



2013 –15 Biennium

Operating Budget

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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September 10, 2012

TO: Marty Brown, Director
Office of Financial Management

FROM: Mary C. Selecky, Secretary *Mary C. Selecky*

SUBJECT: Department of Health 2013-15 Biennial Operating Budget Submittal

I'm submitting a budget request that considers the formidable and challenging economic times and expresses a great need for public health services. We've been called to work together on long-term funding solutions, to align our priorities with fiscal responsibility, and to transform the way we do business so we can be successful now and in the future.

Our team of committed public health managers worked together to produce this budget. It's focused on the vital parts of the public health network that require the greatest attention and help families in Washington stay healthy. It does this while sizing current programs and identifying changes in federal and private/local funding that affect our work.

The budget addresses our public health priorities on major issues. The Prescription Monitoring Program gives vital information to help health care professionals make informed prescribing and dispensing decisions for their patients. The budget provides resources to help the underinsured and uninsured quit smoking. It gathers information for making smart decisions on improving the health of people in Washington, improves business operations with technological advances, and makes sure that fee-supported programs are properly aligned with program operations. Many of our programs rely on fees, so our request asks for authority to raise fees to support that work. Increased revenue in specific areas will support programs that test Washington-born babies for treatable disorders, and protect public safety by regulating health care professionals.

We must assure that the public health network continues to meet the changing needs of our state. I believe our 2013-15 biennial budget request is a sensible plan that reflects our public health values. I look forward to discussing these issues.

Attachment

cc: Ryan Black, Office of Financial Management



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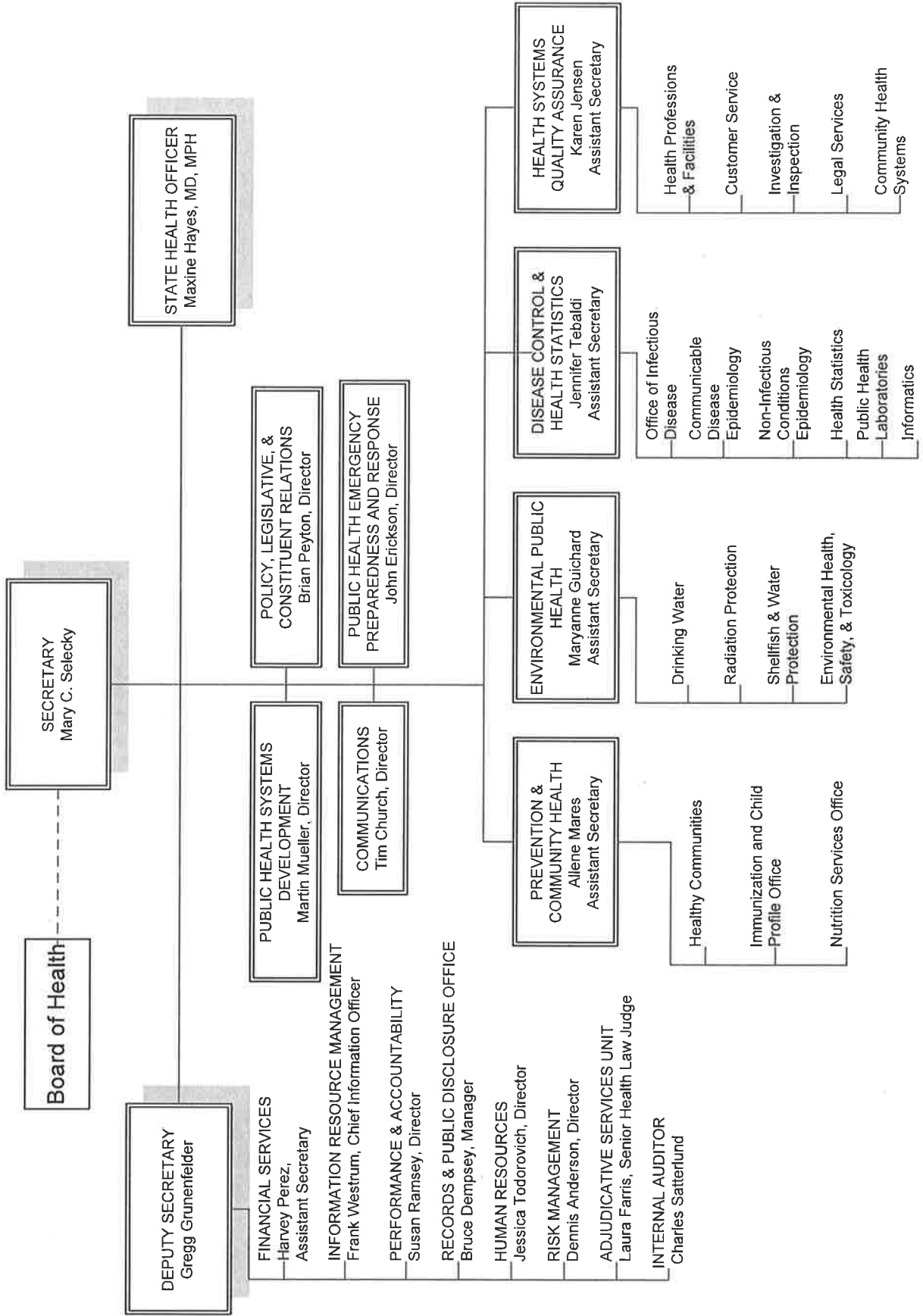
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TAB A
Agency Information

Department of Health

Organizational Chart • September 2012



303 - Department of Health

A001 Department of Health Administration

Department of Health administration manages the day-to-day operations and leadership functions of the agency. Staff in this area provides executive leadership, policy development and review, financial services, computer and information technology services, personnel services, communications, and safety and emergency management support for the agency's programs.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$26,000	\$26,000	\$52,000

Program 010 - Epidemiology, Health Statistics, and Public Health Laboratory

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	0.9	0.9	0.9
001 General Fund			
001-7 Private/Local	\$70,000	\$70,000	\$140,000

Program 090 - Administration

Account	FY 2014	FY 2015	Biennial Total
FTE			
14J-6 Non-Appropriated	0.0	(0.4)	(0.2)
996-Z Other	26.8	24.6	25.7
001-1 State	171.7	185.2	178.5
214-6 Non-Appropriated	0.1	0.1	0.1
FTE Total	198.6	209.5	204.1
09L Nursing Resource Center Account			
09L-6 Non-Appropriated	\$8,000	\$8,000	\$16,000
608 Accident Account			
608-1 State	\$16,325	\$16,018	\$32,343
14J Ambulatory Surgical Facility Account			
14J-6 Non-Appropriated	\$40,254	\$50,475	\$90,729
02R Aquatic Lands Enhancement Account			
02R-1 State	\$13,831	\$13,078	\$26,909
15M Biotoxin Account			
15M-1 State	\$57,512	\$57,673	\$115,185
05R Drinking Water Assistance Administrative Account			
05R-1 State	\$21,275	\$22,274	\$43,549
04R Drinking Water Assistance Account			
04R-2 Federal	\$754,851	\$520,695	\$1,275,546
04R-8 Federal Stimulus	\$21,798	\$(234,233)	\$(212,435)
04R Account Total	\$776,649	\$286,462	\$1,063,111
03C Emergency Medical Services and Trauma Care Systems Trust Account			
03C-1 State	\$108,908	\$104,674	\$213,582
001 General Fund			
001-1 State	\$4,770,969	\$4,904,472	\$9,675,441
001-2 Federal	\$8,041,709	\$9,352,340	\$17,394,049

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Program 090 - Administration

Account	FY 2014	FY 2015	Biennial Total
001-7 Private/Local	\$3,780,632	\$2,487,210	\$6,267,842
001-8 Federal Stimulus	\$196,664	\$23,479	\$220,143
001 Account Total	\$16,789,974	\$16,767,501	\$33,557,475
02G Health Professions Account			
02G-1 State	\$4,845,539	\$4,717,131	\$9,562,670
002 Hospital Data Collection Account			
002-1 State	\$(2,069)	\$4,472	\$2,403
202 Medical Test Site Licensure Account			
202-1 State	\$81,191	\$75,328	\$156,519
609 Medical Aid Account			
609-1 State	\$2,885	\$2,560	\$5,445
319 Public Health Supplemental Account			
319-7 Private/Local	\$(4,459)	\$18,448	\$13,989
03R Safe Drinking Water Account			
03R-1 State	\$302,633	\$180,302	\$482,935
125 Site Closure Account			
125-1 State	\$8,857	\$8,857	\$17,714
173 State Toxics Control Account			
173-1 State	\$299,352	\$103,253	\$402,605
214 Temporary Worker Housing Account			
214-6 Non-Appropriated	\$13,000	\$13,000	\$26,000
16G Universal Vaccine Purchase Account			
16G-6 Non-Appropriated	\$477,601	\$535,893	\$1,013,494
04W Waterworks Operator Certification			
04W-1 State	\$53,282	\$53,014	\$106,296
235 Youth Tobacco Prevention Account			
235-1 State	\$12,455	\$21,113	\$33,568

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Improve healthy behaviors

Expected Results

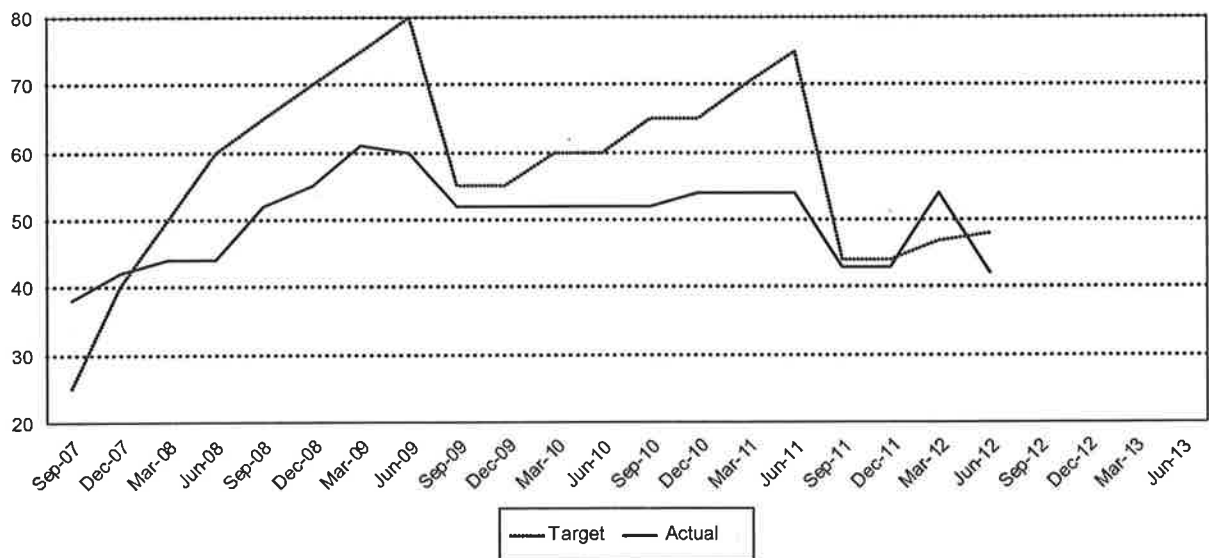
Leadership and organizational support ensure a reliable and responsive public health network.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

000924 Percentage of critical health technology systems with supporting disaster recovery plans.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	42%	48%
	Q3	54%	47%
	Q2	43%	44%
	Q1	43%	44%
2009-11	Q8	54%	75%
	Q7	54%	70%
	Q6	54%	65%
	Q5	52%	65%
	Q4	52%	60%
	Q3	52%	60%
	Q2	52%	55%
	Q1	52%	55%

Performance Measure Status: Approved

Percent 000924 - Critical Health Technology Systems with Supporting Disaster Recovery Plans

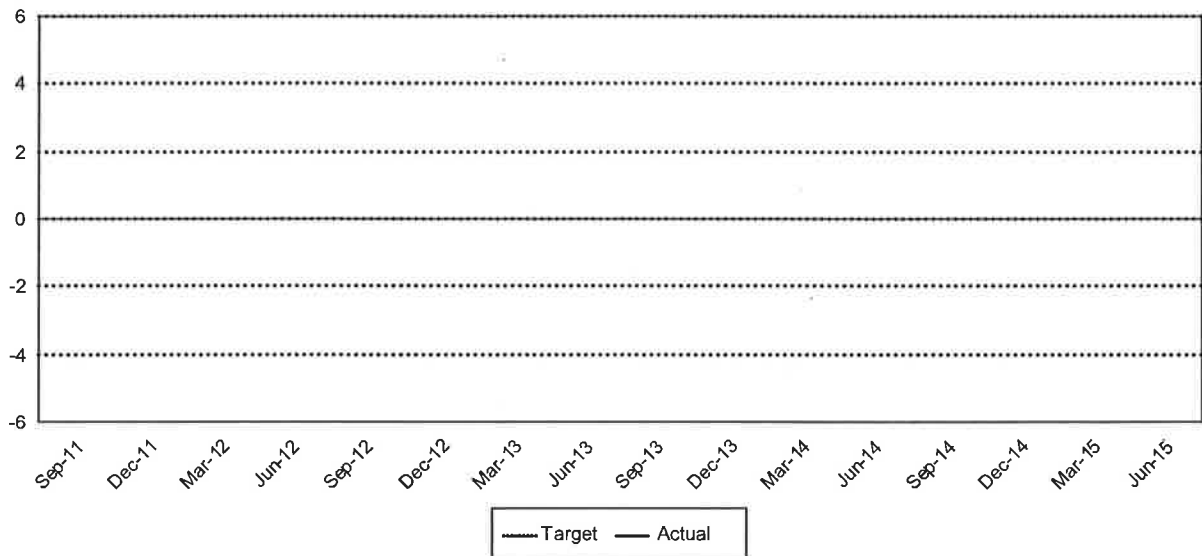


Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

002356 Increase number of sub-recipient contracts that comply with federal invoicing requirements to include object level expenditure information.			
Biennium	Period	Actual	Target
2013-15	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2		
	Q1		
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2		
	Q1		

Performance Measure Status: Draft

Number **002356 - Number of sub-recipient contracts that comply with federal invoicing requirements**

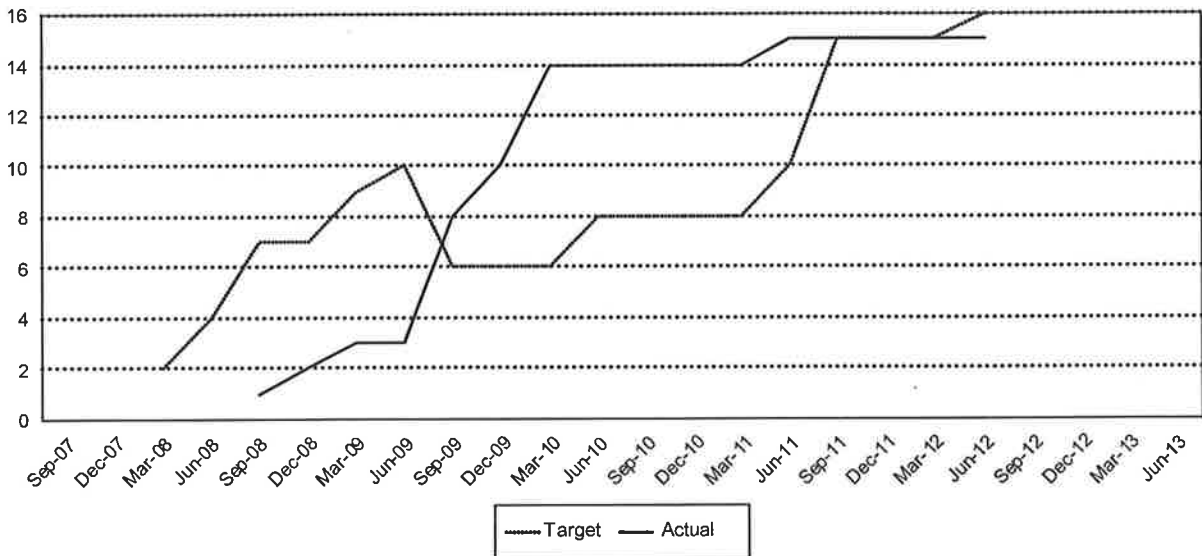


Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submitted Sort By: Activity

000922 Number of technology systems supporting critical health programs which are mirrored at an alternate site.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	15	16
	Q3	15	15
	Q2	15	15
	Q1	15	15
2009-11	Q8	15	10
	Q7	14	8
	Q6	14	8
	Q5	14	8
	Q4	14	8
	Q3	14	6
	Q2	10	6
	Q1	8	6

Performance Measure Status: Draft

Number 000922 - Technology Systems Supporting Critical Health Programs Mirrored at an Alternate Site



A002 Prevent Chronic Disease

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Prevention is the cornerstone of public health. The Department of Health works through many channels to provide public health promotion resources, materials, and evidence-based strategies to educate and inform the public on how to be healthy and prevent disease. The Department provides technical assistance in community planning with the goal of making the healthy choice the easy choice. Activities include tobacco prevention and control; promotion of regular physical activity and proper nutrition; chronic disease prevention and disease management strategies; cancer prevention and control; and cardiovascular disease prevention and control.

Program 070 - Community and Family Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	11.1	11.2	11.2
001-1 State	11.4	11.4	11.4
FTE Total	22.5	22.6	22.6
001 General Fund			
001-1 State	\$2,206,343	\$2,192,475	\$4,398,818
001-2 Federal	\$4,128,064	\$10,802,265	\$14,930,329
001-7 Private/Local	\$(799,748)	\$484,870	\$(314,878)
001-8 Federal Stimulus	\$1,822,170	\$3,273,145	\$5,095,315
001 Account Total	\$7,356,829	\$16,752,755	\$24,109,584
319 Public Health Supplemental Account			
319-7 Private/Local	\$(196,456)	\$(122,154)	\$(318,610)
235 Youth Tobacco Prevention Account			
235-1 State	\$525,545	\$952,887	\$1,478,432

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Improve healthy behaviors

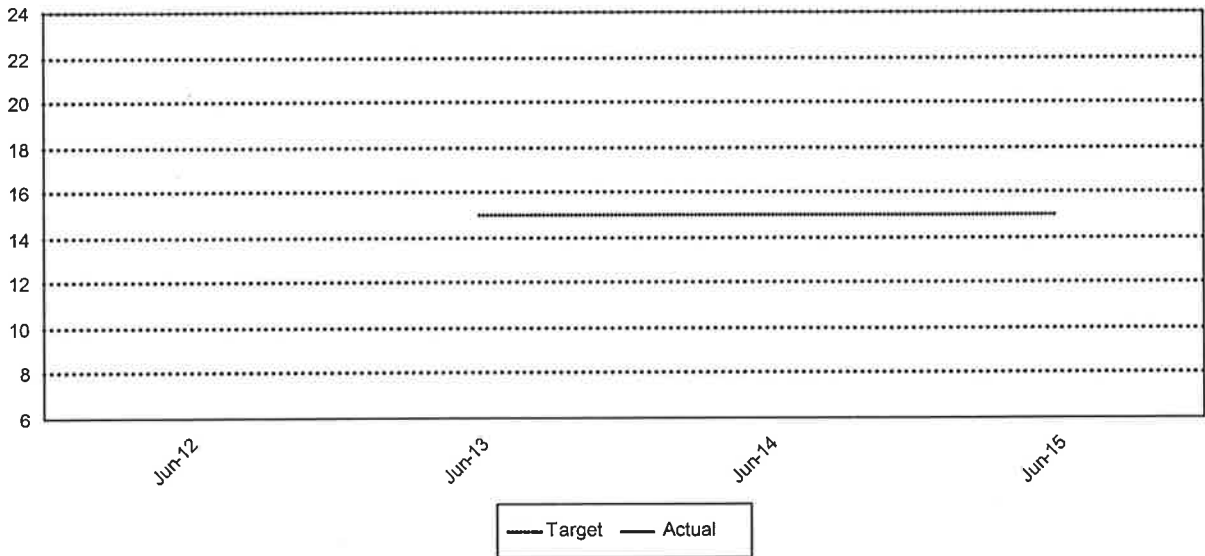
Expected Results

People have the information they need to prevent disease and injury, manage chronic conditions, and make healthy decisions.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

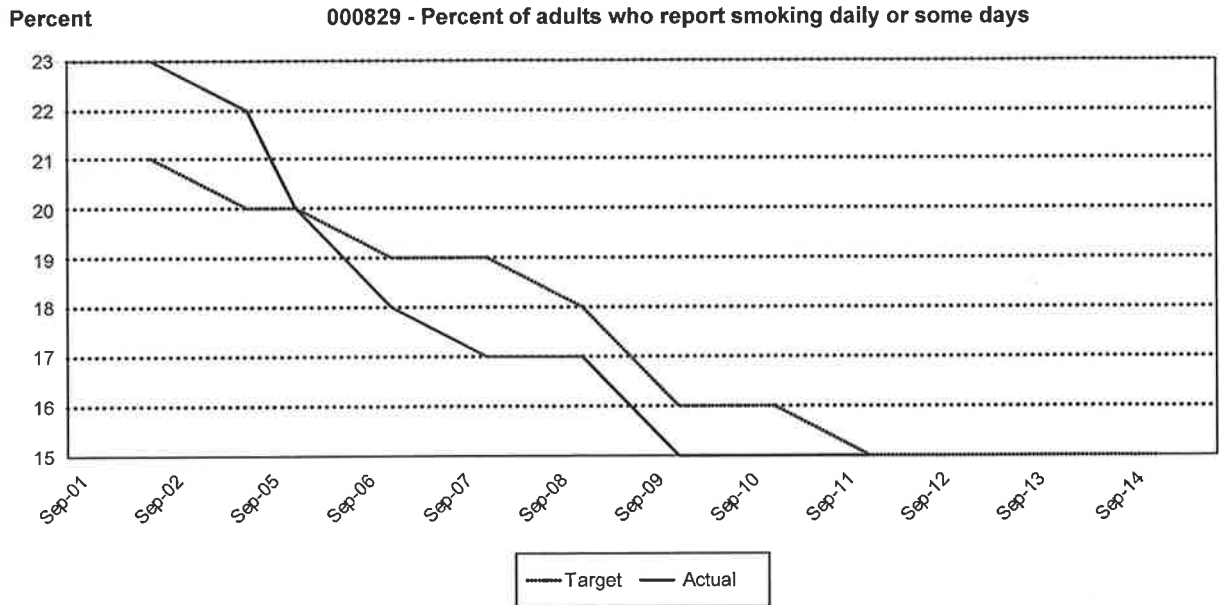
002341 Low education adults reporting smoking in the last 30 days. Percentage of Washington adults (ages 25 and older), with a high school education or less, who report smoking some days or every day.			
Biennium	Period	Actual	Target
2013-15	A3		15%
	A2		15%
2011-13	A3		15%
	A2		
Performance Measure Status: Draft			

Percent 002341 - Low education adults reporting smoking in the last 30 days



Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submitted Sort By: Activity

000829 Percent of adults who report smoking daily or some days.				
Biennium	Period	Actual	Target	
2013-15	Q8			
	Q7			
	Q6		15%	
	Q5			
	Q4			
	Q3			
	Q2		15%	
	Q1			
2011-13	Q8			
	Q7			
	Q6		15%	
	Q5			
	Q4			
	Q3			
	Q2	15%	15%	
	Q1			
2009-11	Q8			
	Q7			
	Q6	15%	16%	
	Q5			
	Q4			
	Q3			
	Q2	15%	16%	
	Q1			
Performance Measure Status: Draft				



A003 Protect Drinking Water

The Drinking Water program works with the State Board of Health, local water systems, and communities to make sure that drinking water is safe and reliable. Activities include monitoring water quality tests; conducting inspections of water systems; enforcing regulations and safety measures; assisting water systems during planning, design, and construction of new facilities and upgrades; training and certifying water system operators; and providing funding for water system improvements.

Program 020 - Environmental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	102.4	106.7	104.6
001-1 State	25.3	25.3	25.3
FTE Total	127.7	132.0	129.9
02R Aquatic Lands Enhancement Account			
02R-1 State	\$2,641	\$2,738	\$5,379
15M Biotoxin Account			
15M-1 State	\$9,628	\$9,659	\$19,287
05R Drinking Water Assistance Administrative Account			
05R-1 State	\$138,489	\$138,490	\$276,979
04R Drinking Water Assistance Account			
04R-2 Federal	\$6,331,491	\$6,587,375	\$12,918,866
04R-8 Federal Stimulus	\$(21,399)	\$(399)	\$(21,798)
04R Account Total	\$6,310,092	\$6,586,976	\$12,897,068
001 General Fund			
001-1 State	\$1,974,815	\$2,319,966	\$4,294,781
001-2 Federal	\$3,047,086	\$2,919,576	\$5,966,662
001-7 Private/Local	\$1,064,695	\$1,155,261	\$2,219,956
001 Account Total	\$6,086,596	\$6,394,803	\$12,481,399
03R Safe Drinking Water Account			
03R-1 State	\$2,736,512	\$1,839,257	\$4,575,769
125 Site Closure Account			
125-1 State	\$(430)	\$0	\$(430)
173 State Toxics Control Account			
173-1 State	\$214,193	\$226,256	\$440,449
04W Waterworks Operator Certification			
04W-1 State	\$699,192	\$696,847	\$1,396,039

Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Mitigate environmental hazards**

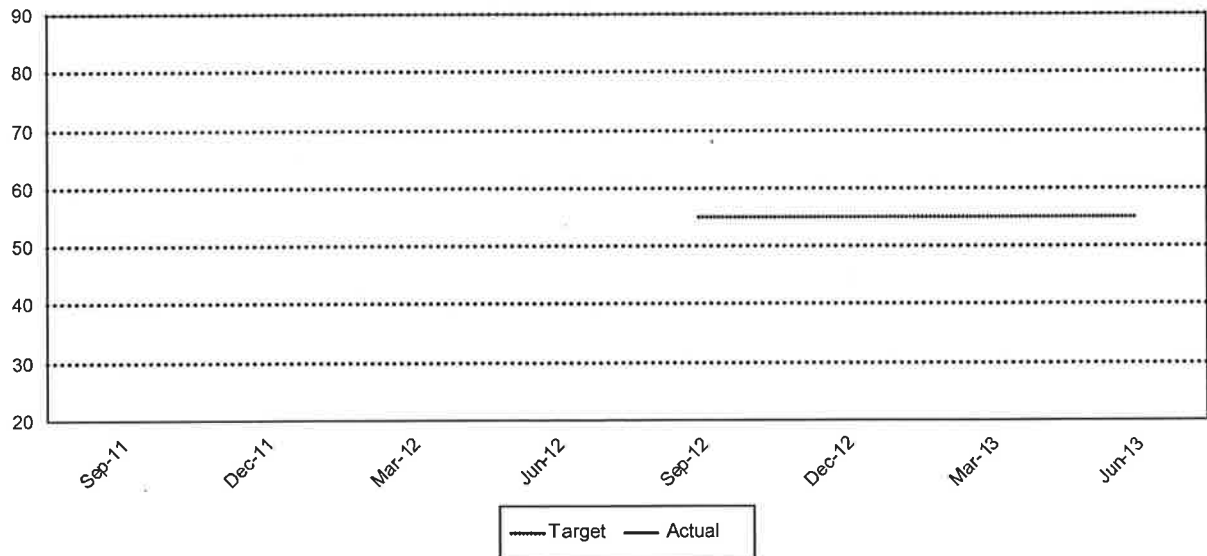
Expected Results

People using public water systems have safe and reliable drinking water.

