



Agency Recommendation Summary

The Department of Health requests funds for the creation of a state Medical Reserve Corps (MRC) serving under the direction of the secretary of health or designee. To respond to public health threats, the agency must have a capability to mobilize healthcare volunteers in a declared emergency and times where no declared federal or state of emergency exists such as COVID-19 pandemic. Funding this request would put MRC in a better position to assist communities during times of unforeseen emergencies, to be prepared, and ready to mobilize resources to protect the health and safety of the public.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	2.7	2.6	2.65	2.6	2.6	2.6
Operating Expenditures						
Fund 001 - 1	\$434	\$424	\$858	\$424	\$424	\$848
Total Expenditures	\$434	\$424	\$858	\$424	\$424	\$848

Decision Package Description

Problem:

There is a large gap identified during the SARS CoV2 (COVID-19) pandemic in the state’s ability to deploy medical and non-medical volunteers across the state to support Emergency Support Function-8; Public Health, Medical, and Mortuary missions when local capacity is exceeded or unable to respond. This deficit would be even greater in the wake of a catastrophic event like a Cascadia Subduction Zone earthquake.

Currently in the State of Washington, the Medical Reserve Corps program (MRC) ([MRC | Home \(hhs.gov\)](https://hhs.gov)) consists of 21 teams of varying capacity and capability, mostly residing in the Puget Sound/I-5 corridor area with only two teams east of the cascades. These teams of varying capability and capacity are currently managed and deployed out of local emergency management agencies not local public health and it is difficult to coordinate across jurisdictions during a large scale, large geographical disaster. This was exacerbated during the pandemic by the inability to staff and move MRCs to cover all the needed support within the jurisdictional areas of responsibility, let alone any opportunity to support mutual aid to counties/areas in Washington without pre-established medical reserve corps.

Proposal:

The need for a statewide medical reserve corps, with the liability protections to deploy medical and non-medical personnel statewide to support public health and medical (ESF-8) missions in support of local, tribal, and state agencies with or without a governor or presidentially declared disaster is long overdue and necessary for Washington to be prepared for future pandemics and catastrophic responses like a Cascadia Subduction Zone (CSZ) earthquake scenario.

To alleviate this issue, the Washington State Department of Health is asking for the legislative authority to create a statewide MRC program, housed and run out of the Executive Office of Resiliency and Health Security (ORHS) at the Washington State Department of Health. This funding will include the FTE to manage the program and the afforded liability protections to the MRC members, to ensure a supplemental statewide capacity exists to provide medical and non-medical volunteers statewide should the need occur regardless of a state or federal declaration of emergency.

This program would encompass the existing RCW 70.15 (Uniform Emergency Volunteer Health Practitioner Act) and elevate its ability to register, train and exercise, deploy, track, care and feed for public health, medical and non-medical in-state responders for the purposes of an ESF-8 response statewide regardless of a state of emergency declaration.

Alternatives:

The RCW 70.15 legislation for Uniformed Emergency Volunteer Health Practitioners Act, worked during the pandemic to support out of state clinical/medical volunteers, but left a large gap around non-medical volunteers and can only be used during a governor declared state of emergency.

There have been many attempts at the state level to help encourage and foster a better program and process with local emergency managers and due to competing priorities it has been pushed to the back burner, which is why now is the time to implement this process due to the valuable lessons learned from the COVID-19 response.

Assumptions and Calculations

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

The calculations for the state ran medical reserve corp. are based on staffing needed to facilitate the program, the training, liability, and volunteer management system needed to run the program.

Detailed Assumptions and Calculations:

The calculations include:

- Two DOH FTEs for a total annual cost of \$241,000
- Training and Travel \$25,000
- WaServ Software \$84,050

This work includes 2.0 FTEs: Emergency Management Program Specialist 3 (job code 397C) and Emergency Management Program Specialist 4 (job code 397D).

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only						
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs	
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 3	\$83,000.00	\$32,000.00	\$4,000.00	\$8,000.00	
1.0	EMERGENCY MANAGEMENT PROGRAM SPECIALIST 4	\$92,000.00	\$34,000.00	\$4,000.00	\$8,000.00	
0.7	FISCAL ANALYST 2	\$34,000.00	\$17,000.00	\$0.00	\$0.00	
2.7		\$209,000.00	\$83,000.00	\$8,000.00	\$16,000.00	

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This ask specifically aligns with the healthy and safe communities' goal of the Results Washington plan, in order to have the appropriate access to resources as part of the larger statewide response community.

As far as agency strategic plan alignment, this proposal is at the heart of DOH's and the state's foundational capability to prepare for, respond to, and recover from emergencies/disaster from a public health and medical (ESF-8) perspective as part of the larger statewide response community.

