

2022 Budget and Legislation Proposals

September 2021

Agency Request Legislation

Enhance Capacity and Diversity of Health Profession Boards and Commissions

Some health profession board and commission requirements, such as membership and compensation rates, have not changed over the years to meet the demand of complex and time-consuming disciplinary matters or evolved to allow for increased diversity. This has created inconsistency and inequity in membership conditions and ability to effectively meet disciplinary and policy obligations. The Department of Health requests legislation to modify statutes to achieve consistency, allow for more diversity, and increase effectiveness of these boards and commission by expanding the size of membership and number of public members, removing membership restrictions, modifying quorum requirements and increasing compensation so all boards and commissions are reimbursed at a Class 5 rate (\$250 a day).

Allowing EMTs to provide testing and vaccines for communicable disease prevention and control

EMTs have been a critical part of the COVID response by assisting public health agencies with activities such as nasal swab testing and administration of vaccine. This was possible because of the declared state of emergency. Current law does not allow EMTs to provide medical care outside of a 911 call or while transporting a patient to an appropriate medical facility. This limits the ability for public health agencies to utilize EMTs during a public health response to reduce or prevent the spread of communicable diseases, such as COVID or influenza. This proposal allows EMTs to provide testing and vaccines for communicable diseases outside of an emergency in collaboration with local, regional, or state public health agencies.

Policy Level Funding Requests

Isolation and Quarantine

The COVID pandemic has highlighted the urgent and ongoing need for appropriate facility and service capacity across Washington State to slow the spread of this disease. We need resources for a sustained approach to build capacity for this critical service for COVID-19 and beyond.

Contain the Spread

\$212 million American Rescue Plan Act

The “Contain the Spread” request is for a continuation of DOH COVID response activities where existing funding is coming to end (FEMA and CARES funding) or where the amount of funding to support is not enough to fully cover the response costs (ELC grant). Areas of the response this applies to includes: Diagnostic Testing; Case Investigation and Contact Tracing; Outbreak Response; Care Coordination; Community Outreach; Data Collection and Analysis (also called Surveillance); and Information Technology and Operations (which includes isolation and quarantine).

Continue COVID-19 Vaccinations

\$125 million American Rescue Plan Act

Washington State reached its goal of 70% of the eligible population receiving at least one dose of COVID-19 vaccine in mid-July. However, vaccination coverage is not equal across the state or among demographic groups. Vaccine hesitancy and the increasing threat of variants, present significant obstacles for the state to resume normal business operations and move beyond the pandemic. The department is hopeful that additional federal funds will become available, but it has not received any confirmation to that effect. To ensure the continuation of critical COVID-19 vaccine work, DOH requests state funding to sustain these critical vaccine programs.

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Improve Credentialing Performance

\$2.5 million American Rescue Plan Act

The COVID-19 pandemic required the Department of Health's, health professional credentialing section to shift to a continuity of operations model where most staff work from home. This change resulted in technology-related limitations associated with remote working leading to delays in processing applications for health care provider credentials and a 34,000 pending application backlog. These delays are compounding an existing health care workforce shortage crisis and impacting access to care for patients. The Department of Health requests funding to add project-based staff to improve credentialing performance with the goal of issuing credentials within seven calendar days of receiving a complete application.

Maintain Core Public Health Systems

\$15.9 million American Rescue Plan Act

\$3.1 Million General Fund Federal

DOH is currently developing five critical public health information systems which have already proven their worth during this current COVID19 pandemic. These systems are currently supported by federal funding provided through the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. Access to HITECH funding is scheduled to end after September 2021. The 2021-23 Biennium Budget included appropriation authority to spend federal dollars anticipated from the American Rescue Plan Act to support this request. Funding has not been received yet to support this work and it is unclear if those funds will be made available. DOH is requesting additional funding to support the eventual maintenance and operation (M&O) activities to sustain these systems.

Washington Medical Coordination Center

\$1.2million American Rescue Plan Act

The Washington Medical Coordination Center has been a critical piece of infrastructure utilized for COVID response patient movement between hospitals. This request is to maintain that infrastructure long term to continue as a resource for future emergencies and responses.

