



Proposed Legislation and Budget Packages

2019



Public Health Legislation and Budget Packages

Tobacco 21

No Fiscal Impact

Tobacco continues to be the leading cause of preventable death and disease. This legislation focuses 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 products will stay at 18.

Comprehensive Tobacco and Vapor Product Prevention and Control

\$32.3 million – GFS

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 designed 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.

Suicide Prevention Statewide System

TBD

Rates of suicide are on the rise throughout the nation. The state's rate of deaths by suicide is 11 percent higher than the national rate. The Washington State Suicide Prevention Plan identified a comprehensive 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.

Alexa Silver, Policy Director
alexandra.silver@doh.wa.gov | 360.236.4066

Ryan Black, Budget Manager
ryan.black@doh.wa.gov | 360.236.4530

Sexually Transmitted Disease (STD) Modernization Effort

No Fiscal Impact

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.

Vital Records Law Modernization

\$400,000 – GF-Local

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.

Washington Nutrition Incentives

\$4.1 million - GFS

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.

Women, Infants and Children (WIC) Breastfeeding Peer Counseling

\$1.8 million – GFS

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.

State Dental Director

\$436,000 – GFS

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.

Maternal Mortality Review Panel Extension

\$838,000 – GFS

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 Review Report, and incorporate recommendations from previous reports into law.

Community Health Worker (CHW) Task Force

\$1.1 million – GFS

The Community Health Worker 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.

Newborn Screening Pompe and MPS 1

\$1.7 million – GF-Local

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.

Newborn Screening X-ALD Shortage

\$332,000 – GF-Local

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.

Healthcare Provider and Other Proposed Legislation

Prescription Monitoring Program (PMP) and Opioid Prescribing

\$936,000 – GFS

Under new rules required by House Bill 1427 (2017) that take effect fall 2018, all prescribers will be mandated to utilize the PMP when prescribing opioids. The PMP enables eligible providers to check a patient's prescription history, which can identify patients who may be at risk for overdose. Currently, only 30 percent of opioid prescribers use the PMP. In order to support expanded utilization of the PMP, additional funding is needed for additional staff to provide PMP user support to healthcare providers who prescribe opioids.

Improve Health Profession Licensing

\$2.0 million – Fund 02G

The department requests an ongoing appropriation to maintain an improved customer service level for healthcare 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.

Healthcare Enforcement and Licensing Modernization Solution (HELMS)

\$8.0 million – Fund 02G

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 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.

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Critical Health Systems Continuity of Operations

\$2.7 million - GFS

As a first responder, the department must ensure Continuity of Operations (COOP) to accomplish the most important parts of that mission with minimal disruption in almost any circumstance. The department is currently evaluating opportunities to migrate from its existing alternate site to the state data center (WaTech) alternate site for disaster recovery. This proposal will build on those efforts and support recovery of IT infrastructure and systems required for life/safety in the event of catastrophic earthquake, disease epidemic/pandemic, terrorism (including cyber-terrorism), or severe storm resulting in sustained power outage or facility loss.

State Data Center

\$1.6 million – GFS

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.

Electronic Prescribing

No Fiscal Impact

This proposed legislation removes statutory language requiring approval by the Pharmacy Quality Assurance Commission of electronic transmission systems used to communicate prescription 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 regulatory 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 information must be shared on a prescription.

Non-Resident Pharmacy

No Fiscal Impact

Current law would be amended to allow the Pharmacy Quality Assurance Commission (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 satisfactory 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.

Modifying Medical Marijuana Funding

\$1.6 million – Fund 315

The medical marijuana database is currently financed from the Health Professions 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.

Prescription Monitoring Program (PMP) Vendor Evaluation

TBD – GFS

Washington's Prescription Monitoring Program (PMP) enables eligible healthcare 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 solution that provides improved functionality at a competitive price.

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