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Dear WSHA members,

The 2019 legislative session was one of the most active we have seen in recent years. We relied on our members more than ever as we worked on numerous high-profile issues that landed WSHA in nearly two-dozen news articles during the legislative session. The legislative results were more mixed than we would have liked, but we are happy to report some significant successes and mitigation of the most harmful regulations under consideration. This is all thanks to your tireless efforts in calling, emailing and meeting with your legislators, and your testimony in Olympia!

This year’s highlights include:

**WSHA’s first ever hospital advocacy day:** This year we welcomed 76 hospital members from 42 hospitals and health systems across the state for about 80 legislative visits. We received great feedback from our members that this was a valuable day that helped advance our priority initiatives and improve health care in our state. Next year’s advocacy day will be on January 30, 2020. Stay tuned for more information, including some pre-advocacy-day events on January 29.

**Funding for health care:** We are happy to report varying success in securing funding for health care. There were no payment cuts to hospitals and we were able to prevent a Business and Occupation (B&O) tax increase on hospitals (though we were very disappointed that independent physicians and freestanding psychiatric hospitals were not exempted). We were able to secure substantial operating and capital funding to increase capacity for patients on 90- and 180-day civil commitment orders, enhanced rates for community providers caring for patients with developmental disabilities and funding for post-acute placements. Unfortunately, the legislature did not fund Medicaid psychiatric partial hospitalization or intensive outpatient services — services to improve access following an ED visit or hospitalization.

**Nurse staffing – uninterrupted breaks:** It was hard to miss the drama on nurse staffing regulations this year. Though this issue has circulated in Olympia for nearly a decade, the pressure culminated in 2019. Nursing unions sought requirements of uninterrupted meal and rest breaks, and limits to prescheduled on-call and overtime for nurses and other clinical staff. Late in session, after negotiations with unions stalled in two areas, we achieved a hard-fought exclusion on the Senate floor for technicians/technologists and critical access hospitals. Minutes later a separate late-night amendment passed the Senate proposing to limit all nurses to working no more than eight hours in a 24-hour period. WSHA immediately mobilized members and the health care community to remove this limit. WSHA’s social media feeds lit up with more than 150,000 views, and local news media quickly picked up the story. In the end, the shift limit was removed, but the legislation passed without the exclusions WSHA had fought for though we did achieve a delayed implementation of those provisions. WSHA will work with members to help prepare for the implementation of the new law.

There is so much more to report from the 2019 legislative session, so please explore this summary for more details on the issues we worked on this year. Also, please accept our deepest gratitude and appreciation for your continued commitment to advocating for hospitals and health care. We cannot succeed in Olympia without your engagement and assistance. Thank you for your efforts!

In your service,

Chelene Whiteaker
WSHA Senior Vice President, Government Affairs
WSHA Policy Priorities

This was a year of moderate success for WSHA’s policy bills, with successes to celebrate but also some undesirable outcomes for hospitals. WSHA’s top priority was ensuring that hospitals can be stable institutions in their communities, long into the future. We worked closely with members to identify legislation needed to allow for the ongoing viability of our state’s hospitals and health systems.

Our success on major policy issues for this session included:

**Ensuring hospitals can be stable institutions serving their communities, long into the future:**
- The hospital safety net assessment was extended in the form WSHA supported; and
- Changes to medical and consumer debt laws were reasonable.

**Improve the behavioral health system for patients:**
- Certificate of Need exemption for psychiatric beds was extended;
- An overhaul of the parent-initiated treatment system was ensured that works for providers; and
- More resources were granted to combat the opioid crisis, without onerous regulations.

**Help patients during and after hospitalization and at end of life:**
- Decision-making ability for surrogates was expanded for patients who lack capacity; and
- A process was developed for hospitals to provide a warm handoff for patients when the hospital does not offer sexual assault examination services.

**Maintain flexibility for hospital operations while preventing burdensome and costly new regulations:**
- Greatly improved balance billing legislation was enacted that creates an arbitration process for out-of-network claims;
- Workplace violence prevention legislation was enacted that ensures hospitals have the flexibility to train staff in accordance with local needs and risks; and
- The use of noncompete agreements was protected for employees earning more than $100,000 per year or contractors earning more than $250,000 per year.
Every year, WSHA members and staff convene to identify the issues of top importance in Olympia. Although unexpected issues always arise along the way, our goal is always to push a robust proactive agenda on behalf of our members. We are committed to transparency and publish our agenda online.