Young Adult Behavioral Health

\$17.8 million General Fund State

Death by suicide among adolescents and transition-age is rising across Washington, even prior to the pandemic. Especially alarming is the rapid increase of suicide among young people ages 18-24. In addition, and in response to the Emergency Proclamation of the Governor 21-05, March 15, 2021 declaring a youth mental health emergency, the Health Care Authority (HCA) and Department Of Health

(DOH) worked to craft a set of recommendations to triage and to address the surge of acute mental health needs on emergency departments, pediatrician offices, and inpatient psychiatric hospitals serving youth. To address this growing epidemic, the department requests funding to expand and improve behavioral health screening, referral and care for youth in both academic and non-academic settings. It also seeks funding to address both the workforce shortage and improved coordination and allocation of limited youth behavioral health services that are available.

Sustain Child Profile Health System

\$1 million General Fund State

The department requests ongoing funds to maintain the state's Watch Me Grow Washington program (formerly known as the Child Profile Health Promotion System) which delivers critical health messages to parents, well-child visit and immunization information and reminders, and other important public health information. This request will sustain this one-of-a-kind public health.

Behavioral Health Response and Recovery

\$3.7 million American Rescue Plan Act

Bringing a population approach to behavioral health has never been so critical as it is now in the face of the COVID-19 pandemic. With increased economic insecurity, a life-threatening pandemic and clinical resources at capacity, the behavioral health of individuals, families and communities is at risk. People who were struggling before are struggling more. Hope for recovery lies in giving people most impacted equal space to define solutions. This package invests in community-driven supports and resources aligned with the efforts to dismantle poverty in Washington State and supports critical disaster preparedness and response infrastructure to sustain the behavioral health capabilities and functionality established during the pandemic.

Climate Change and Health

\$3.5 million American Rescue Plan Act

Funding the public health system to address climate change will allow us to maximize the health co-benefits of climate change mitigation efforts and effectively plan to equitably implement adaptation actions that are necessary to prevent the worst impacts of climate change. To achieve this, the Department of Health (DOH) will need to build internal capacity and partnerships, engage with communities, and invest in critical public health infrastructure projects in disadvantaged communities. This includes surveillance (e.g., improved vector/HABS monitoring), early warning systems to support response (e.g., climate services; heat action

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plans), and support for interventions that reduce human exposures to climate hazards (e.g., wildfire smoke), reduce greenhouse gas emissions, and advance equity.

Food Insecurity And Equity

\$6.2 million General Fund State

The Department of Health requests funds to address Washington residents experiencing food insecurity during the COVID-19 pandemic. Low income families are at nutrition risk because of benefit gaps in the Washington State Women Infants and Children (WIC) program. This proposal gives infants timely access to therapeutic infant formula, increases the WIC benefit to better meet of infants' nutrition needs and to pilot an electronic system to the Farmers Market Nutrition Program.

Prevent Child Lead Exposure

\$409,000 General Fund State

The department requests funds to leverage a federal grant to promote, educate and test for lead in childcare facility drinking water. Infants and young children are at greatest risk of lead poisoning, which can have severe and permanent health impacts. Many of these youth spend a substantial time at these centers. Testing for and removing lead from these environments is an important step in reducing lead exposure. This proposal will also support staff to research, identify and connect facilities to financial resources available for remediation costs.

Increase Sunrise Review Capacity

\$198,000 General Fund State

RCW 18.120 and RCW 48.47 require the department to make recommendations, called Sunrise Reviews, to the legislature on health profession credentialing proposals and proposals to add new insurance mandates. The demand for sunrise reviews has increased. In 2021, DOH received five sunrise review applications in recent years. DOH requests ongoing funding to fully resource the sunrise review process at the department.

Address Drinking Water Backlog

\$3.5 million Drinking Water Assistance Account

The Department of Health, Office of Drinking Water (ODW) receives federal funds from the EPA to support drinking water program operations. Due to COVID-19 impacts, the grant was not fully spent in the 2019-21 biennium, and work was not completed due to staff performing other work, restrictions on travel, and closures. In order to address the backlog, utilize the unspent federal grant, and comply with EPA requirements, the department requests a short-term expenditure authority increase from the Drinking Water Assistance Account.

Cannabis Laboratory Testing

\$818,000 Dedicated Marijuana Account

HB 2052, passed in 2019, directed the transfer of cannabis testing lab accreditation from the Liquor and Cannabis Board (WSLCB) to the Washington State Department of Ecology and established a Cannabis Science Task Force to develop the standards for accrediting labs in Washington. The task force identified a gap in the expertise needed to review and approve lab methods and made the recommendation to create an Interagency Cooperative Team (ICT) to develop and review the accreditation standards. The Department of Health, in conjunction with the WSLCB and the Department of Agriculture (WSDA), jointly requests funding to establish this ICT.

