

Legislative Summary & Policy Preview

2022





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Dear WSHA members,

As the COVID-19 pandemic stretched into its third year, the Washington State Legislature convened in January for another virtual session. We are pleased to report overwhelmingly positive results for hospitals and health care from this 60-day “short” session.

Short sessions typically do not address major or controversial changes to state law. This year was an exception, with nursing unions and their partners in the Legislature attempting to pass strict hospital staffing mandates. While the bill, HB 1868, passed the House, it died in the Senate Ways & Means Committee. This was a massive victory for health care in Washington State, as the legislation would have resulted in significant bed closures. We could not have achieved this success without members’ advocacy efforts. Thousands signed in opposed to the bill, contacted their lawmakers and testified.

In other positive news, the Legislature funded all WSHA’s budget priorities. This included nearly \$50 million for health care workforce development, creating more slots in nursing programs, investing in simulation training equipment, providing grants to nurses who supervise students, offering loan repayment for nurse educators and expediting the nurse licensing process. The Legislature also allocated nearly \$550 million to address barriers to hospital discharge and ensure that patients who are ready to leave the hospital have an appropriate place to receive long-term services during the pandemic and beyond. The Legislature allocated an additional \$261 million to improve the behavioral health continuum of care and \$1.3 million to fully fund the Washington Medical Coordinating Center for the rest of the biennium, which will continue to connect all hospitals and help find beds for patients.

WSHA had several other major policy victories as well. Lawmakers unanimously passed legislation offering Medicaid coverage for partial hospitalization and intensive outpatient treatment for children’s behavioral health. This followed years of advocacy by WSHA and our members and a successful year-long pilot. The Legislature also unanimously passed a bill to replace the state’s outdated MRSA law with a new law that recognizes the work hospitals do to prevent the control and spread of pathogens of epidemiological concern. The Legislature did not pass a harmful bill that would have restricted hospital contracting, which unfairly singled out hospitals and providers for health care costs.

Looking ahead, WSHA’s Government Affairs team’s focus shifts to work empowering members in building legislative relationships, advocating during agency rulemaking and new law implementation, and planning for the next legislative session. We want to offer our sincerest thanks to our members who testified before lawmakers, participated in WSHA Advocacy Week and analyzed the impact of bills on hospital operations. Your effort is instrumental to our legislative successes!

In your service,



Chelene Whiteaker
WSHA Senior Vice President, Government Affairs

WSHA's 2022 Legislative Priorities

WSHA advanced an ambitious legislative agenda in 2022, and we are pleased to report many wins. Most notably, our collective advocacy stopped legislation that would have implemented rigid hospital staffing ratios.

Our successes this session included our work to:

Ensure patients have health coverage and access throughout the care continuum before, during and after hospitalization.

- **Allow nurses to distribute opioid reversal medication in hospital emergency departments.** Last year, the Legislature enacted a bill requiring hospitals to provide opioid reversal medication to certain patients at risk of an overdose. Unfortunately, the new law was too narrow in application and required a prescriber to distribute the medication to patients in the ER setting, which could have created patient backlogs. This session, WSHA successfully supported legislation aimed at fixing the issue and allowing nurses to distribute lifesaving opioid reversal medication.
- **Ensure changes to charity care requirements reflect differences in communities.** WSHA negotiated with proponents of a bill to balance expansion of state charity care law with the need to consider financial sustainability for hospitals across our state. The new law is not without cost, but WSHA's advocacy led to reduced impacts on financially vulnerable hospitals. This mitigation was a positive outcome in the broader context of this legislative session.



- **Increase and preserve access to behavioral health care.** WSHA strongly supported legislation that establishes Medicaid coverage for partial hospitalization and intensive outpatient treatment programs for youth with behavioral health conditions.
- **Support in-person care provision for audio-only telemedicine.** WSHA supported legislation that extends the established relationship time period for patients and providers to three years for behavioral health services and two years for all other services to increase access to care. WSHA supported a provision requiring patients utilizing audio-only telemedicine to see their providers in-person once per year, as audio-only telemedicine is intended as a supplement for in-person care, not a replacement for it. The final law removes the in-person requirement until 2024.
- **Seek clarification that the state's use of force law does not preclude law enforcement officers from carrying out their community caretaking role.** WSHA supported legislation that clarifies the abilities of officers to respond to health care settings and patients in crisis.

