



2024 State Legislative Session Review

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Session Overview

- The state's 2024 legislative session ended on time on March 7th
- This was a "short session" in the biennial cycle
- Legislature introduced 1,615 bills in 2024 and passed [379 bills](#)
- Legislature added \$2.1B in the supplemental [operating budget](#), bringing biennial spending to \$71.9B for July 2023 - June 2025
- Governor wrapped up [bill/budget signing & vetoes](#) on March 29th



Key Dynamics

- Election year
- Ballot initiatives
- Relatively stable budget, with limited new investments given modest [projected revenue](#) and no new taxes
- Continued health focus on behavioral health, housing/homelessness, workforce, difficult-to-discharge patients



Spotlight on Initiatives

- Legislature passed 3 initiatives:
 - I-2111, limiting the ability of state and local governments to impose an income tax
 - I-2081, concerning parental rights in public school education
 - I-2114, relating to policy officer vehicular pursuits
- Legislature sending 3 initiatives to the ballot:
 - I-2117, repealing the Climate Commitment Act
 - I-2109, repealing the capital gains tax
 - I-2124, opt-out of WA Cares, which would effectively end the program



GET THE FACTS

WA Cares pays for long-term care at home for working Washingtonians.

-  WA Cares pays up to \$36,500* for personal home care, including:
 -  Family Care
 -  Wheelchairs
 -  Medical Equipment
 -  Home Modifications*Benefit amount grows over time
-  Scaled premiums: Just \$0.58 per \$100 earned.
-  WA Cares covers care in your home or a facility, as well as home modifications, meal delivery, car rides, and caregiver training.
-  Covers all Washingtonians, regardless of gender, race, age, or pre-existing conditions

WHY IT MATTERS

- **Addressing the Need**

7 in 10 Washingtonians over the age of 65 will need long-term services and supports within their lifetimes.
- **Minimizing Family Burden**

Family caregivers who leave the workforce to care for a loved one lose their own income and health and retirement benefits.
- **Keeping Your Savings**

To pay for long-term care, **many people must spend down their savings** in order to qualify for financial support.
- **Peace of Mind**

By contributing a small amount from each paycheck while we're working, **we can all pay for long-term care when we need it.**

Learn more at <https://wecareforwacares.org/>

NoHLA 2024 Priorities



Immigrant Health: Background

- Federal restrictions limit affordable health coverage options for undocumented people
- Over 100,000 undocumented WA residents are uninsured, perpetuating racial disparities
- The [Health Equity for Immigrants Campaign](#) has called for equity in coverage and care, yielding two coverage expansions:
 - Jan. 2024 - Undocumented immigrants can purchase Exchange plans, with premium assistance if income up to 250% FPL
 - July 2024 - Undocumented immigrants up to 138% FPL eligible for Apple Health, but limited capacity

ACRS **Health Coverage for All Washingtonians**
Goals for immigrant health access & affordability

NoHLA
Northwest Health Law Advocates

An estimated 105,000 uninsured Washingtonians became eligible to access health coverage thanks to your advocacy! Previously in 2019, undocumented Washingtonians were more than 5 times more likely to be uninsured than U.S. citizens. Today all Washingtonians can shop for coverage at [Healthplanfinder!](#)

All Washingtonians can access health coverage at [Washington Healthplanfinder.org!](#)

- Washington state got permission from the federal government so undocumented people may choose to buy insurance through Washington Healthplanfinder <https://www.wahealthplanfinder.org/> [i]
- Last year, the Legislature funded two programs to help undocumented people afford coverage in 2024
- Mixed-status families can enroll in one plan with a single family deductible

Safe to Apply!

- These programs will not count against applicants for public charge
- The state will not share applicant information with immigration enforcement officials

WHAT ARE HEALTHPLANFINDER HEALTH PLANS?

- Today, all Washingtonians -- including those who are undocumented -- can shop for health and dental plans at Healthplanfinder.
- Plans meet state standards and include services like primary & specialty care, emergency visits, maternity services and prescription medications.
- With a health plan, your insurance pays a part of the cost of health care.

WHAT ARE CASCADE CARE SAVINGS?

- Washington's legislature has invested state funds so that all Washingtonians up to 250% of the federal poverty level (FPL) -- including undocumented Washingtonians -- are now able to receive up to \$250 a month in Cascade Care Savings to reduce their premiums for health coverage. [ii]
- However, undocumented individuals cannot get additional federal tax credits.

What is Apple Health Expansion / the Medicaid-like program?

