

2024 Legislative Supplemental Budget Comparison – March 6, 2024

On March 6, the Washington State Legislature released its final budget, which is a compromise between the House and Senate budgets, released in February. The chart below highlights WSHA’s budget priorities, as well as other items of interest to hospitals and health systems, comparing the Senate, House and final budget.

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

Budget Item Description	Agency	Final budget (3/6/24)	Senate budget (2/18/24)	House budget (2/19/24)	WSHA Position
Hospital Funding					
Distressed Hospital/Low-Volume L&D Grants: Funding for one-time bridge grants to hospitals in financial distress. <ul style="list-style-type: none"> \$1.36 million for two designated hospitals. \$1.60 million for distressed hospitals, including low-volume birthing hospitals at risk of losing L&D services. 	HCA	\$2.96 M – GFS/Total	\$1.36 M – GFS/Total to designated hospitals	\$2.64 M – GFS/Total \$1.36 M – GFS/Total to designated hospitals	Strong Support – WSHA priority
Public Hospital District Reproductive Health Access: Funding for UW to develop and implement the Washington Reproductive Access Alliance, so public hospital districts can provide substantially equivalent services under the Reproductive Privacy Act.	UW	\$412,000 – GFS/Total	\$412,000 – GFS/Total	\$412,000 – GFS/Total	Strong Support – WSHA priority
Surgical Smoke Evacuation Systems: Funds the reimbursement account directed by HB 1779 (2022) for hospitals that qualify for reimbursement of \$1,000/operating room to install surgical smoke evacuation systems.	L&I	\$300,000 – Total	\$300,000 – Total	\$300,000 – Total	Support
SUPP Program Rate: Increases Medicaid payment rates for the Substance Using Pregnant Person (SUPP) Program.	HCA	\$1.6 M – GFS \$5.5 M – Total	\$3.2 M – GFS \$11 M – Total	Not Funded	Support
Rapid Methadone Induction Pilot: A pilot program to provide rapid methadone induction services to clients in hospitals electing to provide these services on an inpatient basis. Funded through the opioid settlement.	HCA	\$2.0 M – Total	Not Funded	\$2.0 M – Total	
Study of Non-profit Health Care Tax Breaks: Study of costs to the state related to tax breaks for non-profit health care providers and a report to the legislature and governor’s office by October 1, 2024.	OFM	\$350,000 – GFS/Total		\$350,000 – GFS/Total	
Perinatal Care Report: Analysis of pregnancy-related health care services, including pre-conception, prenatal, labor and delivery and postpartum care.	OFM	\$274,000 – GFS/Total	\$274,000 – GFS/Total	\$274,000 – GFS/Total	
Hospital Bed Tracking Tool: Aligns the implementation plan for the creation of a real-time hospital bed tracking tool for hospitals that meet WaTech requirements.	DOH	\$50,000 – GFS/Total	\$50,000 – GFS/Total	\$50,000 – GFS/Total	