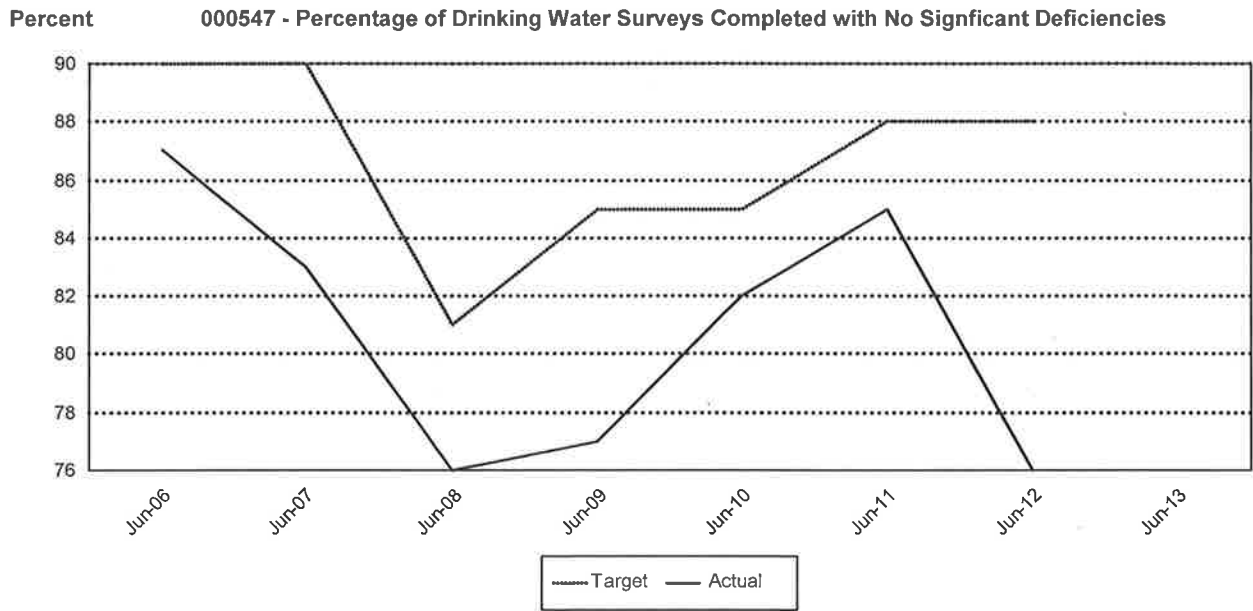
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submitted Sort By: Activity

002335 Percent of Significant Deficiencies addressed within 45 days of notification.			
Biennium	Period	Actual	Target
2011-13	Q8		55%
	Q7		55%
	Q6		55%
	Q5		55%
	Q4		
	Q3		
	Q2		
	Q1		
Performance Measure Status: Draft			

Percent 002335 - Percent of Significant Deficiencies in Drinking Water Systems addressed w/in 45 days of notification



000547 Percent of drinking water inspections completed with no significant deficiencies.			
Biennium	Period	Actual	Target
2011-13	A3		
	A2	76%	88%
2009-11	A3	85%	88%
	A2	82%	85%
Performance Measure Status: Approved			



A004 Prepare for Public Health Emergencies

Public health agencies play a key role in making sure our communities are prepared for emergencies. The Department of Health works with local health departments, hospitals, emergency managers, and others to help prepare our state for everything from natural disasters to bioterrorism threats. The Department coordinates the development of state, regional, and local public health emergency response plans as part of this work. The agency also works with emergency responders and others to provide training and exercises on topics such as mass vaccination and risk communication. The Department is improving preparedness in Washington State through a variety of activities including facilitating local, regional, state, and tribal partnerships, public education campaigns and activities, and building systems to quickly share health information.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	(3.1)	(3.1)	(3.1)
001 General Fund			
001-1 State	\$(88,933)	\$0	\$(88,933)
001-2 Federal	\$2,111,366	\$(828,378)	\$1,282,988
001 Account Total	\$2,022,433	(\$828,378)	\$1,194,055

Program 010 - Epidemiology, Health Statistics, and Public Health Laboratory

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	42.2	39.7	41.0
001-1 State	2.9	4.0	3.5
FTE Total	45.1	43.7	44.4
001 General Fund			
001-1 State	\$350	\$350	\$700
001-2 Federal	\$13,055,795	\$12,169,445	\$25,225,240
001 Account Total	\$13,056,145	\$12,169,795	\$25,225,940

Program 060 - Health Systems Quality Assurance

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	11.3	11.3	11.3
001-1 State	2.4	2.4	2.4
FTE Total	13.7	13.7	13.7
001 General Fund			
001-1 State	\$24,127	\$24,434	\$48,561
001-2 Federal	\$9,301,614	\$4,805,053	\$14,106,667
001-7 Private/Local	\$33,376	\$33,388	\$66,764
001-8 Federal Stimulus	\$2,250	\$550	\$2,800
001 Account Total	\$9,361,367	\$4,863,425	\$14,224,792
319 Public Health Supplemental Account			
319-7 Private/Local	\$6,329	\$7,200	\$13,529

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Identify and mitigate health risk factors

Expected Results

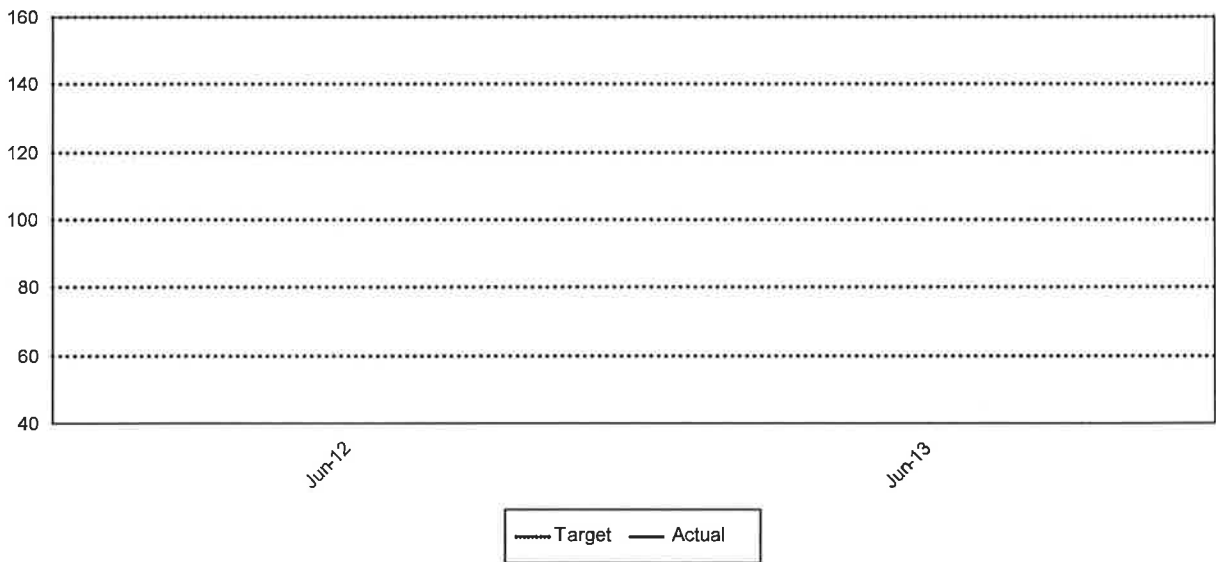
Public agencies are better equipped to help people through a public health emergency.

002339 Percent of DOH EOC trained staff that report for duty within 60 minutes of notification of activation of the agency's EOC. This measure is reported annually in September. The target is 100% of the minimum staff required.

Biennium	Period	Actual	Target
2011-13	A3		100%
	A2		

Performance Measure Status: Draft

Percent **002339 - Percent of DOH EOC trained staff that report for duty within 60 minutes of activation of the EOC**

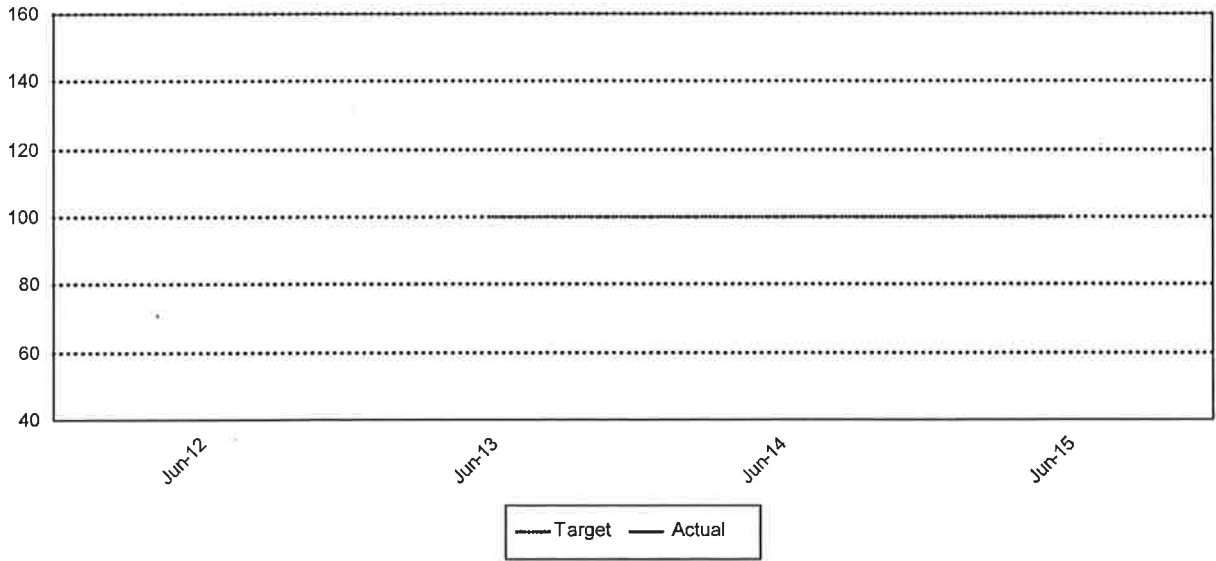


002340 Percent of LHJs confirming receipt of SECURES alerts within required timeframe of 60 minutes. The target is 100% confirmed LHJ notification verified by LHJ confirmation of receipt of notification.

Biennium	Period	Actual	Target
2013-15	A3		100%
	A2		100%
2011-13	A3		100%
	A2		

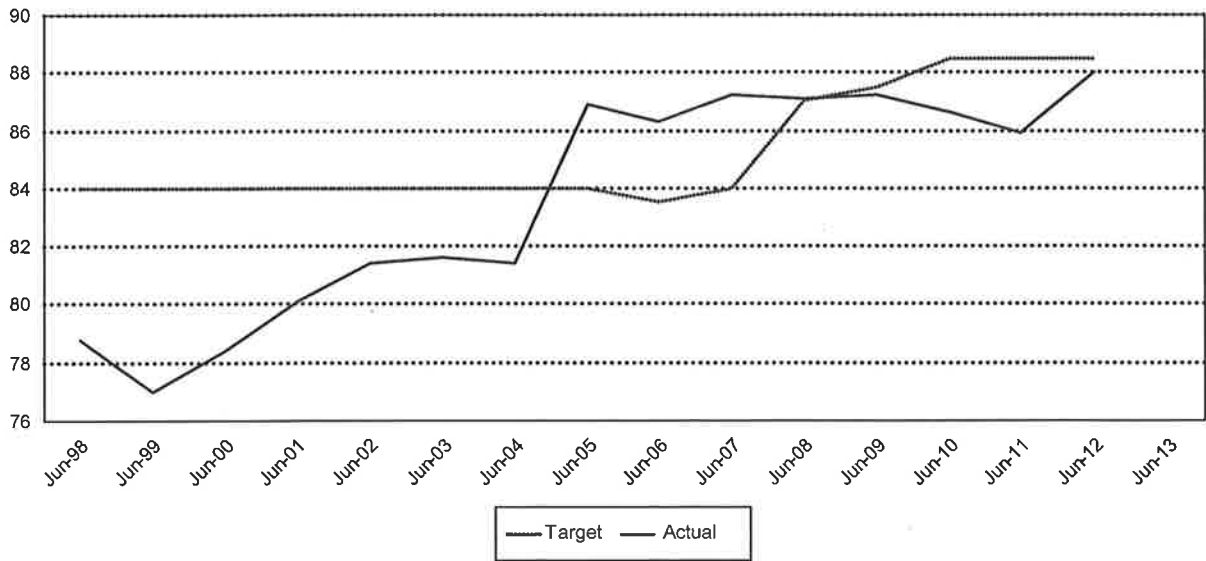
Performance Measure Status: Draft

Percent 002340 - Percent of LHJs confirming receipt of SECURES alerts within required timeframe of 60 minutes



000776 Increase the percentage of major trauma patients who survive.			
Biennium	Period	Actual	Target
2011-13	A3		
	A2	88%	88.5%
2009-11	A3	85.9%	88.5%
	A2	86.6%	88.5%
Performance Measure Status: Draft			

Percent 000776 - Percentage of Major Trauma Patients Who Survive



A005 Protect Community Environmental Health

The Department of Health works with public health partners and businesses to protect the community from hazards in the environment by educating the public about how to make and keep their environment safe and healthy; developing environmental public health standards for septic systems and swimming pools; conducting environmental surveillance and technical assistance to help the public prevent disease spread by animals; monitoring sources of radiation, radioactive materials, and radioactive waste; providing resources to clean areas that have been contaminated by dangerous materials; monitoring and preventing pesticide-related illness; and helping communities minimize or eliminate exposure to contaminants in the environment.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Program 020 - Environmental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	111.6	112.5	112.1
001-1 State	31.3	30.4	30.9
FTE Total	142.9	142.9	142.9
02R Aquatic Lands Enhancement Account			
02R-1 State	\$283,882	\$286,515	\$570,397
15M Biotoxin Account			
15M-1 State	\$9,414	\$9,445	\$18,859
05R Drinking Water Assistance Administrative Account			
05R-1 State	\$4,989	\$4,989	\$9,978
04R Drinking Water Assistance Account			
04R-2 Federal	\$146,880	\$174,339	\$321,219
04R-8 Federal Stimulus	\$0	\$234,632	\$234,632
04R Account Total	\$146,880	\$408,971	\$555,851
001 General Fund			
001-1 State	\$3,286,258	\$2,895,350	\$6,181,608
001-2 Federal	\$6,007,167	\$13,693,364	\$19,700,531
001-7 Private/Local	\$4,882,562	\$4,868,693	\$9,751,255
001 Account Total	\$14,175,987	\$21,457,407	\$35,633,394
03R Safe Drinking Water Account			
03R-1 State	\$63,357	\$34,429	\$97,786
125 Site Closure Account			
125-1 State	\$69,473	\$70,143	\$139,616
173 State Toxics Control Account			
173-1 State	\$1,332,255	\$1,479,400	\$2,811,655
04W Waterworks Operator Certification			
04W-1 State	\$15,330	\$16,452	\$31,782

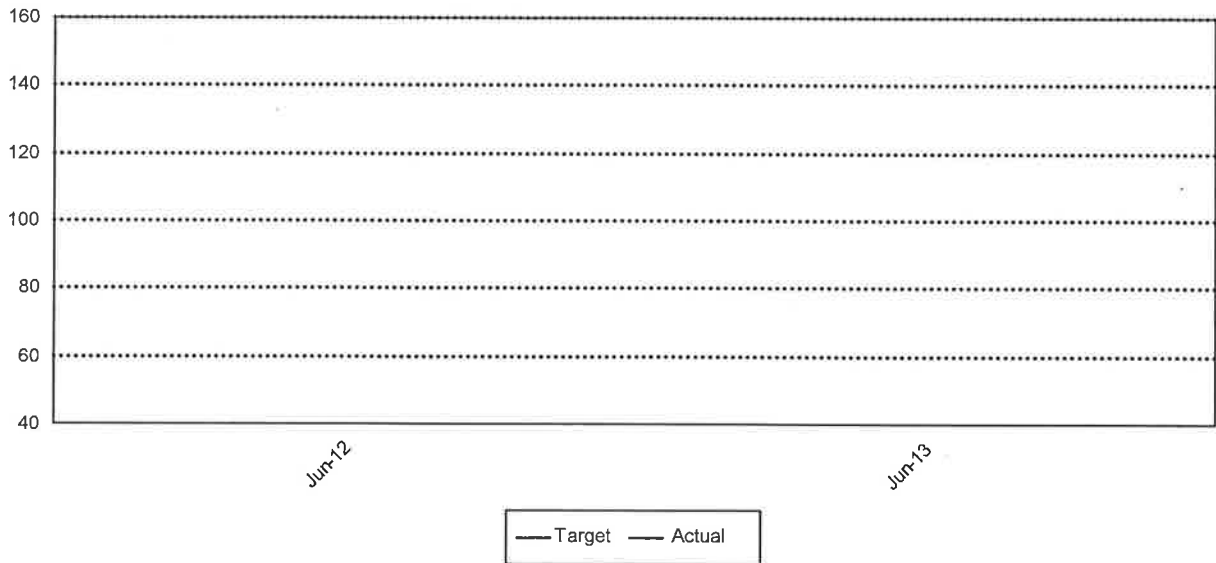
Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Mitigate environmental hazards

Expected Results

The places where people live, work and play are healthy and safe from hazards in the environment.

002337 Number of illness cases investigated for possible pesticide exposure.			
Biennium	Period	Actual	Target
2011-13	A3		100%
	A2		
Performance Measure Status: Draft			

Percent 002337 - Number of illness cases investigated for possible pesticide exposure.



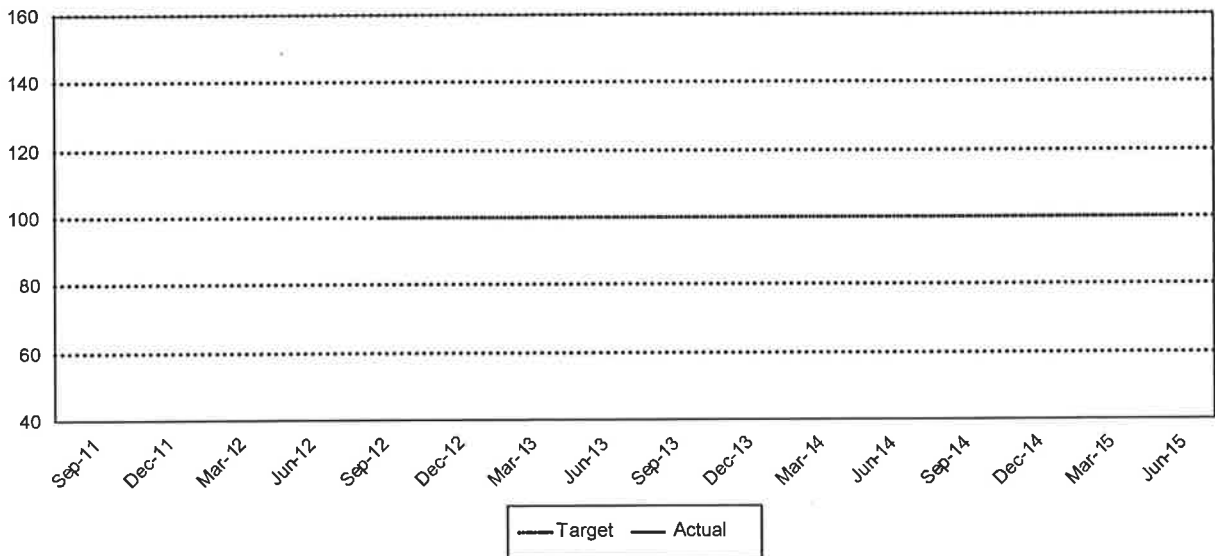
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

002359 Number of x-ray inspectins completed			
Biennium	Period	Actual	Target
2013-15	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4		100%
	Q3		100%
	Q2		100%
	Q1		100%
2011-13	Q8		100%
	Q7		100%
	Q6		100%
	Q5		100%
	Q4		
	Q3		
	Q2		
	Q1		

Performance Measure Status: Draft

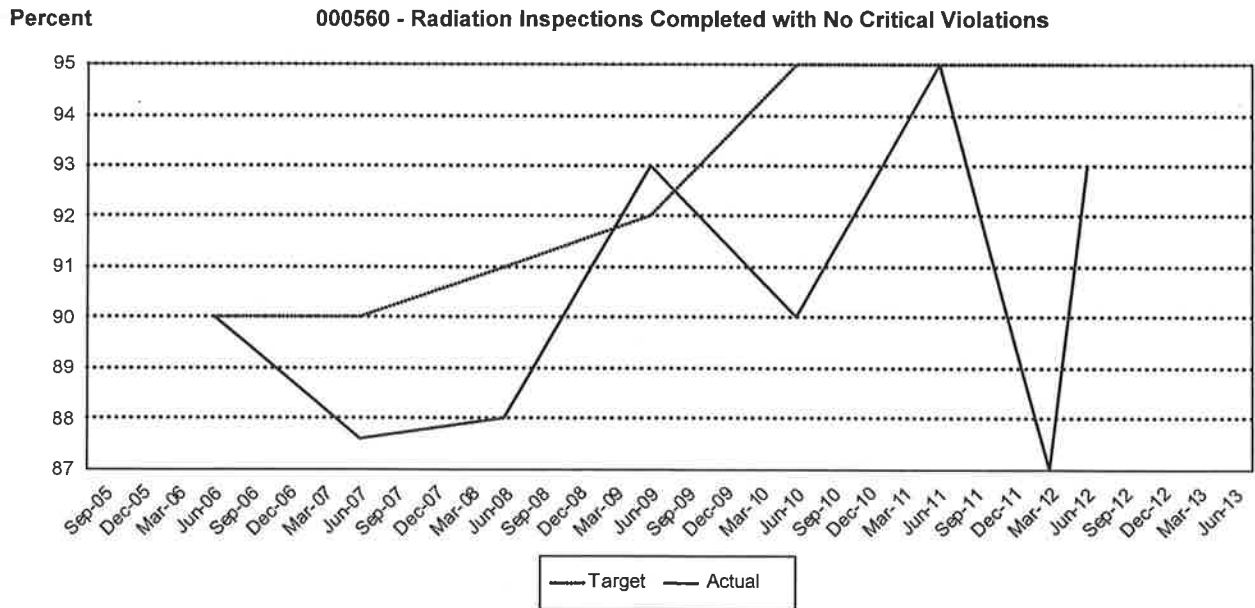
Percent

002359 - Number of X-ray inspections



000560 Percent of radiation inspections completed with no critical violations.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	93%	95%
	Q3	87%	95%
	Q2		
	Q1		
2009-11	Q8	95%	95%
	Q7		
	Q6		
	Q5		
	Q4	90%	95%
	Q3		
	Q2		
	Q1		

Performance Measure Status: Approved



A007 Ensure Shellfish and Other Foods are Safe to Eat

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

The Department of Health helps make sure that food served in restaurants and other businesses is safe to eat. The Department ensures that shellfish harvested from Washington waters is also safe to eat. Activities include monitoring local waters and beaches where shellfish grow for pollution and harmful toxins; developing public health standards for the safe sale and service of food; educating food service workers and the public on proper food safety; inspecting commercial shellfish companies; and investigating and controlling outbreaks of foodborne illnesses.

Program 020 - Environmental Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	3.8	3.6	3.7
001-1 State	27.5	29.2	28.4
FTE Total	31.3	32.8	32.1
02R Aquatic Lands Enhancement Account			
02R-1 State	\$646	\$669	\$1,315
15M Biotoxin Account			
15M-1 State	\$411,632	\$412,409	\$824,041
05R Drinking Water Assistance Administrative Account			
05R-1 State	\$1,247	\$1,247	\$2,494
04R Drinking Water Assistance Account			
04R-2 Federal	\$43,778	\$52,591	\$96,369
001 General Fund			
001-1 State	\$2,544,899	\$2,572,270	\$5,117,169
001-2 Federal	\$(2,396,849)	\$(30,597)	\$(2,427,446)
001-7 Private/Local	\$352,162	\$353,864	\$706,026
001 Account Total	\$500,212	\$2,895,537	\$3,395,749
03R Safe Drinking Water Account			
03R-1 State	\$16,498	\$10,012	\$26,510
125 Site Closure Account			
125-1 State	\$(170)	\$0	\$(170)
173 State Toxics Control Account			
173-1 State	\$17,200	\$21,091	\$38,291
04W Waterworks Operator Certification			
04W-1 State	\$4,196	\$4,687	\$8,883

Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Mitigate environmental hazards**

Expected Results

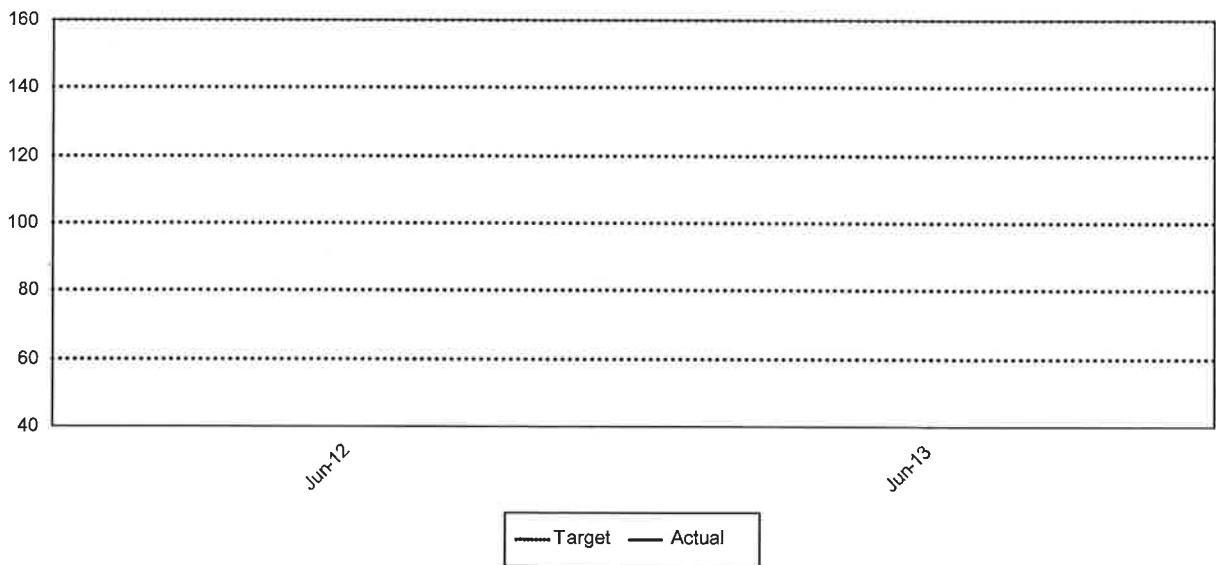
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Shellfish from Washington waters is safe to eat. Restaurants and other food businesses sell and serve food that is safe to eat.

002338 Number of water samples taken in shellfish growing areas.			
Biennium	Period	Actual	Target
2011-13	A3		100%
	A2		
Performance Measure Status: Draft			

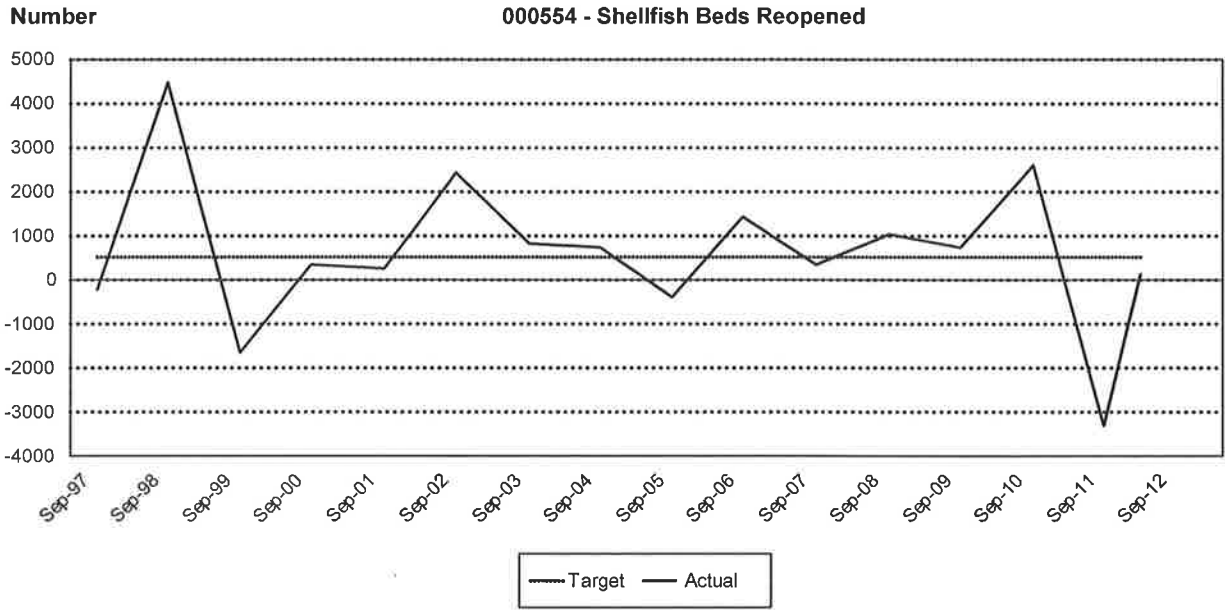
Percent

002338 - Number of water samples taken in shellfish growing areas



Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

000554 Number of acres of shellfish beds reopened that are currently closed to commercial and recreational harvest.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	100	500
	Q3		
	Q2	(3,340)	500
	Q1		
2009-11	Q8		
	Q7		
	Q6	2,599	500
	Q5		
	Q4		
	Q3		
	Q2	727	500
	Q1		
Performance Measure Status: Approved			

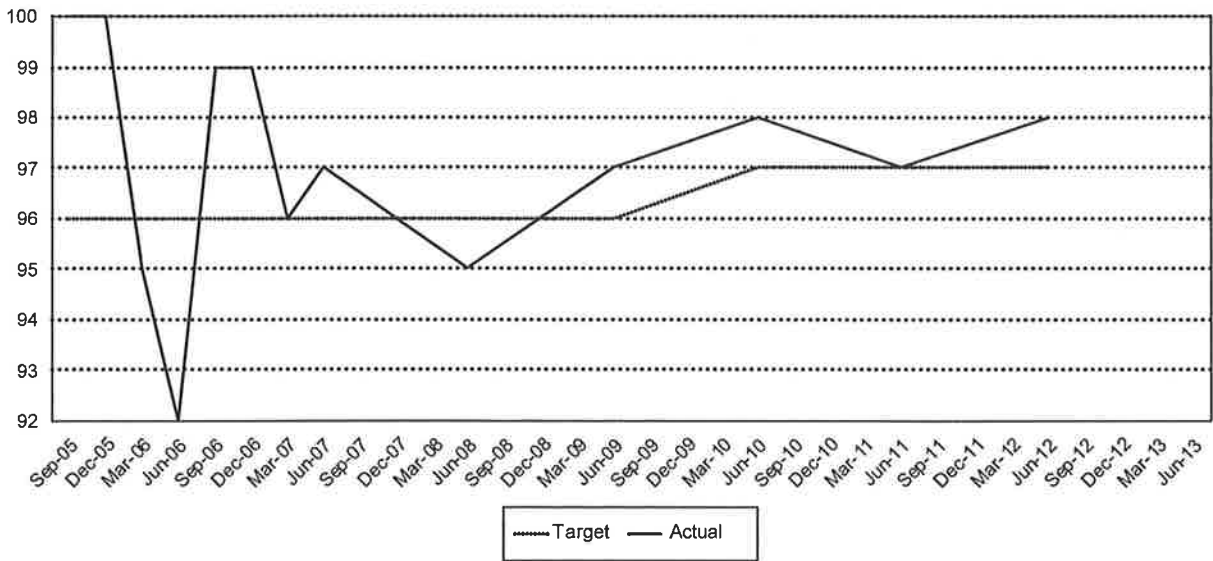


Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

000553 Percent of shellfish inspections completed with no critical violations.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	98%	97%
	Q3		
	Q2		
	Q1		
2009-11	Q8	97%	97%
	Q7		
	Q6		
	Q5		
	Q4	98%	97%
	Q3		
	Q2		
	Q1		

Performance Measure Status: Approved

Percent 000553 - Shellfish Inspections Completed With No Critical Violations



A008 Strengthening the Public Health System

The Department of Health maintains an active partnership and continuous communication with public health decision-makers at the local, state, and federal level. Coordinated response is essential in responding to widespread disease threats, negotiating policy and budget objectives for health improvement and assuring that information can flow across county lines or to other health partners. Activities include providing resources for emergency medical and trauma services; promoting access to healthcare in rural communities; increasing electronic communications between the Department, local health partners, hospitals, and emergency responders; coordinating response to emerging health issues with federal, state, and local partners; offering certified copies of birth, death, divorce, and marriage records to the public; building and supporting information networks to provide data that helps people make good decisions about public health. Blue Ribbon Commission and Local Capacity Development Funds distributed to local jurisdictions are an essential source of support to assure a minimum level of public health services everywhere in the state and are primarily used to address issues pertaining to communicable disease, maternal and child health, immunizations and community health assessments.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$(60,691)	\$3,235	\$(57,456)
001-7 Private/Local	\$5,055	\$4,913	\$9,968
001-8 Federal Stimulus	\$(46,000)	\$(175,000)	\$(221,000)
001 Account Total	(\$101,636)	(\$166,852)	(\$268,488)

Program 010 - Epidemiology, Health Statistics, and Public Health Laboratory

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	17.8	16.5	17.2
001-1 State	6.3	6.9	6.6
FTE Total	24.1	23.4	23.8
001 General Fund			
001-1 State	\$540,003	\$470,319	\$1,010,322
001-2 Federal	\$719,112	\$648,502	\$1,367,614
001-7 Private/Local	\$1,404,727	\$1,394,205	\$2,798,932
001-8 Federal Stimulus	\$70,916	\$215,231	\$286,147
001 Account Total	\$2,734,758	\$2,728,257	\$5,463,015

Program 070 - Community and Family Health

Account	FY 2014	FY 2015	Biennial Total
001 General Fund			
001-1 State	\$12,608,007	\$12,608,201	\$25,216,208

Program 090 - Administration

Account	FY 2014	FY 2015	Biennial Total
FTE			
001-1 State	8.6	8.6	8.6
001 General Fund			
001-1 State	\$896,745	\$896,745	\$1,793,490
319 Public Health Supplemental Account			
319-7 Private/Local	\$102,500	\$102,500	\$205,000

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Identify and mitigate health risk factors

Expected Results

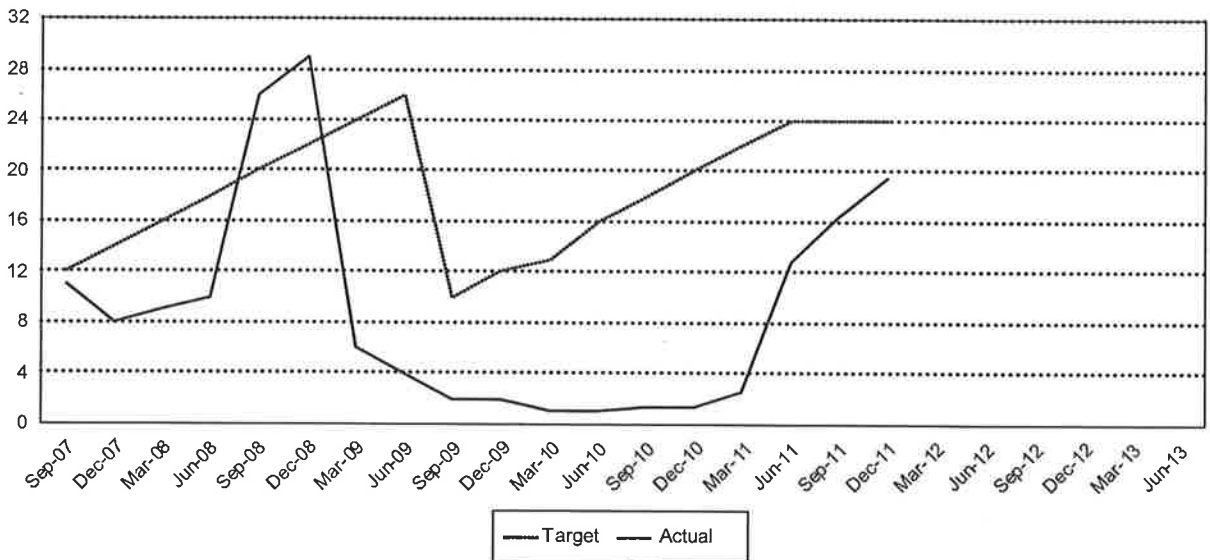
The public depends on a resilient and effective public health network. The public health network is coordinated and responsive to the public's needs.