Ensure hospitals are stable institutions serving their communities, long into the future.

- **Allow hospitals to continue to merge, affiliate and engage in business transactions.** WSHA was pleased that a bill proposing significant new regulations on health care transactions did not move forward this year. Health care mergers in our state have led to continued access to care for patients across the state and in local communities.
- **Ensure hospitals are not disadvantaged in contracting with health insurers.** WSHA strongly opposed legislation that would have placed contracting restrictions on hospitals and their affiliates and given insurance carriers more leverage in contract negotiations. The bill also would have restricted the formation of and contracting with clinically integrated networks that include more than one facility location. The bill, which singled out hospitals and providers for health care increases, did not pass this session.
- **Ensure access to care through off-campus hospital clinics and departments.** WSHA successfully opposed legislation that would have significantly restricted billing for the facility component of off-campus hospital-based clinics. The bill would have affected off-campus clinics and departments that are in many communities the main or sole source of access to specialty care for Medicare and Medicaid patients.

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

- **Preserve workforce and staffing flexibility.** Through a sustained and concerted advocacy campaign, WSHA successfully defeated legislation that would have instituted several hospital staffing mandates, including strict minimum nurse-to-patient ratios. The bill also limited use of on-call and made significant changes to nurse staffing committees. This legislation would have resulted in health care rationing and bed closures in communities across the state.
- **Modernizing hospital MRSA practices.** WSHA played a key role in crafting legislation that updates and replaces state law to prevent the spread of methicillin-resistant staphylococcus aureus (MRSA) in hospitals, as infectious disease scientists' understanding of MRSA is now more comprehensive than it was when the original law was created in 2009. The previous law overcommitted hospitals to one pathogen - MRSA. WSHA's new bill removes the outdated law and requires hospitals to develop a policy to prevent and control the transmission of pathogens based on a facility risk assessment and evidence-based intervention strategies. The Legislature passed the bill unanimously.
- **Maintain recognition of health privacy laws in consumer data privacy.** WSHA opposed legislation that would have instituted rigid privacy protections without exemptions for hospitals or health systems. Most notably, it would have required that any businesses that collect data on children or adolescents give parents the option of having their children's information deleted or not used at all. This presented implications for the use of electronic health records. The legislation did not advance.

WSHA's 2022 Policy Priorities

Leading up to each legislative session, WSHA's Government Affairs team works with members to identify the state policy and budget issues that are most important to our hospitals, patients and communities. We are pleased to report that the state enacted crucial measures to support our health care community and Washington residents.

Every year, we demonstrate our commitment to transparency in our legislative process by publishing our agenda on our website and providing regular updates through our legislative newsletter, Inside Olympia, which can also be found on the WSHA website. The following reflects both our policy agenda and other critical issues that emerged during the 2022 legislative session.

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
WSHA Goal: Ensure patients have health coverage and access throughout the care continuum before, during and after hospitalization.			
HB 1616	Expanding state charity care requirements. WSHA negotiated provisions that take a more balanced approach recognizing differential impact on hospitals that are part of a larger health system versus small and independent hospitals.	Supported; passed	
HB 1621	Creating programs to encourage sexual assault nurse examiner training. This bill would have provided a stipend to defray out-of-pocket expenses for nurses training to become sexual assault nurse examiners.	Supported; did not pass	
HB 1622	Increasing the availability of sexual assault nurse examiner education in rural and underserved areas.	Supported; passed	
HB 1688	Protecting consumers from charges for out-of-network health care services by aligning the state Balance Billing Protection law and the federal No Surprises Act. WSHA amended the bill to extend the time period for hospitals to notify insurers following emergency stabilization.	Neutral; passed	NEUTRAL
HB 1735	Modifying the standard for use of force by peace officers, clarifying that law enforcement officers are not precluded from carrying out their community caretaking role. In this legislation, "peace officer" mostly refers to law enforcement agency officers commissioned to enforce state criminal laws or detect or apprehend violators of the law.	Supported; passed	
HB 1761	Allowing nurses to distribute opioid overdose reversal medication in the emergency department (ED). This bill ensured that nurses, and not just providers, can distribute opioid reversal medication to patients in the ED.	Supported; passed	