Behavioral Health					
Increase Rates for 90/180-day Beds: Funding to enhance reimbursement rates paid to 90- and 180-day involuntary civil commitment bed providers up to \$1,250 per diem. This would include a rate enhancement of \$500 per day for involuntary services for complex, difficult-to-place individuals with extensive needs. The second eliminates the existing discrepancy between the fee-for-service and managed care daily bed reimbursement rates paid to free-standing evaluation and treatment providers.	HCA	\$14.33 M – GFS \$24.41 M – Total	\$14.33 M – GFS \$24.41 M – Total	\$14.33 M – GFS \$24.41 M – Total	Support
Olympic Heritage Behavioral Health (formerly Cascade Hospital) Civil Conversion Beds: Support operations and add 72 inpatient psychiatric beds for civil conversion patients currently at Western State.	DSHS	\$135 M – GFS/Total	\$136 M – GFS/Total	\$135 M – GFS/Total	Support
Olympic Heritage Behavioral Health (formerly Cascade Hospital): Funds to contract with community providers to operate 40 beds at Olympic Heritage Behavioral Health as a residential inpatient facility. Funding for studies on operations and maximizing non-general fund and federal funding.	HCA OFM	\$3.35 M – GFS/Total (beds) \$1.25 M – GFS/Total (OFM Study) \$250,000 – GFS/Total (HCA Study)	\$885,000 – GFS/Total \$250,000 – GFS/Total (HCA study)	\$3.93 M – GFS/Total \$1.25 M – GFS/Total (OFM Study)	
UW Behavioral Health Teaching Facility: Operation of 75 long-term beds.	UW	\$20 M – GFS/Total	\$20 M – GFS/Total	\$20 M – GFS/Total	Support
Youth Stabilization Teams: Increases support of youth stabilization teams in the state's crisis system. Support is also included for rural crisis stabilization and withdrawal management facilities.	HCA	\$1.65 M – GFS \$1.9 M – Total	\$1.65 M – GFS \$1.90 M - Total	\$1.40 M – GFS \$1.90 M – Total	Support
Trueblood Diversion Programs: The Trueblood Diversion Program provides assessments, mental health services, substance abuse treatment, case management, employment assistance, and social services to reduce recidivism and improve the lives of the Trueblood class members.	HCA	\$8.0 M – GFS/Total	\$8.0 M – GFS/Total	\$8.0 M – GFS/Total	
Children and Behavioral Health Workgroup Strategic Plan: Funds for contracted services to support the development of the strategic plan.	HCA	\$2.24 M – GFS/Total	Not Funded	\$2.24 M – GFS/Total	Support
Forensic Beds at Western & Eastern State Hospitals: Adds 30 forensic beds at Western and eight forensic beds at Eastern.	DSHS	\$29.8 M – GFS \$31 M – Total	\$29.8 M – GFS \$31 M – Total	\$29.8 M – GFS \$31 M – Total	
Lawsuit Settlement: DCYF was sued for keeping children in places like hotel rooms. Funding is provided to support payment infrastructure for the reforms outlined in the settlement agreement.	DCYF	\$1.77 M – GFS \$1.78 M – Total	\$2.32 M –GFS \$2.40 M – Total	\$1.77 M – GFS \$1.78 M – Total	

Civil Conversion Rate Enhancement: Provides a rate increase for civil commitment patients. The enhancement shall be available to all hospital and non-hospital facilities serving this population except those whose rates are set at 100 percent of their most recent Medicare cost report.	HCA	\$5.33 M – GFS \$1.09 M – Total	\$5.33 M – GFS \$1.09 M – Total	\$5.33 M – GFS \$1.09 M – Total	
Public Health Centers and Medications for Opioid Use Disorders: Provides two types of outpatient centers for adults with substance use disorders and opioid use disorders. Also, funds public health vending machines to provide access to naloxone, fentanyl test strips and other public health supplies.	HCA	\$900,000 – GFS/Total	\$2 M – GFS (Opioid Abatement) \$4.3 M – Total	\$900,000 – GFS \$5.75 M – Total	
Community Behavioral Health Clinics: Provides for grants to Certified Community Behavioral Health Clinics who received funding from the federal Substance Abuse and Mental Health Services Administration to continue operations pending the end of their federal grant period.	HCA	\$5.0 M – GFS/Total	\$5.0 M – GFS/Total	\$5.0 M – GFS/Total	
Program for Assertive Community Treatment (PACT): PACT teams provide intensive services for persons who have the most severe and persistent mental illnesses and who have not benefited from traditional outpatient programs. Funding is provided to increase rates for current PACT teams and to subsidize teams for utilization decreases.	HCA	\$11.82 M – GFS \$16.98 M – Total	\$4.86 M – GFS \$5.77 M – Total	\$13.7 M – GFS \$21.84 M – Total	
Peer Bridger Program: Peer Bridger staff deliver peer support services to individuals in inpatient facilities prior to discharge and after return to their communities. Funding is provided to increase rates for 27 programs and expand the number of programs.	HCA	\$1.67 M – GFS \$1.43 M – Total	\$1.43 M – GFS/Total	\$1.67 M – GFS \$1.43 M – Total	
Naloxone to First Responders: Provides a dedicated supply of Naloxone for first responders statewide to use in case of an emergency.	DOH	\$1.25 M – Total	Not Funded	\$1.25 M – Total	
SUD Treatment (SB 6228 implementation): This includes one-time funding for training providers for transition to new criteria published by the American Society of Addiction Medicine. In addition, ongoing funding is provided for a contract to train social workers who work in an emergency room on civil commitment standards and procedures under the Involuntary Treatment Act.	HCA	\$611,000 – GFS \$1.07 M – Total	\$461,000 – GFS \$923,000 – Total	Not Funded	
Behavioral Crisis Services/Members (SB 5853 implementation): Authorizes 23-hour crisis relief centers to serve non-adult clients.	DOH	\$0 – GFS \$134,000 – Total	\$134 – Total	Not Funded	
Behavioral Health and Complex Discharge					
Lake Burien RTF – Complex Needs: Operational funds for a residential treatment facility to support youth with developmental disabilities and behavioral challenges, requiring tailored care and structured support environments.	DSHS – DDA	\$12.32 M – GFS \$15.25 M – Total	\$12.32 M – GFS \$15.25 M – Total	\$12.32 M – GFS \$15.25 M – Total	Strong Support – WSHA Priority
Dementia Care Stability: Increases rate add-on for specialty dementia care from \$43.48 per client per day to \$50.	DSHS- ALTSA	\$1.28 M – GFS \$2.75 M – Total	\$1.28 M – GFS \$2.75 M – Total	\$2.26 M – GFS \$4.85 M – Total	Support