The following tables reflects both our policy agenda as well as other critical issues that emerged during the legislative session.

<table>
<thead>
<tr>
<th>BILL #</th>
<th>WSHA GOAL</th>
<th>OUTCOME</th>
<th>OUTCOME FAVORABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1531</td>
<td>Limiting interest on medical debt. This bill lowers the prejudgment interest rate on medical debt and puts important protections in place to help consumers understand medical debt and charity care. WSHA successfully advocated for a reasonable, balanced approach in this bill.</td>
<td>Negotiated to neutral and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>HB 1810</td>
<td>Reforming rural payment: (1) HB 1810, promoted by WSHA, would have ensured the long-term sustainability of the rural health system and maintained local community decision making. (2) WSHA also stopped pre-mature legislation that would have established a rate commission.</td>
<td>Supported and not passed</td>
<td>☠️</td>
</tr>
<tr>
<td>SB 5163</td>
<td>Expanding wrongful death penalties. This bill expands who can sue when someone dies because of the act of another and the types of damages they can recover. These changes broadly expand hospitals’ liability exposure, as they may be responsible for an entire award regardless of their share of fault.</td>
<td>Opposed and passed</td>
<td>☠️</td>
</tr>
<tr>
<td>SB 5526</td>
<td>Creation of public option health plans. While WSHA supports expanding access to health insurance coverage, WSHA opposed a payment rate cap, but participation in a public option plan is voluntary.</td>
<td>Opposed and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>SB 5734</td>
<td>Extending the hospital safety net assessment.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>HB 1394</td>
<td>Exempting psychiatric beds from Certificate of Need. Exemption now expires on June 30, 2021.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>HB 1593</td>
<td>Establishing a new behavioral health teaching hospital at the University of Washington.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
</tbody>
</table>
### WSHA Policy Priorities

**SB 5380**  
**Combatting the opioid crisis.** The legislation contains important investments and regulatory fixes to increase access to medication assisted treatment for patients with opioid use disorder. WSHA also successfully advocated for exceptions that allow hospitals and providers to delay implementation of electronic prescribing and PMP integration due to economic hardship or feasibility issues if applicable.

**Bill #** | **WSHA Goal** | **Outcome** | **Outcome Favorability**
--- | --- | --- | ---
SB 5380 | **Combatting the opioid crisis**. The legislation contains important investments and regulatory fixes to increase access to medication assisted treatment for patients with opioid use disorder. WSHA also successfully advocated for exceptions that allow hospitals and providers to delay implementation of electronic prescribing and PMP integration due to economic hardship or feasibility issues if applicable. | Supported and passed | ✔

**Help patients during and after hospitalization and at end of life.**

**HB 1016**  
**Ensuring timely access to quality care for sexual assault survivors.** This bill requires hospitals to develop a process to provide a warm handoff for patients when the hospital does not offer sexual assault examination services. Due to WSHA’s advocacy, the final version of the bill contained a notice requirement rather than a penalty provision.

**HB 1166**  
**Supporting sexual assault survivors.** This omnibus bill addresses issues related to sexual assault. Among other important things, the bill places a 14-month moratorium on the destruction of unreported sexual assault kits (kits collected from a survivor who has not made a police report).

**HB 1175**  
**Expanding decision makers for patients.** This bill amends the informed consent law to add more options for decision makers when a patient lacks capacity. The bill also expands choices for executing advance directives by adding the option of a notary and clarifying certain witness requirements.

**Maintain flexibility for hospital operations while preventing burdensome and costly new regulations.**

**HB 1065**  
**Restricting balance billing.** This bill creates an arbitration process for out-of-network claims for certain services and requires hospitals to post the health plan networks with which they are an in-network provider. This bill is much improved from the earlier version.

