

2025-2027 Operating Budget Priorities

Provide care for those who need it in a sustainable way through Medicaid investments

HB 1555: Implementing Annual SNF Rebase: WHCA priority legislation to amend the SNF reimbursement statute to update rates annually based on the most current cost report information. (Infographic).

Provide Fair and Equitable Assisted Living Medicaid Funding: Currently, assisted living Medicaid rates are discounted to 82% of labor costs and 68% of operations costs, making it impossible to compete for workers or cover costs for utilities, supplies, and food. DSHS' 2025-2027 Decision Package/Inslee budget recognized the need to continue Medicaid rates investments as assisted living providers struggle to compete for staff with betterfunded care settings like adult family homes, which see 95% of their labor costs covered. The bottom line: higher Medicaid rates will expand access for vulnerable people who urgently need assisted living care.

Oppose Medicaid Cuts, Rates Cliffs, and Funding Freezes

(HB 1476/SB 5407) Skilled nursing facilities are already operating on shoestring budgets because current Medicaid rates are based on 2022 costs. Without further investments in the rate system, things will only get worse. Despite this, Washington's legislature is considering two bills that would delay a planned rate rebase until fiscal year 2028 – meaning your Medicaid rates would still be based on 2022 costs until then.

Assisted Living Bridge Funding: Critical assisted living 'bridge funding' expires on July 1, 2025; providers with a Medicaid client census of over 75% Medicaid clients face a rates cliff that imperils care quality and threatens wages for an older, diverse, and mostly female workforce.

SNF One-Time Fixes Expire: One-time back-of-the-budget rate adjustments expire on July 1, 2025. While the legislature provided a rate add-on to mitigate losses, that funding is currently at risk.

2025 Policy Priorities

Promote Quality Resident Care and Services

HB 1720: Expanding Medications Assistance in Community-Base Care: WHCA priority legislation to allow a caregiver to assist in the preparation of injectable diabetic medications, including putting a needle on an insulin pen, priming the needle, and dialing the dose so a resident can self-inject the medication - all without requiring delegation. With newer, commonly used injectable medications, such as Wegovy and Ozempic, and other injectables for treating arthritis, anemia, and other conditions, a caregiver could legally hand the medication to the resident for selfinjection.

Reduce workforce barriers and create incentives to address staffing shortages

HB 1926 Home Care Aide Testing: Home Care Aides provide personal care services in community care settings like assisted living. These aides are required to complete a certification test that includes a written test and skills demonstration. The Department of Health is unable to provide timely or localized testing for candidates and thus providers are losing workers.

HB 1523/SB 5344 Establishing the Essential Health Worker Benefit Program: establishes an essential worker health care program by July 1, 2026, to help participating nursing home employers provide nursing home workers with health coverage if the federal Centers for Medicare and Medicaid Services approves a state plan amendment or waiver for the program. This is based on a similar program in Oregon.

<u>SB 5051</u> Regulatory Authority for Nursing Assistants: moves oversight of nursing assistants to the Board of Nursing from the Department of Health.

Shape New Policies/Defend Provider Interests

<u>SB 5337</u> Creating Certification for Memory Care Services: requires assisted living centers advertising that they provide memory care to become certified by 2028.

<u>SB 5124</u>: Network Adequacy Standards for SNFS and Rehab Hospitals: requires the Health Care Authority to establish network adequacy standards for managed care organization (MCOs).

HB 1686: Requires certain healthcare entities to submit ownership, affiliation, and healthcare services information on behalf of the entity and its subsidiaries and affiliates to the Department of Health (DOH) annually. The DOH is required to make the submitted information publicly available. Requires the DOH, in consultation with others, to develop a plan and provide recommendations to the Legislature on how the reporting requirements may apply.