000454 Increase the percentage of deaths that are reported through the Electronic Death Registration System (EDRS). We currently have 9 counties that report deaths in the EDRS.

Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2	19.4%	24%
	Q1	16.4%	24%
2009-11	Q8	12.8%	24%
	Q7	2.5%	22%
	Q6	1.3%	20%
	Q5	1.3%	18%
	Q4	1.1%	16%
	Q3	1.1%	13%
	Q2	2%	12%
	Q1	2%	10%

Performance Measure Status: Draft

Percent 000454 - Percentage of deaths that are reported in Electronic Death Registration System



A010 Promote Family and Child Health and Safety

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Working with many state and local partners, the Department of Health promotes healthy behaviors and the use of preventive health services. The agency promotes regular health checkups for everyone and prenatal care and education for parents. Some of the agency's most important work is to distribute vaccines for children and investigate and control vaccine-preventable disease. The agency provides health promotion materials and consultation on the best strategies; provides nutrition and health education for pregnant women; and helps thousands of state residents by providing healthy food through the Women, Infants, and Children (WIC) program. The Department of Health supports family planning/reproductive health services for women, men, and teens; linking children and families to health services; and providing programs to prevent injuries.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	2.9	1.9	2.4
001 General Fund			
001-1 State	\$7,184	\$18,244	\$25,428
001-2 Federal	\$(326,192)	\$(867,971)	\$(1,194,163)
001 Account Total	(\$319,008)	(\$849,727)	(\$1,168,735)

Program 060 - Health Systems Quality Assurance

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	5.2	5.0	5.1
001-1 State	7.6	7.6	7.6
FTE Total	12.8	12.6	12.7
001 General Fund			
001-1 State	\$771,451	\$729,394	\$1,500,845
001-2 Federal	\$1,682,329	\$2,461,664	\$4,143,993
001-7 Private/Local	\$66,792	\$66,815	\$133,607
001-8 Federal Stimulus	\$4,500	\$1,100	\$5,600
001 Account Total	\$2,525,072	\$3,258,973	\$5,784,045
319 Public Health Supplemental Account			
319-7 Private/Local	\$464	\$400	\$864

Program 070 - Community and Family Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	212.9	206.6	209.8
001-1 State	36.7	36.3	36.5
FTE Total	249.6	242.9	246.3
001 General Fund			
001-1 State	\$17,148,548	\$16,492,739	\$33,641,287
001-2 Federal	\$185,421,261	\$171,855,858	\$357,277,119
001-7 Private/Local	\$19,253,841	\$19,966,612	\$39,220,453
001-8 Federal Stimulus	\$(2,747,427)	\$(3,446,623)	\$(6,194,050)
001 Account Total	\$219,076,223	\$204,868,586	\$423,944,809
319 Public Health Supplemental Account			
319-7 Private/Local	\$1,675,434	\$1,585,206	\$3,260,640
16G Universal Vaccine Purchase Account			
16G-6 Non-Appropriated	\$42,690,399	\$44,920,107	\$87,610,506

Statewide Result Area: Improve the health of Washingtonians

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

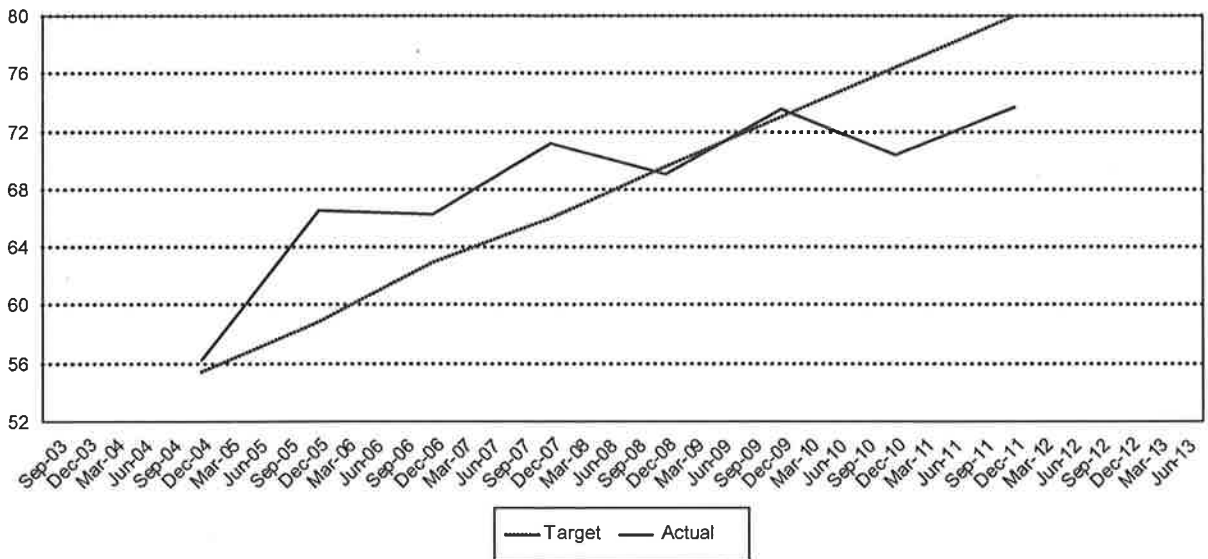
Statewide Strategy: Improve healthy behaviors

Expected Results

Washington has healthy infants, children, youth and well-informed parents. Communities are safe and supportive of children, youth and families.

000838 Children (19-35 months) who receive all recommended vaccines.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2	73.7%	80%
	Q1		
2009-11	Q8		
	Q7		
	Q6	70.3%	76.5%
	Q5		
	Q4		
	Q3		
	Q2	73.5%	73%
	Q1		
Performance Measure Status: Approved			

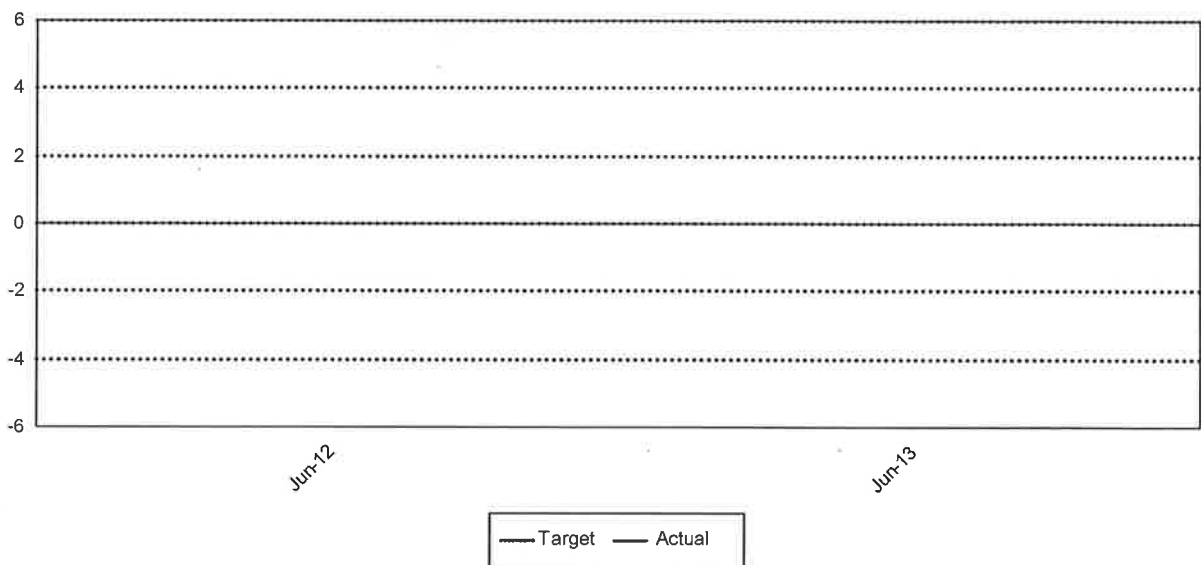
Percent 000838 - Children 19-35 Months Who Receive All Recommended Vaccines



002348 Federal WIC dollars spent in Washington. Expected results: People receive checks and nutrition education to buy and eat healthy foods and federal dollars contribute to the local economy.			
Biennium	Period	Actual	Target
2011-13	A3		
	A2		
Performance Measure Status: Draft			

Dollars

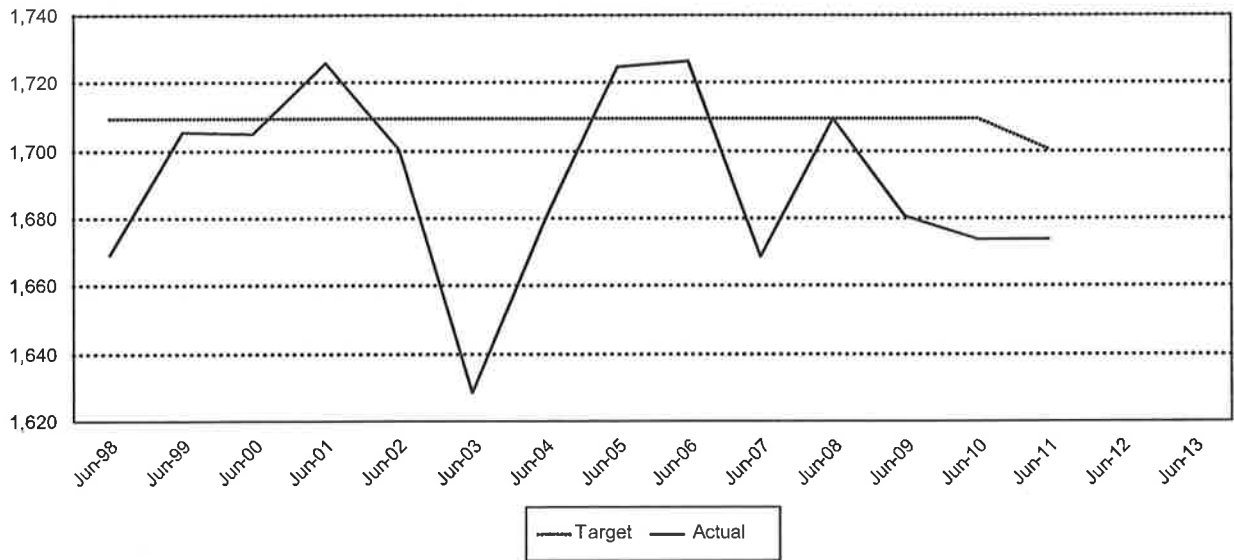
002348 - Federal WIC dollars spent in Washington



000777 Hospitalizations due to falls for the 65 and older population. (per 100,000)			
Biennium	Period	Actual	Target
2011-13	A3		
	A2		
2009-11	A3	1,674	1,700.4
	A2	1,674	1,709.7
Performance Measure Status: Approved			

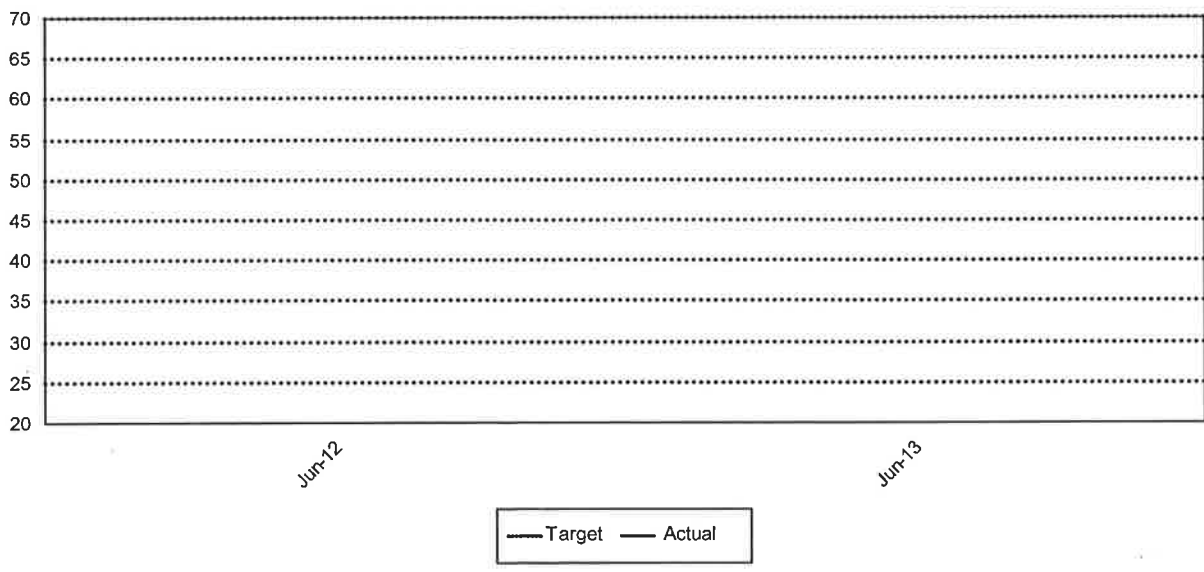
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Number 000777 - Hospitalizations Due to Falls for the 65 and older population. (per 100,000)



002349 Percent of WIC infants who continue to breastfeed for at least six months. Will be reported annually in January.			
Biennium	Period	Actual	Target
2011-13	A3		45.5%
	A2		
Performance Measure Status: Draft			

Percent 002349 - Percent of WIC infants who continue to breastfeed for at least six months



A011 Promote Accurate and Timely Public Health Laboratory Results

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

The Department of Health's Public Health Laboratories serve the people of our state by providing accurate and timely laboratory results. The laboratories' broad spectrum of tests are available to local health agencies, Department of Health programs, and the state's health care and emergency response system. During an emergency response, testing services are available 24/7 or on an as needed basis. The laboratories provide a broad range of tests including those that look for communicable disease, shellfish poisoning, foodborne illnesses, health issues in newborn babies, and contamination of air, water, and food that may endanger human health.

Account	FY 2014	FY 2015	Biennial Total
FTE			
001-1 State	(2.4)	0.0	(1.2)
001 General Fund			
001-1 State	\$(208,790)	\$29,922	\$(178,868)
001-7 Private/Local	\$21,170	\$45,443	\$66,613
001 Account Total	(\$187,620)	\$75,365	(\$112,255)

Program 010 - Epidemiology, Health Statistics, and Public Health Laboratory

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	54.4	47.5	51.0
001-1 State	50.9	50.7	50.8
FTE Total	105.3	98.2	101.8
15M Biotoxin Account			
15M-1 State	\$172,814	\$172,814	\$345,628
001 General Fund			
001-1 State	\$5,076,820	\$4,840,759	\$9,917,579
001-2 Federal	\$1,200,446	\$1,212,664	\$2,413,110
001-7 Private/Local	\$7,134,980	\$7,120,126	\$14,255,106
001-8 Federal Stimulus	\$40,959	\$38,745	\$79,704
001 Account Total	\$13,453,205	\$13,212,294	\$26,665,499

Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Identify and mitigate health risk factors

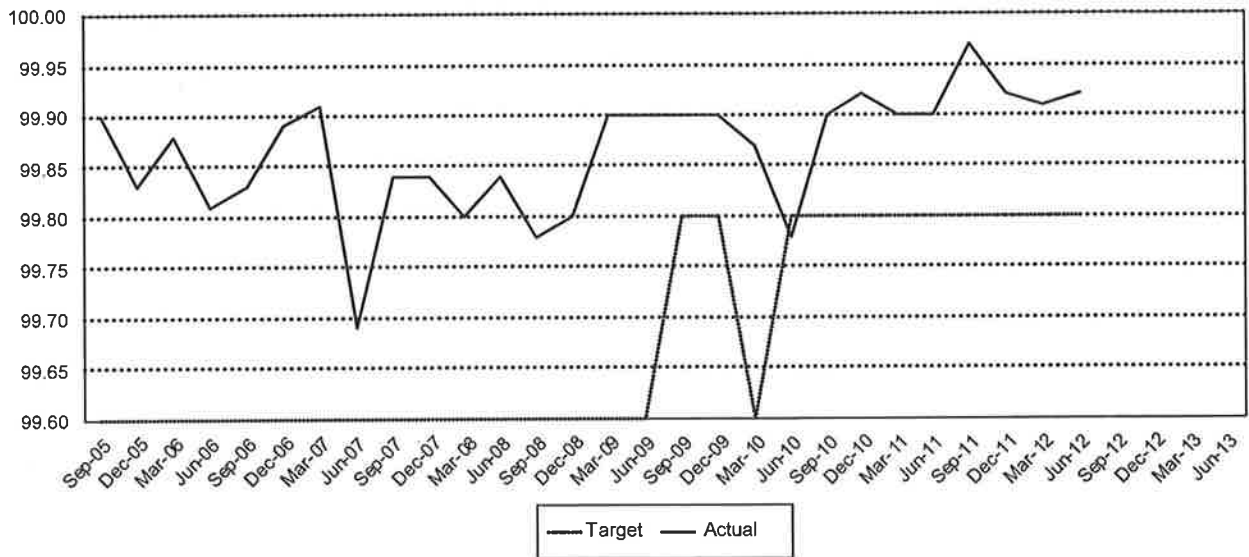
Expected Results

Public health departments and health care providers receive accurate and timely, science-based information to use when making decisions about public health.

000443 All newborns are tested in Washington to screen them for genetic disorders that can be treated.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	99.92%	99.8%
	Q3	99.91%	99.8%
	Q2	99.92%	99.8%
	Q1	99.97%	99.8%
2009-11	Q8	99.9%	99.8%
	Q7	99.9%	99.8%
	Q6	99.92%	99.8%
	Q5	99.9%	99.8%
	Q4	99.78%	99.8%
	Q3	99.87%	99.6%
	Q2	99.9%	99.8%
	Q1	99.9%	99.8%
Performance Measure Status: Approved			

Percent

000443 - Newborn Screening Testing



A013 State Board of Health

The State Board of Health is housed within the Department of Health but works independently to understand and prevent disease across the entire population. The Board adopts rules that protect the public’s health and guide many public health functions, including newborn screening, food safety, public water systems, and immunizations for school and child-care entry. The Board also serves as a public forum and works with many public and private partners to develop public health regulations and policy. The Board assists the Governor’s Interagency Council on Health Disparities in developing a state action plan to eliminate health disparities by race/ethnicity and gender.

Program 100 - State Board of Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	1.2	1.2	1.2
001-1 State	8.7	8.7	8.7
FTE Total	9.9	9.9	9.9
001 General Fund			
001-1 State	\$737,645	\$740,531	\$1,478,176
001-2 Federal	\$147,981	\$130,002	\$277,983
001 Account Total	\$885,626	\$870,533	\$1,756,159
319 Public Health Supplemental Account			
319-7 Private/Local	\$4,397	\$0	\$4,397

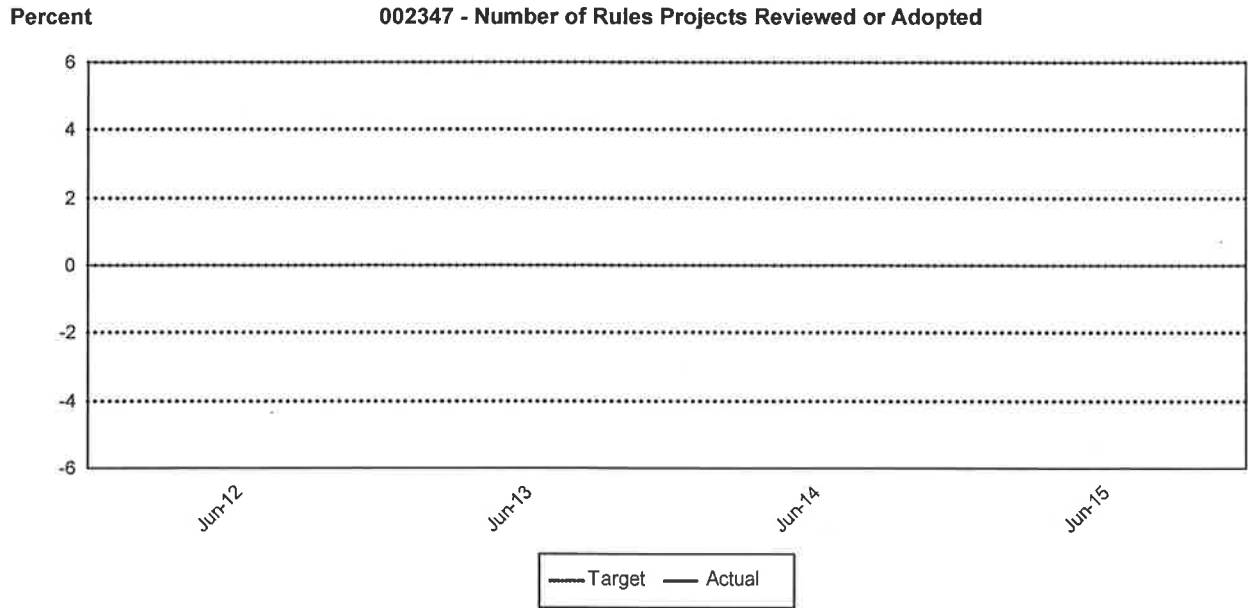
Statewide Result Area: Improve the health of Washingtonians
Statewide Strategy: Improve healthy behaviors

Expected Results

Public health rules and state policy recommendations reflect current scientific knowledge, public values and the perspectives of health practitioners, local governments and consumers.

002347 Number of Rules Projects Reviewed or Adopted. They adopt approximately 3 rules a year. The progress on the proposed measure may be impacted by rules moratorium, and rules complexity/level of controversy.			
Biennium	Period	Actual	Target
2013-15	A3		
	A2		
2011-13	A3		
	A2		
Performance Measure Status: Draft			

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submitted Sort By: Activity



A014 Access to Quality Healthcare Services

All people in Washington State deserve to have access to competent and safe, quality healthcare. The Department's programs work to build and maintain systems so that people in all parts of the state can access healthcare. Programs include: a specialized emergency medical services and trauma care system that sets standards and works with hospitals and ambulance/aid services to ensure that the critically ill and injured get timely, high quality and appropriate care; Indian health planning, providing technical assistance to help address health disparities in this population; rural healthcare systems development and health professional shortage area designations, providing federal funding and technical assistance to hospitals and medical services to help maintain and improve care in rural communities. The Department of Health assists communities to recruit and retain physicians, dentists, and nurses in rural and underserved parts of the state.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
03C Emergency Medical Services and Trauma Care Systems Trust Account			
03C-1 State	\$4,000	\$6,000	\$10,000
001 General Fund			
001-1 State	\$(219,478)	\$85,136	\$(134,342)
001-2 Federal	\$124,808	\$(416,971)	\$(292,163)
001-8 Federal Stimulus	\$229,255	\$(11,000)	\$218,255
001 Account Total	\$134,585	(\$342,835)	(\$208,250)

Program 060 - Health Systems Quality Assurance

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	8.4	8.4	8.4
001-1 State	25.6	25.6	25.6
FTE Total	34.0	34.0	34.0
03C Emergency Medical Services and Trauma Care Systems Trust Account			
03C-1 State	\$6,199,092	\$5,887,326	\$12,086,418
001 General Fund			
001-1 State	\$4,958,177	\$4,517,360	\$9,475,537
001-2 Federal	\$1,421,531	\$2,092,621	\$3,514,152
001-7 Private/Local	\$132,752	\$132,775	\$265,527
001-8 Federal Stimulus	\$34,755	\$1,100	\$35,855
001 Account Total	\$6,547,215	\$6,743,856	\$13,291,071
319 Public Health Supplemental Account			
319-7 Private/Local	\$464	\$400	\$864

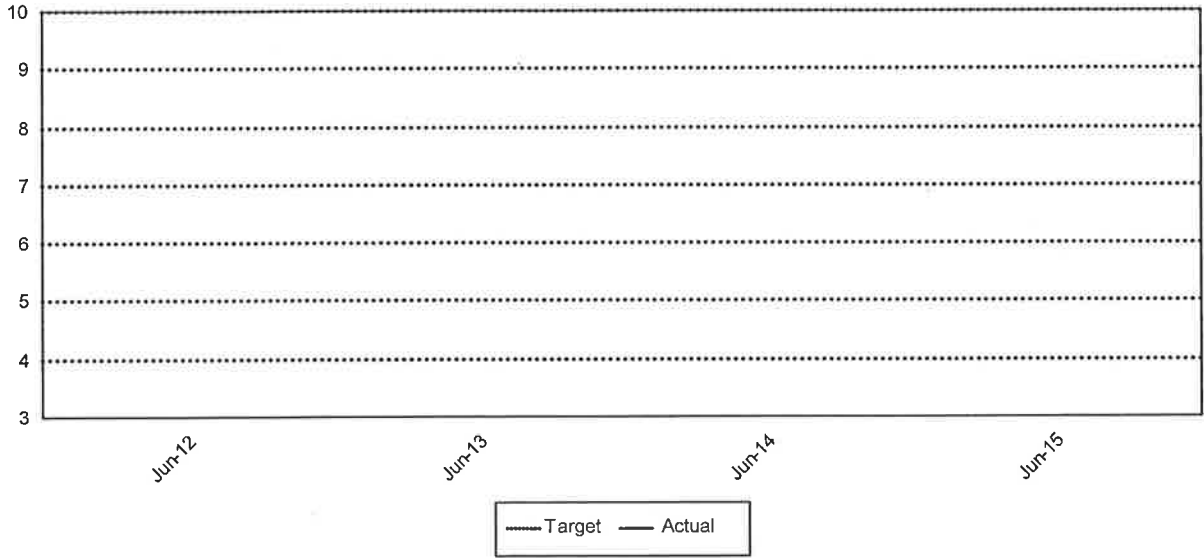
Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Provide access to health care**

Expected Results

People receive professional, safe and reliable health care from qualified providers and facilities.

