



## **2024 Legislative Session - End of Session Report**

### ***Snohomish County***

March 8, 2024

At 5:55pm on March 7th, the legislature adjourned the 2024 legislative session, Sine Die. The 2024 Washington State legislative session was a short session, which means it lasted for just 60 days and moved at a rapid pace as legislators worked diligently to pass bills and budgets and end on time. The session adjourned on time.

A total of [379 bills passed the legislature](#) during the 2024 session, and of those, 234 had unanimous votes. For comparison, the [average number of bills passed in a short session](#) is about 315. Some of the main issue areas of focus this session included behavioral health, climate change, housing & homelessness, and K-12 education.

Bills that passed the legislature now go on to the Governor for consideration. Bill signing schedules and the list of bills that have been signed can be found [here](#). As a reminder, any bill that hit the Governor's desk within the last five days of session has 20 days (not counting Sundays) for him to take action. To date, the Governor has signed 14 bills into law and at this point no bills have had a partial or full veto.

In addition to the work done to pass policy bills, this session also included the business of writing the 2024 supplemental operating, transportation, and capital budgets. Given the fairly modest increases in projected revenue in the [spring quarterly economic & revenue forecast](#), the budgets were true supplemental budgets with modest investments focused on urgent and emergent issues.

### ***Electeds & Elections***

A very active electoral field is shaping up for the 2024 elections following Governor Inslee's announcement that he will not be seeking reelection for a fourth term in 2024, a number of members running for other offices, and also a growing number of retirements in the legislature. To help keep track of candidate announcements we have started a [tracker for the 2024 elections](#). The current focus of the tracker is on the legislature, but we will build in statewide races for the April monthly report.

### ***Initiatives***

In the last week of session, the both chambers took action and passed three of the six initiatives to the legislature:

- [Initiative 2111](#) relating to limiting the ability of state and local governments to impose an income tax.

- [Initiative 2081](#) concerning parental rights and their children’s public-school education.
- [Initiative 2113](#) relating to vehicular pursuits by police officers.

With passage by the legislature, the initiatives are now law. They do not require action by the Governor.

The remaining three initiatives to the legislature will be on the ballot in November. Those initiatives are: [I-2117](#) (a repeal of the Climate Commitment Act), [I-2109](#) (a repeal of the capital gains tax), and [I-2124](#) (an opt-out of Washington’s long-term care retirement program that would effectively end the program).

### ***Operating Budget***

The 2024 supplemental budget increases spending by \$2.143 billion, which increases the 2023-25 two-year operating budget to \$71.947 billion. Some of the large areas of investment include:

- \$757 million for K-12 education
- \$77 million for higher education
- \$660 million for behavioral health
- \$276 million for health care and public health
- \$150 million for children, youth & families
- \$94 million for housing & homelessness
- \$130 million for other human services
- \$71 million for natural resources

The budget includes no new taxes and retains \$2.617 billion in reserves over the 4-year outlook period.

Operating Budget Documents:

[Budget Bill](#)

[Summary](#)

[Statewide Summary & Agency Detail](#)

### ***Capital Budget***

The final 2024 supplemental capital budget spends \$1.336 billion in total funds, of which \$130.6 million is debt limit bonds. Revised 2023–25 capital budget appropriations would be \$9.997 billion. The final budget leaves a projected ending balance of \$547,000 in debt-limit bonds.

Some of the key capital budget investments are in the areas of:

- \$684 million for the Climate Commitment Act
- \$127.5 million for the Housing Trust Fund.
- \$82.7 million for behavioral health community capacity grants.
- \$69.3 million for local and community projects.
- \$114 million for small district and tribal compact schools modernization
- \$95.8 million for broadband
- \$8.2 million for outdoor recreation and conservation

Capital Budget Documents:

[Capital Budget Bill](#)

[Summary & Project Lists](#)

[Additional Capital Budget Documents](#) (links to all project lists can be found here)

### ***Transportation Budget***

The final 2024 supplemental transportation budget would increase appropriations from all budgeted funds by \$1.099 billion. Revised 2023–25 appropriations would be \$14.714 billion

Some of the key transportation budget investments are in the areas of:

- \$30 million for public transportation
- \$196 million for state ferries
- \$10.5 million for rail projects
- \$32.9 million in local programs

Budget and project lists can be found [here](#).

