



## Agency Recommendation Summary

The Department of Health (DOH) requests funding for continuing COVID-19 workforces through the end of the fiscal year while systems, processes, and policies continue to be established to allow for broader support of Washington State public health needs in response to COVID-19. This funding is critical to DOH and Washington's success in moving current work, systems, and processes to a stable, sustainable place. The proposal consists of work specific to testing, community outreach, outbreak response, and operations. Without the requested allocations, these critical systems and processes would lack funding needed to continue broadening public health needs in response to COVID-19.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
<b>Staffing</b>						
FTEs	0.0	18.5	9.25	0.0	0.0	0.0
<b>Operating Expenditures</b>						
Fund 001 - 1	\$0	\$108,516	\$108,516	\$0	\$0	\$0
Total Expenditures	\$0	\$108,516	\$108,516	\$0	\$0	\$0

## Decision Package Description

Problem:

Beginning November 1, 2022 and based on current grants and funding from federal sources, DOH realizes a shortfall in funding of \$108,516,000 to continue our work to establish systems, processes, and policies through the end of Fiscal Year 2023. This shortfall has been created due to the end of the proclamation 20-05 which ends the state emergency and any access to federal funds and resources. Federal Emergency Management Agency (FEMA) will not be eligible for cost reimbursement for the COVID-19 pandemic after October 31, 2022, and at this time the agency is not aware of other federal funding to support these activities for the COVID-19 response.

DOH has been utilizing FEMA cost reimbursement for allowable activities contained in this proposal, including diagnostic, screening and testing, public information, state-led isolation and quarantine efforts, community outreach, and outbreak response.

Because FEMA and other funding sources provided are time limited, DOH must ensure that these key response activities are able to continue with adequate funding to support our work in successfully moving current work, systems, and processes to a stable, sustainable place to be prepared for any future response needs.

### Testing

Testing for COVID-19 remains more essential than ever in minimizing morbidity and mortality of COVID-19, and in this phase of the pandemic, is even more critical to initiate prompt access to treatment which can further reduce hospitalizations and deaths from COVID-19. Furthermore, COVID-19 testing efforts, including PCR and antigen testing, inform statewide disease surveillance including sequencing infrastructure. The traditional health care system is not equipped to sufficiently support testing needs across the state, and those who are under- or uninsured have limited mechanisms for accessing COVID-19 testing since the sunset of the HRSA reimbursement resources for testing on March 22, 2022.

If the DOH does not continue to support and augment testing efforts, there will be significant reductions in testing access across the state, and many congregate settings (e.g., long-term care facilities, schools, shelters, correctional facilities) will be unable to support screening and diagnostic testing to reduce disease spread. Health care systems may become overwhelmed with testing needs and will have difficulty supporting other priorities, including well-care and urgent care. People will be less likely to test when they are symptomatic or exposed because of the

scarcity and cost of accessing at-home tests, there may be hoarding of the limited tests available, and testing will eventually decrease in relevance, especially for those who are most at-risk.

At this stage of the pandemic, our collective focus should be how to leverage sustainable infrastructure that introduces cost-sharing mechanisms where appropriate over the longer-term. While many individuals no longer feel compelled to adhere to masking recommendations, many do still find value in testing for COVID-19 if they become symptomatic. As each COVID-19 variant introduces further vaccine escape, the value of testing increases. Testing for COVID-19 is the most critical resource to minimizing spread, morbidity, mortality and helping individuals feel more comfortable transitioning back to regular life. It has significant economic implications for everyone in our state.

### **Outbreak Response**

The department has established a isolation and quarantine (I&Q) facility to support the need to protect Washingtonians from potential outbreaks from diseases that can spread at a rapid pace. Isolation and quarantine are key strategies to reduce the spread of COVID-19. If you test positive for COVID-19, have symptoms, or are identified as a close contact of someone who has COVID-19, you should isolate or quarantine as appropriate. The I & Q facility is set up in to where people that are not from Washington are in the state with a COVID-19 like illness have a place to go and recover without spreading the disease further. This facility will allow the department to keep present and future diseases at bay because the diseases are not allowed to spread.