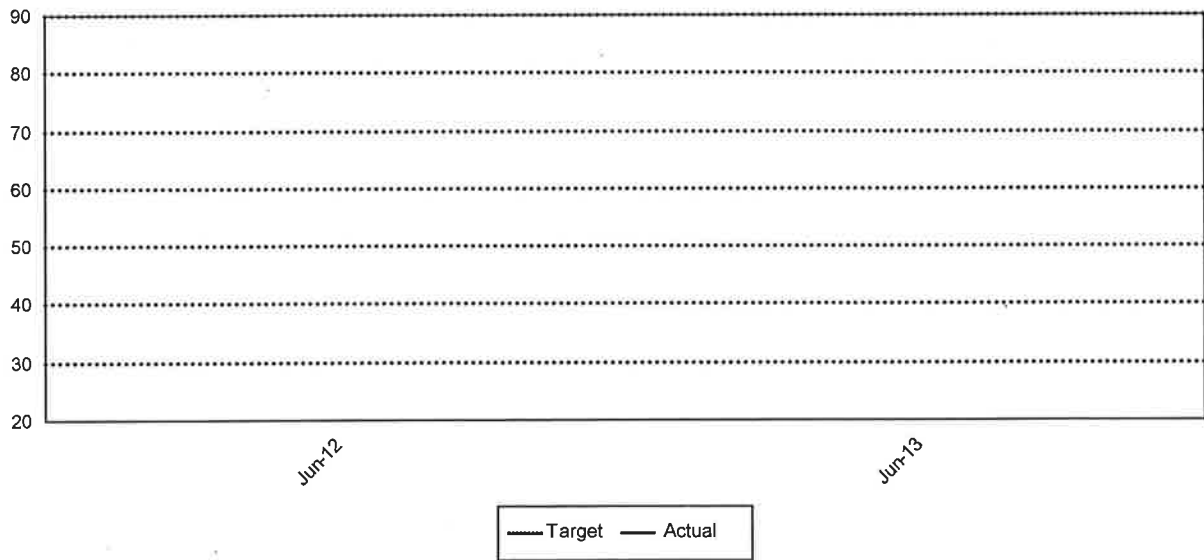
002346 Percent of Ischemic Stroke Treated with Tissue Plasminogen Activator to align with our GMAP measure.				
Biennium	Period	Actual	Target	
2013-15	A3			
	A2			
2011-13	A3		6.1%	
	A2			
Performance Measure Status: Draft				

Percent 002346 - Percent of Ischemic Stroke Patients Treated with Tissue Plasminogen Activator



002345 Percent of provider placements that stay in the community at least 3 years or beyond service obligation.			
Biennium	Period	Actual	Target
2011-13	A3		55.5%
	A2		
Performance Measure Status: Draft			

Percent 002345 - Percent of provider placements that stay in the community at least 3 years



A015 Patient and Consumer Safety

Patient and consumer safety are among the Department of Health's top priorities. The Department works to ensure that health care providers and facilities comply with health, safety, and professional standards through licensing, investigation, and disciplinary activities. The Department collaborates with health profession boards, commissions and committees to regulate care by providers. The Department of Health provides information to health care facilities, health care professionals, and consumers that allows them to make informed decisions.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	2.4	(5.8)	(1.7)
608 Accident Account			
608-1 State	\$1,548	\$1,315	\$2,863
14J Ambulatory Surgical Facility Account			
14J-6 Non-Appropriated	\$486,000	\$(11,000)	\$475,000
001 General Fund			
001-1 State	\$25,183	\$(207,256)	\$(182,073)
001-2 Federal	\$62,405	\$(208,488)	\$(146,083)
001-7 Private/Local	\$251,748	\$349,704	\$601,452
001 Account Total	\$339,336	\$(66,040)	\$273,296
02G Health Professions Account			
02G-1 State	\$806,166	\$(612,312)	\$193,854
202 Medical Test Site Licensure Account			
202-1 State	\$12,134	\$15,000	\$27,134
609 Medical Aid Account			
609-1 State	\$(700)	\$(290)	\$(990)

Program 060 - Health Systems Quality Assurance

Account	FY 2014	FY 2015	Biennial Total
FTE			
14J-6 Non-Appropriated	0.0	(2.6)	(1.3)
996-Z Other	439.8	444.7	442.3
001-1 State	40.2	40.2	40.2
02G-1 State	0.1	0.0	0.1
214-6 Non-Appropriated	0.9	0.9	0.9
FTE Total	481.0	483.2	482.1
09L Nursing Resource Center Account			
09L-6 Non-Appropriated	\$493,000	\$494,000	\$987,000
608 Accident Account			
608-1 State	\$131,127	\$133,667	\$264,794
14J Ambulatory Surgical Facility Account			
14J-6 Non-Appropriated	\$(4,254)	\$591,525	\$587,271
001 General Fund			
001-1 State	\$1,791,160	\$2,110,467	\$3,901,627
001-2 Federal	\$2,992,075	\$1,742,789	\$4,734,864
001-7 Private/Local	\$6,030,128	\$5,951,536	\$11,981,664
001-8 Federal Stimulus	\$327,750	\$8,250	\$336,000

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Program 060 - Health Systems Quality Assurance

Account	FY 2014	FY 2015	Biennial Total
001 Account Total	\$11,141,113	\$9,813,042	\$20,954,155
02G Health Professions Account			
02G-1 State	\$46,199,295	\$45,524,181	\$91,723,476
202 Medical Test Site Licensure Account			
202-1 State	\$1,092,675	\$1,087,672	\$2,180,347
609 Medical Aid Account			
609-1 State	\$23,815	\$21,730	\$45,545
319 Public Health Supplemental Account			
319-7 Private/Local	\$17,743	\$3,000	\$20,743
214 Temporary Worker Housing Account			
214-6 Non-Appropriated	\$103,000	\$103,000	\$206,000

Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Provide access to health care**

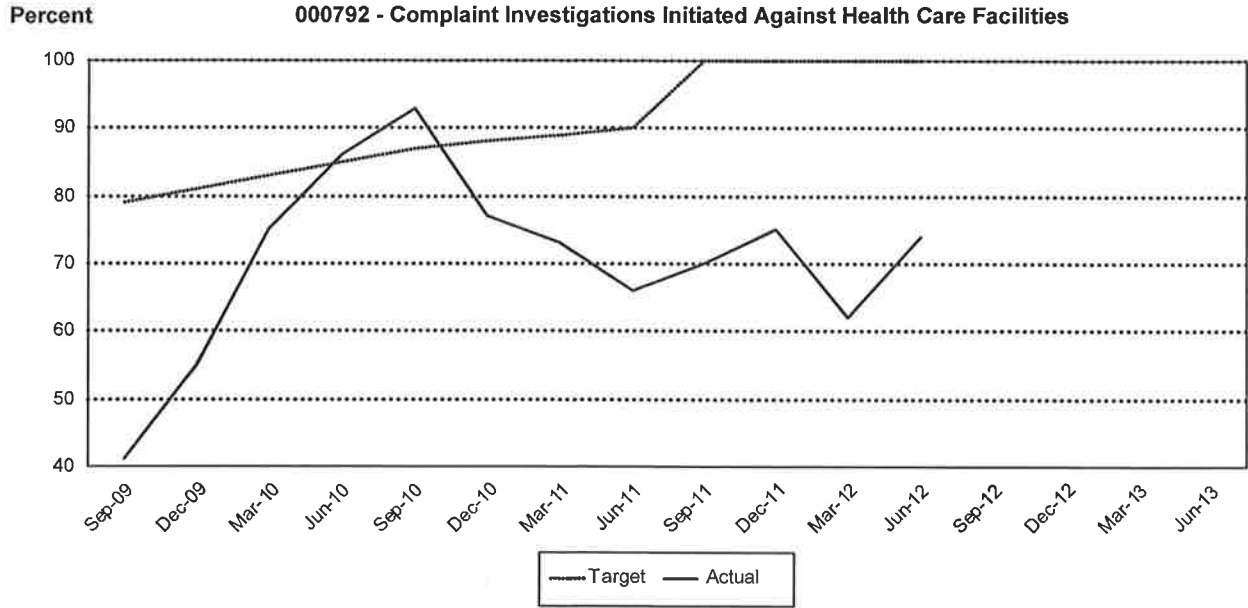
Expected Results

Details pending.

000792 Complaint investigations initiated against health care facilities within set timelines.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	74%	100%
	Q3	62%	100%
	Q2	75%	100%
	Q1	70%	100%
2009-11	Q8	66%	90%
	Q7	73%	89%
	Q6	77%	88%
	Q5	93%	87%
	Q4	86%	85%
	Q3	75%	83%
	Q2	55%	81%
	Q1	41%	79%

Performance Measure Status: Draft

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

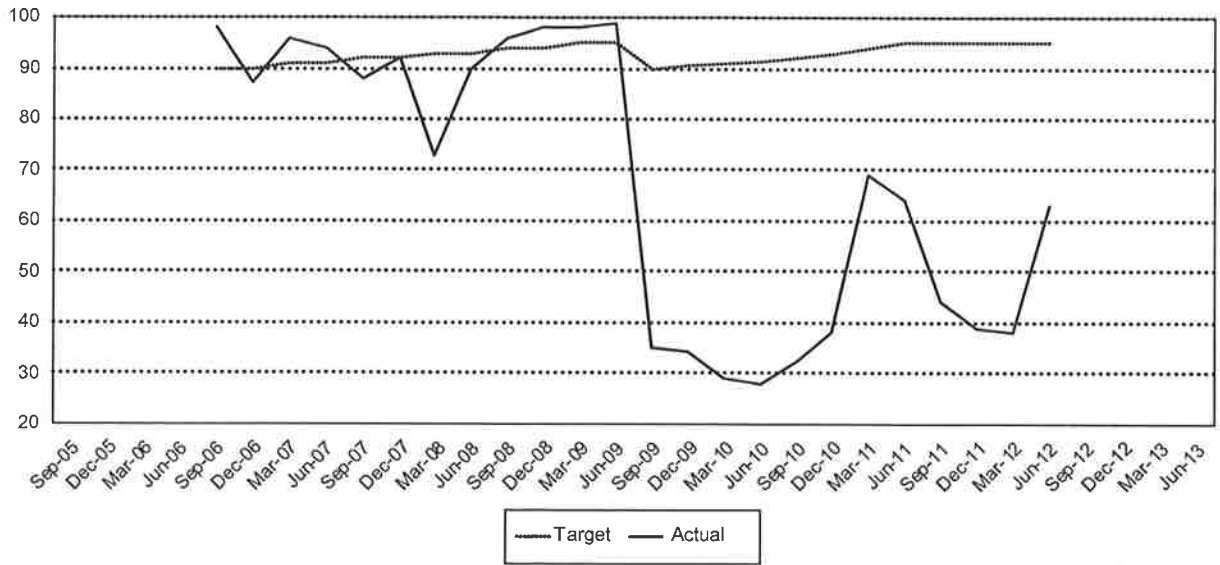


000789 Health care professional credentials issued within 14 days of complete applications.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4	63%	95%
	Q3	38%	95%
	Q2	38.8%	95%
	Q1	44%	95%
2009-11	Q8	64%	95%
	Q7	69%	94%
	Q6	38%	93%
	Q5	32.5%	92%
	Q4	27.9%	91.5%
	Q3	29%	91%
	Q2	34.5%	90.5%
	Q1	35.2%	90%

Performance Measure Status: Draft

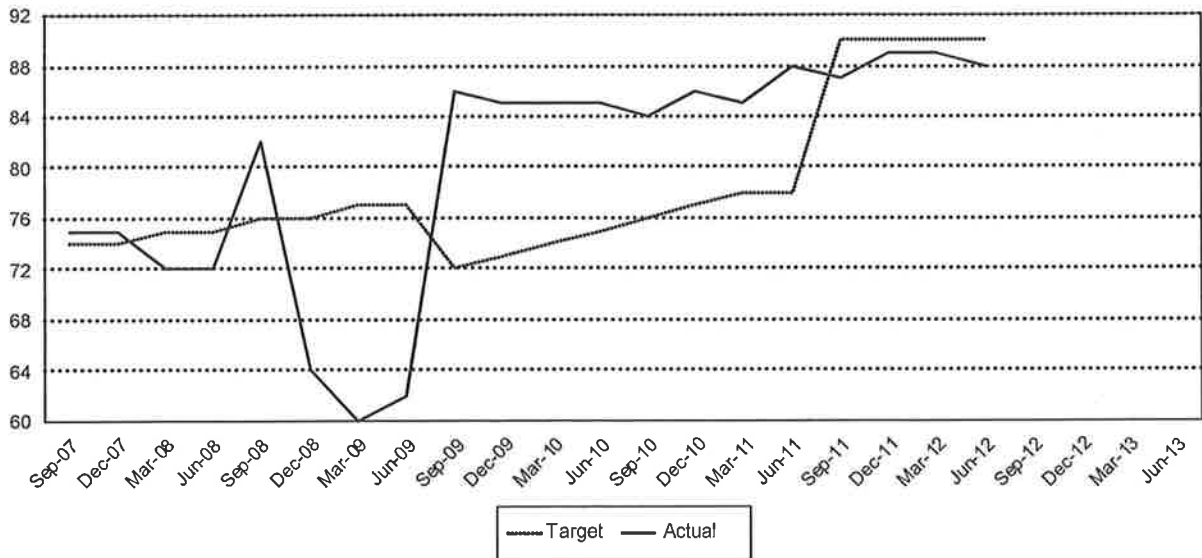
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Percent 000789 - Health Care Professional Credentials Issued Within 14 Days of Complete Applications



000779 Percent of complaints against Healthcare Professionals completed within set timelines.				
Biennium	Period	Actual	Target	
2011-13	Q8			
	Q7			
	Q6			
	Q5			
	Q4	88%	90%	
	Q3	89%	90%	
	Q2	89%	90%	
	Q1	87%	90%	
2009-11	Q8	88%	78%	
	Q7	85%	78%	
	Q6	86%	77%	
	Q5	84%	76%	
	Q4	85%	75%	
	Q3	85%	74%	
	Q2	85%	73%	
	Q1	86%	72%	
Performance Measure Status: Draft				

Percent 000779 - Percent of complaints against Health Care Professionals Completed Within Set Timelines



A016 Prevent and Respond to the Transmission of Communicable and Infectious Disease

The Department of Health works with many partners to protect people from communicable and infectious disease. The agency educates the public on ways to stay healthy and avoid contracting and spreading communicable and infectious disease. It monitors and tracks disease trends as well as the rate and frequency of infectious disease. State health programs pay for drugs and limited medical care for HIV clients and works with local health agencies to investigate disease outbreaks. The Department also works to prevent and reduce the spread of communicable and infectious disease.

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submitted Sort By: Activity

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	66.8	68.5	67.7
001 General Fund			
001-1 State	\$21,075,224	\$21,032,627	\$42,107,851
001-2 Federal	\$24,604,355	\$26,045,259	\$50,649,614
001-7 Private/Local	\$12,083,901	\$11,390,498	\$23,474,399
001 Account Total	\$57,763,480	\$58,468,384	\$116,231,864
002 Hospital Data Collection Account			
002-1 State	\$14,231	\$7,324	\$21,555

Program 010 - Epidemiology, Health Statistics, and Public Health Laboratory

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	81.2	78.2	79.7
001-1 State	52.2	62.4	57.3
FTE Total	133.4	140.6	137.0
001 General Fund			
001-1 State	\$22,435,060	\$22,366,731	\$44,801,791
001-2 Federal	\$31,555,786	\$33,936,175	\$65,491,961
001-7 Private/Local	\$13,342,227	\$14,407,087	\$27,749,314
001-8 Federal Stimulus	\$339,208	\$71,023	\$410,231
001 Account Total	\$67,672,281	\$70,781,016	\$138,453,297
002 Hospital Data Collection Account			
002-1 State	\$96,838	\$97,204	\$194,042
319 Public Health Supplemental Account			
319-7 Private/Local	\$34,584	\$0	\$34,584

Program 070 - Community and Family Health

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	(66.8)	(68.5)	(67.7)
001 General Fund			
001-1 State	\$(20,289,076)	\$(20,284,471)	\$(40,573,547)
001-2 Federal	\$(24,562,149)	\$(25,956,172)	\$(50,518,321)
001 Account Total	(\$44,851,225)	(\$46,240,643)	(\$91,091,868)

Statewide Result Area: **Improve the health of Washingtonians**
 Statewide Strategy: **Identify and mitigate health risk factors**

Expected Results

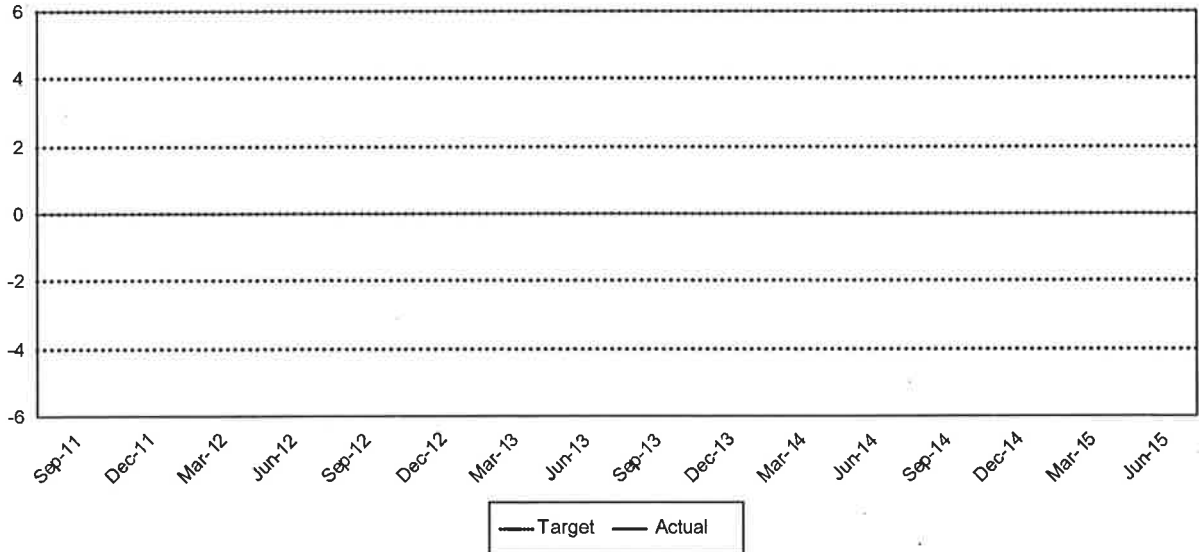
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Details pending.

002355 Number of people in the Early Intervention Program on antiretrovirals.			
Biennium	Period	Actual	Target
2013-15	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2		
	Q1		
2011-13	Q8		
	Q7		
	Q6		
	Q5		
	Q4		
	Q3		
	Q2		
	Q1		

Performance Measure Status: Approved

Number 002355 - Number of people in the Early Intervention Program on antiretrovirals



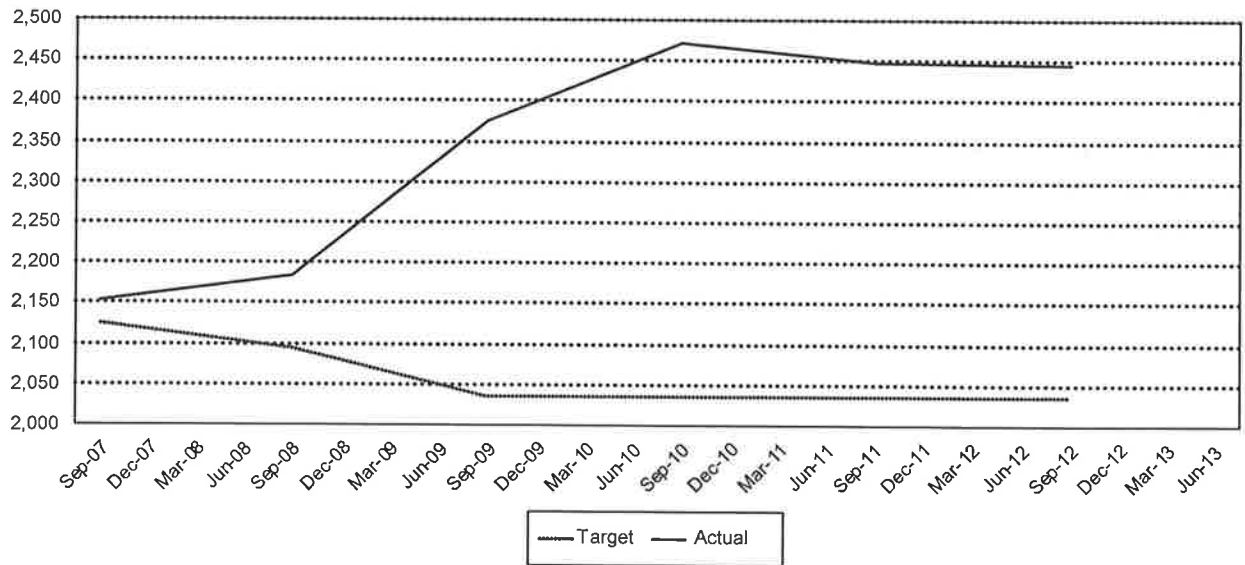
Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

000834 Rate of Chlamydia infections in females ages 15-24.			
Biennium	Period	Actual	Target
2011-13	Q8		
	Q7		
	Q6		
	Q5	2,445	2,035
	Q4		
	Q3		
	Q2		
	Q1	2,447	2,035
2009-11	Q8		
	Q7		
	Q6		
	Q5	2,472	2,035
	Q4		
	Q3		
	Q2		
	Q1	2,376	2,035

Performance Measure Status: Approved

Number

000834 - Rate of Chlamydia Infections in Females Ages 15 - 24



A017 Inactive - Developmental Disabilities Council and Endowment

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

Development Disabilities Council:

The Washington State Developmental Disabilities Council is mandated by federal law, public law 106-402. The purpose of the Council is to plan, advocate for, and develop comprehensive services/supports for individuals with developmental disabilities so that they can live independent, productive, and integrated lives in local communities throughout the state. The Council is funded with federal funds provided through P.L. 106-402.

Developmental Disabilities Endowment Trust Fund Governing Board:

The Governing Board is established in RCW 43.330.210. The purpose of the Governing Board is to design and establish all policies to administer the Developmental Disabilities Endowment Trust Fund program. The Governing Board and the operation of the Developmental Disabilities Endowment Trust Fund is paid by fees generated by the program.

Program 400 - Developmental Disabilities Council

Account	FY 2014	FY 2015	Biennial Total
FTE			
996-Z Other	9.0	0.0	4.5
263 Community and Economic Development Fee Account			
263-1 State	\$275,944	\$0	\$275,944
001 General Fund			
001-1 State	\$84,000	\$0	\$84,000
001-2 Federal	\$1,756,378	\$0	\$1,756,378
001 Account Total	\$1,840,378	\$0	\$1,840,378

Statewide Result Area: Improve the security of Washington’s vulnerable children and adults

Statewide Strategy: Provide support services to children and families

Expected Results

People with developmental disabilities and families members report they are more independent, included and integrated into all aspects of community life as a result of Council efforts.

Grand Total

	FY 2014	FY 2015	Biennial Total
FTE's	1,650.2	1,644.5	1,647.4
GFS	\$82,122,000	\$81,386,000	\$163,508,000
Other	\$460,114,151	\$455,416,000	\$915,530,151
Total	\$542,236,151	\$536,802,000	\$1,079,038,151

Appropriation Period: 2013-15 Activity Version: 25 - 13-15 Final Budget Submittal Sort By: Activity

<u>Parameter</u>	<u>Entered As</u>
Budget Period	2013-15
Agency	303
Version	25 - 13-15 Final Budget Submittal
Result Area	All Result Areas
Activity	All Activities
Program	All Programs
Sub Program	All Sub Programs
Account	All Accounts
Expenditure Authority Type	All Expenditure Authority Types
Theme	All
Sort By	Activity
Display All Account Types	Yes
Include Policy Level	Yes
Include Activity Description	Yes
Include Statewide Result Area	Yes
Include Statewide Strategy	Yes
Include Expected Results Text	Yes
Include Charts	Yes
Chart Type	Line
Include Parameter Selections	Yes
Version Source	Agency

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 303	Department of Health	Budget Period: 2013-15
Activity: A001	Department of Health Administration	
M2	8L	Lease Rate Adjustments
M2	8U	Utility Rate Adjustments
M2	FF	Federal Funding Adjustments
		No measures linked to decision package
		No measures linked to decision package
		No measures linked to decision package
Activity: A002	Prevent Chronic Disease	
M2	8U	Utility Rate Adjustments
M2	FF	Federal Funding Adjustments
PL	TQ	Tobacco Quitline
		No measures linked to decision package
		No measures linked to decision package
		No measures linked to decision package
Activity: A003	Protect Drinking Water	
M2	8U	Utility Rate Adjustments
M2	DW	Safe Drinking Water Authority
M2	FF	Federal Funding Adjustments
		No measures linked to decision package
		No measures linked to decision package
		No measures linked to decision package
Activity: A004	Prepare for Public Health Emergencies	
M2	8U	Utility Rate Adjustments
		No measures linked to decision package
Activity: A005	Protect Community Environmental Health	
M2	8U	Utility Rate Adjustments
M2	RF	Radiation Funding Correction
		No measures linked to decision package
		No measures linked to decision package
Activity: A007	Ensure Shellfish and Other Foods are Safe to Eat	
M2	8U	Utility Rate Adjustments
M2	SP	Diarrhetic Shellfish Poisoning
		No measures linked to decision package
		No measures linked to decision package
Activity: A008	Strengthening the Public Health System	
M2	8U	Utility Rate Adjustments
		No measures linked to decision package

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 303 Department of Health Budget Period: 2013-15

Activity: A010 Promote Family and Child Health and Safety

M2	8U	Utility Rate Adjustments	No measures linked to decision package
M2	FF	Federal Funding Adjustments	No measures linked to decision package
M2	LF	Local Funding Adjustments	No measures linked to decision package
M2	YS	Healthy Youth Survey	No measures linked to decision package

Activity: A011 Promote Accurate and Timely Public Health Laboratory Results

M2	8U	Utility Rate Adjustments	No measures linked to decision package
PL	NS	Newborn Screening SCID	No measures linked to decision package

Activity: A013 State Board of Health

M2	8U	Utility Rate Adjustments	No measures linked to decision package
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Activity: A014 Access to Quality Healthcare Services

M2	8U	Utility Rate Adjustments	No measures linked to decision package
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Activity: A015 Patient and Consumer Safety

M2	8U	Utility Rate Adjustments	No measures linked to decision package
M2	FA	Other Funds Adjustments	No measures linked to decision package
M2	FE	Fees to Maintain Current Programs	No measures linked to decision package
PL	LC	Online Licensing	No measures linked to decision package
PL	LR	MD Licensure Requirements	No measures linked to decision package
PL	MN	MQAC Communication Plan	No measures linked to decision package
PL	MQ	MQAC Business Access Enhancement	No measures linked to decision package

Output Measures 002403 Increase the percentage of prescribers registered to use the Prescription Monitoring Program

PL	PM	Prescription Monitoring Program	<u>FY 2014</u> 50.00%	<u>FY 2015</u> 15.00%
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CDC declared prescription abuse an epidemic. ONDCP Prescription Abuse Prevention Plan of 2011 sites the need for each state to have a Prescription Monitoring Program. RCW 70.225 passed in 2007.

**Agency Performance Measure
Incremental Estimates for the Biennial Budget**

Agency: 303 Department of Health Budget Period: 2013-15

Activity: A016 Prevent and Respond to the Transmission of Communicable and Infectious Disease

M2	8U	Utility Rate Adjustments	No measures linked to decision package
M2	FF	Federal Funding Adjustments	No measures linked to decision package
PL	BR	Behavioral Risk Factor Survey	No measures linked to decision package

Activity: A017 Inactive - Developmental Disabilities Council and Endowment

CL	40	DDC	No measures linked to decision package
CL	40	DDC	No measures linked to activity

Indirect Cost Allocation to Activities Description

The Department of Health uses a federally approved indirect cost rate allocation plan to spread overhead costs equitably among the various cost centers, which make up the 13 activities in the department's Activity Inventory. Overhead costs are those costs not charged directly to individual programs, but which provide necessary administrative or infrastructural benefit to all programs.

The administration activity in the Activity Inventory includes the activities of the Office of the Secretary and those activities included in the Administrative Division such as the office of Legislative Liaison and the Office of Media Relations, which were not charged to the indirect cost pool.

All costs charged to the indirect cost pool have been prorated to all the activities in the Activity Inventory based on the projected indirect cost allocation rate, which adds indirect costs to all direct program costs. The fiscal year 2012 provisional approved indirect rates for the Department of Health are:

• Disease Control and Health Statistics	21.9%
• Environmental Public Health	22.2%
• Health Services Quality Assurance	25.8%
• Prevention and Community Health	22.2%
• Central Administration	13.7%
• DOH Sub-awards and Contracts (all divisions)	1.2%

TAB B
Recommendation Summary

Recommendation Summary

Agency: 303 Department of Health

5:34:58PM

9/10/2012

Dollars in Thousands

	Annual Average FTEs	General Fund State	Other Funds	Total Funds
2011-13 Current Biennium Total	1,641.1	157,544	947,572	1,105,116
CL 01 DCHS	66.5	40,511	74,217	114,728
CL 02 EPH	(2.9)	(65)	(1,584)	(1,649)
CL 06 HSQA	(2.4)	(291)	963	672
CL 07 PCH	(68.3)	(40,694)	(82,054)	(122,748)
CL 09 ADMIN	(1.0)	(280)	(321)	(601)
CL 10 SBOH	1.2	262	17	279
CL 40 DDC	(4.5)	(84)	(2,032)	(2,116)
Total Carry Forward Level	1,629.7	156,903	936,778	1,093,681
Percent Change from Current Biennium	(.7)%	(.4)%	(1.1)%	(1.0)%
M1 90 Maintenance Level Revenue				
Carry Forward plus Workload Changes	1,629.7	156,903	936,778	1,093,681
Percent Change from Current Biennium	(.7)%	(.4)%	(1.1)%	(1.0)%
M2 8L Lease Rate Adjustments		(152)	(648)	(800)
M2 8U Utility Rate Adjustments		62	124	186
M2 DW Safe Drinking Water Authority			140	140
M2 FA Other Funds Adjustments	(0.5)		(626)	(626)
M2 FE Fees to Maintain Current Programs				
M2 FF Federal Funding Adjustments	(0.5)		(18,550)	(18,550)
M2 LF Local Funding Adjustments			(8,000)	(8,000)
M2 RF Radiation Funding Correction				
M2 SP Diarrhetic Shellfish Poisoning	0.3		156	156
M2 YS Healthy Youth Survey	0.6	300		300
Total Maintenance Level	1,629.6	157,113	909,374	1,066,487
Percent Change from Current Biennium	(.7)%	(.3)%	(4.0)%	(3.5)%
PL BR Behavioral Risk Factor Survey		1,324		1,324
PL LC Online Licensing	8.1	102	2,475	2,577
PL LR MD Licensure Requirements	0.1		14	14
PL MN MQAC Communication Plan			200	200
PL MQ MQAC Business Access Enhancement			55	55
PL NS Newborn Screening SCID	2.4		1,382	1,382
PL PM Prescription Monitoring Program	2.7	1,023		1,023
PL TQ Tobacco Quitline		3,862		3,862

Recommendation Summary

Agency: 303

5:34:58PM

9/10/2012

Dollars in Thousands

	Annual Average FTEs	General Fund State	Other Funds	Total Funds
Subtotal - Performance Level Changes	13.3	6,311	4,126	10,437
2013-15 Total Proposed Budget	1,642.9	163,424	913,500	1,076,924
Percent Change from Current Biennium	.1%	3.7%	(3.6)%	(2.6)%

Recommendation Summary

Agency: 303

5:34:58PM

9/10/2012

Dollars in Thousands

**Annual Average
FTEs**

**General
Fund State**

Other Funds

Total Funds

M2 8L Lease Rate Adjustments

The Department of Health has consolidated office space in Thurston County. This consolidation has allowed an office within the Department of Social and Health Services to rent the fifth floor of Town Center Three, which will result in a reduction in the lease costs for Department of Health in the 2013-15 biennium.

M2 8U Utility Rate Adjustments

Puget Sound Energy provides the Department of Health in Thurston County electricity services and has announced a utility rate increase for the 2011-13 biennium, effective May 2012. Also, the Public Health Laboratories have higher utility costs due to completing its new addition. In order to maintain Department of Health operations without interruption, the agency will need to pay for these utility cost increases.

M2 DW Safe Drinking Water Authority

The Department of Health is requesting the additional spending authority from the Safe Drinking Water Account for fiscal years 14 and 15 and ongoing set forth in the fiscal note for ESBB5364, Public Water System Permits, passed during the 2011 session. This additional authority is needed for the work associated with the bill to continue into future biennia.

M2 FA Other Funds Adjustments

The Department of Health requests to adjust appropriation authority to align revenue and expenditures for one program with increasing revenue and one program with decreasing revenue. Additional appropriation authority is needed to in the Temporary Worker Housing Account to spend the fee revenue as a result of a fee increase that replaced General Fund-State dollars. Also, reduce spending authority for the Ambulatory Surgical Facility Account to coincide with estimated revenues and expenditures.

M2 FE Fees to Maintain Current Programs

The Department of Health works to protect and improve the health of people in Washington, promote healthy behaviors and maintain high standards for quality health care delivery. Many of the regulatory programs within the department rely on fees to support the services provided. The department is requesting fee increase authority for three groups of fees, counselor-agency affiliated, counselor-certified and counselor-certified advisor. Currently these fee groups are not earning enough revenue to meet program needs. The revenue from these increases will continue current levels of service.

M2 FF Federal Funding Adjustments

The Department of Health requests reducing federal appropriation authority for the American Recovery and Reinvestment Act and the Drinking Water Assistance State Revolving Fund.

M2 LF Local Funding Adjustments

The Department of Health requests reducing local authority to align revenue and expenditures for the Women, Infants, and Children Nutrition Program.

M2 RF Radiation Funding Correction

Recommendation Summary

Agency: 303

5:34:58PM

9/10/2012

Dollars in Thousands

Annual Average FTEs	General Fund State	Other Funds	Total Funds
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The Department of Health requests a technical correction in appropriation authority by reducing the General Fund Local appropriation and increasing the General Fund Federal appropriation by an equal amount. Four biennia ago a contract between the Department of Health and the United States Department of Energy for work at the Hanford Reservation was coded to General Fund Local. This decision package will correct the error and bring the revenue coding into compliance with the State Administrative and Accounting Manual recommendations.