- Starting July 2024, all undocumented immigrant adults in Washington with income up to 138% FPL will be eligible to apply for free health coverage.
- Covered services include: primary & specialty care, emergency visits, maternity services, dental services, prescription medications, and more.
- However, this program currently has limited funding so the program may be limited to a first come, first served basis. Advocates are asking for additional funding this legislative session.

During this 2024 Legislative Session
How can Washington do better?
[See page 2!](#)

Questions?
Visit [nohla.org](#)

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Learn more at <https://nohla.org/immigrants-access/>

Immigrant Health: 2024 Session

The Goal - Budget funds for:

- 25K people to be covered by Apple Health Expansion (AHE)
- \$3M for community-led outreach
- Funds to implement AHE waitlist
- \$100K to forecast AHE program need
- \$100K to forecast Exchange affordability gaps

The Outcome - Budget funds for:

- An additional \$28.38 M to implement the Apple Health Expansion, including:
 - \$25.56 M in medical care benefits
 - \$1.97 M in behavioral health benefits
 - \$618K for Exchange implementation
 - \$229K for DSHS implementation

Many implementation questions remain...

Fair Health Prices WA: Background



- Effort launched by NoHLA and consumer, labor, and employer partners
- Recognition that subsidies alone can't solve health care affordability
- Focused on tackling the *underlying* drivers of high health care costs
- Learn more at:
<https://fairhealthprices.org/>

“I thought it was going to cover me. Because I was paying a lot... I thought that because I have insurance it's going to help me and it doesn't help me. I have diabetes. I tried to get medicine, the insulin was costing me \$1,800. I don't have a lot of money, I have to pay rent, I have to pay for my car, the insurance. I have to have a phone and I have to eat.”

– Nora, Chelan County, sued for medical debt,
translated from Spanish

Fair Health Prices WA: Background (cont'd.)

[WA survey data](#) demonstrates the need for a fresh approach:

- **62%** of Washingtonians surveyed struggled to afford health care this year
- **81%** worry about affording health care in the future
- **56%** reported delaying or foregoing care due to cost
- High costs are worsening existing inequities

Table 5
Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Ethnicity, Race, Disability Status and Insurance Type

	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
ALL RESPONDENTS	39%
INCOME	
LESS THAN \$50,000	41%
\$50,000 - \$75,000	38%
\$75,000 - \$100,000	40%
MORE THAN \$100,000	37%
GEOGRAPHIC SETTING	
RURAL	50%
NON-RURAL	35%
ETHNICITY	
HISPANIC/LATINX	54%
NON-HISPANIC/LATINX	36%
RACE	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	40%
BLACK/AFRICAN AMERICAN	56%
WHITE	36%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	28%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	61%

