

Budget Savings Options 2020 - Department of Health

Dollars in Thousands

Agency:

Agency Priority	Impact 1-5	Program/Activity	Proposed Reduction to GF-State				Proposed Reduction to Other Funds				FTE Change		Brief Description and Rationale	Effective Date (MM/YY)	Impacts of Reductions and Other Considerations	Law/Reg. Change Required (cite)	
			FY 20	FY 21	FY 22	FY 23	Fund	FY 20	FY 21	FY 22	FY 23	FY 20					FY 21
M	1	Agency Undespend Due to COVID-19	\$ 422	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	As the focus of the agency was redirected to COVID-19 response activities, normal work slowed. This created unintentional savings in FY20.	7/19 to 6/20 (FY20 only)	No impacts	None
H	5	Office of Drinking Water - State Revolving Fund Loan Program - GF-State Match	\$ 583	\$ 580	\$ 580	\$ 580	None	\$ -	\$ -	\$ -	\$ -	-	-	This is Capital funding that supports the federal match of funds for drinking water infrastructure. We had more GFS than was needed for state match.	7/19 ongoing	Reduces amount of funding for drinking water infrastructure loans.	None
M	1	Pesticide Application Safety Program	\$ 35	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	In person meetings and associated travel costs are not being incurred due to Stay Home Stay Healthy. There are also delay in the progress of committee and workgroup activities as a result of COVID-19.	7/19 to 6/20 (FY20 only)	No impacts	None
M	1	Lead Case Management	\$ 100	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Local Health Jurisdictions may not be able to spend all contracted funding for Lead Case Management activities due to Stay Home Stay Health and COVID-19 response activities.	7/19 to 6/20 (FY20 only)	No impacts	None
M	5	Office of Drinking Water - Computer Replacements	\$ 122	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Approximately 66 new laptops for ODW Staff. Several years ago, a large number of ODW laptops were replaced simultaneously, all of which were scheduled for cyclic replacement. They were charged to GF-S but can be moved to federal funds and water systems fees that are available and can cover this one-time expense.	7/19 to 6/20 (FY20 only)	Costs can be shifted to 03R (Operating Permit Fees) and 04R (DWSstate Revolving Fund set-asides). Will reduce our ability to provide contracts to Public Water Systems from our set-asides.	None
L		Air Ambulance	\$ -	\$ 16	\$ 16	\$ 16	None	\$ -	\$ -	\$ -	\$ -	-	-	While fiscal impacts to DOH existed in an earlier version of the bill, the enacted bill removed DOH impacts. This funding is no longer needed.	7/20	No impacts	None
M	1	Marijuana Prevention & Education Media Campaign	\$ 400	\$ 1,311	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	The \$400,000 unspent funds returned back to the Marijuana Prevention & Education Program (MPEP) were earmarked for the statewide media vendor, GMMB. MPEP & GMMB recommended the following activities for the amended SOW. We have provided an analysis of each activity & our recommendation for how to proceed if DOH decides to cut this budget before amending the contract. The demograph of those who smoke could have higher risk of COVID-19 impact and may need additional communication. 50% reduction to the media campaign in FY21.	7/19 to 6/21 (FY20 & FY21 only)	A budget reduction of nearly 50% would prevent us from reaching all of our audiences. We would not continue any efforts to reach the adult consumer audience, 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.	None
M	1	Diabetes Prevention Program	\$ 8	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Projected underspending for program services	7/19		None
H	1	Youth Suicide Prevention	\$ 8	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Projected underspending for program services	7/19		None
M	1	Maternal Mortality Review	\$ 27	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Projected underspending for program services	7/19		None
H	1	Crisis Hotline	\$ 200	\$ -	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Projected underspending for program services	7/19		None
H	5	HIV Client Services	\$ 840	\$ 870	\$ 870	\$ 870	None	\$ -	\$ -	\$ -	\$ -	-	-	Unanticipated drug rebate revenue was received from manufacturers. Rebates are generated from the purchase of HIV medications. The additional rebate revenue received could be used to offset general fund state.	7/20	No impacts. Fund swap.	None
L	2	Death with Dignity	\$ -	\$ 38	\$ 38	\$ 38	None	\$ -	\$ -	\$ -	\$ -	-	-	Under the Death with Dignity Act, the Department of Health collects information from healthcare providers, reviews this information for compliance with reporting requirements, contacts the healthcare provider if the information is incomplete or inadequate, and produces an annual statistical report. The information collected from healthcare providers is not a public record and will only be released as summarized data in the annual statistical report.	7/20	Inability to provide annual report if program was cut.	RCW 70.245.150
H	4	Office of Drinking Water Program - GF-State	\$ -	\$ 650	\$ 650	\$ 650	None	\$ -	\$ -	\$ -	\$ -	-	-	Reduce 30% of Office of Drinking Water GF-S by replacing it with other fee based program revenue.	7/20	Can be backfilled with fee account. Will require a fee increase to sustain this transfer long term. This impacts the support we are able to provide local public health jurisdictions and technical and financial support for all size water systems. Staff can be moved to 03R (fees) and 04R(DWSRF grant) where there are positive projected cash balances. This will eliminate some potential grants to public water systems as well as prevent ODW from hiring additional positions.	None
M	2	Lead Testing in Schools	\$ -	\$ 500	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	3.1	The savings will be met by eliminating year 2 of the program, which the legislature allocated \$500,000 for. No additional schools will be sampled.	7/20	Stop testing school drinking water for lead. Will result in FTE reduction in EPH and DCHS (PHL). Students with elevated lead in drinking water will be impacted.	None