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
HB 1821	<p>Concerning the definition of established relationship for purposes of audio-only telemedicine. For behavioral health patients, the patient-provider relationship can be established through one in-person or audio-visual telemedicine visit within three years. For all other patients, the patient-provider relationship can be established through one visit within the past two years. For calendar year 2023, either an in-person or audio-visual visit can satisfy the requirement. However, the allowance for an audio-visual visit will sunset for 2024 and would need to be reauthorized by the Legislature to continue.</p>	Amended to neutral; passed	NEUTRAL
HB 1860	<p>Preventing homelessness among persons discharging from inpatient behavioral health settings. This bill required managed care organizations (MCOs) to coordinate housing services upon discharge from psychiatric hospitals for patients who need it. Psychiatric hospitals must also give notice of discharge to MCOs – WSHA offered amendment language.</p>	Amended to neutral; passed	NEUTRAL
HB 1890	<p>Directs the Children and Youth Behavioral Health Workgroup to develop a statewide strategic plan for children’s and youth behavioral health services.</p>	Supported; passed	✓
HB 2083	<p>Addressing consent to long-term care placement and services. This bill would have allowed close friends and family members to consent to placement in long-term care settings for patients who lack capacity. The bill also amended parts of state law on guardianship to allow for a quicker process for long-term care placement.</p>	Supported; did not pass	✗
SB 5268	<p>Transforming services for individuals with intellectual and developmental disabilities by increasing the capabilities of community residential settings and redesigning the long-term nature of intermediate care facilities.</p>	Supported; passed	✓
SB 5294	<p>Concerning the creation of statewide epidemic preparedness and response guidelines for long-term care facilities.</p>	Supported; did not pass	✗
SB 5736	<p>Concerning partial hospitalizations and intensive outpatient treatment services for minors. Establishing Medicaid coverage for partial hospitalization and intensive outpatient treatment programs for children and youth with behavioral health conditions.</p>	Strongly supported; passed	✓
SB 5790	<p>Strengthening critical community support services for individuals with intellectual and developmental disabilities, including developing statewide rehabilitation programs and providing vocational rehabilitation services, independent living services and/or job-support services.</p>	Supported; passed	✓
SB 5814	<p>Providing funding for medical evaluations of suspected victims of child abuse.</p>	Neutral; passed	NEUTRAL

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
SB 5819	Requiring the developmental disabilities administration to hire two permanent, full-time employees to regularly review and maintain the no-paid services caseload.	Supported; passed	
SB 5883	Addressing informed consent for homeless youth, clarifying the order of who can consent for care when the patient lacks capacity.	Neutral; passed	NEUTRAL
WSHA Goal: Ensure hospitals are stable institutions serving their communities, long into the future.			
HB 1708	Concerning facility fees for audio-only telemedicine. This bill prohibited hospitals from charging both originating site and distant site facility fees for audio-only telemedicine.	Neutral; passed	NEUTRAL
HB 1741	Addressing affordability through health care provider contracting. The bill would have shifted contracting leverage and threatened clinically integrated arrangements and fragmented care by allowing insurers to unilaterally determine what hospitals include in their agreements. Versions of the bill would have subjected contracts with more than one hospital to special review by the Insurance Commissioner or Attorney General.	Strongly opposed; did not pass	
HB 1754 & SB 5155	Concerning prejudgment interest. This bill would have started interest on tort cases at the date the cause of action accrues (rather than current law that starts interest when a court has entered a judgment). This would have been yet another cost driver to our state's health care system. These bills were similar but not companions.	Opposed; did not pass	
HB 1862	Concerning facility fees charged by certain health care providers. The bill would have prohibited hospitals from billing for the facility component for off-campus hospital departments and clinics, jeopardizing access to needed services, particularly for Medicare and Medicaid enrollees.	Strongly opposed; did not pass	
SB 5496	Concerning health professional monitoring programs. This bill expanded a program that provides treatment services to providers struggling with health and addiction issues, allowing them to remain in practice.	Negotiated to supported; passed	
SB 5911	Providing state-funded hazard pay retention bonuses to certain hospital-based health care employees. Per the bill, a covered employee would be eligible for a one-time hazard pay retention bonus if they worked 240 hours for a covered employer in the fourth calendar quarter of 2021.	Supported; did not pass	