Fair Health Prices WA: 2024 Session

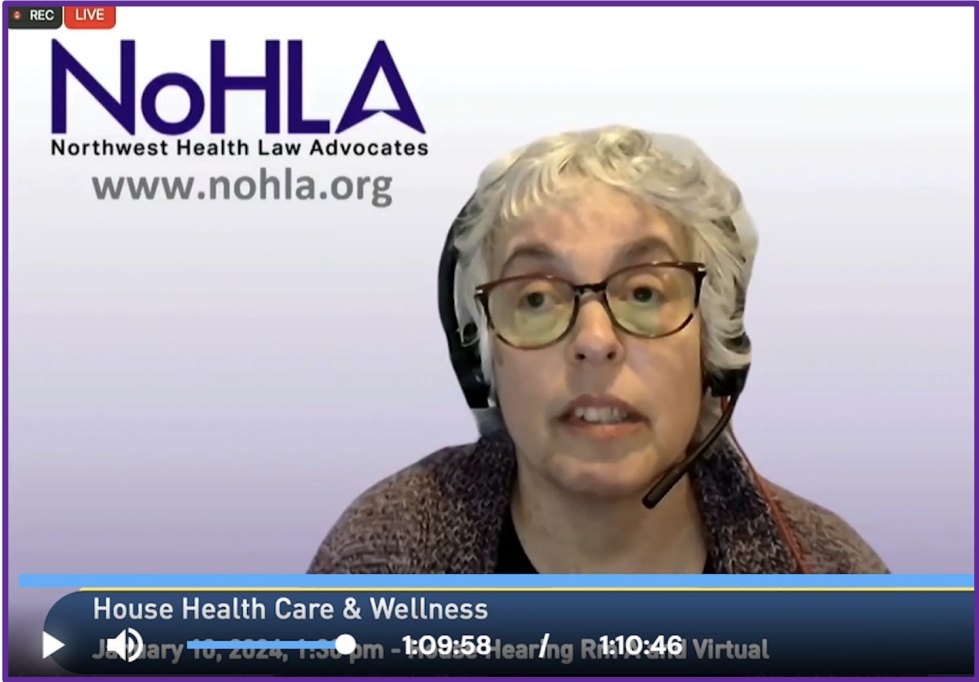
The Goal

- [HB 1508](#): Accountability for Health Care Cost Transparency Board (HCCTB) health spending benchmark
- [SB 5986](#): Banning ground ambulance balance billing
- [HB 2066](#): Set guardrails for fair contracting between providers & insurers
- [SB 5241](#): Keep Our Care Act, Preventing anticompetitive mergers

The Outcome

- [HB 1508](#) passed the Legislature
- [SB 5986](#) passed the Legislature
- [HB 2066](#) had a House Health hearing
- [SB 5241](#) passed the Senate and two House committees
- Budget:
 - \$1.3M to HCCTB, including spending benchmark best practices study
 - \$350K to OFM to study nonprofit provider/insurer tax breaks
 - \$200K to OIC to enhance Phase 2 of health care affordability study

NoHLA's Impact



Select Other Health Bill Highlights*

*Non-exhaustive.

HCA = Health Care Authority

OIC = Office of the Insurance Commissioner

DSHS = Dept. of Social and Health Services

DOH = Dept. of Health

OFM = Office of Financial Management

Public Health Coverage

HB 1941 , Health homes for medically complex children	Requires the Health Care Authority to submit a state plan amendment to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home.
SB 5580 , Maternal health outcomes	Expands income eligibility for Apple Health pregnancy/postpartum coverage to 210% of the Federal Poverty Level and improves supportive prenatal and perinatal services.
SB 6079 , MCO access to juvenile records	Allows Medicaid managed care organizations and behavioral health administrative services organizations to access county juvenile detention facility records for the purposes of care coordination.
SB 6094 , Retired public employee health insurance subsidy	<i>(HCA request)</i> Clarifies that HCA can apply the state's subsidy for PEBB/SEBB retiree Medicare coverage to both medical and prescription drug premiums <i>(consistent with current practice)</i> .

Long Term Care & Disability Care

<p>HB 1942, Independent provider employment standards</p>	<p><i>(DSHS request)</i> Specifies that DSHS will not compensate “individual providers” of home-based long-term care (IPs) for hours worked beyond those authorized in the client’s care plan, if the IP is a family/household member and the care plan is reasonable.</p>
<p>HB 2015, Adult family home capacity</p>	<p>Establishes expedited inspection timeframes for adult family homes seeking to increase bed capacity to 7-8 beds prior to Jan. 2026. <u><i>Partial veto</i></u> of emergency effective date.</p>
<p>HB 2347, Adult family home information</p>	<p>Specifies that the DSHS website regarding adult family homes is not required to include links to all inspection and investigation reports, but must include deficiency-free inspection letters, certain statements of deficiencies, notices of return to compliance, and enforcement action notices.</p>
<p>HB 2467, Long-term services and supports trust</p>	<p>Allows people who move out of state to elect participation in WA Cares if they have paid in for 3+ years. Prohibits discrimination in the program based on race, gender, age, or preexisting condition.</p>
<p>SB 5811, IP family members</p>	<p><i>(DSHS request)</i> Expands the list of family members who can serve as an IP without certification.</p>
<p>SB 5825, Guardianship & conservatorship</p>	<p>Requires the Office of Public Guardianship to contract with public or private entities to provide public decision-making services for individuals receiving care in a hospital setting who are ready to discharge but do not have a guardian. Also makes changes to the Uniform Guardianship Act.</p>

Private Health Coverage

HB 1957 , Preventive Services	Ensures Washingtonians with state-regulated health plans can continue to access a full range of preventive services that would otherwise be threatened by the Braidwood v. Becerra litigation.
HB 1979 , Inhalers & Epinephrine Autoinjectors	Requires state-regulated health plans to limit cost-sharing for at least one kind of inhaler and epinephrine autoinjector to \$35 for a 30-day supply.
SB 5213 , Pharmacy benefit managers	Requires Pharmacy Benefit Managers to register and report to OIC (separately from other health care benefit managers) and regulates certain aspects of PBM business practices.
SB 5632 , Worker health care protection	By Jan. 2025, requires the Exchange to establish a worker health plan access program for Washingtonians who lose employer or labor trust health coverage as a result of a labor dispute. Subject to funding, the Exchange must provide enrollment assistance for such workers.
SB 5936 , Palliative care benefit workgroup	Requires OIC to convene a workgroup to design a palliative care benefit and payment model for fully-insured health plans, in coordination with ongoing parallel work at HCA.