M2 SP Diarrhetic Shellfish Poisoning

Diarrhetic Shellfish Poisoning is an emerging health issue never found in Washington State before 2011. The Department of Health is requesting a permanent increase in expenditure authority from the State Biototoxin Account for the Washington State Public Health Laboratory to test and analyze Diarrhetic Shellfish Poisoning samples.

M2 YS Healthy Youth Survey

The Healthy Youth Survey is conducted with public school students in Grades, 6, 8, 10 12. The survey includes questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. This is a joint request from Department of Health, Office of Superintendent of Public Instruction, and Department of Social and Health Services.

PL BR Behavioral Risk Factor Survey

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey about health behaviors and disease conditions in adults. The BRFSS provides essential information to make smart decisions for improving health in Washington. State and local government agencies rely on BRFSS to inform planning and priority-setting, target prevention resources, and evaluate programs. This costs approximately \$1.2 million a year. Due to the loss of tobacco prevention funds and other funding for the survey, the department now has about half the resources needed to sustain this essential information tool.

PL LC Online Licensing

The Department of Health is seeking authority to continue to implement online access and credit card payment functionality for new license applications for all health care professions as well as new license applications and renewals for at least five regulated facility types. The online system components implemented by this project will provide applicants, facility administrators and employers with more timely information on the status of renewals and applications.

PL LR MD Licensure Requirements

The Department of Health's, Medical Quality Assurance Commission is putting forward request legislation that will require changes to the current law for allopathic physicians applying to be licensed in Washington. The changes will update the licensure requirements to reflect training standards that currently exist in the medical field. This request seeks one-time appropriation authority to cover the costs of rulemaking to update and amend these licensure requirements.

PL MN MQAC Communication Plan

In fiscal year 2011 the Department of Health, Medical Quality Assurance Commission (MQAC) implemented a comprehensive education and communication strategy that included a quarterly newsletter, direct mailings, and educational meetings. These proven and successful efforts are only funded through June 30, 2013. MQAC sees a benefit in supporting these activities each year; therefore this package is seeking ongoing appropriation authority.

Recommendation Summary

Agency: 303

5:34:58PM

9/10/2012

Dollars in Thousands

Annual Average
FTEs

General
Fund State

Other Funds

Total Funds

PL MQ MQAC Business Access Enhancement

The Department of Health (DOH), Medical Quality Assurance Commission (MQAC) would like to establish efficient and effective business access for its commission members. Currently, Medical Commission Members must log in to three separate portals requiring multiple login and password combinations. This hinders electronic communication, calendar invitations, and the electronic transfer of files between staff. A Citrix server access portal would allow effective collaboration between the Medical Commission members and staff.

PL NS Newborn Screening SCID

The Department of Health, Newborn Screening program tests babies born in Washington State for treatable disorders. Without screening, babies with these disorders are not likely to be detected before disability or death occurs. Severe Combined Immunodeficiency (SCID), also known as the "bubble boy" disease, is uncommon but deadly. Medical and scientific evidence clearly shows that early detection and treatment through newborn screening dramatically improves outcomes for SCID babies and results in complete cure for most. The department is seeking a fee increase to cover the cost screening for SCID.

PL PM Prescription Monitoring Program

The Prescription Monitoring Program (PMP) plays an important role in protecting public health and safety. The program helps ensure that health care practitioners have additional information about their patients to make informed prescribing and dispensing decisions. The information helps practitioners identify and prevent abuse, misuse, duplicative and forged prescriptions, and dangerous drug interactions. The Department of Health (DOH) has supported the PMP in Washington State through federal grant funding; however these federal grants are not ongoing and will be fully depleted by June 2013. This decision package is requesting FTE and General Fund-State to fully support the continuation of this program.

PL TO Tobacco Quitline

The Department of Health requests funding to continue Tobacco Quitline services for the uninsured and underinsured population. Despite Washington State's great progress in reducing tobacco use and exposure, tobacco remains a leading cause of preventable disease and death in our state and a significant contributor to healthcare costs. Last year there were approximately 8,000 tobacco related deaths in our state. The Tobacco Quitline has been a successful resource to assist people to quit smoking.

TAB C
Decision Packages

Maintenance Level Decision Packages

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: 8L Lease Rate Adjustments
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes Level

Recommendation Summary Text:

The Department of Health has consolidated office space in Thurston County. This consolidation has allowed an office within the Department of Social and Health Services to rent the fifth floor of Town Center Three, which will result in a reduction in the lease costs for Department of Health in the 2013-15 biennium.

Fiscal Detail

Operating Expenditures			<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
001-1	General Fund-State		(76,000)	(76,000)	(152,000)
001-2	General Fund-Federal		(180,000)	(180,000)	(360,000)
001-7	General Fund-Local		(60,000)	(60,000)	(120,000)
02G-1	Health Professions		(84,000)	(84,000)	(168,000)
Total Cost			(400,000)	(400,000)	(800,000)
Staffing			<u>FY 2014</u>	<u>FY 2015</u>	<u>Annual Avg</u>
Revenue					
Fund	Source		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
001-2	0393 Federal		(108,000)	(108,000)	(216,000)
001-2	0310 Federal		(72,000)	(72,000)	(144,000)
001-7	0597 Private Local		(60,000)	(60,000)	(120,000)
Total Revenue			(108,000)	(108,000)	(216,000)

Package Description:

Due to consolidation of office space in Thurston County, the Department of Health (DOH) will have a reduction in lease costs in the 2013-15 biennium. This consolidation has allowed the Department of Social and Health Services (DSHS) to rent the fifth floor of Town Center 3.

Wendi Gunther, Operations Director, 360-236-4504
 Connie Soiberg, Budget Analyst, 360-236-4529

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

N/A

Performance Measure Detail

N/A

Is this DP essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one of the Governor's priorities?

N/A

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

N/A

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency and why was this alternative chosen?

The consolidation effort was the only option explored because the agency wanted to maximize its use of space and create a workable space to help one of its fellow agencies.

What are the consequences of not funding this package?

N/A

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

This decision package reflects what the department expects to collect for General Fund-Federal and General Fund-Private/Local.

Expenditures:

This reduction request is based on leasing the fifth floor of Town Center 3 to the DSHS, due to consolidation. This will result in a reduction to the DOH of \$400,000 in Fiscal Year (FY) 2014 and ongoing.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All on-going

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages			
B Employee Benefits			
C Personal Service Contracts			
E Goods and Services	(400,000)	(400,000)	(800,000)
G Travel			
J Capital Outlays			
T Intra-Agency Reimbursements			
Total Objects	(400,000)	(400,000)	(800,000)

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: 8U Utility Rate Adjustments
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

Puget Sound Energy provides the Department of Health in Thurston County electricity services and has announced a utility rate increase for the 2011-13 biennium, effective May 2012. Also, the Public Health Laboratories have higher utility costs due to completing its new addition. In order to maintain Department of Health operations without interruption, the agency will need to pay for these utility cost increases.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
001-1	General Fund-State	31,000	31,000	62,000
001-2	General Fund-Federal	25,000	25,000	50,000
001-7	General Fund-Local	33,000	33,000	66,000
02G-1	Health Professions Acct	4,000	4,000	8,000
Total Cost		93,000	93,000	186,000
Staffing		FY 2014	FY 2015	Annual Avg
Revenue				
Fund	Source	FY 2014	FY 2015	Total
001-2	0393 Federal	25,000	25,000	50,000
001-7	0597 Private Local	33,000	33,000	66,000
Total Revenue		58,000	58,000	116,000

Package Description:

Due to Puget Sound Energy's (PSE) rate increase effective May, 2012, the Department of Health (DOH) has five buildings that will incur increased utility costs: Point Plaza East (PPE), Town Center One (TC1), Town Center Two (TC2), Town Center Three (TC3), Arab Warehouse in Thurston County. DOH requests funding to offset the increased utility costs due to PSE's rate increase.

DOH's Public Health Laboratories (PHL) in Shoreline, built in 1985, are the primary public health laboratory facilities in Washington State. The PHL occupies approximately 80,000 square feet of laboratory and support space. The growth of public health testing and DOH responsibilities over the past 20 years increased the need for additional laboratory and receiving space. The PHL recently expanded to include additional laboratory testing space, for a Biosafety Level 3 (BSL3) laboratory, and a new central receiving area. The addition is now open and operational.

DOH requests funding to offset the increased utility costs from the new addition. The PHL addition represents a 15.6 percent increase in the gross square footage of the laboratory. The addition contains fully functional laboratory space with equipment and complex support systems. Utility costs include electricity, sewer, water, gas, and steam. Based on actual use through June 2012, utility costs have increased since preconstruction costs.

Because of the unique requirements of a laboratory, specialized equipment is necessary and must be operational around-the-clock. Examples of the new specialized equipment include: freezers, which must maintain below a freezing rate of - 80 and -20 degrees, five high plume exhaust fans, air handling units that provide a constant supply of outside air, biosafety cabinets where lab technicians perform laboratory testing, and two additional autoclaves to decontaminate waste. Utility service to support these is in addition to the normal utilities that must be available like emergency lighting, heating, cooling and water.

The department is asking for a Fiscal Year (FY) 13 supplemental increase for utilities for both the rate increase and increases due to the new addition as well as the ongoing request for the 2013–15 biennium.

Wendi Gunther, Operations Director, 360-236-4504
Connie Soiberg, Budget Analyst, 360-236-4529

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

N/A

Performance Measure Detail

There are no agency performance measures affected by this package.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one of the Governor's priorities?

N/A

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

N/A

What are the other important connections or impacts related to this proposal?

N/A

What alternatives were explored by the agency and why was this alternative chosen?

No alternatives were explored for additional funding beyond the submittal of this package, as utilities are mandatory operating costs.

What are the consequences of not funding this package?

Services will be affected if funding is not provided. To fund the utility increases, Department of Health would need to reduce funding across multiple programs.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

This decision package reflects what the department expects to collect for General Fund-Federal and General Fund-Private/Local.

Expenditures:

This funding request is based on two utility increases. The first is a rate increase from Puget Sound Energy for various funding sources and are based on recent expenditures. The second is the (PHL) utilities increase based on the new addition, which is now open and operational. This funding request includes division and agency indirect costs associated with the department's administrative workload.

The current Puget Sound Energy electric bill is \$684,317 multiplied by a 2.8 percent increase equals \$22,000 each year for all buildings. The Public Health Lab experienced an increase in utility costs from January 2012 through June 2012 over the same period in 2011 of \$29,155. The increase is attributed to the addition of the new BSL3 laboratory and receiving area. Because the new addition is designed to run at a steady state, the utilities are not expected to have a seasonal swing; and, therefore, the annual estimate of increased utility costs is double the amount found in the first six months of calendar year 2012 or \$58,000. With the addition of indirect costs, the total request for fiscal year 2013 and ongoing is \$71,000.

For both the rate and addition's utility increases, DOH estimates utility costs will increase \$93,000 in FY13, and ongoing in future biennia.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All assumed on going

For federal grants: Does this request require a maintenance of effort or state match?

N/A

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages			
B Employee Benefits			
C Personal Service Contracts			
E Goods and Services	93,000	93,000	186,000
G Travel			
J Capital Outlays			
T Intra-Agency Reimbursements			
Total Objects	93,000	93,000	186,000

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: DW Safe Drinking Water Authority
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

The Department of Health is requesting the additional spending authority from the Safe Drinking Water Account for fiscal years 14 and 15 and ongoing set forth in the fiscal note for ESSB5364, Public Water System Permits, passed during the 2011 session. This additional authority is needed for the work associated with the bill to continue into future biennia.

Fiscal Detail

Operating Expenditures		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
03R-1	Safe Drinking Water Acct	70,000	70,000	140,000
Total Cost		70,000	70,000	140,000

Package Description:

In the 11-13 biennium, the department requested a fee increase and associated expenditure authority to create a viable and stable source of funding for the Drinking Water program and reduce reliance on state general funds. The additional revenue will support public health services for all size water systems and result in more viable small drinking water systems.

This request was enacted through the passage of ESSB5364. As part of the fiscal note for ESSB5364, the department showed that to fully implement the legislation, there would be a \$70,000 increase in spending starting in fiscal year 2014 and going forward. To ensure the program has the necessary spending authority to fulfill implementation of ESSB 5364, an additional \$70,000 per fiscal year is required for contracted services.

Agency Contacts:

Environmental Health Division Operations Manager: Mariann Schols, (360) 236-3007
Program Expert: Denise Clifford, (360) 236-3110

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Improved ability to assess a water system's financial capacity and provide targeted technical assistance to help struggling drinking water systems get back on track.

Performance Measure Detail

No changes to performance measures.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

The following section of the Department of Health's 2013-2015 Strategic Plan is affected by this request:

Mission: The Department of Health works to protect and improve the health of people in Washington State.

Does this decision package provide essential support to one of the Governor's priorities?

This program supports the Governor's priorities on improving the health of Washingtonians, promoting economic development, and having efficient state government services. A more specific priority, as demonstrated by the Governor's GMAP performance measure, is to increase the percentage of water system inspections completed with no critical deficiencies.

This decision package supports that priority by increasing the technical assistance provided to water systems with problems. The Governor's 21st Century Government Business Operations reform initiatives include a priority that the user pay to fully fund state services. While this proposal will not fully support the activities of the Drinking Water program, it reduces the reliance on the state general fund and shares the costs among water systems that benefit from the value safe and reliable drinking water adds to communities in Washington State.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package supports the "Purchase Strategies" of the Priorities of Government under mitigate environmental hazards – safe water.

What are the other important connections or impacts related to this proposal?

Improved oversight of the financial health of small water systems will reduce the chances of larger financial burdens on the state in the future.

What alternatives were explored by the agency and why was this alternative chosen?

None, this is merely a request to match appropriation authority to the final approved fiscal note for ESSB 5364.

What are the consequences of not funding this package?

Reduced ability to expand the reviews of a water system's financial capacity and provide targeted technical assistance to help smaller struggling water systems get back on track.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

N/A

Expenditures:

This change is for increased contractual costs of \$70,000 per fiscal year (FY), starting with FY14 and into future biennia for technical assistance providers.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are on-going.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages			
B Employee Benefits			
C Personal Service Contracts	70,000	70,000	140,000
E Goods and Services			
G Travel			
J Capital Outlays			
T Intra-Agency Reimbursements			
Total Objects	70,000	70,000	140,000

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: FA Other Funds Adjustments
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

The Department of Health requests to adjust appropriation authority to align revenue and expenditures for one program with increasing revenue and one program with decreasing revenue. Additional appropriation authority is needed to in the Temporary Worker Housing Account to spend the fee revenue as a result of a fee increase that replaced General Fund-State dollars. Also, reduce spending authority for the Ambulatory Surgical Facility Account to coincide with estimated revenues and expenditures.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
14J-6	Ambulatory Surgical Facility Account	(456,000)	(352,000)	(808,000)
214-6	Temporary Worker Housing Acct	91,000	91,000	182,000
Total Cost		(365,000)	(261,000)	(626,000)
Staffing		FY 2014	FY 2015	Annual Avg
FTEs		1.0	(2.0)	(0.5)

Package Description:

1. Temporary Worker Housing Account:

The Department of Health (DOH) currently has a base budget of \$25,000 each fiscal year in spending Authority for fund 214 (Temporary Worker Housing Account). This is a non-appropriated/allotted account and is one of four funds supporting the departments Temporary Worker Housing (TWH) Program. In the 2010 Supplemental budget, the Legislature reduced General Fund-State (GF-S), one of the other four funds supporting TWH, by \$116,000 each fiscal year and authorized the department to increase licensing fees to a portion of the lost funding. However, the corresponding spending authority was not included. In the 2011-13 biennial budget more GF-S reductions were mandated due to budget shortfalls, and as a result TWH took an additional reduction of \$134,000 and 1.0 FTE each fiscal year.

The TWH fee increase took effect July 24, 2011. The department is now able to maintain adequate revenue for the overall program costs; however, the department needs the corresponding spending authority and FTE. This package is requesting the difference between the current base appropriation (\$25,000 each fiscal year) and what new fees will generate (\$116,000 per fiscal year).

Agency Contact: Division of Health Systems Quality Assurance, Director of Finance & Operations, Steve Hodgson, 360-236-4990.

Subject Matter Expert: Bart Eggen 360-236-2960

2. Ambulatory Surgical Facility Account:

Reduce appropriation authority in the Ambulatory Surgical Facility (ASF) Program as expenses are reduced to match projected revenue. This funding is used to support investigation and inspection staff.

Agency Contact: Division of Health Systems Quality Assurance, Director of Finance & Operations, Steve Hodgson, 360-236-4990.

Subject Matter Expert: Bart Eggen 360-236-2960

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

1. Temporary Worker Housing Account:

The decision package does not link to any specific performance measures in the Department of Health's Strategic Plan; however, the TWH program protects the public's health by setting standards for the construction and operation of temporary worker housing in Washington State, assuring safe housing for farm and agricultural workers and their families.

2. Ambulatory Surgical Facility Account:

None

Performance Measure Detail

This package does not impact any current performance measures

Is this DP essential to implement a strategy identified in the agency's strategic plan?

1. Temporary Worker Housing:

None

2. Ambulatory Surgical Facilities:

None

Does this decision package provide essential support to one of the Governor's priorities?

1. Temporary Worker Housing:

Yes, the TWH program supports the Governor's priority for Agriculture. Agriculture is the leading employer in Washington State. Providing safe housing for the workers supports growth in the industry.

2. Ambulatory Surgical Facilities:

Yes, this supports the governor's priority for Improved Access to Health Care.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

1. Temporary Worker Housing

Yes, this program supports the statewide result area, Provide for Public Safety. The Temporary Worker Housing program sets the construction and operation standards for agricultural workers' housing.

2. Ambulatory Surgical Facilities:

None

What are the other important connections or impacts related to this proposal?

1. Temporary Worker Housing:

The Legislature's and Governor's policy direction in the 2010 supplemental budget gave DOH fee increase authority to replace the GF-S TWH reduction amount with additional fee revenue; however, no additional appropriation was given. This package will bring the base funding in line with the total estimated TWH annual revenue.

2. Ambulatory Surgical Facilities:

None

What alternatives were explored by the agency and why was this alternative chosen?

1. Temporary Worker Housing:

No alternatives were explored; the Legislature and Governor have already provided direction on this issue.

2. Ambulatory Surgical Facilities:

None

What are the consequences of not funding this package?

1. Temporary Worker Housing:

The TWH Account is a non-appropriated/allotted account; the department could continue to submit quarterly allotment packets to the Office of Financial Management (OFM) requesting additional spending authority.

2. Ambulatory Surgical Facilities:

None

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

1. Temporary Worker Housing:

With the fee increase already in place, DOH is projecting approximately \$116,000 in revenue each fiscal year (FY). Fees are charged by occupancy. Most of the housing facilities renew their annual fee during the months of January and February.

2. Ambulatory Surgical Facilities:

No new revenue is projected for the ASF program.

Expenditures:

1. Temporary Worker Housing: \$182,000

Starting in FY 2014 and ongoing, the department requests 1.0 FTE and \$91,000 in additional spending authority each fiscal year to support TWH Program costs. The additional revenue allows the department to fund additional staff and associated costs required for administrative oversight of the program.

2. Ambulatory Surgical Facilities: (\$808,000)

Expenses for investigation and inspection staff and associated costs are being reduced to coincide with current revenues and expenditures. In FY 2014 the reduction will be (\$456,000), but does not reduce FTE since ASF Program FTE were not funded in the first fiscal year from the carryforward adjustment, as requested in the 2012 fiscal note (SHB 1575). In FY 2015, the reduction will be (\$352,000) and (3.1) FTE. These reductions also include administration cost reductions.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

1. Temporary Worker Housing:

These costs will be ongoing.

2. Ambulatory Surgical Facilities:

These reductions will be ongoing.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	(225,000)	(159,000)	(384,000)
B Employee Benefits	(69,000)	(48,000)	(117,000)
C Personal Service Contracts			
E Goods and Services	(31,000)	(21,000)	(52,000)
G Travel	(37,000)	(31,000)	(68,000)
J Capital Outlays			
T Intra-Agency Reimbursements	(3,000)	(2,000)	(5,000)
Total Objects	(365,000)	(261,000)	(626,000)

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: FE Fees to Maintain Current Programs
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes Level

Recommendation Summary Text:

The Department of Health works to protect and improve the health of people in Washington, promote healthy behaviors and maintain high standards for quality health care delivery. Many of the regulatory programs within the department rely on fees to support the services provided. The department is requesting fee increase authority for three groups of fees, counselor-agency affiliated, counselor-certified and counselor-certified advisor. Currently these fee groups are not earning enough revenue to meet program needs. The revenue from these increases will continue current levels of service.

Fiscal Detail

Revenue					
			<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
	Fund	Source			
		0207 Other			
	02G Hlth Professions Acct	Licenses/Permits	64,000	126,000	190,000

Package Description:

The Department of Health helps ensure that health care professionals provide safe services by regulating more than 380,000 license holders in 80 different professions who practice in Washington. Regulation involves licensing and often discipline of professionals, as well as support for the boards, commissions and committees that oversee these professions. Each licensed or certified professional pays fees as part of the credentialing process, and the methodology of fee calculation remains consistent with previous years: dividing the total estimated program cost for each profession by the estimated number of applicants. To provide services without interruption, fees are reviewed periodically, as operating costs increase or decrease and new work is required through legislation.

The department is requesting fee increase authority for three groups of fees, counselor-agency affiliated, counselor-certified and counselor-certified advisor. Currently each fee group is not earning enough revenue to meet program needs. The revenue from these increases will continue current levels of service. The fee increases are necessary because these three professions have experienced mounting discipline costs which have left the profession's revenue not supporting expenses.

Counselor-agency affiliated, counselor-certified and counselor-certified advisor are three of the eight counseling credentials established by the legislature in 2008 to replace the registered counselor credential. Agency Affiliated Counselors are employed by an agency or facility which is operated, licensed or certified by the State of Washington to provide counseling services in the state, including Washington counties and federally recognized Indian tribes. Certified Counselors and Certified Advisers are counselors in private practice who have a bachelor's degree or a two year degree in a counseling-related field.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

The Department of Health will continue to regulate and support health care professionals to make access to safe, high quality health care possible.

The fee increases being requested in this decision package support programs that tie to at least a dozen different performance measures. While the department can prepare a list of performance measures that are at least partially related, the list would be too large to be meaningful in this decision package.

Performance Measure Detail

Is this DP essential to implement a strategy identified in the agency's strategic plan?

Goal 3: Everyone in Washington has improved access to safe, quality and affordable health care.

Objective 1: Our regulatory system supports the delivery of quality and efficient patient care.

Strategy 1: Remove barriers and streamline regulatory processes.

Patient and consumer safety are among the department's top priorities. The department works to ensure the more than 380,000 health care providers and roughly 6,000 health care facilities comply with health, safety, and professional standards through licensing, investigation and disciplinary activities.

Does this decision package provide essential support to one of the Governor's priorities?

The health profession regulatory programs support the Governor's Health Care Initiative; Ensure Patients have Access to Safe, High-Quality Health Care Providers, by setting the standards for entry and into a health profession and continuing education as well as reviewing and disciplining unsafe providers.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This program makes key contributions to the statewide result to Improve the Health of Washingtonians, indicator 1: Improved healthy behaviors, and indicator 3: Improved access to health care. These activities contribute to a healthier population, and rate as high priority under the Priorities of Government. Purchase Strategies: Provide access to appropriate health care.

What are the other important connections or impacts related to this proposal?

RCW 43.70.250 requires that professions, occupations and business licensing programs be fully funded by the members of that profession, occupation or business.

What alternatives were explored by the agency and why was this alternative chosen?

The department considered reduced regulation of these providers. The department decided that statutory timelines and satisfying the priorities of government are more important than maintaining static fees.

What are the consequences of not funding this package?

Operating expenses of the program will continue to outpace revenue and statutory and regulatory operations will need to be reduced to health care professionals and the health care system.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Fee levels are currently established in rule, WAC chapter 246, and will need to be updated.

Expenditure and revenue calculations and assumptions

Revenue:

The proposed fee increases affect 3 professions (counselor-agency affiliated, counselor-certified and counselor-certified advisor) which are about 7,000 of the 380,000 licensed health professionals in Washington State. Examples of fees that will be increased include application fees, renewal fees and expired license renewal fees. The fee increases will be implemented January 1, 2014 and the projected additional revenue is \$190,000 for the 2013-15 biennium. See Attachment 2, Health Professions Account Fee Requests, for details.

Expenditures:

The agency has sufficient appropriation authority to align with this fee increase. No additional expenditure authority is necessary.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All fee increases will be ongoing.

For federal grants: Does this request require maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Department of Health, 2013-15 Biennium
 "FE" Fees to Maintain Current Programs
 Attachment 1: Health Professions Account Fee Requests

Fee Group	Individual Fee Name	Fee Code	Account	Current Rate	Proposed Rate		Incremental Change		Anticipated Impl. Date	Anticipated Incremental Revenue	
					FY 2014	FY 2015	FY 2014	FY 2015		FY 2014	FY 2015
Agency Affiliated Counselor	Initial Registration	7323	02G	50	60	60	10	10	1/1/14	2,000	3,000
Agency Affiliated Counselor	Renewal	7323	02G	40	50	50	10	10	1/1/14	33,000	66,000
Agency Affiliated Counselor	Expired Registration Reissuance	7323	02G	40	50	50	10	10	1/1/14	200	300
Certified Counselor	CC Initial Certification	7322	02G	110	160	160	50	50	1/1/14	1,400	2,800
Certified Counselor	CC Exam or Reexam	7322	02G	85	135	135	50	50	1/1/14	1,400	2,800
Certified Counselor	CC Renewal	7322	02G	90	140	140	50	50	1/1/14	25,000	50,000
Certified Counselor	CC Expired Certification Reissuance	7322	02G	50	100	100	50	50	1/1/14	50	50
Certified Advisor	CCA Initial Certification	7321	02G	80	130	130	50	50	1/1/14	100	100
Certified Advisor	CCA Exam or Reexam	7321	02G	85	135	135	50	50	1/1/14	100	100
Certified Advisor	CCA Renewal	7321	02G	65	115	115	50	50	1/1/14	300	600
Certified Advisor	CCA Expired Certification Reissuance	7321	02G	50	100	100	50	50	1/1/14	-	-

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: FF Federal Funding Adjustments
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

The Department of Health requests reducing federal appropriation authority for the American Recovery and Reinvestment Act and the Drinking Water Assistance State Revolving Fund.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
001-8	General Fund-Federal Stimulus	(6,410,000)	(4,634,000)	(11,044,000)
04R-8	Drinking Water Assist Acct ARRA	(2,399,000)	(107,000)	(2,506,000)
04R-2	Drinking Water Assist Account	(2,500,000)	(2,500,000)	(5,000,000)
Total Cost		(11,309,000)	(7,241,000)	(18,550,000)
Staffing		FY 2014	FY 2015	Annual Avg
FTEs		(1.0)	0.0	(0.5)
Revenue		FY 2014	FY 2015	Total
Fund	Source			
001 General Fund	0393 Health & Human Svc	(6,410,000)	(4,634,000)	(11,044,000)
04R Drinking Water Assist	0366 Environmental Protect Agency	(4,899,000)	(2,607,000)	(7,506,000)
Total Revenue		(11,309,000)	(7,241,000)	(18,550,000)

Package Description:

The Department of Health federal grant award levels vary from grant period to grant period. Each fiscal year, the federal appropriation authority must be evaluated and adjusted to match receipt of the anticipated grant funds from new and continuing federal grants. This decision package reflects changes to federal appropriation authority for the American Recovery and Reinvestment Act (ARRA) Fund 001-8 and the Drinking Water Assistance State Revolving Fund 04R.

1. Federal Adjustments Fund 001-8 (ARRA):

The Department of Health received ARRA federal stimulus funding for multiple activities including Communities Putting Prevention to Work for Nutrition, Physical Activity and Tobacco, Reaching More Children and Adults to Increase Immunization Rates, and Health Services Corps Strengthening Project. This request is to permanently reduce ARRA federal stimulus appropriation authority that will no longer be required.

2. Drinking Water State Revolving Fund 04R-8 (ARRA):

The Department of Health is requesting a reduction in federal expenditure authority out of the Drinking Water State Revolving Fund, ARRA account 04R-8. The primary purpose of the award was to provide loans to drinking water systems. While the funding for the loans resided in the capital budget, the portion of the federal award for administering the loan program was put in the operating budget. Because the administrative work associated with this federal award was completed, the department requests that the expenditure authority be removed.

3. Drinking Water State Revolving Fund 04R-2:

The Department of Health is requesting a reduction in federal expenditure authority out of the Drinking Water State Revolving Fund, account 04R-2. During the 09-11 biennium, the agency received two awards for the Drinking Water program in a single year in order to catch up to the federal appropriations cycle. With the receipt of two awards (in a single year), the department received increased appropriation authority. Since one award per year is the normal, more expenditure authority than needed in future biennia was established. This request will reduce agency expenditure authority to a level which reflects the department's ability to use the fund source.

Agency Subject Matter Expert: Kristin Bettridge, 360-236-4530

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

There is no direct impact to the agency performance measures as this request does not impact the performance outcomes of the program.

Performance Measure Detail

Is this DP essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one of the Governor's priorities?

N/A

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

N/A

What are the other important connections or impacts related to this proposal?

N/A

What alternatives were explored by the agency and why was this alternative chosen?

N/A

What are the consequences of not funding this package?

N/A

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

N/A

Expenditure and revenue calculations and assumptions

Revenue:

Expenditures:

1. Federal Adjustments Fund 001-8 (ARRA): (11,044,000)

This request is to permanently reduce ARRA federal stimulus appropriation authority and FTE that will no longer be required. FY14 (6,410,000 – 1.0 FTE) and FY15 (4,634,000)

2. Drinking Water State Revolving Fund 04R-8 (ARRA): (2,506,000)

The administrative work associated with this grant has ended resulting in the need for a decrease in expenditure authority in Fund 04R-8. The amount to be reduced is FY14 (\$2,399,000) and FY15 (107,000).

3. Drinking Water State Revolving Fund 04R-2: (5,000,000)

Expenditure authority was granted in the 09-11 biennium for two awards that were received in a single year, but since one award per year is the normal, the department is requesting the expenditure authority be decreased to a level which represents its actual spending level. The result will be a decrease in FY14 (\$2,500,000) and FY15 (\$2,500,000).

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These are ongoing reductions to the agency's budget.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail		FY 2014	FY 2015	Total
A	Salaries and Wages	(81,000)	0	(81,000)
B	Employee Benefits	(25,000)	0	(25,000)
C	Personal Service Contracts	0	0	0
E	Goods and Services	(288,000)	(30,000)	(318,000)
G	Travel	0	0	0
N	Grants, Benefits & Client Services	(10,913,000)	(7,211,000)	(18,124,000)
T	Intra-Agency Reimbursements	(2,000)	0	(2,000)
Total Objects		(11,309,000)	(7,241,000)	(18,550,000)

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: LF Local Funding Adjustments
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

The Department of Health requests reducing local authority to align revenue and expenditures for the Women, Infants, and Children Nutrition Program.