Young Adult Discharge Program: Funds are provided for a community residential program designed for young adults ages 18 to 25 exiting an inpatient behavioral health facility with risk of unaccompanied homelessness. Funds two 6-10 bed community residential programs, one on each side of the state.	HCA	\$1.45 M – GFS \$1.47 M – Total	Not funded	\$2.7 M – GFS/Total	Support
Street Medicine Pilot: Funds five pilot sites for health care professionals to assess and address the physical and behavioral health needs of unhoused individuals.	HCA	\$3.7 M – GFS/Total	\$3.7 M – Total	\$3 M – GFS/Total	Support
Complex Discharge					
Guardianship & Conservatorship (SB 5825 Implementation): Office of Public Guardianship pilot program for eligible individuals in hospitals who are ready to discharge. Also funding for navigator and specialized guardianship training.	Admin Office of the Courts	\$2.1 M – Total	\$2.1 M – Total	Not funded	Strong Support – WSHA Priority
Non-Emergent Transports: Increases Medicaid payment to transportation brokers and ambulance providers for non-emergent transport return trips longer than 25 miles.	HCA	\$2.85 M – GFS \$7.10 M – Total	\$2.85 M – GFS \$7.10 M – Total	\$4.10 M – GFS \$10.40 M – Total	Support
GOSH Housing Expansion: Expands program for Medicaid clients ready to discharge from state psych hospitals or community behavioral health facilities to live in their own apartment by 175 slots.	DSHS – AL TSA	\$4.33 M – GFS \$4.41 M – Total	\$4.33 M – GFS \$4.41 M – Total	\$3.26 M – GFS \$3.26 M – Total	Support
RCS Certification Program: Certification for residential settings to provide short-term non-intermediate care individuals with intellectual and developmental disabilities	DSHS - LTC	\$88,000 – GFS \$176,000 – Total	Not funded	\$88,000 – GFS \$176,000 – Total	
Housing Gap Analysis: Funds DSHS to conduct a gap analysis of existing housing and health care systems, including a review of hospitals with complex discharge patients. The analysis will include policy recommendations and is due December 1, 2024.	DSHS	\$250,000 – GFS/Total	\$250,000 – GFS/Total	Not funded	
Respite Care: Establish respite care beds for individuals with intellectual and developmental disabilities in the Tri-Cities.	DSHS - DDA	\$350,000 – GFS/Total	Not funded	\$350,000 – GFS/Total	
Workforce					
Family Medicine Residency Network Funding: Creates a family medicine graduate medical education direct payment program through the Family Medicine Residency Network to supplement family medicine provider graduate medical education.	HCA	\$0 – GFS \$12.8 M – Total	\$0 – GFS \$12.8 M – Total	\$0 – GFS \$12.8 M – Total	Support
Rural Health Workforce: Helps recruit/train/retain a health care professional workforce in rural and urban underserved areas.	DOH	\$426,000 – GFS/Total	\$426,000 – GFS/Total	\$426,000 – GFS/Total	Support
Credentialing: Funds project management teams to implement improvements to reduce the time it takes to complete health care licensing processes.	DOH	\$3.17 M – Total	\$3.17 M – GFS/Total	\$3.17 M – GFS/Total	Support