**HB 1155**  
**Requiring uninterrupted meal/rest breaks mandate and restrictions of on-call use.** This bill mandates uninterrupted meal and rest breaks for RNs and technicians/technologists; expands the current prohibition on mandatory overtime that existed for nurses and techs; and clarifies situations when mandatory prescheduled on-call cannot be used for nurses and technicians/technologists. WSHA negotiated on the bill and it is much better than the original version that the unions pushed for 10 years.
### WSHA Legislative Priorities

<table>
<thead>
<tr>
<th>BILL #</th>
<th>WSHA Goal</th>
<th>Outcome</th>
<th>Outcome Favorability</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1412</td>
<td>Establishing standards for pharmacies. WSHA supported the Department of Health’s efforts to modernize laws around electronic prescriptions (passed as a component of the omnibus opioid bill) and legislation to ensure out-of-state pharmacies are meeting the same quality standards as in-state pharmacies.</td>
<td>Supported and passed</td>
<td>✓</td>
</tr>
<tr>
<td>HB 1450</td>
<td>Defining noncompete agreements. WSHA supported preserving this important contracting option that allows hospitals to invest in recruiting and supporting providers and certain staff. The bill continues to allow noncompete covenants for employees who earn more than $100,000 or contractors who earn more than $250,000 per year.</td>
<td>Negotiated to neutral and passed</td>
<td>✓</td>
</tr>
<tr>
<td>HB 1607</td>
<td>Providing notice on mergers/affiliations. This bill requires hospitals to provide the state Attorney General with limited information about certain business transactions 60 days before the effective date. The bill also contains Public Records Act protections and specificity that the bill does not alter or expand the Attorney General’s antitrust or consumer protection act powers.</td>
<td>Negotiated to neutral and passed</td>
<td>✓</td>
</tr>
<tr>
<td>HB 1608 &amp; SB 5542</td>
<td>Restricting hospitals’ ability to appropriately manage the quality and safety of patient care. These bills proposed to severely limit hospitals and health care facilities from appropriately managing the types and quality of services provided to patients.</td>
<td>Opposed and not passed</td>
<td>✓</td>
</tr>
<tr>
<td>HB 1854 &amp; SB 5376</td>
<td>Establishing consumer data privacy laws. Bills in both chambers attempted to regulate the use of personal data in a general way. Though the bills died, WSHA successfully negotiated exemption language that recognized the existing state and federal health privacy laws that hospitals operate under, such as HIPAA.</td>
<td>Neutral and not passed</td>
<td>✓</td>
</tr>
<tr>
<td>HB 1931</td>
<td>Establishing workplace violence prevention plans. The new law takes a balanced approach to ensuring hospitals can work collaboratively with staff to prevent workplace violence. The bill also gives hospitals flexibility to train staff according to local needs and risks.</td>
<td>Supported and passed</td>
<td>✓</td>
</tr>
</tbody>
</table>
WSHA’s government affairs team tracks many health care bills to ensure that any new legislation supports access to high quality care. Here are other bills that emerged during session that we worked on with members and partners.

<table>
<thead>
<tr>
<th>BILL #</th>
<th>WSHA GOAL</th>
<th>OUTCOME</th>
<th>OUTCOME FAVORABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB 1049</td>
<td>Concerning health care provider and health care facility whistleblower protections.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>HB 1071</td>
<td>Notifying the attorney general of data breaches.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>HB 1087</td>
<td>Establishing a long-term care trust act.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>HB 1406</td>
<td>Encouraging investments in affordable and supportive housing.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
<tr>
<td>HB 1602</td>
<td>Placing limits on consumer debt.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>HB 1686 (included as part of SB 5602)</td>
<td>Posting of certain hospital policies.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
<tr>
<td>HB 1874</td>
<td>Regarding parent and family-initiated treatment.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
<tr>
<td>HB 1907</td>
<td>Concerning the substance use disorder treatment system.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
<tr>
<td>HB 1965</td>
<td>Creating qui tam powers for workplace protection violations.</td>
<td>Opposed and not passed</td>
<td>Opposed</td>
</tr>
<tr>
<td>SB 5258</td>
<td>Protecting isolated workers.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>SB 5295</td>
<td>Concerning labor neutrality and contractor compliance for certain contracted service providers.</td>
<td>Opposed and not passed</td>
<td>Opposed</td>
</tr>
<tr>
<td>SB 5380</td>
<td>Concerning opioid use disorder treatment, prevention and related services.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
<tr>
<td>SB 5385</td>
<td>Establishing telemedicine payment parity.</td>
<td>Supported and not passed</td>
<td>Supported</td>
</tr>
<tr>
<td>SB 5386</td>
<td>Training standards for telemedicine services.</td>
<td>Supported and passed</td>
<td>Supported</td>
</tr>
</tbody>
</table>

