Budget and Legislation Requests
2019
Submitted to the Governor for Consideration

Policy Legislation

Foundational Public Health Services — The local, tribal, and state governmental public health system is failing to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washingtonians. This proposal takes a multi-year approach to fully funding the Foundational Public Health Services gaps ($450 million/biennium), starting with funding communicable disease, environmental public health and assessment services. The outcomes include reducing communicable disease and environmental health threats. General Fund State: $148,421,000* in FY 20 and $147,580,000 in FY 21. *Note that estimates in FY 20 will be modified to incorporate a phased in approach to first year implementation.

Vital Records Law Modernization — Vital records serve as documentary proof of a life event, which the public uses to prove identity, citizenship, and relationship to others in order to get a passport or driver license, enroll a child in school, or obtain Social Security or other benefits and services. The department is developing legislation for the 2019 session to modernize the vital statistics law (chapter 70.58 RCW) because the current law does not provide adequate protections against identity theft and fraud. Many parts of the statute have not been updated since 1907, making the law outdated, confusing, and inconsistent with current state and national best practices. General Fund State: $95,000 in FY 20 and $304,000 in FY 21.

Maternal Mortality Reviews — Maternal mortality is on the rise in the United States, with minority communities experiencing substantial disparities compared to the general population. For every maternal death, 20 or more women experience a near death experience or severe maternal morbidity, which results in social, physical, emotional, and economic burdens on families and communities. To properly address the underlying reasons for these disparities and worsening health outcomes in Washington, the department must have access to accurate data surrounding the deaths of mothers and pregnant women. This request will allow the department to continue and improve upon existing requirements to perform investigations and autopsies of deceased pregnant women and mothers, complete a biennial Maternal Mortality Reviews Report, and incorporate recommendations from previous reports into law. General Fund State: $408,000 in FY 20 and $399,000 in FY 21.

Alexa Silver, Director
Policy and Legislative Relations
alexa.silver@doh.wa.gov | 360.480.2861

Ryan Black, Budget Manager
ryan.black@doh.wa.gov | 360.236.4530
Streamline Marijuana Funding — The medical marijuana database is currently financed from the Health Profes-
sions Account (O2G) but reimbursed annually from the Dedicated Marijuana Account. The department proposes to
fund the administration of the medical marijuana database directly from the dedicated marijuana account. Fund
swap O2G to 315: $808,000 in FY 20 and $808,000 in FY 21.

Tobacco 21 — Tobacco continues to be the leading cause of preventable death and disease. This legislation focus-
es on holding retailers accountable for responsible sales practices. This proposal raises the legal age for tobacco
products from 18 to 21 for: (1) persons to whom retailers can sell or give tobacco and vapor products; (2) persons
who vapor product retailers can allow to taste product samples; and (3) where self-service displays and vending
machines that contain the products can be located. The legal age for buying or possessing tobacco or vapor prod-
ucts will stay at 18. General Fund State: ($6,154,000) in FY 20 and ($6,024,000) in FY 21.

Sexually Transmitted Disease (STD) Modernization Effort — As recommended in the 2016 End AIDS Washington
Recommendations, this proposal updates Washington’s “HIV Laws” (RCW 70.24). This proposal addresses HIV stigma
and modernizes the current law based on medical science and prevention. HIV exceptionalism is removed from
RCW 70.24 to increase access to services such as screening, health care, and treatment for individuals who are at
risk of HIV or living with HIV.

Electronic Prescribing — This proposed legislation removes statutory language requiring approval by the Pharma-
cy Quality Assurance Commission (Commission) of electronic transmission systems used to communicate prescrip-
tion information electronically. This change will: (1) ease the burden on electronic system applicants and pharmacy
licensees; (2) provide greater access to electronic health systems in all areas of the state; (3) reduce redundant reg-
ulatory requirements, and leave the evaluation of criteria of what needs to be included in electronic prescription
technology to more knowledgeable federal agencies; and (4) maintain the minimum standards for what infor-
mation must be shared on a prescription.

Non-Resident Pharmacy — Current law would be amended to allow the Pharmacy Quality Assurance Commission
to require non-resident pharmacies to submit an inspection report from a commission-approved inspection program
within two years of the application or renewal date. Non-resident pharmacies would be required to provide a satis-
factory inspection report that is comparable to the inspections required of in-state licensed pharmacies. This will
help ensure that the facility and environment where the drug is prepared meets Washington standards.