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
WSHA Goal: Maintain flexibility for hospital operations while mitigating new burdensome and costly regulations.			
HB 1076	Allowing whistleblowers to bring actions on behalf of the state for violations of workplace protections. This bill allowed individual employees to file lawsuits against their employers in the name of the state (qui tam) for alleged labor law violations.	Opposed; did not pass	
HB 1739	Modernizing hospital policies related to pathogens of epidemiological concern. This bill replaced the state's MRSA-specific law by requiring hospitals to adopt a policy regarding pathogens of epidemiological concern that is informed by a facility risk assessment. The bill removed the MRSA law's prescriptive and burdensome requirements.	Supported; passed	
HB 1837	Restoring the state's ability to address work-related musculo-skeletal injuries. This bill restored the Department of Labor & Industries' authority to issue workplace ergonomic regulations by repealing I-841 (2003). The bill's intent section specifically cited health care facilities as potential targets for future workplace ergonomic regulations.	Opposed; did not pass	
HB 1850	Protecting and enforcing the foundational data privacy rights of Washingtonians. This bill would add consumer data privacy restrictions for businesses and WSHA had negotiated an exemption for health care data. However, this bill included a tax on hospitals that WSHA opposed.	Opposed; did not pass	
HB 1852	Concerning language requirements for prescription drug labels. The bill required all pharmacies to provide translated prescription medication labels. It also required the Pharmacy Quality Assurance Commission to develop rules for the translation of prescription medication labels.	Amended to neutral; did not pass	NEUTRAL
HB 1868	Imposing several hospital staffing mandates, including strict at-all-times minimum nurse-to-patient ratios and a cap on pre-scheduled on-call, with severe financial penalties for each violation. This legislation would have resulted in health care rationing and bed closures in communities across the state.	Strongly opposed; did not pass	
HB 1971	Concerning installation, inspection, testing, and maintenance of smoke control systems and fire dampers, smoke dampers, and combination fire and smoke dampers. This bill required the Washington State Building Code Council to modify existing provisions regarding smoke control systems.	Neutral; did not pass	NEUTRAL
HB 1983	Concerning a hospital patient's right to visitors. This bill established patients' rights to visitors and limited hospitals' abilities to restrict visitation. WSHA negotiated the bill, but it did not receive a committee hearing.	Concerns; did not pass	

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
SB 5062	Concerning the management, oversight and use of data. This bill would have added consumer data privacy restrictions for businesses. WSHA had negotiated an exemption for health care data, however, this bill was tied to the passage of HB 1850, which included a tax on hospitals that WSHA opposed.	Opposed; did not pass	✓
SB 5688	Concerning material changes to the operations and governance structure of participants in the health care marketplace.	Strongly opposed; did not pass	✓
SB 5722	Reducing greenhouse gas emissions in buildings. This bill expanded the existing clean buildings law to commercial buildings between 20,000 and 50,000 square feet. The Department of Commerce will engage in rulemaking throughout this decade to implement the law.	Neutral; passed	NEUTRAL
SB 5761	Concerning employer requirements for providing wage and salary information to applicants for employment. This bill required all employers to post a salary or wage range in job postings beginning Jan. 1, 2023.	Neutral; passed	NEUTRAL
SB 5813	Establishing data privacy protections to strengthen a consumer's ability to access, manage and protect their personal data. It would have required that any businesses that collect data on children or adolescents give parents the option of having their children's information deleted or not used at all. This presented implications for the use of electronic health records, as it did not include exemptions for health care data.	Opposed; did not pass	✓



OTHER IMPORTANT BILLS

WSHA's Government Affairs team tracks many health care bills to ensure that any new legislation supports access to high-quality care. Below are other bills that emerged during session that we worked on with members and partners.