DOH has continued to develop our state level emerging infectious disease/other special pathogen (EID/OSP) isolation and quarantine (I&Q) capability since prior to the pandemic. Realizing that there will be conditions and circumstances that require the State DOH to isolate or quarantine and individual(s) above and beyond the capacity of local public health due to a local jurisdiction being

overwhelmed or unable to execute their responsibilities or to support out of state travelers, maritime workers, other state agencies (DOC, DSHS) or federal facilities in-state needing support like the ICE detention facility.

### **Community Outreach**

The department's Public Information Officers provide web translation work, which is a necessary function that also fulfills a legal obligation. The need for funding critical positions within our agency is imminent. Were the department to not receive funding for these positions, web translation work would halt, and the department would no-longer be able to meet a legal obligation.

The impact from not obtaining funding means the department will no longer provide COVID social media functions, customer service care, and all work performed by Covid Public Information Officers would end abruptly for all modalities.

Most of the department's media management, video production, equity work, and management of COVID related web content in English is accomplished by project positions which are funded through the end of December 2022. Were the department to lose these positions, our ability to complete media management, video production, or equity work in a timely manner will exsiccate.

Proposal:

**Testing - \$ 80,027,000**

The Department of Health is requesting \$ 79,336,000 to continue to augment and bolster access to COVID-19 testing through a variety of strategies that reduce barriers and enable individuals and families to make decisions about their health and the health of others. Furthermore, DOH has built extensive capacity in procurement, warehousing, and distribution of testing supplies to continue to support priority partners across the state in accessing testing supplies at low- or no-cost.

**Say Yes! COVID Test**

**Funding/Costs:** Previously determined eligible for FEMA reimbursement, as requested by the Governor's office. Funding has been identified to support our vendor contract through December 31, 2022, and we have tests to support 3+ months of continued distribution. We expect that it would cost maximum \$80M/year to continue through June 2023.

**Recommendation:** Continue to support direct-to-consumer test access through Say Yes to COVID Test (SYC[M(1) T] through June 2025, with ramp down to 5 tests/month/household in January 2023. By June 2023, transition the program to specifically target under- or uninsured families in Washington state. Launch targeted promotional campaigns to better reach vulnerable communities. Continue integration with Medical Countermeasures to increase access to therapeutics. Integrate with WA Notify.

**Pharmacy Testing**

**Funding/Costs:** This program has been primarily funded by the ELC Health Disparities Grant. Testing supplies for this program have been supported via FEMA reimbursement. There is a risk to the program if DOH is no longer able to provide supplies. Available funding (ELC ED/EDE) for testing supplies will only sustain our current strategy for a short period. We expect that it would cost >\$2M/year to continue.

**Recommendation:** Continue to support community pharmacies with accessing testing through June 2023, particularly to facilitate access to therapeutics. Increase support for pharmacies in credentialing process.

**Surge Response Efforts** Surge response means being able to accommodate requests from partners outlined in the Comprehensive Emergency Management Plan (CEMP), including distribution of testing supplies matching maximum distribution capacity over 2 months to meet demand.

- The agency has established a baseline of 2 months of tests for potential distribution throughout the state to be prepared for any variants that may disproportionately affect socially vulnerable community members that may not be able to access necessary resources as identified by and working in close cooperation and direction with Local Health Jurisdictions.
- Maintain purchase orders with contracted labs to expand statewide lab testing capacity
- The recommendations outlined above will require the following resources:
- Procurement of rapid antigen and Nucleic acid amplification test (NAAT) Polymerase Chain Reaction (PCR) testing supplies
- Warehousing and distribution infrastructure to provide testing supplies to priority partners
- Contracts with vendors to manage distribution activities and/or conduct or coordinate testing initiatives
- Lab processing costs for NAAT testing of priority partners (with expectation to fully leverage the DOH's Public Health Lab as a resource

first)

Local Health Jurisdiction (LHJ)s have an estimated funding need of \$ 691,000 for diagnostic testing capabilities to continue the current level of testing associated with COVID-19 response and recovery efforts. Funding for testing will support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for lab supplies and equipment, IT/software and communication equipment, personal protective equipment, strike teams, and travel to on-site testing activities.