Behavioral Health

HB 1877 , Tribal involuntary treatment	Includes tribes, Indian health care providers, and tribal entities in processes under the Involuntary Treatment Act.
HB 1929 , Young adult behavioral support	Establishes housing and behavioral health supports for 18 to 24 year-olds exiting inpatient behavioral health treatment.
HB 1946 , Behavioral health scholarships	Adds behavioral health providers to the professions eligible for conditional scholarships and/or loan repayment through the WA Health Corps if they serve in underserved behavioral health areas.
HB 2088 , Crisis worker liability protections	<i>(HCA request)</i> Provides certain behavioral health crisis response entities and personnel with immunity from civil liability for negligent acts and omissions, if done in good faith.
HB 2247 , Behavioral health provider shortages	Makes changes to the supervision and licensing guidelines for behavioral health professions to streamline and simplify the process for new providers.
HB 2256 , Children's behavioral health workgroup	Makes several changes to the CYBHWK's scope and procedures, including extending its timeline and dedicated membership seats for youth representatives.

Behavioral Health (cont'd.)

SB 5660 , Mental health advance directive	Requires HCA to create a workgroup to develop recommendations to establish the creation, storage and sharing of mental health advance directives, as well as develop model documents and trainings.
SB 5853 , 23-hour Crisis Relief Centers	Authorizes WA's new 23-hour Crisis Relief Centers to serve children, but in a separate treatment area and with separate policies/procedures.
SB 6099 , Tribal opioid and treatment account	Requires part of the state's Opioid Abatement Settlement to be allocated to a Tribal Opioid Prevention and Treatment Account and used to address the opioid epidemic in tribal communities.
SB 6228 , Behavioral health coverage	Makes a number of changes related to substance use disorder (SUD) treatment access, including: starting in 2025, state-regulated health plans or Medicaid managed care organizations must authorize inpatient or residential treatment for at least 14 day initially, and at least 7 days thereafter. Requires HCA and OIC to jointly consider when updates to the ASAM criteria must be applied as a single medical necessity standard for SUD treatment.
SB 6251 , Regional behavioral crisis response	Refines 988 crisis response hotline implementation by requiring Behavioral Health Administrative Services Organizations to coordinate the crisis response and protocols for each regional service area.
SB 6308 , 988 systems implementation timelines	Extends the implementation timeline for a technology platform and steering committee related to implementation of the 988 crisis response hotline.

Provider Delivery System

HB 2295 , Hospital at home services	Requires DOH to adopt rules to add hospital-at-home services to the services a licensed acute care hospital may provide and establish standards for the operation of a hospital at-home program. <i>Partial veto of emergency effective date.</i>
HB 2348 , County hospital funding	Authorizes counties to use county money, levy taxes, and issue bonds to pay, finance, or refinance capital expenses related to a county hospital (such as Harborview).
SB 5271 , Uniform enforcement for facilities	Establishes a uniform enforcement framework for health care facilities regulated by the DOH and for pharmacies regulated by the Pharmacy Quality Assurance Commission, including intermediate remedies such as requiring the entity to stop service.
SB 5481 , Uniform telemedicine act	Allows a provider to establish a relationship with a patient using telehealth and sets the circumstances when an out-of-state health care provider may use telehealth to provide services to a patient in Washington.
SB 5821 , Audio-only telemedicine	Modifies the definition of “established relationship” related to health plan reimbursement for audio-only telemedicine, creating a uniform standard for Essential Health Benefits and non-EHB services.
SB 5920 , Psych. bed certificate of need	Extends Department of Health authority to grant certification of need exemptions related to increasing psychiatric bed capacity until 2028.