## **Stand Alone Budget Items That Were Funded**

### ***Operating Budget:***

#### **Priority Budget Items:**

*Below are the priority stand-alone items that were funded in the final operating budget.*

#### **Health Engagement Hubs: \$3M Total**

Chapter 1, Laws of 2023, 1st. sp.s. (2E2SSB 5536) included an appropriation for HCA to establish a health home pilot program by July 2023 with one site in an urban location and an additional site in a rural location. The act established that health engagement hubs are intended to serve as an all-in-one location where people 18 years of age or older who use drugs can access a range of medical, harm reduction, treatment, social services; and referrals for access to methadone or other medications for opioid addiction. Funding is provided to add three additional health engagement hubs in FY 2025. In selecting new sites, HCA shall consider geographic distribution across the state, and prioritize proposals that demonstrate an ability to serve communities disproportionately impacted by overdose, health issues, and other harms related to drugs as well as communities impacted by the criminal-legal system. (Opioid Abatement Settlement Account-State) (Ongoing)

#### **PACT Teams: \$11.828M GFS (\$16.982M total)**

Program for Assertive Community Treatment (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, subsidize teams for utilization decreases, and to increase the funded PACT caseload. (General Fund-State; General Fund-Medicaid) (Custom)

**Street Medicine Pilot: \$3.7M**

Funding is provided for five pilot programs of health care professionals that will assess and address the acute and chronic physical and behavioral health needs of people living homeless in encampments and on the streets with substance use disorders. (General Fund-State) (Custom)  
*This funding includes \$500,000 specifically for City of Everett.*

**BH Data Collection & Management: \$1.283 M GFS (\$2.29 million total)**

Funding is provided to improve behavioral health (BH) data collection, validation, and reporting abilities. This includes funding for 7 FTES, one-time costs for efforts to facilitate data submission by tribal providers; and ongoing costs for software licenses. (General Fund-State; General Fund-Medicaid) (Custom)

**Update Opioid Prevention Standards: \$125k GFS**

Funding is provided to the Office of the Superintendent of Public Instruction (OSPI) to work with educational service districts, the Health Care Authority, and the Department of Health to review and update materials for information sessions provided to students in grades 8–12. These sessions are designed to prevent the use of opioids, including fentanyl, specifically outlining the risks of death related to uneven dosages and pills that look like prescription drugs. (General Fund-State) (Custom)

**Community & School Prevention: \$1.5M GFS**

The Community Prevention and Wellness Initiative (CPWI) provides community and school-based prevention services in diverse sites across the state. Prevention services include youth education and skill building, parenting education, public education and awareness, and student prevention/intervention services. Funding is provided for increases to contracts effective January 2025. (General Fund-State) (Custom)

**Olympic Heritage Behavioral Health: \$134.946M GFS**

Funding is provided for operation of 72 beds at the Olympic Heritage Behavioral Health facility. (General FundState) (Custom)

**Tribal Supports - Icelandic Model: \$1M GFS**

The Icelandic Prevention Model focuses on the four domains of youth life: family, peer group, school and leisure time. It is based on the idea that substance use is primarily a social and environmental problem, rather than an individual problem. Funding is provided to support implementation of the model in tribal communities. (General Fund-State) (Ongoing)

**Tribal Fentanyl Summit: \$750k Total**

Funding is provided for a summit to bring Tribal leaders, the Governor, and state agency leaders together to discuss the impact of the opioid crisis on Native communities across Washington State. (General Fund-Medicaid; Opioid Abatement Settlement Account-State) (One-Time)