#### **Outbreak, Coordination, Informatics & Surveillance - \$ 755,000**

The Department of Health is requesting \$ 755,000 to assist LHJs with their estimated funding need for surveillance and informatics capacity in order to continue the current level of activity associated with COVID-19 response and recovery efforts. Funding for surveillance and informatics would support LHJs in paying associated salaries and fringe benefits for staff and contracts.

#### **Outbreak Response - \$ 13,361,000**

The Department of Health is requesting \$ 4,685,000. The department has understood from the pandemic onset the need for a medical logistic center (MLC) to support Washington state if the need ever arises when a pandemic has occurred. The MLC has been established to create a backstop for PPE, testing supplies, and any response needs for future disasters. COVID-19 has allowed the department to understand the best way Washington State can be supported for future responses and having a MLC established allows the department to be ready for future responses.

The inability of the Federally maintained Strategic National Stockpile (SNS) to quickly pivot to support a states resource needs during a multi-state response when the supply chain is impacted has caused a great deal of impact to state and local ability to logistically support response efforts in a timely manner to ensure critical sectors have what is needed to protect public health during this pandemic response.

To combat this, during the COVID pandemic response, the Department of Health quickly actioned a Medical Logistics Center whose main goal is to backstop the main types and kinds of personal protective equipment (PPE), testing supplies, and other medical material, that is needed for the Emergency Support Function 8 (ESF8) Public Health and Medical mission in the State of Washington that DOH leads.

This medical logistics center is positioned to be a sustainable way to ensure that the critical public health and medical supplies needed to support local, state, and tribal partners in a response or time of impacted supply chain exists and can rapidly be deployed when/where needed across the state without having to wait for federal support.

LHJs have an estimated funding need of \$ 1,271,000 for Outbreak Response and \$ 7,405,000 for contact tracing and investigation in order to continue the current level of contact tracing and investigation. Funding for contact tracing and investigation will support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for IT/software and communication equipment, personal protective equipment, and travel to on-site investigative activities.

#### **Vaccine - \$ 4,203,000**

The Department of Health is requesting \$ 4,203,000 to assist LHJ with their estimated funding need to continue to sustain their current vaccination programs through the next two years.

### **Community Outreach - \$ 6,987,000**

The Department of Health is requesting \$2,081,000. This request for continued funding is to fund critical positions in our Public Information Office. If the department were to lose funding for these positions, our ability to complete media management, video production, or equity work in a timely manner will exsiccate and the department would not be able to fulfil a legal obligation.

LHJs have an estimated funding need of \$ 3,236,000 for Community Outreach to continue the current level of community education and support associated with COVID-19 response and recovery efforts. Funding for Community Outreach would support LHJs in paying associated salaries and fringe for staff and contracts.

LHJs have an estimated funding need of \$ 1,670,000 for Care Coordination to continue their current level of coordination and support associated with COVID-19 response and recover efforts.

### **Information Technology & Operations - \$3,183,000**

The Department of Health is requesting \$3,183,000 to assist LHJs with their estimated funding need for Information Technology & Operations in order to continue the current level of coordination and support associated with COVID-19 response and recovery efforts. Funding for operations would support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for associated facilities, wraparound services, transportation, IT/software, and communication equipment.