International Medical Graduate Assistance: Provides a grant to a King County-based non-profit that exclusively supports internationally-trained physicians in the US. It includes funding for medical exams and other professional development.	Commerce	\$300,000 – GFS/Total	\$300,000 – GFS/Total		Support
Crime Victims/Witnesses (E2SSB 5937 Implementation): Creates statewide forensic nurse examiner coordination program.	DOH L&I	DOH: \$972,000 – GFS/Total L&I: \$550,000 – GFS/Total	DOH: \$972,000 – GFS/Total L&I: \$550,000 – GFS/Total	Not Funded	
Nurse Anesthetist Workforce (SB 6286 Implementation): Directs UW to study workforce shortages in anesthesia care. Directs DOH to implement a preceptor grant program for CRNAs to percept rse anesthesia residents.	UW DOH	UW: \$250,000 – GFS/Total DOH: \$162,000 – GFS/Total			
Other Health Care					
Hospital Bed Tracking Tool: Aligns the implementation plan for the creation of a real-time hospital bed tracking tool for hospitals that meet WaTech requirements.	DOH	\$50,000 – GFS/Total	\$50,000 – GFS/Total	\$50,000 – GFS/Total	
Health Care for Uninsured Non-citizen Adults: Funds expansion of health coverage for Washington residents with incomes at or below 138% of the federal poverty level, regardless of immigration status, beginning July 1, 2024. Estimated to cover up to 15,000 of the over 100,000 eligible adults.	HCA	\$71.04 M – GFS/Total	\$48.3 M – GFS/Total	\$71.04 M – GFS/Total	Support
Maternal Health Outcomes (SB 5580 Implementation): Aligns eligibility requirements for pregnant people and children at 210% FPL, update maternity support services and create a post-delivery transitional care program for people with SUD.	HCA	\$2.4 M – GFS \$5.3 M – Total	\$2.4 M – GFS \$5.3 M – Total	Not Funded	Support
Health Care Cost Transparency Board: Funds to support HCCTB data analysis and operations.	HCA	\$1.3 M – GFS/Total	\$1.3 M – GFS/Total	\$1.3 M – GFS/Total	
Certificate of Need Assessment: Conducts an analysis of the CN program. DOH must consider other approaches to CN, impacts on access to care and cost control of health services.	DOH	\$500,000 – GFS/Total	\$500,000 – GFS/Total	Not Funded	

Public Health Emergency Post-Eligibility Review: Provides funding for Apple Health eligibility redeterminations and outreach to Washingtonians losing Apple Health coverage during the Medicaid unwind post pandemic.	HCA HBE	HCA: \$6.5 M – GFS \$13 M – Total HBE: \$1.5 M – GFS \$4.1 M – Total	HCA: \$6.5 M – GFS \$13 M –Total HBE: \$1.5 M – GFS \$4.1 M – Total	HCA: \$6.5 M – GFS \$13 M –Total HBE: \$1.5 M – GFS \$4.1 M – Total	Support
Health Care Cost/Affordability Study: Ongoing OIC health care contracting study.	OIC	\$200,000 – Total	\$200,000 – Total	\$200,000 – Total	
End of Life Care Outreach/ Death with Dignity Act Education: Outreach, training, and education resources for providers and hospice teams providing end-of-life care.	DOH	\$250,000 – GFS/Total	\$465,000 – GFS/Total	\$250,000 – GFS/Total	
SDOH Screening Rates: Increases reimbursement rates for primary care providers for postnatal, child, and adolescent mental health screenings and a funding mechanism for a social determinants of health risk assessment benefit for children and their families.	HCA	\$1.75 M – GFS \$5 M – Total		\$2.5 M – GFS \$5 M – Total	