Fiscal Detail

Operating Expenditures			FY 2014	FY 2015	Total
001-7	General Fund-Private/Local		(4,000,000)	(4,000,000)	(8,000,000)
Total Cost			(4,000,000)	(4,000,000)	(8,000,000)
Staffing			FY 2014	FY 2015	Annual Avg
Revenue			FY 2014	FY 2015	Total
	Fund	Source	FY 2014	FY 2015	Total
	001-7	0541 Contributions and Grants - Other	(4,000,000)	(4,000,000)	(8,000,000)
Total Revenue			(4,000,000)	(4,000,000)	(8,000,000)

Package Description:

This is a request to reduce excess local appropriation authority for the Women, Infants, and Children (WIC) Nutrition Program which is funded by United States Department of Agriculture, Food and Nutrition Service. The Department of Health implemented a new food package in federal fiscal year (FFY) 2010 which reduced the average amount of cans of infant formula given per participant; therefore, there is a decrease in rebate revenues. Excess local appropriation authority is not needed.

Division Operations Manager: Amy Ferris, 360-236-3490
 Agency Subject Matter Expert: Janet Charles, 360-236-3697

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Reduce the appropriation authority for the WIC Nutrition Program. The impact of this reduction is \$4 million per year.

Performance Measure Detail

Activity: A010 Promote Family and Child Health and Safety

Is this DP essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one of the Governor's priorities?

N/A

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

N/A

What are the other important connections or impacts related to this proposal?

N/A

What alternatives were explored by the agency and why was this alternative chosen?

N/A

What are the consequences of not funding this package?

N/A

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

N/A

Expenditure and revenue calculations and assumptions

Revenue:

Expenditures:

An anticipated increase in the purchase of infant formula did not occur due to changes in the WIC Food package (2010) that generate rebate revenue; therefore, projected rebate revenue was not received. (FY 2014 (\$4,000,000) and FY 2015 (\$4,000,000))

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This reduction will continue into the outgoing biennia.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail	FY 2014	FY 2015	Total
N Grants, Benefits & Client Services	(4,000,000)	(4,000,000)	(8,000,000)
Total Objects	(4,000,000)	(4,000,000)	(8,000,000)

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
 Decision Package Code/Title: **RF Radiation Funding Correction**
 Budget Period: **2013-15**
 Budget Level: **M2-Inflation and Other Rate Changes Level**

Recommendation Summary Text:

The Department of Health requests a technical correction in appropriation authority by reducing the General Fund Local appropriation and increasing the General Fund Federal appropriation by an equal amount. Four biennia ago a contract between the Department of Health and the United States Department of Energy for work at the Hanford Reservation was coded to General Fund Local. This decision package will correct the error and bring the revenue coding into compliance with the State Administrative and Accounting Manual recommendations.

Fiscal Detail

Operating Expenditures			FY 2014	FY 2015	Total
	001-7	General Fund-Local	(1,390,000)	(1,390,000)	(2,780,000)
	001-2	General Fund-Federal	1,390,000	1,390,000	2,780,000
Total Cost			0	0	0
Revenue					
Fund	Source		FY 2014	FY 2015	Total
001-7; General Fund-Local	05-97 USDOE Local		(1,390,000)	(1,390,000)	(2,780,000)
001-2; General Fund-Federal	03-55 USDOE Federal		1,390,000	1,390,000	2,780,000
Total Revenue			0	0	0

Package Description:

The United States Department of Energy (USDOE) Hanford Reservation contract is administered by the Department of Health's Division of Environmental Public Health. These dollars have been recorded as General Fund - Local (001-7) when they should have been recorded as General Fund - Federal (001-2).

The Department of Health (DOH) is returning \$2,780,000 appropriation authority from the General Fund - Local Account and requesting \$2,780,000 appropriation authority from the General Fund - Federal Account. The net effect of this request is zero.

Division Operations Manager: Mariann Schols, 360-236-3007
 Agency Subject Matter Expert: Mary Hepburn, 360-236-3211

Narrative Justification and Impact Statement:

This decision package ensures that DOH has appropriate funding levels and the dollars spent are recorded accurately.

What specific performance outcomes does the agency expect?

N/A

Performance Measure Detail

No changes in performance measures.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

N/A

Does this decision package provide essential support to one of the Governor's priorities?

N/A

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

N/A

What are the other important connections or impacts related to this proposal?

None

What alternatives were explored by the agency and why was this alternative chosen?

The alternative would be to continue current practice which is not in compliance with Office of Financial Management regulations.

What are the consequences of not funding this package?

N/A

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

This request will change the recording of revenue from local to federal.

Expenditures:

This packet will reduce local expenditure authority in fiscal year (FY) 2014 (1,390,000) and FY 2015 (1,390,000), and increase federal expenditure authority in FY 2014 1,390,000 and FY2015 1,390,000 in the General Fund.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This change is ongoing.

For federal grants: Does this request require a maintenance of effort or state match?

None

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **SP Diarrhetic Shellfish Poisoning**
Budget Period: **2013-15**
Budget Level: **M2-Inflation and Other Rate Changes**

Recommendation Summary Text:

Diarrhetic Shellfish Poisoning is an emerging health issue never found in Washington State before 2011. The Department of Health is requesting a permanent increase in expenditure authority from the State Biotoxin Account for the Washington State Public Health Laboratory to test and analyze Diarrhetic Shellfish Poisoning samples.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
15M-1	Biotoxin Account	78,000	78,000	156,000
Total Cost		78,000	78,000	156,000
Staffing		FY 2014	FY 2015	Annual Avg
FTEs		0.3	0.3	0.3

Package Description:

The Department of Health (DOH) Office of Shellfish and Water Protection requests the ability to support on-going testing for Diarrhetic Shellfish Poisoning (DSP). DSP is a marine toxin that can concentrate in shellfish to dangerous levels, making the shellfish unsafe to eat. In June 2011, the first confirmed DSP illnesses were reported and testing confirmed shellfish were contaminated with the toxin.

Initially our Public Health Lab in Shoreline was not equipped to analyze DSP samples, so (DOH) had to send samples to the Food and Drug Administration's (FDA) Lab in Alabama. The FDA agreed to pay for initial testing but could not pay for on-going testing. There was also significant lag time from the time of sample collection to the time of sample analysis.

In early 2012, the Public Health Lab was able to dedicate analytical equipment for DSP testing. DOH is requesting a permanent increase in expenditure authority from the Biotoxin Account, fund 15M, to fund the testing needed to detect DSP in shellfish at the Public Health Lab. The Biotoxin account balance is currently adequate for the expenditure authority increase request presented in this decision package. Also in order to be sustainable in the outgoing years beyond the 2013-15 biennium Department of Fish and Wildlife will be requesting fee increase in their 2013-15 budget proposals.

EPH Division Operations Manager: Mariann Schols, 360-236-3007
Agency Subject Matter Expert: Jerrod Davis, Office Director of Shellfish and Water Protection, 360-236-3391

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Diarrhetic Shellfish Poisoning occurs from ingesting shellfish that contain toxins. These toxins cause symptoms of gastroenteritis, such as diarrhea. Testing for DSP in shellfish will assist in protecting individuals from becoming ill from this toxin. By testing on a regular basis, the department can be proactive in monitoring recreational beaches and closing them in a timely manner when DSP is found.

Performance Measure Detail

This package does not impact any current performance measures.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

Agency Mission – The Department of Health works to protect and improve the health of people in Washington State.

Goal 1: People in Washington are protected from acute communicable diseases and other health threats.

Objective 1: Our surveillance systems support early detection and swift response.

Does this decision package provide essential support to one of the Governor's priorities?

This work supports the Governor's priorities of government and is a key component of Washington's commitment to protecting the health and safety of its residents.

This work is included as a Near Term Action in the 2012 Puget Sound Action Agenda. Near Term Action C7.5.2 "expands biotoxin monitoring to address the marine toxin causing Diarrhetic Shellfish Poisoning." This involves including DSP into our existing Marine Biotoxin Program and obtaining the analytical testing capability at the Public Health Lab in Shoreline.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This work supports the Priorities of Government: Mitigate environmental hazards – Safe Food. This decision package will work at ensuring Washington residents are safe from shellfish toxins.

What are the other important connections or impacts related to this proposal?

The Biotoxin Account balance is currently adequate for the expenditure authority increase request presented in this decision package. In order to be sustainable in the outgoing years beyond the 2013-15 biennium, Department of Fish and Wildlife is requesting a fee increase in their 2013-15 budget proposals.

What alternatives were explored by the agency and why was this alternative chosen?

Alternatives considered include:

- Not funding the DSP program which means DOH cannot test for DSP as the appropriate equipment, supplies and staff time will not be available

- Reducing testing for other shellfish toxins such as Paralytic Shellfish Poisoning (PSP) or Amnesic Shellfish Poisoning (ASP) in order to purchase the needed equipment/supplies and have staff available to perform DSP testing

Either option puts individuals at risk for shellfish toxin poisoning as either DSP testing will not occur or PSP and ASP testing will be reduced and limited in nature to accommodate DSP testing.

What are the consequences of not funding this package?

The consequences of not funding this package would be reduced toxin testing, which could put individuals at risk for shellfish toxin poisoning.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

N/A

Expenditures:

Expenditures in both fiscal year (FY) 13 and FY 14 include costs for a 0.3 FTE Chemist 2 to perform the testing on an average of 1,500 samples per year. Additional costs of \$41,000 per FY are for supplies (e.g. filters, syringes, tubes, etc), standards and proficiency testing, and a service contract on the HPLC-Tandem Mass Spectrometer. Total costs in FY 13 are 0.3 FTE and \$78,000, and in FY 14 are 0.3 FTE and \$78,000. These costs are ongoing.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs will continue into future biennia, as they will become part of the program's maintenance level.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	18,000	18,000	36,000
B Employee Benefits	6,000	6,000	12,000
C Personal Service Contracts			0
E Goods and Services	54,000	54,000	108,000
G Travel			0
J Capital Outlays			0
T Intra-Agency Reimbursements			0
Total Objects	78,000	78,000	156,000

Agency: 303 Department of Health
Decision Package Code/Title: YS Healthy Youth Survey
Budget Period: 2013-15
Budget Level: M2-Inflation and Other Rate Changes

Recommendation Summary Text:

The Healthy Youth Survey is conducted with public school students in Grades, 6, 8, 10 12. The survey includes questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. This is a joint request from Department of Health, Office of Superintendent of Public Instruction, and Department of Social and Health Services.

Fiscal Detail

Operating Expenditures		<u>FY 2012</u>	<u>FY 2013</u>	<u>Total</u>
001-1	General Fund-State	150,000	150,000	300,000
Total Cost		150,000	150,000	300,000

Package Description:

This is a joint request from Office of Superintendent of Public Instruction (OSPI), DOH and Department of Social and Health Services (DSHS) for ongoing funding from the Legislature to help the three state agencies continue their partnership in conducting and using results from the Health Youth Survey (HYS).

The HYS is conducted with public school students in Grades, 6, 8, 10 12. The survey includes questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. It is the only survey of its kind in Washington State. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth. The HYS also serves as the evaluation instrument for a number of federal grants including the Drug Free community grantees.

Results from the survey are reported at the school, school district, Educational Service District, county and state levels. For the 2012 HYS cycle, 1,022 schools are registered with 290,744 students projected to participate.

Currently, the survey is made available to all schools free of charge with the costs offset by state agencies.

Over the years, the above mentioned state agencies have pieced together funding for this survey. However, with the elimination of the federal Safe and Drug Free Schools and Communities Program (OSPI and COM), elimination of the Tobacco Settlement funds (DOH - primary funding source), reduction in the federal block grant funding (DSHS), a reduction in the state Prevention and Intervention Services Program funding (OSPI) and elimination of the Family Policy Council, it is increasingly difficult to find the dollars and staff necessary to adequately cover the costs and activities associated with the survey. Following the 2012 survey administration which is currently underway, there will not be enough funding to continue work into future biennia.

This proposal is to commit sustainable funding for the existing survey recruitment, data collection, analysis, report generation, and dissemination of findings that has historically been funded by the partnership.

Each of the three agencies, OSPI, DOH and DSHS, is requesting funds to cover 1/3 of the cost of the survey, \$300,000 per biennium, and a 0.5 FTE to serve as the survey coordinator in each agency. This is to replace both funding and staff that have been lost because of the budget cuts described above.

The pooled \$900,000 across all of the agencies will be used to support the following functions:

- \$500,000- continue existing contract with Looking Glass Analytics to maintain the web-based school recruitment infrastructure, scan answer sheets, clean and analyze data, and produce survey reports at all meaningful aggregations (school building to state) and for different populations.
- \$300,000- support 3, 0.5 FTE's, one in each agency, to coordinate survey outreach, implementation, analysis, training, and dissemination of results.
- \$100,000- support community partners in survey recruitment, organization, result dissemination and training in how to access and use results.

Agency Contact: Amy Ferris, (360) 236-3490

Agency Subject Matter Expert: Riley Peters, (360) 236-3581

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Data from the HYS is widely used throughout the state to identify trends in the patterns of health behavior over time. The survey includes questions about perceptions of safety and violence in school, mental health, connectedness to school and community, interest in their education, grades, future plans, physical activity and diet, alcohol, tobacco and other drug use, and other risk and protective factors that look at school, individual/peer, community and family domains. The demographic indicators included in the survey allow analyses to detect multiple patterns within the older youth population—for instance, disparities in nutrition, or the links between depression and alcohol abuse among some population groups.

The HYS reports are used at multiple stakeholder levels for monitoring, planning, and evaluation purposes. For instance, at the building level these data help school personnel to increase their attention to new or persistent problems, like the use of prescription drugs. The data reports help counties target areas for additional services and resources. At the agency level, these data are used to identify the highest risk communities or populations to improve the delivery of prevention and treatment services, and to monitor changes that the services are able to effect.

The data also support inter-agency collaboration by developing common measures of youth health behaviors and risk factors.

Performance Measure Detail

This decision package does not link to any specific 2013-15 Department of Health performance measures.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

The following sections of the Department of Health 2012-2016 Strategic Plan are affected by this request:

Goal 2: Policies and systems in Washington support a healthy start to life and ongoing wellness for all.

Goal 3: Everyone in Washington has improved access to safe, quality, and affordable health care.

Does this decision package provide essential support to one of the Governor's priorities?

This proposal supports the Governor's priority Improve our health and Improve student achievement in elementary, middle and high schools. The HYS results are used to identify needs, develop program and policy, conduct program evaluation and program monitoring for social service, health, educational and recreational programs serving youth within Washington State

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This proposal supports the Priorities of Government: Improve the health of Washingtonians by providing data on two of the health indicators for youth; obesity and tobacco use. In addition to these two indicators, the HYS also collects data on a number of behaviors listed on the POG health website including: diet, exercise, sexual behavior, protection from injury, access to care and substance use.

Results have implications for local, county, and statewide initiatives to address risk and protective factors. The joint survey was developed as a way to streamline the multiple surveys that state agencies conducted in schools into one single survey

The HYS directly supports the POG goal of improving the health and support of Washingtonians that meets the data needs of state and local partners.

What are the other important connections or impacts related to this proposal?

If I-502, the Marijuana Initiative, passes the state will receive \$1,000,000 per biennium of increased tax revenue that will be earmarked for the HYS. If this should occur, this request for GFS will be unnecessary.

What alternatives were explored by the agency and why was this alternative chosen?

Historically, the survey has been funded through a partnership of multiple agencies and braiding of multiple funding streams maximizing existing resources. Because of the survey partnership the survey methodology, funding and dissemination are extremely streamlined and efficient. However, as various funding streams have dried up, it has gotten progressively more difficult to sustain the survey. Other funding options have been explored, but there are not sufficient Federal, State or philanthropic resources to sustain the survey.

What are the consequences of not funding this package?

If this package is not funded, this surveillance tool and the infrastructure surrounding the survey work will be seriously degraded and possibly cease to exist. The partners have reduced funding considerably over the last four years, and cuts are planned to continue into the future. The survey is on the brink of un-sustainability during the next biennium. The 2012 survey represents the 13th statewide survey of Washington's students.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Total funding of \$900,000, for OSPI, DOH and DSHS. The DOH portion will require 0.5 FTE and \$150,000 each state fiscal year ongoing.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing.

Object Detail	FY 2012	FY 2013	Total
A Salaries and Wages	47,000	47,000	94,000
B Employee Benefits	15,000	15,000	30,000
C Personal Service Contracts	57,000	57,000	114,000
E Goods and Services	29,000	30,000	59,000
G Travel			
J Capital Outlays	1,000		1,000
T Intra-Agency Reimbursements	1,000	1,000	2,000
Total Objects	150,000	150,000	300,000

Performance Level Decision Packages

Agency: 303 Department of Health
Decision Package Code/Title: PM Prescription Monitoring Program
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Prescription Monitoring Program (PMP) plays an important role in protecting public health and safety. The program helps ensure that health care practitioners have additional information about their patients to make informed prescribing and dispensing decisions. The information helps practitioners identify and prevent abuse, misuse, duplicative and forged prescriptions, and dangerous drug interactions. The Department of Health (DOH) has supported the PMP in Washington State through federal grant funding; however these federal grants are not ongoing and will be fully depleted by June 2013. This decision package is requesting FTE and General Fund-State to fully support the continuation of this program.

Fiscal Detail

Operating Expenditures			<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
	001-1	General Fund-State	514,000	509,000	1,023,000
Total Cost			514,000	509,000	1,023,000
Staffing			<u>FY 2014</u>	<u>FY 2015</u>	<u>Annual Avg</u>
	FTEs		2.7	2.7	2.7

Package Description:

The rate of drug overdose deaths in the United States is the highest it has ever been, according to a recent report from the Centers for Disease Control and Prevention (CDC). The report shows a rapid increase in deaths and emergency room visits from drug poisoning. Between 1990 and 2006, the rate of unintended poisoning deaths grew from 33 to 67 percent. The increase in overdose death rates is mostly due to prescription opioid painkillers.

Washington had the nation's third-highest rate of self-reported, non-medical use of prescription painkillers in 2008-2009. Unintentional overdose deaths from prescription pain medications increased from 24 in 1995 to 505 in 2008. In Washington State, unintentional deaths from drug overdose have surpassed deaths caused by traffic accidents. In the past 10 years, the numbers of hospitalizations for opioid dependence and abuse have more than doubled. Hospitalizations for poisoning from methadone and other prescription opiates have increased at even higher rates.

To address this growing epidemic the Office of National Drug Control Policy released a 2011 Prescription Drug Abuse Prevention Plan (<http://www.oncdp.gov/prescriptiondrugs/index.html>). One of the four primary focuses of the plan is tracking and monitoring with a goal to establish effective prescription monitoring programs in every state.

PMPs give prescribers a tool to make better-informed prescribing decisions by helping prescribers identify unsafe medication regimens, especially with patients who see multiple prescribers. This information can be analyzed to help identify misuse or abuse of controlled substances and reduce medication errors from duplicate or excessive drug therapy.

In 2007, the Legislature enacted E2SSB 5930 (Chapter 259, Laws of 2007) to implement the recommendations of the Blue Ribbon Commission. That legislation authorizes the department to establish and maintain an electronic PMP when funding becomes available. In 2010 and 2011, the department received grants from the Bureau of Justice Assistance (BJA). In 2010 the department received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). These three grants are being used to fund the program's initial costs. BJA awarded the department \$389,738 in 2010, \$391,597 in 2011 and SAMHSA awarded the department \$104,562 in 2010. The department also received private grants from the National Association of State Controlled Substance Authorities for an education initiative in 2011 (\$19,474) and 2012 (\$18,216). These grant awards will be expended by June 2013.

The department has applied for a 2012 BJA Grant, but because the program is now operational, the department must apply for an enhancement grant. This grant may only be used to enhance the functioning of an existing PMP program. Under an enhancement grant, funding for operations is limited to \$100,000 over a 24-month period. Even if the department is awarded this grant, it will cover only 1/5 of the required operational budget needed. The SAMHSA grant awarded in 2010 has not been available to apply for the last two years. No other grants for sustaining operational costs have been identified.

The department has adopted rules to implement the program and has contracted with a vendor to collect, store, and provide reporting services. The PMP collects data related to all controlled substances dispensed in Washington. The program began collecting data in October 2011 and has been averaging over 900,000 records per month. The program has been fully implemented and access has been rolled out to prescribers, pharmacists, health professional/facility licensing entities, law enforcement, the Department of Corrections (for offenders), the Department of Labor and Industries (for worker's compensation claimants), and to the Health Care Authority (for Medicaid clients). Our initial feedback about the system from agencies, health care facilities and individual practitioners has been very positive.

With sufficient ongoing funding, the PMP will allow DOH to monitor the prescribing and dispensing of controlled substances, and provide this information to prescribers, dispensers, patients, and other parties designated by law. Funding this decision package will allow DOH to continue its efforts in protecting public health and safety. The PMP will improve the quality and effectiveness of health care in Washington by reducing misuse and abuse, duplicative prescribing, and over-prescribing of controlled substances.

Agency Contact: Division of Health Systems Quality Assurance Financial Manager, Steve Hodgson, 360-236-4990

Agency Subject Matter Expert: Chris Baumgartner, 360-236-4806

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

The PMP improves patient safety and the quality and effectiveness of health care. It provides prescribers and dispensers with the information necessary to make informed patient care decisions. This will reduce abuse, misuse, forgeries and duplicative and over-prescribing. PMPs reduce avoidable deaths from inappropriate use of controlled substances and other drugs. They also reduce hospitalizations and emergency room visits due to misuse of prescription drugs.

The PMP provides information to allow other agencies to improve the success of existing efforts to promote patient care and reduce costs. The Department of Social and Health Services, Health Care Authority (HCA), and the Department of Labor and Industries' Workers' Compensation Programs have the potential for realizing cost savings by using the system to review their clients' prescriptions.

In a Governor’s Alert memo dated May 29, 2012, DOH reported to the Office of the Governor that HCA has used this data to refer 20 at risk clients to their Patient Review Coordination program (PRC). The PMP information helped identify patients who were paying cash for drugs to avoid detection. The PRC program saves Medicaid \$6,000 per client per year. These 20 clients represent 67 PRC client years and will amount to more than \$400,000 in savings over time. It is anticipated that the HCA will see greater savings as they continue to work with PMP information to identify additional at risk patients. The Department of Health looks forward to continued collaboration with HCA to improve patient safety and reduce medical costs.

In 2012, the Legislature enacted legislation directed at reducing unnecessary emergency room (ER) expenses. The PMP was identified as one of the initiatives to aid in reducing unnecessary costs. By providing practitioners with access to a patient’s controlled substance history, practitioners can identify patients who are using ERs to obtain controlled substances for non-medical reasons. Third Engrossed Substitute House Bill 2127 directed the HCA to reduce emergency room expenditures by 12 percent in fiscal year 2013. The legislation directed the Washington State Hospital Association, Washington State Medical Association, and the Washington Chapter of American College of Emergency Room Physicians to work with the HCA to develop best practices and performance measures to reduce unnecessary emergency room costs. One of these best practices requires emergency room physicians to enroll in the PMP. Enrollment targets are 75 percent by June 15, 2012 and 90 percent by December 31, 2012.

Performance Measure Detail

This decision package links to the following performance measure in the Department of Health’s 2012-16 Strategic Plan, GMAP, and HealthMAP.

Activity: A015		Patient and Consumer Safety		Incremental Changes	
		<u>FY 2014</u>	<u>FY2015</u>		
	Outcome Measures				
002403	Increase the percentage of prescribers registered to use the Prescription Monitoring Program	50%	15%		

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

The program supports Goal 3 of the department’s 2012-2016 Strategic Plan:
 Goals 3: Everyone in Washington has improved access to safe, quality, and affordable health care.
 Objective 3: Health care providers and facilities are qualified and provide safe care.
 Strategy 2: Improve systems that impact patient care.

Patient and consumer safety are among the department’s top priorities. The PMP supports patient safety by giving practitioners the information they need to make appropriate prescribing decisions for their patients. Having a patient’s complete controlled substance prescription history reduces the risk of inappropriate prescribing, improving patient care.

PMPs also allow practitioners to: 1) identify dangerous drug interactions; 2) reduce overdose medication errors from duplicative therapy; 3) identify patients with prescription drug abuse problems; 4) facilitate earlier intervention for patients who need substance abuse treatment; 5) reduce the quantity of controlled substances obtained by individuals who may be “doctor shopping;” and 6) allow for earlier detection of abuse trends.

Does this decision package provide essential support to one of the Governor’s priorities?

Yes, this decision package provides essential support to the Governor's priority: Create a Health System that Works. The Governor believes all Washingtonians should have access to high-quality health care. The PMP gives practitioners access to their patients' prescription histories. This information is important to making informed prescribing decisions.

The Governor has developed a five-point health care plan to create a health care system that works. A PMP meets this plan by:

- 1) Using evidence-based medicine to ensure that patients receive health care that works. A PMP provides practitioners with important patient prescription information to make evidence-based decisions.
- 2) Emphasizing health promotion and prevention. Having access to a patient's controlled substance prescription history can help a practitioner identify drug interactions and other medication errors. Practitioners will also be able to identify individuals who are overusing medications and may be in need of substance abuse treatment.
- 3) Using health information technology. A PMP uses health information technology to provide practitioners with current prescription information, promoting safe and appropriate prescribing.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This decision package would rate high in the Priorities of Government process. The PMP has a direct connection to Priorities of Government, Improve the health of Washingtonians. The system collects data statewide and provides data to end users located throughout the state.

A PMP will improve patient and consumer health by giving practitioners the information they need to make appropriate prescribing decisions for their patients. Having a patient's controlled substance prescription history reduces the risk of inappropriate prescribing, drug abuse and overdoses. Practitioners will make more informed prescribing decisions.

PMPs also allow practitioners to: 1) identify patients with prescription drug problems; 2) facilitate earlier intervention for patients who need substance abuse treatment; 3) reduce the quantity of controlled substances obtained by individuals who may be "doctor shopping;" and 4) allow earlier detection of abuse trends.

What are the other important connections or impacts related to this proposal?

The Washington State Medical Association was the original proponent of legislation to establish a PMP. Physicians see the benefit of access to a central database to view their patients' controlled substance prescription histories. Having this information will help practitioners make more informed prescribing decisions and reduce overdose medication errors from duplicate therapy.

Since the program started allowing access by practitioners, the department has received very positive feedback and several letters and emails outlining how valuable the program has been for providing better patient care. Practitioners have been appreciative of having this valuable clinical tool available.

There has been considerable interest in this program from legislators, other state agencies and practitioners. Bordering states Oregon and Idaho have PMP programs. Based on the experiences of other states having programs in bordering states makes it more likely that those seeking drugs for non-therapeutic reasons will seek those drugs in Washington State if the program cannot continue to operate. The PMP is an important tool recognized in the new rules on the management of chronic pain established by the boards and commissions who oversee prescribers. These rules were created at the direction of the legislature.

What alternatives were explored by the agency and why was this alternative chosen?

The department has researched other funding sources, but has been unable to locate or secure any sustainable funding sources needed to maintain the program. Other states utilize licensing fees, grants, or general fund-state to operate their programs.

Federal grants have limitations as an ongoing funding source. Once operational, the department can only apply for enhancement grants through BJA. BJA allows only 25 percent of their enhancement awards to be used for operations. BJA awards are for a maximum of \$400,000 dollars over a 24-month period which does not provide enough operational dollars to fund operations. Also, there is no guarantee that DOH will be awarded these grants as they are competitive. Applying for these funds in the future will not provide the ongoing funding needed to operate the program. The department is not currently aware of any other grants (private or public) that will provide for the full operational cost for the program.

While the most common method used by other states to fund their program is a licensing fee on health professionals, most health professional association stakeholders in Washington have been adamantly opposed to a license surcharge. In the FY 2012 Supplemental Budget, DOH submitted a decision package requesting to add a licensing surcharge for some health care professions, estimated at \$11 annually, to fund the operations of the PMP. The legislation to establish the fee, HB 2142 was not enacted.

General Fund-State funding is an alternative used by other states and appears to be the preferred option by both the department and its stakeholders.

What are the consequences of not funding this package?

Practitioners will not have this effective patient safety tool to assist with identifying potential problems such as drug interactions and duplicative therapies. This can lead to prescribing decisions with unintended consequences. Unnecessary patient morbidity and mortality due to drug misuse could be avoided.

Persons with substance abuse issues may not receive early intervention and referral to treatment.

The state will see no further benefit to funds already invested in the initial work implementing the PMP. The department has already invested more than \$913,000 to implement this program, mostly from federal grant funding.

The PMP is an important tool recognized in the new rules on the management of chronic pain established by the boards and commissions who oversee prescribers. The pain management rules were created at the direction of the legislature. Not funding this program would remove a valuable tool that will assist prescribers with managing chronic pain patients.

Law enforcement and licensing boards will lose a valuable tool to investigate complaints of inappropriate prescribing and prescription misuse, abuse and fraud. The PMP allows investigators to view prescription histories from all pharmacies and dispensers in one location resulting in increased efficiency.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

No existing statute or rules would have to be changed. The department would only need to extend its contract with the PMP system vendor to continue providing operational support.

Expenditure and revenue calculations and assumptions

Revenue:

N/A

Expenditures:

In FY 2014, there will be ongoing costs for 1.0 FTE Washington Management Services (Band 2) Program Manager and 1.0 FTE Health Services Consultant 3, and associated expenses, to oversee the development of the mission, goals, and performance measures for the program and IT system. The manager will direct strategic planning, work with the broad spectrum of affected stakeholders, manage the contract with the IT vendor, and oversee the program's budget. The Health Services Consultant 3 position will assist with communication with the dispensers who submit the data, maintain and review performance measures, perform data submission compliance and train system users (which will require travel), respond to user questions, review registrations for access, implement policies and procedures, assist with program evaluations, and monitor vendor services. Costs will also include one-time small equipment costs in FY 2014 for new staff, and travel estimated at \$20,000 per fiscal year.

Expenditures in FY 2014 also include approximately \$224,000 per year in contractual services for a vendor to and operate the PMP system. This amount is based on information provided to the department by the current contractor implementing the program. The vendor will collect controlled substance drug records from the dispensers, monitor their submissions for compliance and accuracy, clean and store the records, and provide 24/7 Web reporting services to the users of the system. The vendor will also assist the department in the creation and transmission of alerts to providers whose patients may potentially be receiving an unsafe quantity or combination of prescription drugs.