Alternative:

The current FEMA and State and Local Fiscal Recovery Fund SLFRF funding for COVID-19 will be ending on October 31, 2022 and December 31, 2022 (respectively). The department is not aware of federal opportunities past this date.

### **Testing**

The department recommends leveraging DOH's procurement channels to purchase COVID-19 testing supplies for multiple initiatives, including other state agencies and local health jurisdictions. Most agencies have indicated that they would prefer DOH continue to purchase supplies as many of them are unable to access manufacturers and distributors due to their size to regularly access testing supplies for their communities. There are ongoing discussions about future cost-sharing mechanisms within and among agencies. Regardless of these cost-sharing mechanisms (which are critical to long-term sustainability), the associated costs will still be borne by the state, either via requests from other state agencies or

the LHJs. Centralizing testing supply procurement and vendor support minimizes the administrative burden on multiple agencies (many of which have limited capacity to initiate and manage contracts) and leverages collective purchasing power and markets that DOH has through the Federal Supply Schedule and other testing supply manufacturers and distributors that have indicated preferential support for federal and state agencies first, which often includes more competitive pricing.

The agency expects a continued assessment of ongoing testing needs and how to introduce further cost-reductions. This is one reason our request has an increased focus on the continuation of Say Yes! COVID Test (SYCT). SYCT is the most cost-effective testing initiative from the Department of Health, costing approximately \$7 total per test from procurement to delivery at someone's doorstep.

Further funding decreases would require significant reductions in ongoing support to state agencies, local health jurisdictions, and through Say Yes! COVID Test, alongside reductions in our ability to continue providing testing supplies to schools to reduce barriers to access, especially for students and families who are under- or uninsured.

### **Outbreak Response**

Return to the pre-COVID-19 model for DOH capacity and capability regarding receiving, staging, storing and distribution of PPE and medical materiel. This model was quickly proven to be insufficient due to limited space and insufficient workforce to rapidly deploy medical materiel and countermeasures to protect Washingtonians and returning to this model would yield similar results in future public health emergencies. Maintaining multiple locations with a smaller footprint rather than one large space was also considered and determined to not be as cost effective or efficient when all factors were considered.

FEMA reimbursements have been the sole funding source for the operational costs of the I&Q facility. However, FEMA reimbursements will end, and the burden of the cost will shift to the state. No other funding source has been identified to continue these critical operations.

DOH has maintained I&Q capability since the beginning of the first outbreak of COVID-19. Over time it has evolved in type, quality, operational capacity, and what has been considered the most cost effective and reasonable over time.

## Assumptions and Calculations

### **Expansion, Reduction, Elimination or Alteration of a current program or service:**

This proposal is to ensure continuation of current COVID-19 work.

See attached FNCal

### **Detailed Assumptions and Calculations:**

This proposal is to ensure continuation of current COVID-19 work.

See attached FNCal

### **Workforce Assumptions:**

Workforce Assumptions FY23 Projections Only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	Health Services Consultant 3	\$75,000.00	\$27,000.00	\$4,000.00	\$8,000.00
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 1	\$59,000.00	\$24,000.00	\$4,000.00	\$8,000.00
0.8	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 4	\$73,000.00	\$24,000.00	\$3,000.00	\$6,000.00
0.5	ADMINISTRATIVE ASST 3	\$25,000.00	\$11,000.00	\$2,000.00	\$4,000.00
1.5	COMMUNICATIONS CONSULTANT 4	\$113,000.00	\$41,000.00	\$6,000.00	\$11,000.00
2.3	COMMUNICATIONS CONSULTANT 5	\$204,000.00	\$69,000.00	\$10,000.00	\$18,000.00
0.5	WMS02	\$57,000.00	\$18,000.00	\$2,000.00	\$4,000.00
0.5	CONTRACTS SPECIALIST 2	\$35,000.00	\$13,000.00	\$2,000.00	\$4,000.00
1.2	CUSTOMER SVCS SPEC 2	\$55,000.00	\$25,000.00	\$5,000.00	\$9,000.00
1.3	FORMS & RECORDS ANALYST 3	\$81,000.00	\$32,000.00	\$5,000.00	\$10,000.00
2.8	HEALTH SERVICES CONSULTANT 3	\$213,000.00	\$77,000.00	\$12,000.00	\$21,000.00
1.7	HEALTH SERVICES CONSULTANT 4	\$138,000.00	\$48,000.00	\$7,000.00	\$13,000.00
1.0	MANAGEMENT ANALYST 4	\$83,000.00	\$29,000.00	\$4,000.00	\$8,000.00
2.3	MANAGEMENT ANALYST 5	\$214,000.00	\$72,000.00	\$10,000.00	\$18,000.00
<b>18.5</b>		<b>\$1,425,000.00</b>	<b>\$510,000.00</b>	<b>\$76,000.00</b>	<b>\$142,000.00</b>

