

DOH List of Potential General Fund-State Reductions - 2021-2023 Biennium

Description	2021-2023 Biennium (FY2022 & FY2023)		What is this program?	How would the reduction be achieved?	What would be the negative impacts of the reduction?
	Proposed Reduction				
	Dollars (GF-State)	FTE			
Reduce family planning funding	\$4,228	0.0	Focuses on low-income and uninsured persons. Pays for breast and pelvic exams, Pap smears and other cancer screenings, HIV and STI testing, pregnancy testing and counseling, and affordable birth control, including long acting reversible contraception.	Reduce contract amounts to family planning providers.	Approximately 16,268 clients will not be served with family planning services.
Reduce HIV prevention and other client services	\$2,867	0.0	Leadership/Direction/Coordination for HIV linkage to medical care and treatment services. Invests in linkage to care services and re-engagement in care services, which improve access to clinical healthcare. Invests in community partnership development to support retention in care services and treatment adherence support services.	A shift of staff from state to federal funds and minor contract reductions would be needed to fully implement this reduction.	The program left funds unobligated in effort to propose new mobile services. With cut, these services will not be realized. Collectively, these strategies have a significant population-level health benefit – a measurable reduction in the number of people living with HIV in the population who can efficiently transmit HIV.
Reduce marijuana prevention and education media campaign	\$2,622	0.0	A statewide media-based campaign to prevent marijuana use. The campaign is funded through the Dedicated Marijuana Account.	Reduce the intensity of media outreach by 50 percent. Discontinue outreach efforts to adult consumers, which currently aims to prevent driving under the influence of cannabis and promotes parents locking up their cannabis in the home to prevent underage use and accidental poisoning.	A budget reduction of nearly 50 percent prevent DOH from reaching all audiences. This program is the only source of these messaging across the state and a reduction would make the program less effective.
Reduce HIV prevention and other client services	\$2,030	0.0	PrEP DAP (Pre-Exposure Prophylaxis Drug Assistance Program) is a drug assistance program for HIV-negative people who have risk factors that expose them to HIV.	The program will need time to determine if reductions will apply to medications, laboratory costs, number of clients, uninsured vs. insured.	The program analysis will need time to determine if we reduce costs by limited eligibility based on income, need, risk factor, etc. But also, changes to insurance coverage for PrEP drugs, labs and doctor visits are scheduled to begin in 2021 so some program costs were anticipated.
Merge tobacco-vape and marijuana prevention units	\$1,932	5.0	Provides outreach and education regarding health effects of tobacco and marijuana use to the state's adults and youth.	Merge two units which would reduce 5.0 FTE - 1.0 HSCC 4, 4.00 HSC 3 (1.0 HSC 3 position retiring end of June). Also a 6 percent reduction to regional/priority population contractors for tobacco.	Reorganization of these two units may cause confusion among stakeholders.

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Eliminate funding for neurodevelopmental centers	\$1,304	0.0	Funds infrastructure for NDCs and system capacity development such as telehealth. Provides about 19,555 medically needy children with access to medical services including diagnosis, treatment and referral services. Also provides data collection for health disparities.	Reduce contracts.	About 19,555 medically needy children would lose care coordination and specialty services provided by NDCs.
Reduce 30% of GF-S expenditures for Office of Drinking Water. Replace with fee revenue	\$1,301	0.0	The Office of Drinking Water focuses on oversight of public drinking water systems, including activities associated with water quality monitoring, water system planning, waterworks operator certification, implementation of the federal Safe Drinking Water Act, and implementation of the Drinking Water State Revolving Fund.	Reduce 30% of Office of Drinking Water state funds by replacing it with other fee-based program revenue. 6.5 FTEs will be shifted to other fee based program revenue (03R) and federal grants (04R).	Unable to support public water systems in addressing emerging issues. After fiscal year 2023, this would negatively impact support provided to LHJs, including technical and financial support for all sizes of water systems. Some potential grants to public water systems will reduce. Cuts beyond the 2021-23 biennium would require a fee increase to sustain.
Reduce HIV prevention and other client services	\$1,023	0.0	The HIV Client Service program provides Early Intervention Program (EIP) and the Medical Case management Program helps people living with HIV to get medical care and support.	Move budget from state funds to local drug rebate revenue.	Minimal adverse impacts.
Reduce administrative costs	\$835	0.0	Operations contingency fund for the division for unanticipated costs and match needs.	Funding provides a safety net to cover unexpected shortfalls or one-time spending.	Historically, these funds have provided the department to meet unexpected costs demands. This capacity would be eliminated, if this reduction is taken.
End opioid/overdose prevention Spanish radio/outreach campaign on June 30, 2021	\$801	0.0	Opioid/Overdose prevention outreach campaign on Spanish-speaking radio/outreach campaign.	Pass through funding to radio station would end June 30, 2021	Required report will not be written/submitted. Radio station outreach campaign will end.