This proposal supports the Dept. of Health's **Transformational Plan Priority I. Emergency Response and Resilience**, in that All Washington communities have the information and resources they need to build resilience in the face of myriad public health threats and are well-positioned to prepare for, respond to, and recover from emergencies and natural disasters. This proposal achieves this priority by recruiting, developing, training, and retaining a robust and capable workforce prepared to respond in an emergency and institute planning initiatives to support response personnel in disaster response and recovery efforts. Although our volunteer health workforce is unpaid, it remains an essential source of surge staffing support in emergencies.

Finally, the processes of further developing Washington's Medical Reserve Corps directly improves community resilience and promotes the following outcomes.

- Diversify and secure funding and strategically deploy resources for maximum impact.**
- Integrate the voices of underrepresented communities into all policy, program, and resource decisions.**
- Ensure equitable access to services, programs, opportunities, and information.**

Performance Outcomes:

If this decision package is approved, this will allow for the development, recruitment, planning, training, exercising, and making deployable a statewide public health and medical (ESF-8) medical reserve corps for the sole intent and purpose of preventing loss of life in Washington from public health emergencies.

Equity Impacts

Community outreach and engagement:

The state ran medical reserve corp. would allow the public health and healthcare system to have access to volunteers from across the state. Allowing healthcare facilities access to needed volunteers is key to keeping the frontline responders safe and provide continuing services to people that will not access healthcare outside of their medical homes. As seen with the COVID-19 pandemic, many small health clinics that see patients in the lower socio-economic scale could not operate due to not having sufficient staffing which will lead to compounded health outcomes for patients.

Disproportional Impact Considerations:

The impact this project will have on the social determinants of health is clear, health starts at home, in schools, workplaces, and communities, and having ESF-8 volunteers, readily able to deploy to these areas will be key in keeping people safe and healthy. The determinant area that is reflected in this project for underlying factors of social determinants of health is "Health and Health Care." Many people in the United States don't get the health care services they need. As we saw with COVID-19 that was exacerbated. The ability of the healthcare system to care for patients and be safe needs to be maintained.

Target Populations or Communities:

A major goal of public health is to reduce health disparities. Health equity exists when all people can achieve full health potential, regardless of the color of their skin, where they were born, their level of education, gender identity, sexual orientation, religion they practice, job they have, the language they speak, the neighborhood they live in, or whether they have a disability. However, not everyone in Washington State has this opportunity, many communities experience health inequities because of these things. This is something that having a statewide medical reserve corp. would work to eliminate. Having this capability would benefit the smaller, rural, communities and healthcare systems to make sure that all communities had access to ESF-8 volunteers no matter what area of Washington the incident is in. The ability to deploy volunteers quickly and efficiently to local jurisdictions and tribal partners will provide support when and wherever it may exist in the state. Therefore, having the ability to serve all state partners, tribes, local jurisdictions, and stakeholders would close the disparity gap. Currently there is no statewide coverage or accessibility to these types of resources at a statewide level.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

This will be a state level response resource available to local, tribal and state agency partners for the support of a response to a public health emergency.

This program will ensure, first and foremost, that it in no way draws from or impacts existing MRCs that may be involved in the same response in order to not diminish any existing capability.

This resource will be an above and beyond force multiplier to augment local capacity and enhance state ESF-8 public health, medical and mortuary response capability.

For counties that do not maintain a volunteer MRC program, this program adds access to a volunteer capability that would otherwise not exist.

Local MRC programs have a 'general' focus with a mix of clinical and non-clinical volunteers. In contrast, State MRC would be leveraged to build 'specialty' capabilities in the form of strike teams. Examples include a pediatric strike team, pharmacy strike team, etc.

LHJ have expressed support for the proposal as they identified opportunity for Joint recruitment, Joint volunteer training, Joint exercise, collective volunteer appreciation, constancy in MRC implementation across LHJ and at the State.

LHJ have also identified that the addition of state missions in addition to LHJ/EM opportunities adds value to local MRC volunteers with more opportunities for experience.

No detrimental impacts to LHJ or County EM programs have been identified at this time.

Stakeholder Response:

No non-governmental stakeholder impacts

State Facilities Impacts:

N/A

Changes from Current Law:

See accompanying agency request legislation

Legal or Administrative Mandates:

This is part of lessons learned from the 1st In-Action Review of the SARS-CoV2 (COVID) pandemic response and has been topics in various AAR's and HotWash conversations prior to the pandemic for multi-jurisdictional public health responses.

Reference Documents

[MRCStatue_FinalDraft_v3\(7-13\)_AAGPRIVILEGED_2-Z-0075.1 \(1\).docx](#)

[State MRC FNCaFinalDraft \(1\).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
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$208	\$208	\$416	\$208	\$208	\$416
Obj. B	\$83	\$82	\$165	\$82	\$82	\$164
Obj. E	\$100	\$99	\$199	\$99	\$99	\$198
Obj. G	\$20	\$20	\$40	\$20	\$20	\$40
Obj. J	\$8	\$0	\$8	\$0	\$0	\$0
Obj. T	\$15	\$15	\$30	\$15	\$15	\$30

Agency Contact Information

Kristin Bettridge

(360) 236-4126

kristin.bettridge@doh.wa.gov