Budget Requests

Implement Tobacco Control Strategy — Tobacco use remains the number one cause of preventable death in
Washington and leads to over $2.8 billion in medical costs in Washington each year. This request will implement
Washington’s five-year, stakeholder-created state Tobacco Prevention and Control Strategic Plan. The plan is de-
signed to improve statewide tobacco prevention efforts, reduce tobacco-related health disparities, make tobacco
cessation more available and accessible, reduce exposure to secondhand smoke, and prevent tobacco use
among young people. General Fund State: $16,321,000 in FY 20 and ongoing.

Reduce Suicide Rates — Rates of suicide are on the rise throughout the nation. The state’s rate of deaths by sui-
cide is 11 percent higher than the national rate. The Washington State Suicide Prevention Plan identified a compre-
hensive set of strategies and goals to reduce suicide in our state. The Action Alliance for Suicide Prevention (AASP)
then identified the highest priorities from the plan, beginning with funding the foundational elements of a statewide
system. The department is developing a proposal to reduce rates of suicide by coordinating a multi-agency effort
to implement a statewide system to raise awareness of risk and protective factors and align resources for people in
crisis or at increased risk of suicide. General Fund State: $5,716,000 in FY 20 and $5,644,000 in FY 21.

Fund Washington Poison Center Operations — The Department of Health requests funding for the Washington
Poison Control Center (WAPC). In the past 5 years operating costs have significantly increased and additional fund-
ing is needed to fulfill its statutory responsibility and address emerging requests from health care system stakehold-
ers. General Fund State: $328,000 in FY 20 and ongoing.
Eliminate Hepatitis C — Hepatitis C virus (HCV) can result in liver disease, morbidity, and mortality. Since 2000, over 100,000 chronic cases have been reported. Reports increased ~14% annually since 2012. Between 2012-2016, the HCV-related mortality rate was 8.7/100,000 people with 534 deaths were reported on 2016. New medications now exist that cure nearly 100% of patients with hepatitis C infection. The Department of Health requests funds to develop a comprehensive plan to eliminate the public health threat of Hepatitis C virus (HCV) in Washington State by the year 2030. **General Fund State:** $12,204,000 in FY20 and $17,587,000 in FY 21.

Improve Prescription Drug System — Washington’s Prescription Monitoring Program (PMP) enables eligible providers to check a patient’s prescription history for opioids, giving providers critical information to guide treatment decisions. The department currently contracts with a vendor for a PMP system. When this contract expires in June 2020, the price is anticipated to increase substantially. Information gathered on the current market indicates there may be lower cost options available that offer improved functionality for prescribers. The department seeks funding to transition to a new PMP system that provides improved functionality at a competitive price. **General Fund State:** $395,000 in FY 20 and $608,000 in FY 21.

Create Developmental Screening Tool — Children with developmental or behavioral disabilities benefit greatly from early intervention, but fewer than half are identified before starting school, when interventions are most effective. In order to ensure all children are appropriately screened for developmental delays and receive critical early intervention services, the Department of Health (DOH) proposes creating a statewide data system to track developmental screenings and delays identified in children, and assist with care coordination and early intervention. **General Fund State:** $162,000 in FY 20 and $61,000 in FY 21.

Establish Washington Oral Health Strategy — Oral health is critical to an individual’s overall health, often resulting in pain, lost productivity, and reduced quality of life when oral disease is present. Yet it is also one of the state’s most overlooked health concerns. The department is requesting funding to support the creation of a State Dental Director position to lead and coordinate efforts to promote oral health throughout Washington and improve the state’s position to compete for federal oral health grants. **General Fund State:** $433,000 in FY 20 and ongoing.

Support Breastfeeding Mothers — Peer counseling is an evidence-based approach to increase breastfeeding rates and reduce serious, and potentially fatal, negative health outcomes for mothers and infants. The WIC Breastfeeding Peer Counseling program is underfunded. Federal requirements to receive funding and comply with funding requirements present barriers for small rural agencies and tribal WIC programs. The requested funds will allow the department to offer funding to all local agencies and adapt the program to meet the cultural and community needs of tribes and small rural agencies. **General Fund State:** $911,000 FY 20 and ongoing.

