

September 10, 2024

Pat Sullivan, Director
Office of Financial Management
Post Office Box 43113
Olympia, Washington 98504-3113

Re: WA-DOH 2025-27 Biennial Operating Budget Requests

Dear Director Sullivan:

I respectfully submit the Washington State Department of Health's (WA-DOH) 2025-27 Biennial Operating Budget requests for Governor Inslee's consideration and want to thank you for your ongoing support of our public health mission.

The WA-DOH's budget requests reflect our *Transformational Plan: A Vision for Health in Washington State* as well as our goal to improve the health of all Washingtonians. This plan provides a roadmap for improving health across Washington based on five key priorities and our cornerstone values of **Equity, Innovation, and Engagement (EIE)**:

1. **Health and Wellness** – all Washingtonians have the opportunity to attain their full potential, physical, mental, and social health and well-being;
2. **Health Systems and Workforce Transformation** – all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust;
3. **Environmental Health** – all Washingtonians will thrive in a broad range of healthy environments – natural, built, and social;
4. **Emergency Response and Resilience** – 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; and
5. **Global and One Health** – all Washingtonians live in ever-connected environments that recognize and leverage the intersection of both global and domestic health as well as the connections of humans, animals, and the environment.

While we face many critical public health issues in our state today and into the future, WA-DOH has focused this year's budget requests on the most critical investments to enhance current programs and efforts consistent with OFM's direction and considering the grim budget forecasts. Overall, you will note that **WA-DOH's budgetary ask is in the sum of \$269 million for the biennium. While this may appear to be a large sum in the context of the current budget environment, on further breakdown (below), \$55 million is agency request, while \$214 million is based on expectations or requirements of our agency.** Limiting our request has been difficult due to the myriad public health needs across our state as well as the reality of the anticipated state budgetary constraints that make a true investment in public health that we all know is necessary, challenging to say the least.

Overall, our budget requests reflect the need for public health services and interventions that have been exacerbated by the ongoing impacts of the pandemic and other health issues in our communities. This reality is compounded by the need to transform our systems so that they are responsive to the evolving world around us and set us up proactively for the future ahead.

With the above context in mind, we have centered on focusing proposed investments on the following cross-cutting themes: 1) **investing in upstream prevention efforts**, including for chronic health conditions, behavioral health services, and addressing the opioid and fentanyl crisis with the aim of improving health and wellness for our communities; 2) strengthening and **supporting the dedicated public health and health care workforce** across our state; 3) **modernizing data and information technology (IT) systems** to serve more proactively, effectively, and efficiently for all Washingtonians across our state; 4) **promoting environmental health, resilience, and justice**; and, 5) **centering of community voice** in the development and implementation of ongoing and planned programming and initiatives.

We have outlined the proposed investments in two main categories though admittedly the lines can be grey at times, those that are either expectations or requirements of our agency, and those that are driven by our agency directly. Indeed, there is a third category of initiatives that we deem very important for public health but simply cannot ask for given the realities of the budgetary constraints. Nonetheless, we have enumerated some key examples below to provide additional context.

1. **WA-DOH has prioritized many requests that build on expectations – and in some instances requirements – of our communities, partners, and authorizing environment.**

WA-DOH embraces these expectations as they further health across our state. That said, this category of requests equates to the sum of \$214 million for all fund sources. An example is WA-DOH's investments in upstream prevention and harm reduction efforts to address the opioid and fentanyl crisis and behavioral health needs of individuals, families, and communities. These efforts include ensuring the sustainability of school-based health centers and ensuring the nationally recognized 988 Suicide and Crisis Lifeline is fully functioning as the Legislature intended.

WA-DOH is also seeking increased funding for the cross governmental initiative Foundational Public Health Services (FPHS), which includes enhanced funding for the public health system as a whole including for Local Health Jurisdictions (LHJs) as well as specifically, for Tribes in Washington to support efforts to build equitable health outcomes for tribal communities and address health inequities created by ongoing gaps in our systems. Our goals of health equity are also reflected in our request for funding to address health and environmental justice for Tribes, Tribal organizations, overburdened communities, immigrant/refugee communities, and those populations most vulnerable across our state.

Optimal health requires access to strong health systems and quality health providers. Our proposals reflect expectations to continue our success in shortening health care professions credentialing times and continued support of a robust and qualified health care workforce, creating a more efficient and responsive credentialing and licensing system, while maintaining patient safety, trust, and confidence. This includes funding to enhance the capacity to analyze and apply health systems data to enact better health outcomes.

WA-DOH cannot tackle these public health priorities alone, and our requests further a health equity, community-centric approach by addressing equitable access to nutritional foods, mobile health initiatives, and continuing our implementation of health equity zones (as per RCW 43.70.595). Our proposed budget request is keenly focused on enhancing public health-related activities in rural communities as well and aims to strengthen community engagement and resilience through a community-informed budgeting and programming process.