**Tribal Opioid Fentanyl Campaign: \$2M Total**

Funds are provided for Native Lives, a campaign to inform and educate tribal communities about opioid misuse prevention, overdose response, and treatment. The campaign, geared to multiple age groups including youth, provides Tribes with education on using naloxone, finding drug

treatment, helping people who are in recovery, and preventing addiction. (Opioid Abatement Settlement Account-State) (Ongoing)

### **Long-Acting OUD Medication: \$3M Total**

Funding is provided to increase access to long-acting injectable opioid use disorder medications. This includes one time funding to support efforts for small providers serving publicly funded clients to begin providing these medications and ongoing support for low income uninsured individuals that do not qualify for other state or federal health insurance programs. (Opioid Abatement Settlement Account-State) (Custom)

## ***Capital Budget:***

*Below are the priority stand-alone items that were funded in the final capital budget.*

- Behavioral Health Community Capacity Grants: \$82.726M
- Housing Trust Fund: \$127.539M
- Trueblood: \$49.555M

## **Priority Bills That Passed**

*If there was a companion bill, the bill that passed is listed first. Under status, some bills don't specify that the Governor has signed yet, which just means that bill is still awaiting signature.*

### **E2SHB 1956 - Addressing fentanyl and other substance use prevention education**

**Prime Sponsor:** Rep. Leavitt

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Directs the Department of Health to develop, implement, and maintain a statewide drug overdose prevention and awareness campaign to address the drug overdose epidemic. Tasks the Office of the Superintendent of Public Instruction (OSPI) with developing and updating age-appropriate substance use prevention and awareness materials for school and classroom use aligned with the statewide campaign. Requires OSPI to adjust the state health and physical education learning standards for middle and high school students to add opioids to the list of drugs included in drug-related education.

### **EHB 2088 - Extending liability protections for responders dispatched from mobile rapid response crisis teams and community-based crisis teams**

**Prime Sponsor:** Rep. Orwall

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Provides covered entities and personnel with immunity from civil liability for negligent acts and omissions while providing: (1) specified crisis care services under clinical supervision to persons experiencing a behavioral health crisis, if the act or omission is done or omitted in good faith within the scope of the individual's employment responsibilities; (2) transportation of patients to specified services.

**SSB 5804 (HB 2029) - Concerning opioid overdose reversal medication in public schools**

**Prime Sponsor:** Sen. Kuderer, Rep. Rule

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Requires all school districts, charter schools, and state-tribal education compact schools, not just those with 2000 or more students, to obtain and maintain at least one set of opioid overdose reversal medication doses in each of the public schools and to adopt a related policy.

**E2SSB 5853 - Extending the crisis relief center model to provide behavioral health crisis services for minors**

**Prime Sponsor:** Sen. Dhingra

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Authorizes 23-hour crisis relief centers to serve nonadult clients, and establishes guidelines for centers serving this population. Aligns the definition of "mental health professional" for purposes of provisions governing treatment of minors with the definition applicable to the treatment of adults, and makes other changes to incorporate references to these centers and similar facilities in current law provisions.

**ESB 5906 - Implementing a statewide drug overdose prevention and education campaign**

**Prime Sponsor:** Sen. L. Wilson

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Requires the Department of Health to develop and maintain an ongoing drug overdose prevention campaign. Requires the Department of Health to conduct a feasibility study for an opioid overdose prevention hotline.

**SSB 5986 (HB 2285) - Protecting consumers from out-of-network health care services charges**

**Prime Sponsor:** Sen. Cleveland, Rep. Riccelli

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Establishes balance billing protections for certain ground ambulance services. Requires health carriers to provide coverage for ground ambulance transport services to behavioral health emergency services providers for enrollees who are experiencing an emergency medical condition.