M	2	Local Support to Reduce Risks in Schools	\$ -	\$ 128	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	0.7	All dollars go toward funding FTE, so shifting FTE out of the program would be the only way to meet the savings. Funding for program is 100% GFS.	7/20	Staff help local health jurisdictions and schools identify and correct health and safety issues associated with school environments through rule and guidance development, training, technical assistance and consultations. Students, staff and school administrators could be adversely impacted and local health would be without a central expert coordinating school siting, construction and inspection issues. The work of this program has increasing importance and relevance related to the 20-21 school year in terms of reducing risk of disease transmission, participating in related tasks forces and developing guidance.	None
H	1	Climate Change	\$ -	\$ 128	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	1.0	Savings would be realized through an FTE reduction.	7/20	Negative impact to communities throughout Washington due to loss of expertise and capacity to plan for and respond to climate change threats. Reduced capacity for country climate profiles and support of climate change work at the local level.	None
H	1	Rural Health Program	\$ -	\$ 70	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	The Washington Area Health Education Centers (AHECs) work to improve the supply, distribution, retention and quality of primary care and other health practitioners in medically underserved areas. The American Indian Health Commission (AIHC) improves the health status of American Indian (AI) and Alaska Native (AN) people through activities designed to promote health and equity, and eliminate AI/AN health disparities.	7/20	A reduction of 15% would likely limit the work of the two Washington Area Health Education Centers (AHECs) and the American Indian Health Commission. The consequence could be decreased contributions to workforce strategies related to drawing rural youth to health professions, training for college students in health professions and strategies to recruit them to rural and underserved settings and supporting workforce retention through education that is rural focused and design to decrease rural provider isolation.	None
M	1	WA Poison Control Center	\$ -	\$ 212	\$ 212	\$ 212	None	\$ -	\$ -	\$ -	\$ -	-	-	WAPC is a statewide poison information system in Washington established in RCW 18.76.30. Their mission is to reduce injury associated with overdose and poisoning incidents by providing emergency telephone assistance and treatment referral to victims of such incidents.	7/20	A reduction of 15% to the Washington Poison Center (WAPC) would likely reduce services provided to the public and healthcare professionals.	None
M	2	Hospital Association Infections	\$ -	\$ 750	\$ -	\$ -	None	\$ -	\$ -	\$ -	\$ -	-	-	Proviso pass through contract to Tacoma Pierce County Health Department for reducing preventable hospitalizations for: * Improving access to preventable services for depression, alcohol, tobacco and drug use. * Increasing access to various vaccines for homeless, uninsured and under-insured community members. * Implement evidence-based screening. * Improve data sharing with community partners.	7/20	Reduces contract to Tacoma-Pierce County Health Department which will not allow them to continue with this activity. Funding does not carry forward to 21-23 biennium.	None
M	2	Student Head Injury	\$ -	\$ 55	\$ 55	\$ 55	None	\$ -	\$ -	\$ -	\$ -	-	0.4	Eliminates Public School Concussion Reporting System	7/20	System for collecting data will not developed. Public schools will not be able to report student head injuries. Reduces salary.	None
H	2	Yakima Valley Radio Campaign	\$ -	\$ 400	\$ 400	\$ 400	None	\$ -	\$ -	\$ -	\$ -	-	-	Opioid /Overdose Prevention Public health spanish speaking radio/outreach campaign which ends 6/30/2021	7/20	Required report will not be written/submitted; Radio station outreach campaign will end.	Chapter 357, Laws of 2020, 6168(221)(8)
H	3	Maxillofacial	\$ -	\$ 157	\$ 157	\$ 157	None	\$ -	\$ -	\$ -	\$ -	-	-	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.	7/20	Loss of coordinated care for children with cranial facial disorders provided by four clinics. Reduces contracts and would impact 680-700 individuals.	None
H	3	Neurodevelopmental Centers	\$ -	\$ 652	\$ 652	\$ 652	None	\$ -	\$ -	\$ -	\$ -	-	-	Funds medical infrastructure for NDCs, and system capacity development such as telehealth, so that parents/ caregivers of est. 19,555 medically needy children (Children with Special Healthcare Needs) can access medical services including diagnosis, treatment and referral services. COVID created lack of school based services will likely require age-range and capacity expansion. Also provides data collection for medically needy child health disparities by race/community/ other demographic, as required by Maternal Child Health Block Grant.	7/20	19,555 medically needy children would lose care coordination and speciality services provided by 19 NDCs.	None
H	1	Family Planning	\$ -	\$ 2,114	\$ 2,114	\$ 2,114	None	\$ -	\$ -	\$ -	\$ -	-	-	Funds for reproductive health and related preventive health services with a focus on low-income and uninsured persons. Works with reproductive care providers across the state to deliver these services. 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 (LARC). The federal rule changes conflicted with Washington health care, equity and privacy laws and required Washington to refuse federal funds During the 2020 Washington State Legislative session, the legislature allocated \$4.2 M in federal backfill for Family Planning services to cover the gap created by this rule change.	7/20	16,268 clients without access to services and a reduction to clinical operations with the potential for some clinics having to close. Reduces contracts.	None