Total costs in FY 2014 will be 2.0 FTE and \$514,000. Starting in FY 2015, ongoing costs will be 2.0 FTE and \$509,000 each year. In FY 2014 and ongoing, total expenditures also include salary, benefits and related staff costs for 0.3 FTE Health Services Consultant 1 and 0.4 FTE Fiscal Analyst 2 to assist with administrative workload.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The only one-time costs are equipment costs for the new HSC 3. In FY 2015 and ongoing operational costs will be approximately \$509,000.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail		FY 2014	FY 2015	Total
A	Salaries and Wages	177,000	176,000	353,000
B	Employee Benefits	54,000	54,000	108,000
C	Personal Service Contracts	224,000	224,000	448,000
E	Goods and Services	33,000	32,000	65,000
G	Travel	20,000	20,000	40,000
J	Capital Outlays	3,000		3,000
T	Intra-Agency Reimbursements	3,000	3,000	6,000
Total Objects		514,000	509,000	1,023,000

State of Washington
Decision Package

FINAL

Agency: **303 Department of Health**
Decision Package Code/Title: **TQ Tobacco Quitline**
Budget Period: **2013-15**
Budget Level: **PL-Performance Level**

Recommendation Summary Text:

The Department of Health requests funding to continue Tobacco Quitline services for the uninsured and underinsured population. Despite Washington State's great progress in reducing tobacco use and exposure, tobacco remains a leading cause of preventable disease and death in our state and a significant contributor to healthcare costs. Last year there were approximately 8,000 tobacco related deaths in our state. The Tobacco Quitline has been a successful resource to assist people to quit smoking.

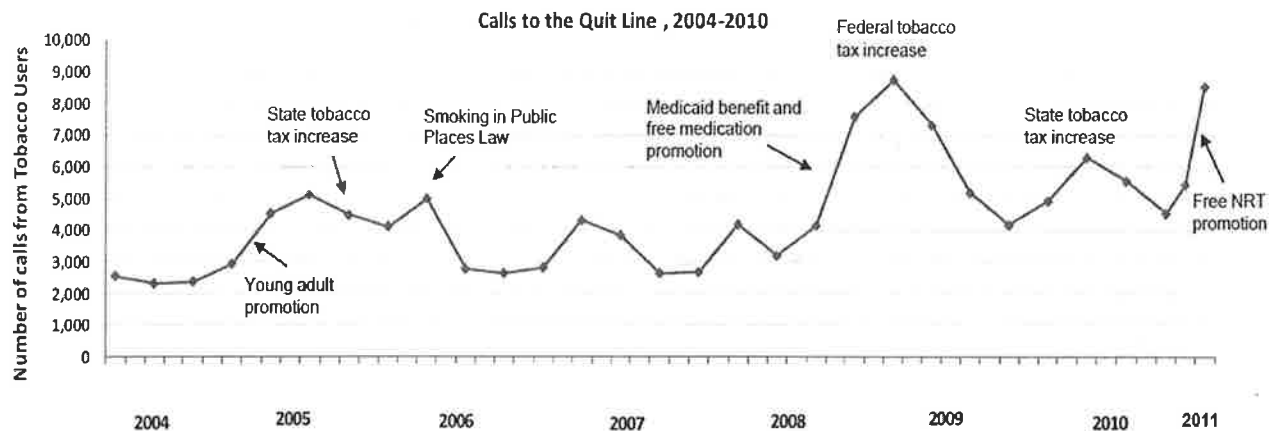
Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
001-1	General Fund-State	1,931,000	1,931,000	3,862,000
Total Cost		1,931,000	1,931,000	3,862,000

Package Description:

The department requests funding for quitline services to the uninsured and underinsured population. People not covered by Medicaid or private insurance cessation benefits cannot use the quitline services once the state funding ceases on June 30, 2013. Quitline services can significantly increase the chances of successfully quitting tobacco. People who use tobacco products impose a heavy burden of illness and medical expenses on the state of Washington. Approximately \$651 million is spent every year for public-funded healthcare to treat tobacco-related illnesses. Tobacco users become addicted to a product that can cause and worsen a long list of chronic diseases, including cancer, asthma and cardiovascular disease.

In calendar year 2011, the quitline provided services to approximately 29,000 tobacco users residing in the state of Washington. 5,000 of these residents had cessation benefits through Medicaid, and just over 6,000 had private health insurance coverage. The remaining 18,000 callers had no insurance coverage for tobacco cessation. The demand and need to call the quitline remains high. Some of this demand comes from a national advertising campaign from the Centers for Disease Control and Prevention (CDC) that is expected to air again in January 2013 as well as an ad campaign from the Food and Drug Administration (FDA) Center for Tobacco Products in the fall of 2012. Both agencies have expressed the intent to run ad campaigns in the future. The department has seen increased call volume to the Quitline during previous campaigns as shown in the graphic below.



Call volumes were high even at a time when there were no services for those without insurance. Between July 1 and August 28, 2011, the quitline received 2,072 calls. Of the calls, 865 people did not receive services because they were uninsured or underinsured. In the year without services for uninsured people, more than 6,000 people who called the quitline asking for services without any benefit were put on a waiting list to be called back when services were restored.

Based on previous call volumes during ad campaigns, the department anticipates the need for additional capacity to the quitline in the coming biennium. The department also expects that the program will need increased staff capacity to coordinate quit line activities with other cessation interventions in the state, including educating healthcare providers on how to screen and refer patients to cessation services.

By continuing quitline services, people using tobacco products have the choice to receive help quitting a product that negatively impacts their health and finances. When those people quit using tobacco, the burden on state health care costs to treat tobacco related chronic diseases is decreased. According to the CDC Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC), every Washington household pays an estimated \$628 per year for smoking-related healthcare, even if nobody in that household smokes. Quitline services are recognized as a “best practice” by the CDC. Current science indicates that quitline services, especially with nicotine replacement therapy, significantly increase successful tobacco cessation, more than doubling the chance of a person successfully quitting.

The quitline (1-800-QUIT-NOW, in Spanish 1-877-2NO-FUME) provides callers with counseling, a personalized quit plan and quit kit, nicotine replacement medication, and referrals to local resources for follow-up support. The quitline assesses the needs of the caller and determines the appropriate level of service based on insurance status, planned timeline to quit, and desire to have products like the patch or gum. An American Lung Association study shows that offering cessation benefits provides a net positive return on investment.

The department contracts with an entity that provides quitline services. This same entity has provided quitline services to government agencies and private companies nationwide including Washington State’s Medicaid program. The level of service and intensity provided depends on the type of caller. Callers with health insurance, including Medicaid fee for service, or employer-purchased coverage of the quitline are triaged at intake and not charged to the Tobacco Prevention and Control Account that currently funds quitline services for people without insurance.

The following services will be provided to about 13,000 callers without insurance benefits who call the state funded quitline:

Standard Benefit

Eligibility: Any adult living in Washington State is eligible for this standard, one-call benefit. Specifically, people who have insurance, but do not have a cessation benefit that can be charged to the quitline will be the primary users of this standard benefit.

Once call service provided to everyone: One-call with counseling and provision of quit materials provided to anyone who lives in Washington state and calls.

Comprehensive benefit

Eligibility: The following people qualify for up to four more calls: 1) people with no health insurance; 2) VA benefits only; 3) Indian Health Service; and 4) pregnant women.

Service provided: The comprehensive benefit includes:

- The initial intake call
- Proactive follow-up counseling calls
- Nicotine replacement therapy when appropriate that includes either the patch or gum
- A quit kit containing self help materials.

The Tobacco Prevention and Control Account was established in 1999 to fund tobacco prevention efforts in the state. Initially, \$100 million of Master Settlement Agreement funds were deposited in the fund. Later some tobacco taxes were dedicated to this fund under a 2001 initiative. In 2007, \$50 million was added, which would have carried the program through 2012. In more recent years, the Legislature redirected the tax revenue to the General Fund, and allocated the remaining dollars to a reduced tobacco prevention program and support of public health programs. With those changes, the fund was projected to be depleted by June 30, 2011. However, some funds remain, enough to implement the quitline for FY 2013. Beyond that, there is projected to be no funding available for quitline services.

Agency Contact: Division of Prevention and Community Health Financial Manager, Amy Ferris, 360-236-3490
Agency Subject Matter Expert: Paul Davis, 360-236-3642

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

The provision of quitline services will assist in reducing the smoking prevalence in Washington State. The ultimate goal is to reduce morbidity and mortality related to tobacco use, which is still the leading cause of chronic diseases, including cancer, heart disease and stroke. Three key factors are driving the need for the quit line service:

1. Quit line services provide people who do not have insurance the support for tobacco cessation and help reduce smoking prevalence among low income and low-educated adults.
2. A national advertising campaign was aired by the CDC in June 2012 that encouraged people to call the quit line. The department expects additional national campaigns in fall 2012.
3. In September 2012, the Food and Drug Administration Center for Tobacco Products is scheduled to require new warning labels on all packs of cigarettes. These warning labels, by law, include the quit line number on every pack. The North American Quit line Consortium expects normal volumes of callers to the quit line to increase after introduction of the new graphic warnings.

4. Health care providers are more likely to counsel their patients to quit using tobacco if there is a resource like the quit line to support patient referrals.

Performance Measure Detail

Activity: A002 Chronic Disease Prevention

While there isn't a direct performance measure that this request impact, there are Agency Government Management Accountability and Performance (GMAP) measures related to tobacco use are impacted by the availability and use of quit line services.

Is this DP essential to implement a strategy identified in the agency's strategic plan?

Yes, this decision package links to the following goal and objective in the 2012-16 Department of Health Strategic Plan:

Goal 3: Everyone in Washington has improved access to safe, quality, and affordable health care.
Objective 2: Public health and prevention practices are incorporated into the healthcare delivery system.

Does this decision package provide essential support to one of the Governor's priorities?

Yes, this work supports the Governor's priority: Improve our Health, by improving our health through leading in tobacco prevention and control.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes, this work supports the Priorities of Government: Improve the health of Washingtonians by reducing tobacco use among adults and youth.

What are the other important connections or impacts related to this proposal?

Agency Government Management Accountability and Performance (GMAP) measures related to tobacco use are impacted by the availability and use of quit line services. Populations with lower income and education are especially more vulnerable as they are more likely to be uninsured or underinsured. Stakeholders like the American Heart and Stroke Association, American Cancer Society, American Lung Association and Public Health—Seattle and King County, to name a few, have prioritized providing quit line services to uninsured and underinsured populations.

What alternatives were explored by the agency and why was this alternative chosen?

In 2014, the Affordable Care Act will require most people to have health insurance and will require health insurance companies to provide an essential benefits package, which may include tobacco cessation services. With the essential benefits package and current level of service for insurance companies being uncertain, depending on people to receive benefits from their insurance company could result in service gaps to those at the highest risk of developing smoking related illness.

What are the consequences of not funding this package?

More than 60 percent of smokers who were uninsured or under-insured tried quitting in the past year. About 12,000 of them called the quit line for help in kicking the habit last year. By not funding this package, this population of high need will not have an effective resource to help them quit. According to the North American Quitline Consortium, Washington State was the only state not to offer a quit line service to people without insurance or who are underinsured in fiscal year 2012.

Additionally, in September of 2012, the FDA plans to have a graphic health warning that encourages people to call 1-800-QUIT-NOW. Although this provision is currently in litigation, the FDA plans to aggressively pursue having the warning labels. People without insurance will not receive any services by calling this number unless the state provides that service. The North American Quitline Consortium estimates that calls to the quit line will increase in the first year of the graphic warnings. It will also increase with nationally aired campaigns by CDC and FDA that encourage people to call the quit line.

Quit line provides a necessary cessation resource for individuals who want to quit smoking, either voluntarily or due to expanded smoking restrictions. If fewer people have the opportunity to quit successfully, we cannot expect as much progress in reduced tobacco use. Consequently, the impact of tobacco use on chronic diseases and associated morbidity, mortality and health care costs will remain high.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

A contract with Alere Wellbeing will need to be amended and extended to provide quit line services. Alere was the successful bidder under a competitive process to choose the state's quit line provider.

Expenditure and revenue calculations and assumptions

Beginning in FY 2014 and ongoing, the department will require \$1,931,000 to fund and manage the Tobacco Quitline contract. This contract provides Tobacco Quitline services to people who do not have insurance or access to other resources to quit smoking the contract and provide coordination of services to educate healthcare providers on how to refer patients to cessation services.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These costs are ongoing.

Object Detail		FY 2014	FY 2015	Total
A	Salaries and Wages	87,000	87,000	174,000
B	Employee Benefits	26,000	26,000	52,000
C	Personal Service Contracts			
E	Goods and Services	16,000	16,000	32,000
G	Travel			
N	Grants	1,800,000	1,800,000	3,600,000
T	Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects		1,931,000	1,931,000	3,862,000

Agency: 303 Department of Health
Decision Package Code/Title: BR Behavioral Risk Factor Survey
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey about health behaviors and disease conditions in adults. The BRFSS provides essential information to make smart decisions for improving health in Washington. State and local government agencies rely on BRFSS to inform planning and priority-setting, target prevention resources, and evaluate programs. This costs approximately \$1.2 million a year. Due to the loss of tobacco prevention funds and other funding for the survey, the department now has about half the resources needed to sustain this essential information tool.

Fiscal Detail

Operating Expenditures		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
001-1	General Fund-State	662,000	662,000	1,324,000
Total Cost		662,000	662,000	1,324,000

Package Description:

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey about health behaviors and disease conditions in adults aged 18 years and over. BRFSS captures data on many health topics, including whether people smoke or exercise, have health insurance, get screened for certain cancers, or have heart disease, diabetes, or other diseases. Since 1987, the Department of Health has collected BRFSS data round from Washington residents. BRFSS provides essential information to make smart decisions for improving health in Washington. State and local government agencies rely on BRFSS to inform planning and priority-setting, target prevention resources, and evaluate programs.

BRFSS survey data effectively informs health policy decisions because it collects enough information to measure health issues at the local level and among different population groups. For instance, BRFSS data from 2009-2010 show that in Cowlitz County, 37 percent of adults are obese, while 21 percent of adults are obese in King County. BRFSS data from 2008-2010 show that the smoking rate for Native Americans (31%) is more than twice as high as the smoking rate for the general population in Washington (15%). With limited resources to address critical public health issues, DOH must make targeted investments, focusing prevention dollars on areas of the state and segments of the populations where those funds will have the greatest impact. For example:

- When the department received a large federal grant, the department used BRFSS data to assess community and behavioral risks for chronic disease in Washington. With this information, the department was able to target the new funding to counties with the greatest burden of chronic disease risk and the greatest opportunity for prevention. These eleven targeted counties then used local BRFSS data to target groups for funding and intensive intervention.
- The department's Tobacco Prevention and Control Program used BRFSS data to measure state progress in preventing tobacco use. While DOH saw the smoking rate decline among the general population, further analysis of the BRFSS data showed that smoking rates were remaining steady among people

with low incomes. The program used this information to redirect resources on activities to help low income smokers quit.

Until 2010, DOH had funding to conduct enough surveys to measure local differences and health disparities. DOH relied on a blend of fund sources including Tobacco Prevention funds, a grant from the Centers for Disease Control and Prevention and contributions from agency programs and other agencies that use the data. Since 2010, DOH has lost half of these resources through loss of tobacco prevention funds and reductions to the federal grant and partner contributions. As resources declined, DOH had to significantly reduce the number of surveys conducted.

In order to have enough data to look at health issues among different communities and population groups to target our investments, the department needs to collect at least 12,500 surveys each calendar year. This costs approximately \$1.2 million each year. The department projects having \$539,000 from all available sources for BRFSS. DOH requests general fund state to close this gap so the department, other state agencies and local government continue to have BRFSS data for planning and policy decisions.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Data has shown us that 12,500 surveys is the minimum number of surveys needed to obtain BRFSS results at the local level and for different segments of the population. With this level of BRFSS data collection:

- State agencies, including the Department of Health, the Office of Financial Management, the Department of Labor and Industries, and the Department of Social and Health Services will have BRFSS data needed to plan programs, target services, and evaluate the effectiveness of their work.
- Communities will have local data on their specific health needs, which will allow them to plan local health improvement strategies and apply for funding to support the work.
- Organizations serving people of color and the poor will have data on health disparities they can use to develop plans to address the specific health needs of these groups.
- Policy makers will have reliable, specific data on the health of Washingtonians to guide their decision making.

Performance Measure Detail

While there is not a direct agency performance measure associated with the BRFSS, data collected from it is used to report other agency performance measures

Is this DP essential to implement a strategy identified in the agency's strategic plan?

BRFSS supplies data that are crucial to measuring the success of several strategies outlined in the department's Strategic Plan for 2012-2016:

- Goal 2 – Policies and systems in Washington support a healthy start to life and ongoing wellness for all. (BRFSS data will allow the department to measure progress preventing tobacco use, physical inactivity, poor nutrition, and other chronic disease risk factors.)

- Goal 3 – Everyone in Washington has improved access to safe, quality, and affordable health care. (BRFSS data will allow DOH to track whether Washingtonians have health insurance and a regular access to medical care.)

BRFSS data will also be essential to monitoring the state’s progress on reforming the governmental public health system. The department and local health jurisdictions have developed an Agenda for Change Action Plan that establishes system-wide priorities for public health improvement. Echoing the agency’s Strategic Plan, two of these priorities focus on chronic disease prevention and health care access. BRFSS data, at the state and local levels, will tell the department and local health jurisdictions how they are doing and where they need to focus their efforts.

BRFSS data form the basis for much of *The Health of Washington State*, DOH’s report on the health of the state’s population. DOH also publishes data for a set of local public health indicators, used routinely by local health jurisdictions to set priorities, plan actions, and measure results. BRFSS data are necessary for more than half of these health indicators.

Does this decision package provide essential support to one of the Governor’s priorities?

BRFSS data are critical to measuring progress on two of the Governor’s priorities.

- Access to Health Care – BRFSS collects data on whether adults in Washington have health insurance and whether they have had serious trouble getting needed medical care or prescriptions.
- Improve Our Health – BRFSS also asks adults whether they smoke tobacco or get adequate physical activity, two indicators addressed in the Governor’s priority to Improve Our Health.

The information provided by the BRFSS allows us to answer key questions such as “How many Washingtonians have health insurance?” and “How many Washingtonians smoke tobacco?” If DOH can maintain collection of at least 12,500 surveys each year, the department will be able to answer these questions for Washington’s counties. The department will also be able to assess health disparities by answering these questions for different racial, ethnic, and income groups in the state.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

BRFSS data measure two of the indicators in the Governor’s Priorities of Government:

- Indicator 1: Improved Healthy Behaviors. Two of the measures (adult obesity and tobacco use) are calculated using BRFSS data.
- Indicator 2: Improved Life Expectancy. One of the measures, years of healthy life at age 20, is calculated using a combination of BRFSS and death data.

Conducting at least 12,500 surveys a year is essential to continue to track these priorities at the state and local level.

What are the other important connections or impacts related to this proposal?

Many state and local government agencies, non-profit organizations, and researchers in Washington use BRFSS data to plan, evaluate or monitor their work. The following are examples of just a few organizations who rely

on BRFSS data. The examples of data use described below are possible only when the department conducts more than 12,500 surveys a year:

- The department used BRFSS data to determine that people with adequate health insurance were not receiving appropriate colorectal cancer screening. As a result, DOH applied for and received federal funding to promote colorectal cancer screen to healthcare providers and the public. The department currently uses BRFSS data to make sure that these prevention activities continue to increase cancer screening rates.
- The Department of Social and Health Services (DSHS) uses BRFSS data to measure and plan services for alcohol and substance abuse among adults. Previously, DSHS used BRFSS data to identify information needs among caregivers for the elderly and disabled. Based on these data, DSHS expanded their caregiver program to include a more comprehensive set of services.
- The Health Care Authority used BRFSS data to compare health and wellness information for state employees to the rest of the state population. This comparison drove decisions for targeting worksite wellness interventions.
- The Department of Labor and Industries uses BRFSS data to determine if health conditions and behaviors differ for people working in various occupations and industries, and to assess the percent of workers with some work-related illnesses and disabilities.
- The Office of Financial Management (OFM) uses BRFSS data to meet their legislative requirement to develop a statewide health resource strategy. OFM uses BRFSS data to identify geographic variations in health risk factors, population characteristics, and use of preventive services.
- The Governor's Interagency Council on Health Disparities uses BRFSS data to describe differences in health status by race and ethnicity. The council uses this information to set state priorities for eliminating health disparities and to develop strategies described in the State Policy Action Plan to Eliminate Health Disparities.
- Local health jurisdictions in Washington routinely use BRFSS data to prioritize prevention efforts, write grants, and increase awareness of health issues in the community. For example, when Clark County Public Health identified a rapid rise in local obesity rates using BRFSS data, they partnered with community organizations to apply for funding to address this issue. When funded, they used BRFSS data to develop strategies to address obesity in worksites, health systems, schools, and communities. As a result, they were able to fund eight worksites in Clark County to provide healthy choices in vending machines and ban tobacco use on campus.
- Researchers at the University of Washington and other universities use BRFSS data to learn about factors that affect Washington residents' health, and to evaluate which policies and prevention practices most effectively improve population health.
- The Gates Foundation used BRFSS data to inform their Family Homelessness charitable giving program in Washington.

What alternatives were explored by the agency and why was this alternative chosen?

DOH has pursued all federal funding opportunities available, but due to federal budget cuts we have not been successful. Another option explored was to increase the charge programs and other state agencies pay for adding questions to the survey. However, while DOH has increased the charges for BRFSS questions in recent years, we won't be able to raise them high enough to close the gap since the programs and agencies that pay for questions have also experienced state and federal budget reductions.

What are the consequences of not funding this package?

The main consequence of not funding this package is a reduction in the amount of BRFSS data the department conducts. If BRFSS conducts fewer surveys than needed, DOH will lose the ability to examine important health issues in different area of the state and different segments of the population. This will prevent state agencies and others from using BRFSS data to target their resources or measure the impact they are having. Local governments will be forced to try to target dwindling resources without the benefit of community data to help discern the most effective and efficient use of these resources. State agencies will lose the ability to use BRFSS data to examine the effect they are having on improving health and risk behaviors for racial and ethnicity minorities and people in lower socio-economic groups.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

N/A

Expenditures:

The BRFSS costs a total of \$1.2 million per year to collect 12,500 interviews. DOH projects about \$539,000 of federal and other funding available on-going. The department requests general fund state through this decision package to cover the remaining \$662,000.

BRFSS has been conducted in Washington since 1987. This large, statewide survey is managed on 2.25 FTE. In recent years, these costs have been covered by a variety of fund sources, all of which have been either eliminated or reduced. The department requests funds to partially meet this staffing need, with the assumption that the other 1.0 FTE will continue to be supported on federal funds. The department does not request additional FTE. This decision package will continue support for 1.25 FTE currently assigned to BRFSS:

- 0.50 Health Services Consultant 4 (survey planning and implementation; grant development; contract monitoring; stakeholder input and communication)
- 0.50 Epidemiologist 2 (data management and analysis, technical assistance on data use)
- 0.05 Epidemiologist 3 (technical supervision and oversight for Epidemiologist 2)
- 0.20 WMS 2 (program and budget management)

Estimated expenditures for printing are \$5,000. DOH contracts with a survey company to conduct the telephone interviews. The cost is about \$95 per completed cell phone interview and \$70 per completed land line interview. DOH requests funds to collect an additional 6,250 surveys, 4,687 landline and 1,563 cell phone. The total purchased services will be \$476,575:

4,687 landline interviews * \$70 per interview = \$328,090

1,563 cell phone interviews * \$95 per cell phone interview = \$148,485

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

This request is for \$662,000 per year of ongoing funding. The BRFSS is a continuous telephone survey that collects data 12 months a year, every year. The public health and governmental needs for the data and the costs of maintaining this survey are expected to be ongoing in future biennia.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None, this funding request does not fulfill a federal grant's maintenance of effort or match requirement.

<u>Object Detail</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
A Salaries and Wages	118,000	118,000	236,000
B Employee Benefits	37,000	37,000	74,000
C Personal Service Contracts			
E Goods and Services	502,000	502,000	1,004,000
G Travel	1,000	1,000	2,000
J Capital Outlays	2,000	2,000	4,000
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	662,000	662,000	1,324,000

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: NS Newborn Screening SCID
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health, Newborn Screening program tests babies born in Washington State for treatable disorders. Without screening, babies with these disorders are not likely to be detected before disability or death occurs. Severe Combined Immunodeficiency (SCID), also known as the “bubble boy” disease, is uncommon but deadly. Medical and scientific evidence clearly shows that early detection and treatment through newborn screening dramatically improves outcomes for SCID babies and results in complete cure for most. The department is seeking a fee increase to cover the cost screening for SCID.

Fiscal Detail

Operating Expenditures			FY 2014	FY 2015	Total
001-7	General Fund/Private Local		691,000	691,000	1,382,000
Total Cost			691,000	691,000	1,382,000
Staffing			FY 2014	FY 2015	Annual Avg
FTEs			2.4	2.4	2.4
Revenue			FY 2014	FY 2015	Total
Fund	Source				
001-7	0597 Private Local		694,170	694,170	694,170
Total Revenue			694,170	694,170	694,170

Package Description:

Severe combined immune deficiency (SCID), also known as “bubble boy disease” is a condition that is typically fatal in the first year of life. However, early detection through newborn screening allows affected infants to receive bone marrow transplant or gene therapy before damage is caused by the disorder and while the child can still be cured of the condition. The U.S. Department of Health and Human Services recommends that SCID be included in all states’ newborn screening programs.

In Washington, the State Board of Health has statutory authority to add conditions to the panel of disorders that our state must screen for in newborn children. Screening for the required conditions are done by the Department of Health and funded through fees charged to the facility of birth.

In February 2012 the Department of Health and the Board of Health convened an advisory committee to consider newborn screening for SCID in the context of five criteria the Board has adopted to evaluate conditions for the screening panel: 1) Prevention Potential and Medical Rationale 2) Available screening technology 3) Availability of effective treatment 4) Public Health Rationale and 5) Cost Benefit/Cost Effectiveness. The sixteen member committee included representatives of parents, child advocacy groups, professional associations, medical/clinical specialties, principal health care payers, medical ethics and public health. The committee unanimously concluded that SCID meets all of the Board’s criteria and recommended that the Board add SCID to the required panel for newborn screening.

In June 2012 the Board considered the recommendation of the advisory committee and approved the following motion: “The Board accepts the recommendations of the Severe Combined Immunodeficiency (SCID) Advisory Committee with the understanding that implementation will be contingent on the feasibility of obtaining sustainable funding. The program will not be able to absorb additional testing costs without additional revenue.”

The agency is proposing to increase the fee which is charged to the facility at birth for each child to cover the cost of adding SCID testing. The current fee is \$60.90 and will increase by \$8.10. The fee increase is based on the estimated cost of adding the new test to the existing screening panel.

The increased fee will allow the agency to implement screening for SCID. This will result in early detection and treatment that can allow these children to be fully cured of the disorder. This will result in cost-effectively reducing deaths and disability for babies born with SCID.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Increasing the fee will allow the agency to add SCID screening to the twenty-five other conditions that every child is screened for. This will result in early detection and treatment that can allow these children to be fully cured of the disorder.

This activity, Newborn Screen Lab – Testing & Follow-up is cataloged in the agency activity inventory under A011 Public Health Laboratory. This activity will result in reduced death and disability for babies with SCID. This directly supports the agency goal 2: Public health and prevention practices are incorporated into the health care delivery system and goal 3: Policies and systems in Washington support a healthy start to live and ongoing wellness for all.

Performance Measure Detail

This package will contribute to the Department of Health Measure: All newborns are tested in Washington to screen them for genetic disorders that can be treated.

Activity: A011 Public Health Laboratory

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

This decision package will contribute to Goal 1: People in Washington are protected from acute communicable diseases and other health threats.

Does this decision package provide essential support to one of the Governor’s priorities?

This work supports the Governor’s Initiative that all Washingtonians should have access to high quality, affordable health care. It also meets the Governor’s health care strategy: Create a health care system that works.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

This work supports the Priorities of Government: Improve the health and support of Washingtonians. And at a lower level, Identify and mitigate risk factors. Congenital and genetic factors and would rate very high.

What are the other important connections or impacts related to this proposal?

The Washington State Hospital Association is concerned that there may be a lapse between implementation of the fee increase and reimbursement for their Medicaid clients. Over 50 percent of the births in Washington are covered by Medicaid and there needs to be a plan in place to cover the increased costs before the testing begins. The Health Care Authority (HCA) has indicated that they will include consideration of the fee increase when they 'rebase' their reimbursement rates for obstetric care, but the completion date for rebasing has not been determined. The department is working with HCA to develop a plan to move forward.

What alternatives were explored by the agency and why was this alternative chosen?

The department applied for a one-time two year grant from the CDC to support implementation of SCID testing in order to defray some of the startup costs. However, the department was not a successful recipient.

Current screening is covered by user fees and given the current budget environment, increasing the existing fee to cover the costs of SCID screening as proposed is the most viable option.

What are the consequences of not funding this package?

The current fee is only sufficient to cover the costs of current required panels for screening. Without this fee increase the agency will not be able to implement screening newborns for SCID, resulting in potential deaths and disability among babies born with this condition.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

The Board of Health will need to amend its rules to add SCID to the list of required conditions to screen newborns for.

Expenditure and revenue calculations and assumptions

Revenue:

Currently the Newborn Screening Program tests infants born in Washington for twenty-five disorders and collects \$60.90 per baby screened. This proposal will increase the newborn screening fee by \$8.10 from the

current level of \$60.90 to \$69.00 per baby screened.

The anticipated implementation date to begin screening infants for SCID will be July 2013, fiscal year (FY) 2014.

Using a formula based on OFM's November 2011 projections (Population and Components of Population Change 1990 to 2030) the anticipated number of infants screened is expected to be about 85,700 per year. We estimate revenue at $85,700 \times \$8.10 = \$694,170$.

The estimated 2013-15 biennium total is estimated to be \$1,330,000. This revenue estimate is ongoing but will fluctuate each year based on the number of births.

Expenditures:

Starting in FY14 and ongoing, estimated expenditures will include salary, benefits, and associated costs for 1.0 FTE Microbiologist 2 to conduct the SCID testing. Based on information obtained from other newborn screening programs that are currently screening for SCID, additional costs include expendable testing supplies and materials at \$428,000 per year. There will also be a cost to purchase major equipment such as high capacity DNA measurement instruments and high capacity specimen handling systems. The cost for equipment is prorated over the five year lifespan and is estimated at \$71,000 per year. Ongoing costs starting in FY14 will be 1.0 FTE and \$691,000.