continued >
## OTHER IMPORTANT BILLS

<table>
<thead>
<tr>
<th>BILL #</th>
<th>WSHA GOAL</th>
<th>OUTCOME</th>
<th>OUTCOME FAVORABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB 5387</td>
<td>Credentialing physicians for telemedicine services.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>SB 5425</td>
<td>Concerning maternal mortality reviews.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>SB 5483</td>
<td>Improving services for individuals with developmental disabilities.</td>
<td>Supported and not passed</td>
<td>❌</td>
</tr>
<tr>
<td>SB 5672</td>
<td>Contracting for adult family home specialty services.</td>
<td>Supported and passed</td>
<td>✔️</td>
</tr>
<tr>
<td>SB 5720</td>
<td>Concerning the involuntary treatment act.</td>
<td>Neutral and not passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>SB 5741</td>
<td>Concerning the All Payer Claims Database.</td>
<td>Neutral and passed</td>
<td>NEUTRAL</td>
</tr>
<tr>
<td>SB 5822</td>
<td>Providing a pathway to establish a universal health care system for the residents of Washington State.</td>
<td>Neutral and not passed</td>
<td>NEUTRAL</td>
</tr>
</tbody>
</table>
WSHA Budget Priorities

Below are several of the budget items that were important to WSHA, in general order of priority. The numbers refer to the biennial (two-year) budget totals.

Top Hospital/Health System Budget Items

- **Protect acute care hospitals from the Business and Occupation Tax increase**: The savings amounts to about $70 million statewide for hospitals. We are disappointed the B&O tax increase applies to independent physicians and freestanding psychiatric hospitals.

- **New operating funds to expand capacity of 90- and 180-day civil commitment beds in community hospitals**: The budget allocates $47.3 million in state funds (with $89 million in total funds). WSHA is pleased with the appropriated funding but disappointed in the payment rate methodology language.

- **Add partial hospitalization and intensive outpatient services as a Medicaid benefit**: Not funded. WSHA is very disappointed in the lack of funding.

- **Maintain hospital safety net assessment program**: Requires no state funding, and it was fully funded as WSHA supported. This program provides significant funding to support hospitals treating Medicaid patients.

- **Additional funds for WRHAP hospitals to continue current support for behavioral health and care coordination**: $927,000 in additional state funding ($1.6 million total, and with the carry-forward it is $4.4 million total). WSHA is pleased to see the additional support.

- **Support for people with developmental disabilities, which WSHA supported**:  
  - Increase community respite beds for adults and children with developmental disabilities: $3.7 million in state funds ($4.4 million total).
  - Increase the daily rate for community respite beds for adults and children with developmental disabilities: $903,000 in state funds ($1.1 million total).
  - Crisis stabilization for DDA clients following hospitalization: $1 million state funding.

- **Expand placements to transition DDA clients from community settings after crisis stabilization**: $4.2 million state funds ($8.4 million total).

- **Enhanced rates for DDA community providers**: $62.2 million in state funding ($123.2 million total).

- **Improve the state’s Prescription Monitoring Program to ensure providers can access timely information to help combat the opioid crisis**: No state funding, but $330,000 total funds were allocated.

Behavioral Health Budget Items

WSHA supported funding for the following items:

- **Increase bi-directional behavioral health rates for health and behavioral codes and psychotherapy codes**: $5.7 million in state funding ($15.8 million total).

- **Create and operate a tele-behavioral health video call center for on-demand telepsychiatry and substance use disorder consults**: $3.6 million in state funding ($4.1 million total).

- **Support new intensive behavioral health treatment facility for patients leaving state psychiatric hospitals**: $2.9 million in state funding ($6 million total).

- **Mental health drop-in facility to divert patients from crisis and inpatient care**: $708,000 in state funding ($1.5 million total).

- **Establish eight Program for Assertive Community Treatment (PACT) teams**: $6 million in state funding ($18.6 million total).

- **Increase psychiatric residency positions at UW**: $600,000 in state funding.