## Strategic and Performance Outcomes

### **Strategic Framework:**

This proposal supports the Department of Health's **Transformational Plan Priority**

**I. Health and Wellness, II. Health Systems and Workforce Transformation** in that all Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being, and that all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.

This proposal reflects the Governors Results WA Goals for **Health and Safe Communities**, as well as **Efficient, and Accountable Government** by providing a variety of COVID-19 Vaccine Initiatives, and Outbreak Responses for Washingtonians.

### **Performance Outcomes:**

**Various measures have been discussed throughout this proposal. Some of them include:**

- Individuals across our state will be able to access COVID-19 tests regularly, especially if symptomatic or with a documented exposure, to have better information about infection status and minimize further community spread.
- All Washingtonians will be able to access timely actionable COVID health data to make informed personal choices around protection.
- All Local, community and tribal public health and healthcare professionals will have access to timely actionable public health data for their jurisdiction to inform decision making and policy action in their response to COVID in their communities.
- Policy makers will have access to timely accurate data to inform decision making and action.
- Washingtonians will have data informed guidance, programs and services to help that personally combat the impacts of COVID on their communities, families and selves.
- Health disparities within communities around COVID will diminish.
- Right-sized public health workforce needs to combat long-term response to COVID and other diseases of public health significance impacting the health and well-being of Washingtonians



## Equity Impacts

### ***Community outreach and engagement:***

DOH made an intentional choice to create a structure that allows all interested partners the option to participate on an on-going basis. This structure is based on the concept of collaboration, where a group of people work together around a shared project or mission. One example of that is the Vaccine Collaborative that ensures an equity and social justice lens is incorporated in DOH's vaccine planning and implementation efforts. The Collaborative is guided by the direction of Collaborative Thought Partners. Collaborative Thought Partners are Collaborative members who take a more formal, active, and represented role within the Collaborative to ensure it is community co-led, centers the communities and sectors that have been most disproportionately impacted by COVID-19, addresses equitable vaccine distribution and access, and advances pandemic recovery efforts.

To ensure effective outreach and implementation of the COVID-19 vaccine and response measures to all communities, DOH is intentionally centering the voices, feedback, recommendations and requests of communities and sectors disproportionately impacted. Communities disproportionately impacted include people at higher risk for severe illness from COVID-19 because of underlying health conditions and/or age, people at higher risk for COVID-19 exposure or illness because of occupation, people at higher risk for COVID-19 exposure or illness because of living situation, people disproportionately impacted by COVID-19 because of access barriers, and people disproportionately impacted by the COVID-19 pandemic because of systemic inequities and racism.

### ***Disproportional Impact Considerations:***

The impacts of COVID-19 morbidity and mortality have not been felt equally by all populations in Washington state. The pandemic has exacerbated the underlying and persistent inequities among historically marginalized communities and those disproportionately impacted due to structural racism and other forms of systemic oppression. DOH has issued reports that provide an overview of confirmed or probable COVID-19 cases, hospitalizations, and death rates by race and ethnicity at state and regional levels. It also provides counts and percentages of confirmed or probable cases and hospitalizations by primary language spoken. COVID-19 case definitions have included both molecular testing and antigen testing. Molecular positive cases are considered confirmed cases and antigen positive cases are considered probable cases. All hospitalization, death, and testing data reported by DOH are based on positive molecular or antigen test results.