Lastly, continued strategic and sound investment in WA-DOH's various IT systems is needed to meet increased volume and demand as well as legislative intent. During the COVID-19 public health emergency, for example, it was made clear that data and IT systems across our nation were not capable of handling the myriad needs of our partners and our communities. Within our state, WA-DOH migrated many of its systems out of the agency itself and utilized instead a more robust and effective cloud-based approach.

Continued funding for these capabilities is crucial to ensuring a more resilient cloud infrastructure in maintaining integrity and efficiency of public health and related data systems. Undoubtedly, while these value-based investments - as with many public health investments - may appear to be a large dollar sum today, they "pay forward" in terms of service efficiencies, cost-effectiveness, and return-on-investment (ROI) in the future. These tenets are also aligned with the public's expectations of public health agencies.

2. **While our budget request aligns with WA-DOH's overarching obligations to promote public health and safety, the second category of funding requests in the amount of \$55 million overall, can be categorized as key public health work the agency has prioritized in addition to the above.**

We know that public health's work often goes unnoticed, and thus is underinvested in overall. Unfortunately, we can no longer continue to provide critical services and programming to protect communities adequately and promote optimal health without the appropriate investments in dollars. WA-DOH proposals seek continued funding for core public health data systems that help us better detect and prevent disease, a multi-pronged upstream health and wellness set of initiatives, and the need to explore the feasibility of a public health lab on the east side of the state, to name a few.

It has been an extremely difficult process to determine prioritization order for these first two categories. While one could argue that drinking water quality is just as important as additional support for chronic disease prevention, wellness, or behavioral health; that supporting a quality credentialing system is just as critical as modernizing IT cloud infrastructure, we have done our best to prioritize. We welcome additional opportunities to work with your team to contextualize this priority matrix.

3. **Despite categorizing as above, unfortunately, our overall budget requests and needs are still not fully complete.** We unfortunately had no choice but to prioritize budget requests at the expense of other key public health priorities knowing the realities of the budget forecast. While this is not ideal, it is the reality. Some key (though not exhaustive) examples below illustrate this point plainly:

- Washington state continues, for example, to fall behind in detecting, preventing, and treating lead exposure throughout our communities. While not submitted in this biennial request, WA-DOH welcomes the opportunity to help address low childhood lead testing rates, inconsistent responses to children with elevated lead levels, and detection and treatment of lead in school drinking water.
- In keeping with environmental health, WA-DOH is also not seeking funding to assist in testing and treating polyfluoroalkyl substances (PFAS) in drinking water. While WA-DOH is requesting funding to engage in science assessment and community engagement around PFAS, opportunities remain to fund additional water testing and PFAS water filters, ensure compliance of public water systems, and support health education, communication, and technical assistance for a large and diverse population of Washington residents with PFAS in their drinking water.
- In another area, while we are seeking funding to enhance current investments in refugee, migrant and immigrant health programs, more needs to be done. Given our state's welcoming environment, Washington is home to a diverse population. To ensure their well-being and successful inclusion, we must prioritize investments in programs that identify needs, address gaps, and deliver culturally and linguistically appropriate public health services. However, given current funding constraints, we have requested only a small amount of the needed resources at this time.

Director Sullivan
September 10, 2024

- Lastly, in addition to exploring the feasibility as above of building necessary capacity for laboratory services in eastern/central Washington, WA-DOH did not submit additional funding for important service activities and enhancements within the Washington State Public Health Laboratory (PHL). While this is no doubt important, WA-DOH remains committed to exploring alternative funding solutions to maintain capacity in chemical incident response, emergency response, and quality and compliance. Any additional state resources would assist in stabilizing these services which aim to protect Washingtonians across the state.

In conclusion, WA-DOH is nationally recognized as a true leader in public health. We are charting a new course for our field while also supporting existing areas of work. **WA-DOH recognizes the financial strains given the state's expected revenue picture and has done its best to prioritize its requests in a way to balance this reality with the needs of protecting and promoting the health of Washingtonians.**

We appreciate your consideration of our budget proposals which represent much needed investments to continue essential work to improve the health of Washingtonians. Equally, I want to thank the countless WA-DOH team members who have helped not just with the budget process but to further our agency's work on a daily basis. My leadership team and I stand ready to discuss these proposals further with you.

Thank you again for your support of WA-DOH and our public health mission.

Best,



Umair A. Shah, MD, MPH
Secretary of Health
Washington

cc: Amy Hatfield, Budget Advisor, Office of Financial Management
Kelly Cooper, Director of Policy & Legislative Relations, WA-DOH
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