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Reduce agency travel	\$600	0.0	The agency staff travel throughout the state to meet regulatory obligations and to execute and promote public health activities that further the agency's mission and vision.	Reduce travel by 50 percent. Limit travel to that which is necessary. Utilize virtual meetings and conferences as much as possible.	Certain types of meetings and discussions are more effective/productive in-person.
Reduce HIV prevention and other client services	\$467	0.0	The goal of the End AIDS Washington program is to reduce the rate of new HIV diagnoses by half, increase the percentage of people living with HIV who have a suppressed viral load to 80 percent, reduce the age-adjusted mortality rates for people living with HIV by 25%.	Move budget from state funds to local drug rebate revenue.	Minimal adverse impacts.
Reduce Washington Poison Control GF-State expenditures by 15%	\$424	0.0	A statewide poison information system established in RCW 18.76.30. Mission is to reduce injury associated with overdose and poisoning incidents by providing 24/7 emergency telephone management plus treatment referral of victims of poisoning and overdose incidents. Also provides information to healthcare professionals.	Represents a 15% reduction to the Poison Control contract.	A reduction of 15% to the Washington Poison Center (WAPC) would likely reduce services provided to the public and healthcare professionals.
Reduce HIV prevention and other client services	\$365	0.0	Supports Agency's Strategies to End AIDS and supports Results WA's End AIDS measure. Match (50/50) provided to/by HCA for Client Services review of contracts using Title XIX funds.	Move budget from state funds to local drug rebate revenue.	Minimal adverse impacts.
Eliminate the metabolic treatment program Medicaid subsidy	\$324	0.0	Assures access to the specialized medical foods essential for preventing mental retardation, neurological, and physical damage due to rare metabolic disorders. DOH keeps an inventory of these products and works closely with providers to determine patient needs. Mostly self-supporting through charges billed to the patients or their insurance providers.	Eliminate the program. This might need a phased out process to make sure clients find another means to access services.	This program was necessary because patients were not able to easily obtain the medical food needed to sustain themselves. However, with enough notice patients will be able to secure these products elsewhere.

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Eliminate funding for the maxillofacial review board	\$313	0.0	Systems coordination of multiple medical providers via Maxillofacial Review Board, for babies and children with cleft lip and palate and other craniofacial conditions requiring complex coordinated care across multiple medical disciplines.	Reduce contracts.	Loss of coordinated care for children with cranial facial disorders provided by four clinics. Reduces contracts and would impact 680-700 individuals.
Eliminate funding for formative research and development regarding dementia	\$300	1.0	A proviso in the current biennium budget provides funding to DOH to conduct formative research and development regarding dementia and the value and importance of early detection, diagnosis, and planning for the public, including racial and ethnic groups who are at increased risk.	Eliminate the proviso and remove funding.	The mandates of the proviso will be abandoned.
Eliminate the trauma registry program and database	\$283	1.0	Responsible for collecting data on trauma patients from hospitals and managing the statewide Trauma Registry. Hospitals, EMS agencies, researchers, and DOH analyze data in the Registry for quality improvement and research activities to improve trauma patient outcomes through the development of best practices, guidelines, and system improvements.	Eliminate the program's Trauma Epidemiologist position (1.0 Epidemiologist 3). The Trauma Epidemiologist analyzes Trauma Registry data and shares it with hospitals, EMS agencies, the statewide EMS and Trauma Steering Committee, researchers, and other stakeholders.	Hospitals and EMS agencies rely on the data analysis Trauma Epidemiologist to support quality improvement and improve trauma patient outcomes. Without these data services, the trauma system will lack information necessary for quality improvement activities and jeopardize patient health outcomes.
Eliminate the miscarriage management program	\$196	0.0	A multidisciplinary training program that helps clinical sites integrate miscarriage management into primary care. Promotes evidence-based outpatient uterine evacuation and assists clinical sites to achieve success in full implementation of medication and services for miscarriage.	Eliminate program.	Loss of a training program which provides a full-spectrum miscarriage care with systems approach: didactic, experiential, and hands-on learning with the entire team involved in patient care.
Reduce public disclosure funding	\$181	0.0	Originally provided to support a new public disclosure request system that was not used but remains in carry forward level.	Funding is not used currently.	The COVID-19 pandemic has brought an increase in PDRs. DOH may need this funding to bolster PDR fulfillment activities.