BILL #	BILL DESCRIPTION	WSHA POSITION AND LEGISLATIVE OUTCOME	OVERALL FAVORABILITY FOR WSHA
HB 1141	Increasing access to the death with dignity act by changing statutes surrounding its use.	Neutral; did not pass	NEUTRAL
HB 1763	Concerning injured workers' rights during independent medical examinations. This bill would have given injured workers the right to record their independent medical examination for workers' compensation claims.	Opposed; did not pass	
SB 5517	Concerning employment of individuals who lawfully consume cannabis. This bill prevented employers from screening job applicants and employees for cannabis use. WSHA sought an amendment for health care facilities.	Opposed; did not pass	
SB 5821	Evaluating the state's cardiac and stroke emergency response system. This bill directed an evaluation that will inform the optimal statewide strategy to improve cardiac and stroke emergency care.	Amended to neutral; passed	NEUTRAL
SB 5909	Concerning legislative oversight of gubernatorial powers concerning emergency proclamations and unanticipated receipts. This bill would have required legislative approval to maintain a state of emergency longer than 90 days.	Neutral; did not pass	NEUTRAL

WSHA's 2022 Budget Priorities

Years of WSHA budget advocacy paid off during this supplemental budget year.

Top hospital and health system budget items

(in general order of priority)

Each of WSHA's four budget priorities were funded in the supplemental budget. Combined funding for WSHA's four budget priorities included \$525 million state funds and \$861 million total funds.

- **Health care workforce education and pipeline.** WSHA advocated for a robust package of state investments in health care workforce development. The final budget funded 220 new nursing education slots at the University of Washington and in community colleges and a new Bachelor of Nursing program at Eastern Washington University. The budget also funded additional simulation labs, preceptor grant programs and Opportunity Grants for students preparing for health care careers.
- **Difficult-to-discharge and long length of stay.** After many years of advocating for investments in the long-term care system to ensure patients who are ready to discharge have an appropriate place to receive long-term services and supports, the Legislature responded with substantial financial support for WSHA's package of budget proposals and more. The budget funded nearly all our difficult-to-discharge priorities in some form.
- **Behavioral health.** WSHA's behavioral health budget priorities primarily involved improving the behavioral health system for children across the continuum of care. The 2022 supplemental budget made significant investments in behavioral health, including WSHA's top priorities.
- **Washington Medical Coordinating Center.** WSHA's only budget priority that directly supported hospitals was funding to sustain the WMCC through the biennium so it is ready to level-load patients across

the state during an emergency, such as another COVID-19 surge. The budget fully funded the WMCC for the remainder of the biennium.

The following is a breakdown of health care budget items funded this year, by budget priority. Additional details are available on WSHA's website.

Health care workforce education and pipeline (\$47.8 million state, \$49.8 million total funds)

- **Adding 220 nursing education slots at the University of Washington and in community colleges and a new Bachelor of Nursing program at Eastern Washington University.** (\$11 million state funds)
- **Increasing enrollment in the RN-to-BSN program and developing an MSN program at Western Washington University.** (\$894,000 state funds)
- **Establishing grants for nursing programs** to purchase and upgrade simulation lab equipment to help expand capacity and serve more nursing students. (\$15.2 million state funds)
- **Establishing a preceptor grant program for nurses supervising nursing students in health care settings.** (\$6 million state funds)
- **Expanding the Opportunity Grant program to provide health care workforce grants for students.** (\$8 million state funds)
- **Establishing a graduate nursing student loan repayment program** for nurse educators, implementing HB 2007. (\$3 million state funds)



- **Establishing a joint labor-management CNA apprenticeship program** through the Department of Labor and Industries. (\$1 million state funds)
- **Funding 10 full-time equivalents in the Department of Health to process nurse licensure applications in seven days or less.** (\$0 state, \$2 million total funds)

Difficult to discharge and long length of stay (\$269.3 million state, \$548.7 million total funds)