The COVID-19 pandemic has shed light on existing health inequities, amplified them, and revealed their root causes. DOH has created resources for communities that may be disproportionately impacted by COVID-19 and strategies for equitable COVID-19 vaccine distribution and has targeted them for ongoing needs for fiscal support for the following communities: Agricultural workers, American Indian/Alaska Native Communities, Asian Americans, Black/African Americans, Faith based individuals, Immigrants, and refugees, Latinx individuals, LGBTQ+ individuals, Native Hawaiian/Pacific Islanders, incarcerated individuals in jails, prisons, or detention centers, people with disabilities, people with Limited English proficiency, Slavic or former Soviet Union community members, and unhoused individuals.

### ***Target Populations or Communities:***

WA DOH Area Command has ensured COVID-19 response mission success through extensive jurisdictional and community outreach especially in the following areas: secured facilities (community-focused, highly accessible, demographic-high vulnerable attentive); Incident Management Organizations (IMOs)/Incident Management Teams (IMTs) in a regional management effort; wrap-around services facilitating safe/secure supply storage, personalized administration, and near-real time monitoring/reporting with a highly adaptive, scalable IT rapid infrastructure deployment. In these efforts, WA DOH instituted and deployed a Public Affairs and Equity team to provide community-sensitive public messaging, communications across multiple media platforms, robust translation services throughout the entire WA DOH Area Command leadership structure of regional IMOs/IMTs, and in coordination with Local Health Jurisdictions (LHJs), utilized a Unified Command Joint Information strategy to eliminate economic disincentives, language barriers, cultural barriers, and vaccine, testing and treatment hesitancy among highly vulnerable and demographic underrepresented/under-served populations. WA DOH will continue to leverage existing public-private partnerships with a wide array of community outreach partners to ensure that all in Washington State have equal access to these lifesaving COVID-19 response measures.

## Other Collateral Connections

### **Puget Sound Recovery:**

Not applicable.

### **State Workforce Impacts:**

Not applicable.

### **Intergovernmental:**

This proposal has broad, statewide impacts. DOH expects strong support from tribal, county and city governments as it supplements the resources, they are already investing in their own pandemic response efforts. School districts and higher education systems also would benefit from a robust, statewide testing and contact tracing strategy that ensures the safety of their students and faculty.

### **Stakeholder Response:**

Due to the extent of this proposal, it is difficult to identify any nongovernmental entity or any Washington State resident that will not be potentially impacted by this request. DOH expects support from the public health communities, healthcare communities, educational entities, and the business communities since controlling the spread of COVID-19 will improve the health of Washingtonians and allow schools and businesses to reopen and stay open. However, it also expects some resistance from voices that are remain skeptical of the dangers posed by the novel coronavirus.

### **State Facilities Impacts:**

Not applicable.

### **Changes from Current Law:**

Not applicable.

### **Legal or Administrative Mandates:**

Not applicable.

## Reference Documents

[RollUp - COVID gap Funding FY23 Supp FNCal.xlsm](#)

## IT Addendum

**Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?**

No

## Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$0	\$1,425	\$1,425	\$0	\$0	\$0
Obj. B	\$0	\$510	\$510	\$0	\$0	\$0
Obj. C	\$0	\$23,550	\$23,550	\$0	\$0	\$0
Obj. E	\$0	\$60,700	\$60,700	\$0	\$0	\$0
Obj. N	\$0	\$22,191	\$22,191	\$0	\$0	\$0
Obj. T	\$0	\$140	\$140	\$0	\$0	\$0

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