- **Community placement for aging patients discharging from state psychiatric hospitals**: WSHA will be advocating for funding to be used for community placements for hospitals: $10.7 million in state funding ($18 million total).
• Create two new 16-bed secure withdrawal management and evaluation facilities and increase per diem rate up to $650. Require managed care organizations to pay no less than fee-for-service rate in 2020: $9.4 million in state funding ($15.6 million total).

• Substance use disorder services supports, including ED linkages, medication assisted treatment, peer recruitment, family education and navigators, benefit access, recovery programs and supported employment: No state funding, but $7.9 million total.

• Increase access to substance use disorder peer supports: $500,000 in state funding ($2.2 million total).

• Return of reserves from Behavioral Health Organizations: –$35 million in state funding (–$61 million total).

• Funding for minor behavioral health services: $1.6 million in state funding ($2.7 million total), including:
  • Funding children’s mental health services around early identification and intervention: $1.15 million in state funding ($2.2 total funds).
  • Funding to support adolescent behavioral health including online training and annual surveys: $424,000 in state funding ($548,000 total).

Other Health Care Budget Items
• Assumed Medicaid saving based on “fraud and abuse” recoupsments from Medicaid: –$101.8 million in state funding (–$351.6 million total). WSHA has significant concerns with this assumption.

• Increase testing of sexual assault forensic evidence kits by the state crime lab: $9 million in state funding ($116 million total to support sexual assault survivors). WSHA supported this funding.

• Increase crime victim compensation payment rates to health care providers: $6.8 million in state funding. WSHA supported this funding.

• Hold on certain rural health clinic recoupments for 2011–2017 reconciliation: No state funding. WSHA supported this hold.

• Increase support for foundational public health services, including the ability of public health to address communicable disease and environmental health: $10 million in state funds ($23.35 million total). Also, $1 million is earmarked for youth tobacco/vapor prevention programs. WSHA supported this funding.

• Expanding access to services aimed at addressing the opioid crisis: $1.98 million in state funding ($6.95 million total). WSHA supported this funding, which was provided to implement the opioid bill, including expanding LEAD diversion grants and fentanyl testing.

• Improve vaccination rates for the MMR vaccine (HB 1638): $44,000 in state funding. WSHA supported this funding.

• Improve license processing times for health professions: $2.01 million total. WSHA supported this funding.

• Develop a palliative care roadmap: $25,000 in state funding. WSHA supported this funding.

• Biennial maternal mortality review report: $344,000 in state funding. WSHA supported this funding.

• Medicaid hospital payment add-on for newborn screening / Department of Health screening costs for Pompe/MPS-1/X-ALD: $360,000 in state funding ($980,000 total funds), paid for by increased testing fees. WSHA supported this funding.

• Actuarial consulting and contract management to implement public option: $500,000 in state funding ($1.5 million total) to implement HB 1523.

• Dementia care funding using Project ECHO telehealth: $482,000 in state funding. WSHA supported this funding.

• Studies and workgroups include:
  • Work on preventable hospitalizations in Pierce County: $750,000 in state funding.
  • Develop strategies to address the nursing shortage in long-term care: $100,000 in state funding.
  • HCA actuarial review of DRG high-dollar outlier policies/thresholds: $20,000 in state funding.
The capital budget for 2019–21 has funded the following mental health and substance use disorder projects:

- **To support hospitals to increase capacity to serve 90- and 180-day civil commitment patients:**
  - $26.9 million for:
    - Virginia Mason Memorial: $2.2 million
    - Providence Everett: $4.7 million
    - MultiCare Auburn: $20 million
  - $47 million for competitive grants to increase behavioral health capacity, which includes $8 million for hospitals to increase capacity for 90- and 180-day civil commitment services.

- **Pre-design, planning and design of University of Washington 150-bed behavioral health teaching hospital:** $33.3 million

- **Dental capacity grant for Columbia County Hospital:** $250,000

- **To support housing projects that provide supportive housing and case-management services to people with behavioral or chronic mental health illness:** $35 million

- **Reduce homelessness and develop supportive housing:** $26.5 in state funding ($35.5 million total) including:
  - Youth homelessness: $4 million in state funding ($8.5 million total).
  - Family homelessness: No state funding, but $4.5 million in total funding.
  - Homelessness rent assistance: $7 million in state funding.
  - Better health housing: $1 million in state funding.
  - Housing and essential needs: $14.5 million.