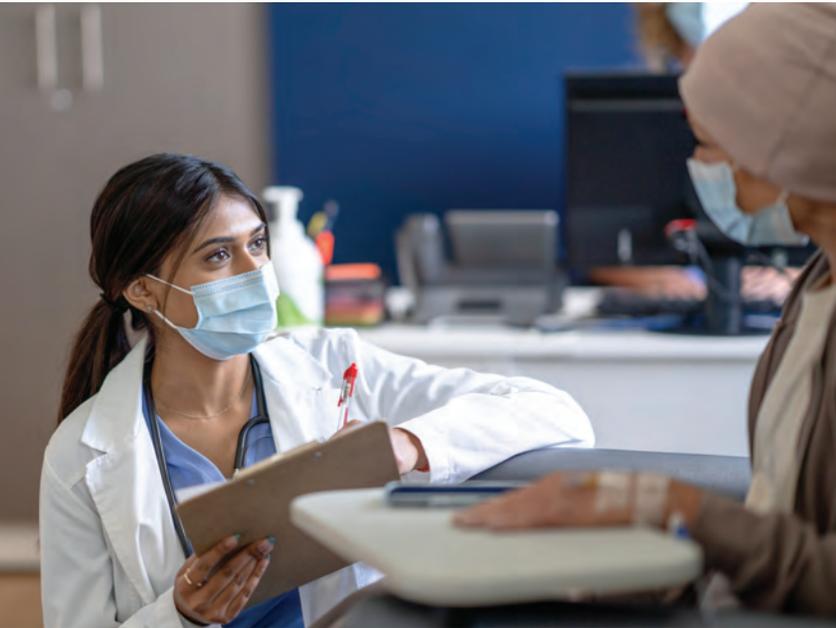
- **Funding for Department of Social and Health Services (DSHS) and Health Care Authority (HCA) incentive payments to long-term care facilities** to take Medicaid clients discharged from acute care hospitals. (\$13 million state, \$23 million total funds)
- **Renewing Initiative #2 of the state's five-year Medicaid Transformation Project, including:**
 - Adding Office of Public Guardianship slots for low-income people in need of guardians. (\$0 state, \$900,000 total funds)
 - Establishing Medicaid presumptive eligibility for patients discharging from acute care hospitals with the intention of streamlining access to long-term care. (\$0 state, \$8 million total funds)
- **Reducing caseloads for case managers serving DSHS clients with complex behavioral health needs** and increasing placement in long-term care. (\$3.3 million state, \$6.5 million total funds)
- **Reducing caseloads for hospital discharge planners, Area Agencies on Aging (AAA) case managers and case managers for clients in residential settings.** (\$8.2 million state, \$17 million total funds)

• **Funding for Gov. Inslee's Hospital Staffing Initiative to address acute care hospital capacity:**

- Adding AAA care coordinators stationed in acute care hospitals. (\$1.7 million state, \$2.1 million total funds)
- Establishing incentive payments to home- and community-based service providers who accept clients ready to discharge to a lower-level setting from acute care hospitals and nursing homes and providing ongoing funding for a daily rate add-on for 36 specialized dementia care clients in home- and community-based settings. (\$3 million state, \$6 million total funds)
- Establishing 242 nursing home beds to serve patients discharging from acute care hospitals. (\$12 million state, \$26.3 million total funds)
- Adding Assistant Attorney General staff dedicated to guardianship issues to help create and maintain bed capacity at acute care hospitals by facilitating the transition of patients to the community after their medical needs have been met. (\$688,000 million state funds)
- Adding DSHS staff to assist patients facing guardianship barriers to discharging from hospitals. (\$1.2 million state, \$1.5 million total funds)
- **Establishing a new contract at the Transitional Care Center of Seattle,** a DSHS-owned nursing home. (\$10.7 million state, \$22.3 million total funds)
- **Supporting transitions to new care settings for patients with developmental disabilities.** (\$2.2 million state, \$3.8 million total funds)
- **Increasing private duty nursing rates for Medicaid long-term care patients.** (\$1.7 million state, \$3.6 million total funds)
- **Addressing Developmental Disability Administration financial eligibility process delays.** (\$1.4 million state, \$2.5 million total funds)

Behavioral health (\$206.8 million state, \$261.4 million total funds)

- **Directing the Children and Youth Behavioral Health Workgroup to develop a statewide strategic plan for behavioral health services for children and youth.** (\$563,000 state funds)