Train Community Health Workforce — The Community Health Worker (CHW) Task Force was convened by the Health Care Authority as part of the Healthier Washington Initiative (HWI) in 2015 to develop actionable policy recommendations to align the CHW workforce with the HWI. The 2016 task force report makes recommendations regarding CHW roles, skills, and qualities; training and education needs; and finance and sustainability considerations for long-term CHW integration into Washington’s health system. This proposal fully implements the recommendations defined in the report and the upcoming report required by the 2018 supplemental budget proviso. **General Fund State:** $586,000 in FY 20 and $574,000 in FY 21.

Increase Access to Fruits and Vegetables — The Washington Fruit and Vegetable Incentive proposal aims to increase fruit and vegetable consumption among people with limited incomes. Fruit and vegetable incentives are additional benefit dollars that the Supplemental Nutrition Assistance Program (SNAP) and the Women, Infants and Children (WIC) participants can use to buy fruits and vegetables. Federal funds for Food Insecurity Nutrition Incentive (FINI) program expire in 2020, and Farmer’s Market Nutrition Program (FMNP) provides only a very small incentive to clients which diminishes the participation rate. State funding for FINI and additional FMNP funds will enable thousands of low income families to increase the fruits and vegetables in their diet and enhance their overall health. **General Fund State:** $2,092,000 in FY 20 and $2,081,000 in FY 21.
Migrate State Data Center — Funding is required to research options, analyze costs and benefits, and develop a successful plan to migrate department information technology infrastructure and systems to the cloud or state data center. Per RCW 43.105.375, agencies must complete migration from their separate data centers by June 30, 2019, or receive an approved waiver from the Office of Chief Information Officer. General Fund State: $242,000 in FY 20 and $239,000 in FY 21.

Monitor Group B Water Systems — The Department of Health requests funding to work with local public health to ensure the approximately 13,400 Group B public water systems comply with statewide rules and are providing safe and reliable drinking water. General Fund State: $506,000 in FY 20 and ongoing.

Conduct Mandated Newborn Screening — The department requests a fee increase to add Pompe disease and mucopolysaccharidosis type I (MPS-I) to the mandatory newborn screening panel. Infantile Pompe disease is a deadly genetic disorder that affects 1 in 89,000 babies. Early diagnosis of Pompe disease through newborn screening is the key to saving lives; without treatment, most babies with infantile Pompe disease will die before the age of two. MPS-I is a genetic disorder that affects 1 in 50,000 babies. Early diagnosis of MPS-I through newborn screening is critical to prevent brain damage in affected babies, avoiding severe intellectual disabilities and their associated costs. General Fund State: $701,000 in FY 20 and $905,000 in FY 21.

End AIDS — The Department of Health is requesting additional authority of $9 million per year from General Fund-Local to ensure grant compliance with the federal Health Resources and Services Administration. This additional authority will allow the department to continue to provide community services and care for people living with HIV/AIDS at a level required by law for core medical services, case management, and support services for people living with HIV. General Fund State: $9,000,000 in FY 20 and ongoing.

Align Drinking Water Funding — The Department of Health requests additional fund 05R appropriation authority to align funding with staffing costs and provide consolidation grants to successful water utilities to study the feasibility of owning, operating, and maintaining smaller failing water systems within their service areas. Drinking Water Assistance: $417,000 in FY 20 and ongoing.

Upgrade Profession Licensing System — To transform licensing and enforcement processes, and interactions with participants and stakeholders, the department is pursuing a new Healthcare Enforcement and Licensing Modernization Solution (HELMS). HELMS will improve data security, support electronic records management, and improve access to information. It will replace the Integrated Licensing and Regulatory system (ILRS), an outdated and aging system. Health Professions Account: $1,098,000 in FY 20 and $6,845,000 in FY 21.

Improve License Processing Times — The department requests an ongoing appropriation to maintain an improved customer service level for health-care providers and the public. Without ongoing appropriation, service levels will decline, resulting in longer wait times for providers to be licensed and reductions in health care access. Health Professions Account: $1,005,000 in FY 20 and ongoing.

Newborn Screening X-ALD Shortage — The department requests a fee increase of $1.90 to support screening for X-linked adrenoleukodystrophy (X-ALD), a condition added to the mandatory newborn screening panel in 2018. During the 2017 legislative session, DOH requested $10 per infant for X-ALD screening. The legislature authorized increasing the newborn screening fee by $8.10 per infant. The current budget forecasts a shortfall by the end of the biennium. X-ALD is a deadly genetic disorder that affects about 1 in 17,000 babies. Testing for X-ALD for all newborns is not sustainable at the original funding levels. General Fund State: $166,000 in FY 20 and ongoing.

September 2018

DOH is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.