- **Budget restorations for assumed savings that will not be realized:**
  - Healthier Washington: $27 million in state funding ($61 million total).
  - Pharmacy savings: $7 million in state funding ($25 million total).
  - Dental savings: $11.3 million in state funding ($29.4 million total).

- **Medicaid Home Health payment rate increase to Medicare rate:** Not funded.

- **Savings from managed care performance withhold:** $367,000 in state funding ($1.25 million total).

- **Savings from anticipated delay in federal Disproportionate Share Hospital payment reductions:** $46.1 million in state funding ($119 million total).

- **Federal match for IMD facilities for stays up to 30 days:** $16.2 million in state funding.
2020 Policy Preview

As we look to 2020, we are excited for the opportunity to make positive changes to health care in Washington State. One of our top priorities next year will be continued advocacy for behavioral health and funding for difficult-to-discharge services, so more patients are able to get the care they need. We will advocate for intensive outpatient treatment and partial hospitalization as a Medicaid benefit, as this is an issue that we see as related to health equity, and ensuring that all patients have access to the care they need, regardless of their circumstances.

As usual, many bills that didn’t pass this year are likely to return in 2020. This includes bills that will improve health care, but also harmful bills. In the interim, we will monitor the implementation process for new laws, such as the new hospital staffing regulations and the public option for health care coverage. We look forward to another year of advocating for you and doing everything we can to work together to improve the health of our communities.

2020 Hospital Advocacy Day

Be sure to join us in Olympia on January 30, 2020 for WSHA’s Hospital Advocacy Day! There will also be some pre-advocacy-day events the day before. We will once again use this time to advocate for our priority initiatives, talking with legislators and telling the hospital story. Taking time to meet with your legislators in person is one of the best ways to tell the story of your hospital, including your opportunities for growth, your successes and your challenges. We look forward to seeing you there! More information will be provided later in the year.

What it Takes to Advocate: Relationships, Input and the PAC

The Washington Hospital Political Action Committee (WHPAC) and the American Hospital Association Political Action Committee (AHAPAC) unify hospitals’ political voice. These PACs are important ways for hospital and health system leaders to elect champions and engage with elected officials. Hospitals and health systems have much at stake in the political process on issues including regulation, patient access to care, reimbursements, health quality reporting, patient safety and more. Your support helps us elect strong lawmakers and keep hospital issues at the forefront of the debate in Olympia as we continue to build relationships with them.

The 2018 PAC Campaign

We had an ambitious campaign in 2018, raising $244,000 toward our $300,000 fundraising goal. We are proud to report that we also had 100 percent WSHA Board participation. In 2019 we hope to raise $370,000 as we march toward our goal of raising $500,000 in 2021. We need your help getting there!

To make your PAC donation online or for more information about last year’s campaign leaders and how PAC funds are spent, visit www.wshaweb.com/whpac. Password: WHPAC
Thank You for Testifying in Olympia

Our thanks to everyone who testified in Olympia this year. Your insight on health care is critical to good legislative decision-making, and WSHA and legislators value the time you spend on improving health care policy.

Patrick Ahearne, St. Clare Hospital
Jennifer Burkhardt, Olympic Medical Center
Jacqueline Butin, UW Medicine, Harborview Medical Center
Dr. Andrea Chatburn, Providence St. Joseph Health
Kim Cummins, MultiCare Health System
Jen Duran, St. Joseph Medical Center
Jeannie Eylar, Pullman Regional Hospital
Liga Mezaraups, Providence Regional Medical Center Everett
Lynnette Gregory, Providence St. Peter Hospital
Jesse Holcomb, Pullman Regional Hospital
Tim Holmes, MultiCare Health System
Jackie Hunter, EvergreenHealth Monroe
Laura Hutchison, PeaceHealth Southwest Medical Center
Barb James, PeaceHealth Southwest Medical Center
Tracey Jones, Virginia Mason Health System
Tracey Kasnic, Confluence Health
Dr. Midori Larrabee, EvergreenHealth Monroe
Melanie Smith, PeaceHealth Southwest Medical Center
Susan Stacey, Providence Sacred Heart Medical Center and Children’s Hospital
Jim Wade, Legacy Salmon Creek Medical Center
Julie Weisenburg, Samaritan Healthcare