- **Increasing the number of community-contracted Children's Long-Term Inpatient Program (CLIP) beds.** These are services for children and youth with severe psychiatric conditions. *(\$6.3 million state, \$12.6 million total funds)*
- **Expanding the partial hospitalization (PHP) and intensive outpatient treatment (IOT) pilot program to a new site beginning in fiscal year 2023.** This is in addition to the Medicaid coverage for youth PHP/IOT that will begin in January 2024 under SB 5736. *(\$2.9 million state funds)*
- **Establishing a no- or low-barrier, housing-first model.** *(\$6 million state, \$8 million total funds)*
- **Adding youth inpatient navigators** to help support families and children that need, but are unable to find, long-term inpatient beds. *(\$2.1 million state, \$2.6 total funds)*
- **Increasing Medicaid reimbursement rates for community behavioral health providers contracted through managed care organizations by 7%.** This funding should bolster the chronically underfunded community behavioral health system. *(\$17.4 million state, \$49.9 million total funds)*

- **Increasing Behavioral Health Administrative Service Organization and Managed Care Organization wraparound service contracts** and implement a 7% rate increase to address services needs that cannot be paid for with Medicaid funds. *(\$20 million state funds)*
- **One-time funding to assist behavioral health providers that serve Medicaid- and state-funded clients and experienced revenue losses or increased expenses due to the COVID-19 epidemic.** *(\$0 state, \$100 million total funds)*
- **Establishing an assisted outpatient treatment program.** *(\$4.4 million state, \$5.3 million total funds)*
- **Contracting for 16 beds at the residential treatment facility in Vancouver, WA, and 16 beds planned for the residential treatment facility in Snohomish County.** *(\$2.2 million state, \$3.1 million total funds)*
- **Reopening evaluation and treatment facilities, increasing staff capacity and expanding outpatient services for adults ages 18-24 in Clark and Spokane counties.** *(\$1.5 million state funds)*
- **Establishing a 32-bed, short-term residential crisis stabilization program for youth with severe behavioral health diagnoses.** *(\$48,000 state, \$97,000 total funds)*

Washington Medical Coordinating Center (WMCC)
(\$1.3 million state funds)

- **Contracting with WMCC to provide services that connect all health care facilities, ensure clinical coordination and equitably distribute patients for the remainder of the biennium.** *(\$1.3 million state funds)*

Other State Legislative Investments in Health Care

In addition to WSHA's four budget priorities, Washington State invested in other important health care programs and services.

Apple Health

- **Preparing to expand Apple Health to undocumented Washingtonians** who do not qualify for other state-funded health care assistance programs, beginning January 2024. WSHA joined a coalition to support this effort. (*\$3.25 million state funds*)
- **Providing continuous enrollment for Medicaid-eligible children with family income less than 215% of the federal poverty level** through 6 years of age under a 1115 waiver filed with the Centers for Medicare and Medicaid Services (CMS). (*\$6 million state, \$6.2 million total funds*)
- **Studying technology and related services to establish a community information exchange (CIE)** to support interventions designed to address social determinants of health. (*\$500,000 state, \$2.5 million total funds*)
- **Funding for renewal of the Medicaid Transformation Project, Washington's 1115 demonstration waiver.** This includes continuation of accountable communities of health, foundational community support, and long-term services and support for adults, and is subject to CMS approval. (*\$0 state, \$295 million total funds*)

COVID-19 response

- **Establishing the COVID-19 "Contain the Spread" initiative** to continue supporting statewide efforts for diagnostic testing, case investigation and contact tracing, care coordination, outbreak response, disease surveillance, public communications and other necessary operational support. (*\$0 state, \$58 million total funds*)
- **Expanding distribution of COVID-19 vaccinations.** (*\$0 million state, \$67 million total funds*)

Additional hospital programs

- **Increasing sexual assault nurse examiner (SANE) training and funding to start SANE programs in hospitals that do not currently have the service.** (*\$1.2 million state funds*)
- **Providing one-time bridge grants for hospitals in financial distress that meet specific criteria.** (*\$8 million state funds*)
- **Implementing 2021 HB 1272 on hospital transparency data collection, including a \$2 million grant program to fund technology required to comply with the law for eligible rural hospitals.** (*\$3.7 million state funds*)





The Road Ahead:

2023 Policy Preview

As we look ahead to 2023, WSHA will continue to champion legislation that supports health care workforce development and transitioning patients out of hospitals who no longer have a medical need to be there. We expect many harmful bills that died this session — including HB 1868, which mandated rigid hospital staffing ratios — to return in some form, and WSHA is prepared to advocate on these issues once more.

