstinence services • Harm reduction education • Pre-trial diversion opportunities • Non-Medicaid reimbursable services 	\$62.2 M – Total	Not funded	\$57.6 M - Total	
Administration funds for DOH programs and strategies funded by opioid settlement agreements.	\$2 M – Total	Not funded	\$2 M – Total	

Implement strategies identified in the state opioid response plan that address the needs of pregnant and parenting individuals with opioid use disorder and for the treatment of infants born with neonatal abstinence syndrome. Combines several investments.	\$400,000 – Total	\$4.6 M – GFS \$9.4 M – Total	\$1.2 M – GFS \$9.4 M – Total	
Applied Behavioral Analysis rate increases and training	\$5.4 M – GFS \$10.6 M – Total	\$5.4 M – GFS \$10.6 M – Total	\$5.4 M – GFS \$10.6 M – Total	
Funding and staffing for a technology platform to expand the 988 behavioral health crisis response and suicide prevention services.	\$24.6 M – Total	\$13.7 M – Total	\$24.6 M – Total	
One-time funding to support the faculty costs for delivering behavioral health care to patients in long-term civil commitment beds and to teach future mental health professionals at the Behavioral Health Teaching Facility (BHTF) slated to open in 2024.	\$4.9 M – Total	\$6.6 M – GFS/Total	\$4.9 M – Total	
Trueblood funding (all categories combined)	\$37.5 M – GFS \$37.6 M – Total	\$34.9 M – GFS \$40 M – Total	\$42.4 M – GFS \$44.4 M – Total	
UW 90/180 inpatient beds	\$21.2 M – GFS \$51.3 M – Total	\$23.8 M – Total	\$23.8 M – Total	
UW short term behavioral health beds	\$10.3 M – Total	\$10.3 M – Total	\$10.3 M – Total	
One-time funding to implement SSB 5189 (Behavioral health support) which establishes behavioral health support specialists .	Not funded	UW: \$157,000 GFS/Total HCA: \$332,000 – GFS \$465,000 – Total DOH: \$332,000 – GFS \$465,000 – Total OIC: \$12,000 – Total	DOH: \$332,000 – GFS \$465,000 – Total	
Ongoing funds for expenses associated with credentialing, inspections, assistance and program administration for licensed psychiatric beds .	\$1.7 M – Total	\$1.7 M Total	\$1.7M – GFS/Total	

Other relevant investments

Budget Item Description	House proposal (3/27/23)	Senate proposal (3/23/23)	Final Budget (4/22/23)	WSHA Position
One-time bridge grants to hospitals in financial distress	\$8 M – GFS/Total	\$4 M – GFS/Total	\$8 M - GFS/Total	Strong Support
Funding to DOH for collaboration with the Washington Medical Coordination Center to create an implementation plan for real-time bed capacity and tracking for hospitals.	\$200,000 – GFS/Total	\$200,000 – GFS/Total	\$200,000 – GFS/Total	
Newborn screening fee increase in Medicaid payment to hospitals for all Medicaid-covered births to offset an increase in the newborn screening fee.	\$342,000 – GFS \$1.2 M – Total	\$207,000 – GFS \$710,000 – Total	\$342,000 - GFS \$1.2 M - Total	Support
30% increases to composite Medicaid payment rate for kidney dialysis services	\$3.3 M – State \$6 M – Total	Not funded	\$3.3 M - GFS \$6 M - Total	Support
Expansion of Apple Health (Medicaid-like program) to undocumented Washingtonians.	\$87.6 M – GFS/Total \$7.3 M – GFS/Total for BH	Not funded	HCA - \$45.7 M GFS/Total HBE - \$2.5 M GFS/Total	Support
Increases Medicaid service and mileage rates for air ambulance transport.	\$2.4 M – GFS \$7.5 M – Total	\$6.4 M – GFS \$20 M – Total	\$4.8 M - GFS \$15 M - Total	Support
Increase service and mileage rates for emergent and non-emergent ground ambulance transportation.	\$4.2 M – GFS \$13.2 M – Total	\$4.7 M – GFS \$14.7 M – Total	\$4.2 M – GFS \$13.25M - Total	Support
Increase in Medicaid primary care provider payment rates. (2% in House, 1% in Final)	Not funded	\$2.1 M – GFS \$6.2 M – Total	\$1 M - GFS \$3.1 M - Total	
Effective July 1, 2024, increases Medicaid payment rate for certain service categories of professional services to either 50% of 70% of the corresponding Medicare payment rate for the service as of January 1, 2021	\$19.7 M – State \$67.9 M – Total	Not funded	\$9.4 M - GFS \$32 M - Total	
AGO and OIC study on health provider contracting and health insurance affordability (regarding SB 5393).	Not funded	\$250,000 – GFS/Total	\$100,000 – GFS/Total	
Funding to investigate hospital complaints more quickly and clear a backlog that developed during the COVID-19 pandemic.	\$2.0 M – GFS \$2.7 M – Total	\$2 M – GFS \$2.7 M – Total	\$2 M – GFS \$2.7 M – Total	Support
Continuation of public health technology , sustainment of information technology that was utilized during the COVID-19 pandemic.	\$17.8 M – GFS/Total	\$17.8 M – GFS/Total	\$17.8 M – GFS/Total	Support

Office of Crime Victims Advocacy funding for crime victim service providers , consistent with federal Victims of Crime Act funding.	\$41.3 M – GFS/Total	Not funded	\$41.3 M – GFS/Total	
Statewide medical logistics center to house personal protective equipment and a 60-day inventory of supports for public health and health care response.	\$7.4 M – GFS \$14.3 M – Total	\$7.4 M – GFS \$14.3 M – Total	\$7.4 M – GFS \$14.3 M – Total	
Maintain access to abortion care , including grants to providers and funding for patient outreach, workforce retention and recruitment incentives, and security investments (ongoing).	\$15 M – GFS/Total	\$15 M – GFS/Total	\$15.5M – GFS/Total	
AGO funding to establish protections for individuals receiving gender-affirming treatment and reproductive health care services (HB 1469).	\$426,000 – GFS/Total	Not funded	\$426,000 – GFS/Total	
One-time funding to continue of the telehealth collaborative .	\$100,000 – GFS/Total	\$100,000 – GFS/Total	\$100,000 – GFS/Total	
Expands the Birth Equity Project /other initiatives to support prenatal and perinatal health.	\$2.3 M – GFS/Total	\$3.2 M – GFS/Total	\$2.3 M – GFS/Total	
Grants for energy audits to help public building owners, including public hospital districts , understand energy usage and ways to use energy more efficiently and cost effectively.	\$20.6 M – Total	\$20.6 M – GFS/Total	\$20.6 M - Total	
Expand tobacco, vapor product and nicotine prevention and treatment strategies.	Not funded	\$5 M – GFS \$5 M – Total	\$5 M – GFS/Total	
COVID-19 response activities including the distribution of testing supplies, vaccinations, and overseeing vaccination related logistics and distribution.	\$0 – GFS \$20 M – Total	Not funded	\$20 M – Total	
Death with Dignity Act changes and equity evaluation (SB 5179)	Implementation: \$65,000 – GFS/Total	Evaluation: \$100,000 – GFS/Total	Implementation/ Evaluation – \$165,000 GFS/Total	
Program Integrity Study of Prescription Drug Funding Models . Requires HCA to study and report to the legislature the cost and benefits of prescription drug funding models including carveout of 340b drugs from MCO contracts.			\$100,000 – GFS \$200,000 - Total	