H	1	Tobacco-Vape and Marijuana Prevention	\$ -	\$ 966	\$ 966	\$ 966	None	\$ -	\$ -	\$ -	\$ -	-	5.0	Combines the Tobacco-Vape Unit and Marijuana Units in Community Based Prevention to achieve efficiencies in management of shared regional and priority population contractors. Maintains statewide/regional coalition structure for policy, environmental, and system work. Includes reductions to LHJ contracts.	7/20	Reduction of 5.0 FTE -- 1.0 HSCC 4, 4.00 HSC 3 (1.0 HSC 3 position retiring end of June). 6% reduction to regional/priority population contractors.	None
M	2	Dementia	\$ -	\$ 150	\$ 150	\$ 150	None	\$ -	\$ -	\$ -	\$ -	-	1.0	This is funding was received via proviso to conduct research regarding dementia and early detection and supports the agency's Healthy Brain/Healthy Aging, Alzheimer, and dementia work.	7/20	Eliminates the 1.0 FTE that supports this work which will result in: (1) no agency work related to these issues; (2) no connection to the Demential Action Collaborative of which we are currently a subcommittee chair; (3) no relationship/partnership with HCA and DSHS on these issues; and (4) no more media campaigns on these issues.	Chapter 357, Laws of 2020, 6168(221)(36)

Priority:
L = Low priority agency activity or program
M = Medium priority agency activity or program
H = High priority agency activity or program

Impact:
1 = Allows continuation of the program/activity at a reduced level
2 = Eliminates the ability to perform program objectives
3 = Eliminates agency function
4 = Long term implications (moves the problem to next biennium)
5 = Short term (reduction to one time increase)