In the interim, we will monitor the new law implementation process and prepare our 2023 legislative agenda. We are also planning our annual Hospital Advocacy Days for 2023, which is sure to be an important opportunity for hospital leadership, board members and clinicians to “stand up and stand together” on the issues we advocate for in Olympia. During the 2022 event, 57 hospital members joined us for 112 meetings with legislators. The hospital leadership teams used this time to talk about challenges with hospital staffing, their continued experiences during the pandemic and other top priorities for the session. Stay tuned for 2023 updates.

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!

2022: An Unprecedented Year of Advocacy

This year was one of remarkable advocacy by WSHA members. Staffing mandate legislation HB 1868 would have profoundly impacted hospitals’ ability to respond to patient needs, and our members made these impacts clear to legislators. WSHA and our members had more than 125 meetings with lawmakers on this issue, and more than 1,100 people made 12,000+ email contacts through our advocacy web portal. Further, we had 2,800 people sign in against the bill and 46 testify against it. This is in addition to our members who reached out to their local media and wrote letters to the editor to tell the hospital story. Thank you to all the members who took part. We could not have had this success without you!





HOSPITALS for a
HEALTHY FUTURE
PAC

Advocacy Involves Relationships, Input and Political Action Committees

The Hospitals for a Healthy Future PAC (HHFPAC) and the American Hospital Association Political Action Committee help WSHA and our members build relationships and unify our political voices with state and federal lawmakers. The HHFPAC helps hospital and health system leaders elect health care champions and engage with elected officials on important issues.

Hospitals and health systems, and the patients you serve, have a lot at stake in the political process. State and federal legislation can influence access to care, impacts of regulation, payment rates, health quality reporting, patient safety, health equity and much more. Your financial support helps the HHFPAC cultivate and elect lawmakers who are health care champions and keep hospital and patient issues at the forefront of the political debate in Olympia and Washington, D.C.

The 2022 Hospitals for a Healthy Future Campaign

In 2021, our ambitious campaign raised \$213,000 from member contributions, and in 2022 we hope to meet our fundraising goal of \$300,000! When you donate \$350 or more to the HHFPAC, we'll help maximize contributions through matching donations from Washington Hospital Services. Washington hospitals and health systems cannot be left behind as other interest groups out-raise us by significant margins. We need everyone's help getting to our goal and maintaining political influence. Consider donating today.

To make your online donation to the Hospitals for a Healthy Future campaign or for more information about last year's efforts and how funds are spent, visit www.wshaweb.com/hhfpac. Password: HHFPAC.

Thank You for Testifying in Olympia

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



Heidi Anderson, Forks Community Hospital
Dianne Aroh, Virginia Mason Franciscan Health
Laura Bauer, Legacy Salmon Creek
Marty Brueggemann, Yakima Valley Memorial Hospital
Jennifer Burkhardt, Olympic Medical Center
Jennifer Culbertson, Swedish Edmonds
Scott Eichelberger, MultiCare Health System
Katy Erickson, MultiCare Health System
Jeannie Eylar, Pullman Regional Hospital
Geoffrey Glass, Providence Health & Services
Deena Hannen, MultiCare Health System
Ramona Hicks, Coulee Medical Center
Theresa Hollinger, Newport Hospital and Health System
Kevin Kajita, EvergreenHealth
Tracey Kasnic, Central Washington Hospital
Sommer Kleweno Walley, UW Medicine/Harborview Medical Center

Jonathan Lewis, Klickitat Valley Health
Mike Martinoli, Ferry County Memorial Hospital
Shane McGuire, Columbia County Health System
Karyn Mirante, Harbor Regional Health Community Hospital
Lisa Morten, Overlake Medical Center
Michael Myint, MultiCare Health System
Greg Pennington, Legacy Salmon Creek
Bill Robertson, MultiCare Health System
Douglas Ross, University of Washington School of Law
Susan Scott, Providence Holy Family Hospital
Rachael Seekins, Coulee Medical Center
Brenda Sharkey, Ocean Beach Hospital
Mary Shepler, EvergreenHealth
Susan Stacey, Providence Inland Northwest Washington
Melissa Strong, Mason General Hospital
Jill Toombs, Association for Professionals in Infection Control and Epidemiology Puget Sound Chapter



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