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Reduce administrative support for the emergency and trauma care system	\$126	0.7	Provides operational leadership and administrative support for the EMS, trauma, cardiac and stroke system. Assures access to emergency care. It is a continuum of care from prevention, education, training, licensure, hospital trauma designation, quality improvement and rehabilitation.	Eliminate an Administrative Assistant 3 position (0.7 FTE), which processes EMS training courses and instructor applications; provides support for over ten committees and workgroups; manages appointments/reappointments to the Statewide EMS and Trauma Steering Committee and eight Regional Councils, and processes adverse events notifications and root cause analyses from hospitals.	Loss of this position means certain functions will cease (e.g., processing adverse event notifications) and others will be shifted to other staff in higher job classifications.
Reduce licensing and training contracts for emergency medical/trauma regional councils	\$122	0.0	Contracts with eight EMS and Trauma Care (EMSTC) Regional Councils to promote a regional system of emergency medical and trauma care services. The councils bring together local EMS Councils and other partners representing medical, prehospital, fire, injury and illness prevention, public health, emergency preparedness and response, law enforcement to improve the regional system.	This reduction would result in a ten percent reduction in each of the eight EMS and Trauma Regional Council contracts. A reduction in funding would limit the Councils' ability to convene partners to work on regional planning activities from injury prevention to EMS training.	The Regional Councils will have fewer resources to accomplish activities such as injury prevention and EMS training. They may have to reduce administrative staffing levels.
Reduce administrative costs	\$120	0.0	Support Health Systems and Quality Assurance, Office of the Assistant Secretary activities across the division.	Funding provides a safety net to cover unexpected shortfalls or one-time spending.	A reduction in funding reduces or eliminates HSQA safety net which is used to cover one-time, unexpected costs such as AG charges. This increases financial risk in the division. \$50k of the FY21 budget will be permanently shifted to Trauma Data.
Eliminates funding for the Public School Concussion Reporting System	\$110	0.4	Collects and reports public school-related concussion data starting in the 2022-2021 school year as required by Chapter 347, Laws of 2020 (ESHB 2731). DOH must collect information about each diagnosed concussion sustained by a student during athletic and other activities.	Eliminates system.	DOH will not be able to comply with the requirements of the bill. System for collecting data will not be developed. Reports regarding diagnosed concussions in public schools would not be able to be reported.
Reduce the Area Health Education Centers contracts	\$84	0.0	Contracts with Area Health Education Center (AHEC) of Western WA, Eastern WA AHEC, and WA State American Indian Health Commission. AHECs coordinate/provide health professional educational/continuing education programs, assist in developing/operating health personnel recruitment and retention programs, and provide healthcare transformation expertise to rural delivery systems.	Reduce contracts with the AHECs and AIHC by 10 percent. This would decrease contributions to workforce strategies to recruit to rural and underserved settings and support workforce retention through education that is rural focused and designed to decrease rural provider isolation. The AIHC would be less able to perform their duties under statute.	The program will have to scale back activities that recruit and support retention of rural health providers. This in turn threatens the supply of rural providers and this can lead to further inequities in access to healthcare in rural communities which can magnify the current disparities in health status.

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Reduce planning and reporting for Medicaid rural populations	\$43	0.2	Under an agreement with HCA, this program plans, performs, and reports activities focused on Medicaid populations, including work to recruit providers for rural and underserved communities (e.g., through the J-1 Visa Waiver program and loan repayment), Health Professional Shortage Area (HPSA) analysis, and epidemiological projects focused on workforce to serve Medicaid residents in rural communities.	Hold a Health Services Consultant 3 position vacant. The funding from the position is reallocated to other FTEs that are stressing federal grant budgets. The would prevent spending on other key objectives and activities based on federal grant priorities.	A reduction in GF-State will result in a corresponding reduction in federal funding. There will be negative impacts on our federal grant budgets that will have to fill in the deficits this reduction will create. Ability to perform the Health Professional Shortage scores required by federal grants will be impacted as the position was vacant to take some of the duties and reallocate funds to a contract.
Reduce Washington Emergency Medical Services Information System (WEMSIS)	\$24	0.2	Involves collection of EMS data for the standardized statewide prehospital EMS database. Data is used for targeted surveillance, analysis, QI and research activities to improve EMS care and patient outcomes. Provides data to acute care hospitals and over 200 EMS services. New legislative reporting requirements will require submission from all EMS services in Washington (over 400).	Reduce full-time Health Services Consultant 3 position by 0.2 FTEs, which manages a software contract; provides training/ tech assistance to EMS agencies; reviews, analyzes, and reports data; manages reporting systems and surveillance reports; maintains online reporting system for EMS, hospitals and other partners; manages adherence to national standards and reporting; and uses data to develop best practices.	This reduction would result in limited services to customers and partners in the form of training, tech assistance, new agency onboarding, resolving system errors, and maintaining online reporting systems including direct submission to the system.
Eliminate Answers for Special Kids hotline	\$20	0.0	Contract to WithinReach for the Answers for Special Kids (ASK) hotline for parents of medically needy children with concerns about child health/development. Systems integration to improve connections to medical homes, prevent illness and injury and improve access to health benefits, resources and information.	Reduce contract.	Minimal impacts
Reduce administrative costs	\$14	0.1	Supports daily operations for the Office of Community Health Systems, including office budget management, contracting, grants, HR, procurement, and general administrative activities.	Reduce a Administrative Assistant 3 position to 0.70 FTE.	This position is currently vacant and the majority of the work has been absorbed by the remaining staff.
Reduce charity care administration	\$10	0.0	Responsible for rule making and monitoring related to charity care, and is required to report to legislature and the Governor on an annual basis.	No activities would be impacted by this reduction.	A reduction of this funding would shift these costs to the Hospital Data Collection Account (Fund 002).