**2SSB 6228 - Concerning treatment of substance use disorders**

**Prime Sponsor:** Sen. Dhingra

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Requires health plans to authorize at least 14 days of inpatient or residential substance use disorder treatment on the first utilization review, and at least seven days on subsequent reviews. Caps certification fees for substance use disorder professionals (SUDPs) and SUDP trainees at \$100 until July 1, 2029. Removes limitations on license and certification renewals for associate marriage and family therapists, associate mental health counselors, associate social workers, and SUDP trainees. Directs the Health Care Authority and Office of the Insurance Commissioner to

create standardized authorization review requirements for residential SUD treatment for implementation by July 1, 2025.

### **E2SSB 6251 - Coordinating regional behavioral crisis response services**

**Prime Sponsor:** Sen. Dhingra

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Allows behavioral health administrative service organizations (BH ASOs) to convene regional partners and stakeholders to develop protocols for coordination of the behavioral health crisis response system within available resources. Allows BH-ASOs to recommend 988 contact hub contractors within each regional service area and allows the Department of Health (DOH) to designate the hubs or provide a written explanation to the BH-ASO. Requires 988 contact hubs to enter data-sharing agreements with regional crisis lines that include real-time information sharing. Allows DOH to fund colocation partnerships between 988 and regional crisis lines.

### **SB 6308 - Extending timelines for implementation of the 988 system**

**Prime Sponsor:** Sen. Dhingra

**Status:** Passed Legislature

**Summary of Latest Version of Bill:** Extends the timeline for implementation of the technology platforms that must be developed by the Department of Health and Health Care Authority.

## **Priority Bills That Did Not Passed**

*If there was a companion bill, the bill that made it furthest in the process is listed first and the summary of the latest version is based on the one that made it furthest in the process.*

### **HB 2319 - Concerning substance use disorder treatment**

**Prime Sponsor:** Rep. Davis

**Status:** House Rules X (Dead)

**Summary of Latest Version of Bill:** Directs behavioral health agencies to submit policies to the Department of Health (Department) related to the transfer or discharge of a person without the person's consent and requires the Department to adopt a model policy based on the policies that it receives. Requires behavioral health agencies to provide patients seeking treatment for opioid use disorder or alcohol use disorder with education related to treatment options, including any available pharmacological treatments. Requires the length of an initial authorization for inpatient or residential substance use disorder treatment approved by the Public Employees Benefits Board (PEBB), private health insurers, and Medicaid managed care organizations to be no less than 14 days from the date of admission. Prohibits the PEBB, private health insurers, and Medicaid managed care organizations from considering a patient's length of abstinence when determining whether services are medically necessary if the abstinence is due to incarceration or hospitalization. Directs the Office of the Insurance Commissioner to convene a work group of commercial health carriers, Medicaid managed care organizations, and behavioral

health agencies to develop recommendations for streamlining the requirements and processes for the authorization and reauthorization of inpatient or residential substance use disorder treatment.

**SB 6134 - Preventing overdose and illicit use of opioids in Washington state**

**Prime Sponsor:** Sen. Gildon

**Status:** Senate Ways and Means (Dead)

**Summary of Latest Version of Bill:** Directs the Department of Health (DOH) to create a system for mapping reported incidents of fatal and nonfatal overdoses and synthetic opioid poisonings. Directs DOH to establish a Washington State Opioid Trends Review Committee to make recommendations concerning preventable overdose related deaths. Appropriates \$7 million to the Criminal Justice Training Commission for the Washington Association of Sheriffs and Police Chiefs to administer grants for multijurisdictional task forces.

**SB 6295 - Creating a path to recovery for high users of behavioral health crisis and criminal justice systems**

**Prime Sponsor:** Sen. Dhingra

**Status:** Senate Ways and Means (Dead)

**Summary of Latest Version of Bill:** Requires the Department of Social and Health Services to provide supplemental enhanced resources to a person discharging from involuntary commitment at a psychiatric facility after dismissal of a criminal case based on incompetency to stand trial, in collaboration with other entities. Requires behavioral health administrative services organizations (BH ASOs) to provide wraparound services for persons in the community with a history of involvement with the forensic psychiatric system if the BH-ASO is not able to refer the person to a specialty service.