Upgrade Drinking Water System

\$1.8 million General Fund State

The Office of Drinking Water (ODW) maintains an old, antiquated data system (SENTRY) that is becoming obsolete and unable to comply with federal requirements. The effort to maintain the database is cost prohibitive. Washington will soon be the only state that does not use the EPA supported data system, known as SDWIS. Therefore, the Department of Health request authority to utilize its dedicated fund balance to migrate its data from the Sentry system SDWIS, the national standard.

Upgrade Medical Cannabis Registry

\$2.1 million Dedicated Marijuana Account

The Department of Health (department) maintains a medical marijuana authorization data system that provides recognition cards to qualifying patients and designated providers, allowing them to take advantage of legal protections offered by the law. The existing system, developed in 2015, needs upgrades and lacks an adequate reporting function and accessibility from mobile or tablet devices. In addition, state contracting regulations require a new procurement to go through a competitive bid process. The department requests funding to replace the medical marijuana authorization data system.

Capital Budget

Improve Critical Water Infrastructure

\$20,000 Drinking Water Assistance Account

The Department of Health, Office of Drinking Water (ODW) provides low interest infrastructure loans to public water systems that are aging and need upgrades. These loans are funded through federal grants, a state match, and loan repayment revenue. As loan repayments are received, more funds become available to revolve back into the

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state's water system infrastructure. In order to address the significant demand, the department requests additional authority to use loan repayment revenue to increase the amount of new loans awarded over the next two biennia.

Increase DWSRF Preconstruction Loans

\$400,000 Drinking Water Assistance Account

The Drinking Water State Revolving Fund (DWSRF) loan program helps communities provide safe and reliable drinking water and supports economic development by providing loan interest construction loans. Preconstruction loans (PCL) help water systems that do not currently qualify for DWSRF construction loans to do preconstruction activities necessary prior to constructing needed infrastructure. These loans support disadvantaged communities as they need to address public health risks in the provision of safe and reliable drinking water. The department requests expenditure authority to address the growing demand for PCL over the next 4 years.

Public Health Lab Capacity

While not an official decision package, the department is working to address urgent public health lab needs that leverage time-limited, American Rescue Plan Act funding.

Maintenance Level Funding Requests

Developmental Screening Engagement

\$520,000 General Fund State

The Department of Health requests the remaining funds for the Universal Developmental Screening (UDS) program to support the statewide roll-out of the new, centralized data system designed to improve screening rates and referral activities for children and their families within Washington state. Programmatic funding is required to ensure that the UDS data system is effectively used, and that promotion of screening is culturally appropriate, as communities of color currently experience disparate early screening and diagnosis rates that can impede timely access to care.

Complete the HELMS Project

\$6.5 million Other Funds

The Department of Health is implementing a new licensing and enforcement system for health care providers and facilities. The Health Care Enforcement and Licensing Management System (HELMS) will transform licensing and enforcement processes, improve data security, support electronic records management, and improve access to information. The project has experienced unanticipated delays and issues that will extend the timeline by seven months and increase costs by \$6.5 million.

Partner Commissions

Long-Term Care Nursing Shortage (NCQAC)

\$2.6 million GFS, \$761,000 Health Professions Account

Washington lacks an adequate number of qualified nursing assistants and nurses to meet the population's care needs, particularly in the LTC sector. Increasing the number of nursing assistants requires NCQAC approval of more programs, more program faculty, improve testing methods and clarify rules for the training programs. To address these needs, the NCQAC requests expenditure authority to adequately implement transformational changes related to training, testing, and the launch of an LPN apprenticeship pathway and address nursing workforce shortages.

Licensing Delays Lead to Decreased Care (NCQAC)

\$900,000 Health Professions Account

The Nursing Care Quality Assurance Commission (NCQAC) regulates over 134,000 nurses. Since 2008, the nursing population grew more than 34.3%. Licensing staff levels remained constant, relying on innovations to consistently meet the standard fourteen-day licensure. Covid-19 highlighted the demand for faster licensing. ESSB 5092, Sec. 222(43) establishes the expectation of seven days or less to process nurse licenses but did not provide NCQAC with the spending authority to hire necessary staff to meet the new expectation. This decision package requests the needed spending authority to meet the legislative mandate, is retroactive to July 1, 2021 and ongoing.



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