Public Health

HB 1608 , SB 5790 , SB 5804 certain medical items in schools	Requires specified schools to maintain (respectively): a supply of epinephrine and epinephrine auto-injectors; bleeding control equipment for traumatic injury; and opioid reversal medication
SB 5829 and SB 6234 Newborn screening for cCMV and BCKDC	Requires Board of Health to consider whether to add congenital cytomegalovirus and branched-chain ketoacid dehydrogenase kinase deficiency (respectively) to the mandatory newborn screening panel and submit reports to the Legislature in 2025.
SB 5906 , statewide drug overdose and prevention	Requires DOH to develop, implement, and maintain a drug overdose prevention campaign for youth and adults and report on outcomes.
SB 5970 , Local boards of health	Allows counties without a home rule charter to modify the membership of the local board of health to reduce the number of county commissioners, in certain instances.
SB 5982 , Vaccination definition	<i>(DOH request)</i> Updates the definition of vaccination in state law to include all FDA-approved immunizations recommended by the CDC.
SB 6095 , Public health standing orders	<i>(DOH request)</i> Allows for DOH to issue a prescription or standing order for a drug or device for the purpose of controlling a threat to public health.

Reproductive Health

HB 1115 , Abortion prescription drug labels	Allows the label for an abortion medication to include the prescribing provider's National Provider Identifier or the health care facility name instead of the provider's name.
HB 1954 , Harmonizing reproductive and gender-affirming care language	Clarifies that health care providers' participation in reproductive health care services or gender-affirming treatment may not serve as the basis for professional discipline under the Uniform Disciplinary Act, when consistent with the standard of care in WA.
SB 5983 , Syphilis treatment	Allows certain medical assistants to administer injections to treat syphilis with supervision through interactive audio or video telemedicine technology. Allows providers who diagnose certain sexually transmitted infections in a patient to prescribe prescription antibiotics to sexual partners.
SB 6127 , Post-exposure prophylaxis	Requires hospitals to adopt a policy for dispensing and delivering a 28-day supply of PEP drugs following a patient's possible exposure to HIV. Starting in 2025, state-regulated private health plans and Medicaid may not impose cost-sharing or require prior authorization for HIV PEP drugs.
SB 6151 , Provision of an ultrasound	Specifies that an ultrasound may only be provided by a licensed health care provider acting within their scope of practice or someone under their supervision.

Health Equity

HB 1541 , Nothing About Us Without Us	Requires statutory entities to include participation of underrepresented populations who have lived experience in workgroups, advisory committees and task forces.
HB 1889 , Professional licenses regardless of immigration status	Allows eligibility for certain professional licenses for people who lack federal immigration or citizenship status, including health care providers regulated by the DOH under the Uniform Disciplinary Act.
HB 2075 , Indian health care providers	Streamlines licensing requirements for Indian health care providers, requiring DOH to issue a license to establishments (such as behavioral health providers) that attest to meeting the state's standards.

Notable Bills That Didn't Pass

- [HB 1859](#), Long-term care resident rights
- [HB 2119](#), Medical debt garnishment
- [HB 2128](#), Certificate of need modernization
- [HB 2361](#), Exchange standardized health plans
- [HB 2378](#), Prohibiting facilities fees
- [HB 2476](#), Covered lives assessment
- [SB 5810](#) and [SB 5995](#), related to medical interpreters
- [SB 6126](#), Respite care for caregivers
- [SB 6182](#), Prescription drugs for obesity
- [SB 6257](#), Charity care residency restrictions
- [SJM 8006](#), Universal health care

And many more...

Select Other Health Budget Highlights*

*Non-exhaustive, with a focus on the operating budget.
Budget bill and materials can be found [here](#)
Governor's partial veto message can be found [here](#)

Public Health Coverage

- Funds Apple Health continuous eligibility for children who enroll in the Children’s Health Insurance Program between ages 0-6 (*HCA, contingent on federal waiver*)
- Study options to expand SSI-related Medicaid through higher income limits and/or removing asset limits (DSHS-RDA)
- Study options to ensure continuous health coverage through Healthplanfinder for those losing Medicaid coverage by Dec. 2024, including the feasibility of auto-enrollment (Exchange)
- Funds Apple Health pre-release services for incarcerated that were authorized by federal waiver, such as case management, prescriptions, medication-assisted therapy, DME, clinical consults, labs and radiology (HCA)
- Funds Apple Health reimbursement for doula services (*contingent on state plan amendment*) and to contract for a statewide doula hub and referral system (HCA)
- Authorizes an Apple Health community health worker benefit (*contingent on federal approval and appropriated funds*)
- Continued funds to support post-eligibility review and coverage transitions due to Medicaid COVID unwinding (HCA and Exchange)
- Continue technology projects, such as Interagency Eligibility & Enrollment and Community Information Exchange (HCA)
- Restores “program integrity savings” funds that caused a hole in HCA’s budget last session

Long Term Care and Disability Care

- Implementation funds for the WA Cares Program (HCA and DSHS)
- Reduce DSHS call center and lobby wait times through additional public benefit specialists, chatbot, robotic process automation, interactive voice response, and document upload - with report due June 2025 (DSHS)
- Establish a new residential treatment facility at Lake Burien for youth with complex needs, such as developmental disabilities and behavioral challenges (DSHS)
- Implement a 1915(i) waiver regarding behavioral health personal care services in assisted living facilities and adult family homes (HCA & DSHS)
- Workgroup to explore community-contracted day habilitation into state Medicaid plan (DSHS)
- Workgroup to address the shortage of sign language & protactile interpreters (DSHS)
- Increase capacity for the Behavioral Health Ombuds & Long Term Care Ombuds (Commerce)
- Host a WA State Developmental Disabilities Intersectional Summit in Oct. 2024 (Commerce)
- Continue technology projects to update ACES eligibility system and automate Asset Verification (DSHS)

Behavioral Health

\$660 M for behavioral health, including \$100M to pay the July 2023 *Trueblood* court order and:

- State tribal opioid and fentanyl response task force, with report due June 2025 (HCA)
- Continued implementation of behavioral health infrastructure investments, such as Olympic Heritage Behavioral Health Facility, Maple Lane Residential Treatment campus, forensic beds at the state hospitals, UW behavioral health teaching facility (HCA)
- Distribution of Opioid Abatement Settlement Account funds for a variety of opioid treatment services and programs at DOH, Corrections, schools, etc.
- Expanded capacity in the Governor's Opportunity for Supportive Housing Program for Medicaid clients ready to discharge from behavioral health facilities (DSHS)
- Capital budget funds for behavioral health community-based care capacity (Commerce)
- Funds to enhance insurance behavioral health parity compliance & enforcement (OIC)

Provider Delivery System

- Apple Health provider and facility rate increases, including:
 - Non-emergency medical transportation brokers
 - Medically-Intensive Children's Group Home and Home Health programs
 - Agency private duty nursing services
 - Community residential services
 - Daily rates for assisted living facilities
 - Enhanced daily rate add-on for assisted living facilities with high Medicaid occupancy
 - Rate adjustment for specialty dementia care
 - Adult day care and adult day health
 - Community long-term involuntary treatment providers
 - Continued study of behavioral health payment rates, with a report due Oct. 2025
- Funds payments for a family medicine graduate medical education program at the UW/Harborview
- Expands distressed hospital grants, including funds for hospitals at risk of reducing labor & delivery care (HCA)
- Capital budget funds for dental community clinic capacity (Commerce) and school-based clinics capacity (OSPI)

Public Health

- Develop and implement the Washington Reproductive Access Alliance, regarding public hospital district compliance with the Reproductive Privacy Act (UW)
- Funds a joint taskforce to establish a public health framework to combat extremism and mass violence (AGO & DOH)
- Study pregnancy-related health services, with a report due June 2025 (OFM)
- Funds to promote evidence-based breastfeeding guidelines for individuals with a substance use disorder (DOH)
- Workgroup on oral health equity, including water fluoridation (DOH)
- Study the certificate of need program by June 2025 (DOH)
- Addition funds to the Health Disparities Council
- Technology projects to create public health cloud infrastructure (DOH) and continue 988 crisis hotline implementation (DOH and HCA)

Select Other Items

- Develop a plan to phase in an “Essential Worker Health Benefits” trust, starting with nursing home workers, including the potential to draw down Medicaid funds (OIC and DSHS)
- Study liability insurance protections for: adult family homes and community-based providers delivering transition services to incarcerated individuals (OIC)
- Gap analysis of housing needs for people with significant medical or behavioral health needs (DSHS)
- Implement gender-affirming care in correctional facilities, related to a Disability Rights WA lawsuit (Corrections)
- Enhance PEBB benefits, adding virtual diabetes management, increasing the vision hardware to \$200/year, and removing cost-sharing for diagnosis and supplemental breast exams - but also specifying PEBB may not cover prescription drugs for obesity or weight loss (HCA)

Notable items that *weren't* funded:

- Apple Health vision hardware
- Certain recommendations of the Health Technology Assessment program for Apple Health, such as expanded bariatric surgery
- Additional long-term care slots for undocumented individuals

Looking Ahead



- New leadership: Governor, Attorney General, Insurance Commissioner
- Many legislative shake-ups: all House members up for re-election and half the Senate
- Uncertain federal landscape

Learn More and Get Involved

- Sign up for NoHLA's newsletter updates: www.nohla.org
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Questions?

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