In addition, estimated expenditures starting in FY14 and ongoing include salary, benefits, and associated costs for 0.5 FTE Health Services Consultant 1 and 0.9 FTE Fiscal Analyst 2 to assist with the increased workload.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing and will continue into future biennia. The large equipment costs are pro-rated over the expected five year life span.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	127,000	127,000	254,000
B Employee Benefits	39,000	39,000	78,000
C Personal Service Contracts			
E Goods and Services	452,000	452,000	904,000
G Travel			
J Capital Outlays	71,000	71,000	142,000
T Intra-Agency Reimbursements	2,000	2,000	4,000
Total Objects	691,000	691,000	1,382,000

Department of Health, 2013-15 Biennium

"NS" Newborn Screening SCID

Attachment 1: Fee Requests

Fee Group	Individual Fee Name	Fee Code	Account	Current Rate	Proposed Rate		Incremental Change		Anticipated Impl. Date	Anticipated Incremental Revenue	
					FY 2014	FY 2015	FY 2014	FY 2015		FY 2014	FY 2015
Newborn Screening and Clinic Fees	Newborn Screening for Disorders	1610	001	60.9	69	69	8.1	8.1	7/1/13	636,300	694,200

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: LC Online Licensing
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health is seeking authority to continue to implement online access and credit card payment functionality for new license applications for all health care professions as well as new license applications and renewals for at least five regulated facility types. The online system components implemented by this project will provide applicants, facility administrators and employers with more timely information on the status of renewals and applications.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
001-1	General Fund-State	65,000	37,000	102,000
02G-1	Health Professions Acct	1,527,000	896,000	2,423,000
001-7	General Fund-Private/Local	16,000	10,000	26,000
202-1	Medical Test Site	16,000	10,000	26,000
Total Cost		1,624,000	953,000	2,577,000
Staffing		FY 2014	FY 2015	Annual Avg
FTEs		8.2	8.0	8.1

Package Description:

Currently, HSQA licenses approximately 7,000 facilities and over 400,000 providers in 83 professions. The volume of new provider applications and the number of professions regulated by the department continues to grow. Timely processing of provider license applications and renewals is an important component of patient safety because it improves access to care.

In February 2008, DOH implemented a vendor system to support core licensing and disciplinary activities for health providers, facilities, and services. In the 2011-13 biennial budget, the department received appropriation authority to implement online access and credit card payment functionality for health care provider licensing renewals for all professions and new applications for eight professions. That portion of the overall project is scheduled to be completed on June 30, 2013. The department is requesting additional authority to continue to implement online access and credit card payment functionality for new license applications for the remaining health care professions and new license applications and renewals for at least five regulated facility types. Providing online services directly to new licensing applicants will decrease processing times. Patient safety and access to care will improve because new providers and facilities will be available to deliver care sooner. In addition, information consistency and accuracy will improve because edits embedded in the online system require entry of complete responses.

The Online Licensing and Information Collection project will enhance patient safety for the health care system in Washington State. The project will implement twenty-four hour online access, seven days per week, for providers to submit license applications, renewals and payments. Delivering on-line services directly to license holders and new applicants will decrease processing times and increase the consistency and accuracy of

information. With increasing evidence of provider shortages, timely processing of provider license applications and renewal is an important component of patient safety because it improves access to care.

The online system components implemented by this project will provide applicants, facility administrators and employers with more timely information on the status of renewals and applications. This information will support the public in making informed choices. The capability implemented by this project to collect demographic information on the health care workforce will improve access to health care and reduce health disparities by supporting effective health care system planning and assisting policy makers in developing targeted solutions to address workforce shortages.

The Online Licensing and Information Collection project will be primarily funded from fees collected from health care professions and facilities. Each licensed or certified professional and facility pays fees as part of the licensing process. The methodology of fee calculation remains consistent with previous years. The fee level is determined by dividing the total estimated program cost for each profession and facility by the estimated number of licensees. DOH projects current operating revenue will support the additional operating expenses of this proposal. As a result, this proposal does not require any fee increases.

In 2009, SHB 2079 was enacted allowing the Office of Financial Management access to information from Department of Health about providers and facilities, submitted as part of the licensing and renewal process. That same year the Legislature funded the development of a plan to collect data about health professions workforce. Accurate health care workforce information will improve access to health care and reduce health disparities by assisting policy makers in developing targeted solutions to address workforce shortages; identifying workforce needs culturally and geographically to meet future health care demands; assessing training and educational needs for the health care workforce; helping the health care workforce mirror the populations they serve; and promoting diversity in the field.

Agency Contact:

Health Systems Quality Assurance, Director of Finance & Operations, Steve Hodgson, 360-236-4990.

Subject Matter Expert:

Information & Resource Management, IT Expert, Dan Francis, 360-236-4425.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Patient safety and access to care will be improved because providers and facilities are able to provide care sooner. Health care providers and facility administrators will be able to renew or apply for licenses, check the status of applications and licenses, and pay by credit card online twenty-four hours per day, seven days per week. The turn-around time for renewal and application processing will be reduced because providers and facility administrators will be able to enter information and pay online. The number of checks returned for insufficient funds (NSF) will be reduced because credit card payments will be validated prior to acceptance by the online system. Refunds will be reduced because the online system will require submission of the correct amounts for each type of transaction. Information consistency and accuracy will improve because edits in the online system will require entry of complete responses.

The process for applying and processing surcharges on individual health care licenses will be fully automated. Health care providers will be able to enter demographic information online when they renew their license. Accurate health care workforce information will improve access to health care and reduce health disparities by: 1) assisting policy makers in developing targeted solutions to address workforce shortages; 2) identifying workforce needs culturally and geographically to meet future health care demands; 3) assessing training and educational needs for the health care workforce; 4) helping the health care workforce mirror the populations they serve; and 5) promoting diversity in the field.

Performance Measure Detail

Activity: A015 Patient and Consumer Safety

The outcome measures listed directly support the Department of Health’s Strategic Plan for 2012-2016. The measures as listed relate to specific programs within HSQA and make it possible to implement 4.1.1, Expand our on-line business capabilities.

	Incremental Changes	
	<u>FY 2014</u>	<u>FY2015</u>
Outcome Measures		
Number of facility license types able to renew online	0%	10%
Number of profession license types able to make initial application online	25%	75%
Number of professions able to enter demographic data	0%	100%
Efficiency Measures		
Decrease the time required for license processing		50%
Reduce the application error rate		50%
Increase accuracy of provider contact information		20%
Reduce phone calls regarding certification status		20%

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

Goal 3: Everyone in Washington has improved access to safe, quality, and affordable health care.

Objective 1: Our regulatory system supports the delivery of quality and efficient patient care.

Strategy 1: Remove barriers and streamline regulatory processes.

Goal 4: Business practices and processes provide the greatest value to the public and ensure accountability.

Objective 1: The health information and services we provide meet the needs of our customers and are delivered in efficient and effective ways.

Strategy 1: Expand our on-line business capabilities.

Strategy 3: Develop a plan to guide how we collect, manage, analyze and present data that informs public health decisions.

The proposed system will reduce license processing time and increase information accuracy. Patient safety is enhanced when providers are able to practice sooner and accurate information about the workforce is available to conduct meaningful health care system planning.

Does this decision package provide essential support to one of the Governor’s priorities?

Yes. One of the governor’s priorities is “Ensure that patients have access to safe, high-quality health care providers”.

In addition, the Governor has asked departments to look for more cost effective, efficient ways to do business. Executive Order 11-04 directs state agencies to begin implementing LEAN principles to reduce waste and make businesses processes more efficient. The current licensing process is paper based and very labor intensive. Expanding the online service delivery model will allow the department to eliminate the waste and inefficiency associated with paper processing. If the department continues to do business in the same way, the number of staff needed will continue to grow. Automating and redesigning businesses processes to align with LEAN

principles is expected to slow the need for additional staff while supporting good customer service as the demand for service increases.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. The Online Licensing and Information Collection project supports the Governor's priority "Improve the Health of Washingtonians".

The Online Licensing and Information Collection project will improve the health of Washingtonians by enhancing patient safety for the health care system in Washington. The project will implement twenty-four hour online access, seven days per week, for providers to submit license applications, renewals and payments. Delivering on-line services directly to the license holders and new applicants will decrease processing times and increase the consistency and accuracy of information. With increasing evidence of provider shortages, timely processing of provider license applications and renewal is an important component of patient safety because it improves access to care.

What are the other important connections or impacts related to this proposal?

Providers must obtain a license from the Department of Health. Without a current license they are unable to practice. For several years, the providers, through their boards, commissions and professional associations, have requested the ability to pay by credit card and the efficiency of online licensing. This package will fund the project, therefore providing access to online licensing for health providers and facilities.

What alternatives were explored by the agency and why was this alternative chosen?

The department considered developing a custom online system using internal staff. This option was not selected, since it would significantly increase the cost, risk, complexity and timeframe of the project.

The department also considered not moving forward with expanding online services. This approach would have a number of negative impacts on the agency's ability to improve service to customers. The current licensing process is paper based and very labor intensive. Timely processing of provider license and facility applications is an important component of patient safety because it improves access to care.

What are the consequences of not funding this package?

If the department is not funded for this effort, it will not be able to continue to implement online access and credit card payment functionality for new license applications for health care professions, and new license applications and renewals for at least five regulated facility types. The efficiencies expected to be achieved by moving from a paper based to an online process will not be realized. Patient safety will be impacted with longer timeframes for licensing most providers and all facilities. In addition, the department will not be able to implement an online method for efficiently collecting demographic information from health care professionals. This demographic information is critical to effective health care system planning and decision making.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

There is sufficient revenue to support the request.

Expenditures:

Assumption -

Costs from this package have been prorated to four separate fund-types based on assumed online system usage for each DOH program. The general fund state requested is for Emergency Medical Services (EMS) licensees.

There will be one-time costs in FY 2014 and FY 2015 for 2.0 FTE Program Managers (WMS, Band 2) to plan, manage and execute the project and to keep project expenditures within budget, within scope and on schedule. There will be 1.0 FTE Information Technology Specialist (ITS) 3 and 1.0 FTE ITS 4 required for business analysis that will include interaction with the State Treasurer's Office, the Department of Health's Revenue Office, and the Integrated Licensing Regulatory System departmental staff. This position will also document and define procedures and processes to implement and maintain online renewals and applications. There will be a 1.0 FTE ITS 5 required for systems development that includes; developing architectural designs, coding, perform unit testing, implementation and maintenance for online renewals and applications. Staffing will also require 1.0 FTE Health Services Consultant 1 for subject matter experts to interact with the business units and business analysts. They will document and define existing business procedures and processes and the desired future state of business processes for online renewals and applications.

A personal service contract for system configuration, development, and quality assurance will be required at an estimated cost of \$502,000 in FY 2014 and \$122,000 in FY 2015. This amount is based on: 1) Estimates provided by the license system vendor; 2) the Department of Health revenue processing system vendor; 3) Estimates provided by the State Treasurer's Office vendor for credit card processing; and 4) Third party contractor support to develop reporting tools and management monitoring mechanisms for HSQA business unit requirements. Based on experience with other similar IT projects, hardware and software purchases will also be required at an estimated \$300,000 in FY 2014 and \$60,000 in FY 2015. These purchases are for storage expansion, data warehouse, analysis services, and related software.

Total costs in FY 2014 will be 6.0 FTE and \$1,624,000. Total costs in FY 2015 will be 6.0 FTE and \$953,000.

Starting in FY 2016, 1.0 FTE ITS 3, 1.0 FTE ITS 4, and 1.0 FTE ITS 5 will be required to provide ongoing maintenance and support for the online system. There will also be an ongoing personal service contract for software maintenance estimated at \$92,000 per year and an ongoing cost for hardware and software estimated at \$60,000 per year, for a total of \$549,000 in FY 2016 and each year thereafter.

In addition, estimated expenditures also include costs for salary, benefits, and related staff costs for 1.0 FTE Health Services Consultant 1 and 1.2 FTE Fiscal Analyst 2 in FY 2014 and 0.9 FTE and 1.1 FTE respectively in FY 2015 to assist with increased administrative workload. These ongoing administrative costs will decrease to 0.5 FTE and 0.5 FTE each year starting in FY 2016.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

Costs listed for FY 2014 and FY 2015 will be one-time.

Starting in FY 2016, ongoing maintenance costs will be 4.0 FTE and \$549,000 each year.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	521,000	514,000	1,035,000
B Employee Benefits	161,000	159,000	320,000
C Personal Service Contracts	502,000	122,000	624,000
E Goods and Services	101,000	89,000	190,000
G Travel	12,000	0	12,000
J Capital Outlays	318,000	60,000	378,000
T Intra-Agency Reimbursements	9,000	9,000	18,000
Total Objects	1,624,000	953,000	2,577,000



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
PO Box 47866, Olympia, WA 98504-7866

August 29, 2012

Marty Brown, Director
Office of Financial Management
PO Box 43113
Olympia, Washington 98504-3113

**RE: Medical Quality Assurance Commission 2013-15 Budget Decision Packages
(Two requests to spend unappropriated funds in the health professions account.)**

Dear Mr. Brown:

To accomplish its mission of public safety for the citizens of our state, MQAC assures the qualifications of physicians and physician assistants applying for a license in Washington State, promotes safe medical practice standards through policy and rule making, provides educational opportunities for physicians, physician assistants and the public, and when indicated, disciplines health care providers under its jurisdiction.

According to RCW 43.70.320(4), the commission is able to request authority to spend unappropriated funds in the health professions account when revenues exceed 15 percent over the Department of Health's estimated six-year spending projections. Since the account is appropriated, the Office of Financial Management has advised that the way to access this provision is to seek appropriation authority.

The Medical Quality Assurance Commission has determined the need to seek appropriation authority for two packages. The two packages submitted by the commission request authority to support the following: 1) the educational activities of the commission to include the quarterly newsletter and other educational programs that promote quality health care for the citizens of Washington State, and 2) to move towards paperless processes with all complaint and discipline functions by using the Citrix portal, a technology commonly used in all sectors of business for remote access of secure, confidential information with a single sign on portal.

The Medical Commission is pleased to report that its educational program regarding the pain management rules received national recognition from the Administrators in Medicine (AIM), a national professional organization for state medical board executives. AIM honored the Medical Commission with the 2012 Best of Boards award for focusing on provider and public education in an effort to raise greater awareness of opioid abuse in Washington State. The commission's web site, newsletters and other educational mailings to providers and the public contributed to the education program and supported the Medical Commission's collaboration with the Department of Health, the Department of Labor and Industries, and a member of the Legislature to develop a video presentation on the rules accessed on the commission's web site. The commission's web site serves as a central repository of education tools to assist healthcare providers and the public to understand appropriate prescribing practices.

The package supports the Commission's compliance with governor and departmental performance requirements to promote quality health care for the citizens of Washington State.

Page Two

August 29, 2012
Mr. Brown

Without accessing additional appropriation from the health professions account the Commission will be unable to maintain its current level of quality improvements and efficiencies in support of its legislative mandate to provide quality health care and education on best medical practices in our state.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Marilyn Pattison, M.D.".

Marilyn Pattison, MD, FAAHPM, Chair
Medical Quality Assurance Commission

cc: Harvey A. Perez, Assistant Secretary of Financial Services, DOH
Karen Jensen, Assistant Secretary HSQA, DOH
Richard Brantner, MD, 1st Vice Chair, MQAC
William Gotthold, MD 2nd Vice Chair, MQAC
Maryella Jansen, Executive Director, MQAC

Agency: 303 Department of Health
Decision Package Code/Title: MQ MQAC Business Access Enhancement
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health (DOH), Medical Quality Assurance Commission (MQAC) would like to establish efficient and effective business access for its commission members. Currently, Medical Commission Members must log in to three separate portals requiring multiple login and password combinations. This hinders electronic communication, calendar invitations, and the electronic transfer of files between staff. A Citrix server access portal would allow effective collaboration between the Medical Commission members and staff.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
02G-1	Health Professions Acct	45,000	10,000	55,000
Total Cost		45,000	10,000	55,000

Package Description:

The Citrix portal will eliminate barriers and benefit the medical commission through efficiencies in copying time, staff time, commissioner time and mailing time. This is a technology commonly used in all sectors of business. This solution addresses the security and legal discovery concerns by MQAC related to the current secure file transfer system, outlook web access, and sending case files through the mail. A side benefit of this will be the transition to paperless processes in conducting commission business.

Agency Contact:

Health Systems Quality Assurance, Director of Finance & Operations, Steve Hodgson, 360-236-4990.

Subject Matter Expert:

Medical Commission Executive Director, Maryella Jansen, 360-236-2755.
 Micah Matthews, Commission Research and Education Manager, 360-236-2834.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Through this discipline process the public is protected by a commission whose members can efficiently and securely access case materials and communication resources. This is in alignment with Goal 3 of the Department of Health's 2011-16 Strategic Plan; Everyone in Washington has improved access to safe, quality, and affordable healthcare. The technology enhancement efforts also align with MQAC's 2011-13 Strategic Plan in the following areas:

Goal 1: Promote Patient Safety.

Objective 1: Ensure practitioners are qualified and current.

Strategy 2: Ensure and maintain competency of providers.
 Objective 4: Improve the performance of providers.
 Strategy 3: Assist the health care system in reducing medical errors.
 Objective 5: Address emergent issues.
 Strategy 1: Take appropriate and timely action to promote patient safety.

Goal 3: Enhance operations to improve service.
 Objective 3: Enhance customer experience through automation.
 Strategy 1: Utilize appropriate technology.

Performance Measure Detail

Activity: A015 Patient and Consumer Safety

This decision package does not link to any specific performance measures in the 2012-16 Department of Health's Strategic Plan; however the Medical Commission has adopted the following performance measures in the Medical Commission's Strategic Plan for 2011-13:

Outcome Measures	Incremental Changes	
	<u>FY 2014</u>	<u>FY2015</u>
Investigations closed within 170 days	3%	5%
Case Disposition closed within 140 days	4%	7%
Cases in the Case Disposition step over 140 days	-5%	-9%

Is this DP essential to implement a strategy identified in the agency's strategic plan?

This decision package is essential to implement the work that helps accomplish the mission: Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rulemaking and education. It is also relevant to MQAC's strategic plan:

Goal 3: Enhance operations to improve service.
 Objective 3: Enhance customer experience through automation.
 Strategy 1: Utilize appropriate technology.

Does this decision package provide essential support to one of the Governor's priorities?

Yes. The mission of the MQAC is to promote patient safety and enhance the integrity of the profession. By implementing technology standards to enhance operational efficiency, the MQAC can be more responsive in disciplining licensees, which protects the public.

This package also supports the Governor's priorities of government reform and government accountability. This package will allow the commission to be more efficient and responsive to the needs of the public. This system will allow the Commission to consolidate the portals and systems required to do the work of the Commission from three to one. Additionally, this solution will allow for direct collaboration of Commission members with their dedicated staff on licensing, discipline, rule-making, and educational efforts.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. In the category of improve state government efficiency. The purpose of this package is to reduce the steps required to access information necessary to do the work of the commission, while simultaneously upgrading collaboration ability. The commission will be better able to respond to complaints and discipline matters.

What are the other important connections or impacts related to this proposal?

By using the Citrix model, the commission will no longer face legal discovery threats on their personal devices. The commission is in favor of this solution because most of them use Citrix in their professional lives as well.

What alternatives were explored by the agency and why was this alternative chosen?

In 2011, the commission members were issued HP Mini laptops and printers to be used exclusively for Commission business. It soon became clear that the configuration of these laptops was inadequate for use by commission. There were issues such as small screen size and limited processing power. Most members ended up rejecting the solution after a trial period of nine months.

Commissioners are required to access three different portals to conduct the business: one for email, one for file sharing, and one for travel. This is cumbersome and reduces efficiency. Additionally, it makes it impossible for anything close to real-time collaboration on projects such as legal documents or investigation files between commission members and staff.

Short of building a dedicated, enterprise level portal with all the necessary services included, which would cost significantly more to build and maintain, the solution of a Citrix server dedicated to the Commission is the most effective and economical option.

What are the consequences of not funding this package?

The commission members are exposed to legal risk every time they use their personal computer for commission business. Some commissioners use the IT systems at their place of employment, which creates a larger legal risk issue if they accidentally download related files to that system.

Without this package the Commission cannot improve its performance in completing investigations and case disposition steps from the discipline performance measures which already rank 92% for fiscal year (FY) 2012. These performance measures were negotiated in 4SHB 1103 with the Department of Health as part of the 2008 session pilot project with the Medical Commission.

There are no impacts to fees or other stakeholders.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None

Expenditure and revenue calculations and assumptions

Revenue:

The medical profession has sufficient revenue to cover the ongoing costs of this request.

Expenditures:

These calculations are for acquiring Citrix licenses and required support for 21 Commission members, and 19 staff members who regularly collaborate with the Commissioners in disciplinary efforts.

The portal will require a new computer server at an estimated one-time cost of \$35,000 in fiscal year (FY) 2014, 40 user additional licenses estimated at \$6,000 each year and minimal staff support for ongoing maintenance starting in FY 2014. Total costs will be \$45,000 in FY 2014 and \$10,000 in FY 2015 and ongoing.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

There will be one-time equipment costs in FY 2014. All other costs are ongoing.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

N/A

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	1,000	2,000	3,000
B Employee Benefits			
C Personal Service Contracts			
E Goods and Services	9,000	8,000	17,000
G Travel			
J Capital Outlays	35,000		35,000
T Intra-Agency Reimbursements			
Total Objects	45,000	10,000	55,000

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health
Decision Package Code/Title: MN MQAC Communication Plan
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary:

In fiscal year 2011 the Department of Health, Medical Quality Assurance Commission (MQAC) implemented a comprehensive education and communication strategy that included a quarterly newsletter, direct mailings, and educational meetings. These proven and successful efforts are only funded through June 30, 2013. MQAC sees a benefit in supporting these activities each year; therefore this package is seeking ongoing appropriation authority.

Fiscal Detail

Operating Expenditures		<u>FY 2014</u>	<u>FY 2015</u>	<u>Total</u>
02G-1	Health Professions Acct	100,000	100,000	200,000
Total Cost		100,000	100,000	200,000

Package Description:

The commission has had great success providing educational meetings on the implementation of the pain management rules, standard of care issues and providing commissioners and staff with the opportunity to meet face-to-face with stakeholders to talk about the work of the commission. It is the goal of the commission to increase these efforts to be more visible and to engage in conversations on the future of medicine in our state. The commission sees a great benefit in the continuation of a quarterly newsletter in fiscal year (FY) 2014.

This appropriation request is to access additional revenue from the 02G fund balance, available for appropriation to the Medical Quality Assurance Commission (MQAC) to fund a quarterly newsletter and direct mail education effort. No fee increase is necessary as there is sufficient revenue and fund balance within the MQAC.

MQAC will design, print and mail four newsletters to the 28,730 physicians and physician assistants regulated by the MQAC, and other stakeholders, including other health profession's state medical boards, county medical societies, hospitals, county health departments, and patient safety organizations. The purpose of the newsletter is to educate and inform public safety by promoting safe standards of care and the highest level of medical care for the people of Washington State.

The commission is promoting best practices and is focused on providing continuing education of its licensees and the initial education of recent licensees to this state. Direct mail information is the most effective tool at the disposal of the commission to accomplish this purpose. The commission estimates between three and five projects per year.

Agency Contact:

Health Systems Quality Assurance, Director of Finance & Operations, Steve Hodgson, 360-236-4990.

Subject Matter Expert:

Medical Commission Executive Director, Maryella Jansen, 360-236-2755.

Micah Matthews, Commission Research and Education Manager, 360-236-2834.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

The commission and the department work to ensure that Washington’s health care providers comply with health, safety and professional standards through licensing, investigation, disciplinary and continuing competency activities. The department provides information to health care facilities, health care professionals, and consumers that allows them to make informed decisions.

The Governor is committed to increasing patient access to high-quality, affordable health care and promoting patient safety.

The Legislature has mandated the commission to survey physicians and physician assistants at the time of renewal about their practice setting, specialty, and board certification. The newsletter, direct mail information, patient centered education materials are needed for the dissemination of current information regarding the practice of medicine in Washington State to patients and practitioners that includes, but not limited to: 1) recent legislation that requires the commission to contact licensees; 2) changes to physician laws and rules that effect the practice of medicine; 3) changes to standards of practice such as pain management; 4) other state and federal laws that impact the practice of medicine; and 5) other activities that the commission feels are important for the public to know.

Recently, the commission adopted pain management rules mandated by the 2010 Legislature. The commission committed to a six-month implementation plan that provides education opportunities to its licensees to learn about the law and to obtain continuing medical education. This proved to be a great success and the commission would like to replicate this in other areas of importance to licensees (medical doctors and physician assistant). The newsletter, direct mailings and educational presentations are essential to provide the 28,730 physicians and physician assistants regulated by the commission with information to comply with the mandates and rules of the commission.

Performance Measure Detail

Activity: A015 Patient and Consumer Safety

This decision package does not link to any specific performance measures in the 2012-16 Department of Health’s Strategic Plan; however the Medical Commission is tracking complaints received annually:

	Incremental Changes	
	<u>FY 2014</u>	<u>FY2015</u>
Outcome Measures		
Complaints received by the Commission	-3%	-5%
	Maintained performance	
The number of practitioners receiving the latest information on newly-adopted rules, new legislative mandates, and significant changes in the law related to physicians and physician assistants.	95%	95%

Is this DP essential to implement a strategy identified in the agency’s strategic plan?

Yes. Improving patient safety is an important goal in both the department’s 2012- 2016 and the medical commission’s 2011-13 Strategic Plans. Patient and consumer safety are among the department’s and the

commission's top priorities. The commission's educational presentations and newsletter support the improvement of patient safety by providing practitioners with access to the latest information on best practices, newly adopted rules, new legislative mandates, significant changes in the law related to practitioners and the reiteration of existing rules. In an effort to be proactive and a good steward with its resources, the commission has the option of choosing to implement communication efforts through the newsletter, the web site, and direct mailings rather than in-person meetings.

Does this decision package provide essential support to one of the Governor's priorities?

Yes. Create a health care system that works. The Governor believes all Washingtonians should have access to high quality, affordable health care. The newsletter and direct mailings provide practitioners with access to the latest health care information and best practices, and provide practitioners with a link to the commission's web site to provide comment and to seek additional information or speak directly to the commission's medical consultant and other senior managers. The MQAC has experienced a noticeable increase in calls related to best practices and emerging medical issues since printing its first newsletter in January 2011.

The newsletter and direct mailings improve the practitioner's ability to deliver quality care to their patients as follows:

- 1) Highlighting evidence based medicine best practices assures that patients receive health care that is safe. An example is prescribing medications to non-cancer chronic pain patients. Using the appropriate medications improves patient safety.
- 2) Expanding chronic disease management. Providing information on accessing best practices for chronic disease management enables practitioners to develop appropriate treatment plans and provide patients with information on the benefits of a healthy lifestyle, thereby improving patient safety.
- 3) Emphasizing health promotion and prevention. Practitioners can use this information to provide patients with the latest information.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. Improve the health of Washingtonians. The presentations, newsletter and direct mailings provide physicians and physician assistants with current, evidence based health care information. Providing this information will enable practitioners to develop appropriate treatment plans and provide patients with current information on healthy behaviors to improve their health and decrease the percent of households with unmet healthcare needs. Communicating with patients on their conditions and answering patient questions with the latest information will improve patient care and promote patient safety. The newsletter, direct mailings, and presentations have been the largest tools used by the MQAC in educating the providers and the public about the dangers of opioid prescribing for chronic non-cancer pain and the details of the 2012 pain rules implemented by the Commission at the direction of the Legislature.

What are the other important connections or impacts related to this proposal?

The commission recently adopted and implemented pain management rules mandated by the 2010 legislature through ESHB 2876. The commission is committed to providing licensees educational opportunities to learn about the pain management rules and to obtain Continuing Medical Education (CME) required by law (RCW 18.71.80 1(c)), WAC 246. The newsletter will contain information about Webinars, face to face meetings and how to contact the commission's clinical staff to discuss safe prescribing practices.

What alternatives were explored by the agency and why was this alternative chosen?

Newsletter -

Due to funding issues, the newsletter was not published for five years. The commission determined it could not effectively educate licensees and stakeholders about its patient safety efforts by other methods. Publishing a quarterly newsletter educates and informs health care professionals, the legislature, the public, and other stakeholders about the efforts of the commission to protect the public. The newsletter promotes a partnership to enhance public safety and education. The commission issued four newsletters in 2011 and has issued the spring, summer and fall newsletters for 2012. The issues have addressed such topics as the sexual misconduct rules, an outline of the disciplinary process, the implementation of the Pain Management Rules, the implementation of the demographics survey for physicians and physician assistants, demonstrating competency, mandatory reporting, social media and professionalism, and the treatment of family members. The newsletter supports the efforts of the commission to increase educational outreach to professionals and the public. From the positive response to the newsletters from licensees and other stakeholders, the newsletter is an effective way to establish and maintain effective communication with the commission's licensees and stakeholders.

Educational Presentations and Direct Mail Education Efforts -

The commission faces the hurdle of providing continuing education to its licensees and the initial education of those recently licensed to this state. In fiscal year (FY) 2012, the commission issued 2,221 new licenses. Reasons for these efforts include newly adopted rules, new legislative mandates, reiteration of existing rules, and significant changes in the law. In an effort to be proactive and good stewards of commission resources, the commission chooses to implement communication efforts through the Web site, listserv, the newsletter, and direct mailings when the issue is singular and important. Some examples would be the recent education effort regarding the new pain management rules, or the need educate physician assistants about practice plans and the requirement that they be up to date and on file with the commission. While the commission could perform audits, investigate and file charges, the more effective and efficient way to ensure good medical practice is to conduct an education campaign to change behavior and educate providers on best practices. Direct mail information is the commission's most effective tool to accomplish this purpose.

What are the consequences of not funding this package?

Without accessing additional revenue from the commission's fund balance, the commission will be unable to continue funding the educational presentations, professional newsletter and the direct educational mailings. This would diminish the information available to physicians and physician assistants about rules and laws and other relevant information related to the safe practice of medicine and surgery in the state of Washington. The newsletter and direct mailings are an effective way to establish and maintain effective communication with the commission's stakeholders. The revenue will support the efforts of the commission to increase educational outreach to professionals and the public.

What is the relationship, if any, to the state capital budget?

N/A

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

N/A

Expenditure and revenue calculations and assumptions

Revenue:

The medical profession has sufficient revenue to cover the ongoing costs of this request.

Expenditures:

There will be costs starting in FY 2014 to maintain the education and outreach efforts. The MQAC will contract with the Department of Enterprise Services (DES) to print and mail a quarterly newsletter and five direct mailings to the 28,730 physicians and physician assistants that it licenses. Based on costs incurred in FY 2012, the amount for the DES personal service contract is estimated at \$80,000 each year. Additional costs to cover accreditation partnerships at commission educational events will also be required. These partnerships will allow the commission to award CME to participants. Total costs in starting in FY 2014 are estimated to be \$100,000 each year.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

All costs are ongoing.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages			
B Employee Benefits			
C Personal Service Contracts	80,000	80,000	160,000
E Goods and Services	20,000	20,000	40,000
G Travel			
J Capital Outlays			
T Intra-Agency Reimbursements			
Total Objects	100,000	100,000	200,000

Agency: 303 Department of Health
Decision Package Code/Title: LR MD Licensure Requirements
Budget Period: 2013-15
Budget Level: PL-Performance Level

Recommendation Summary Text:

The Department of Health's, Medical Quality Assurance Commission is putting forward request legislation that will require changes to the current law for allopathic physicians applying to be licensed in Washington. The changes will update the licensure requirements to reflect training standards that currently exist in the medical field. This request seeks one-time appropriation authority to cover the costs of rulemaking to update and amend these licensure requirements.

Fiscal Detail

Operating Expenditures		FY 2014	FY 2015	Total
02G-1	Health Professions Acct	14,000	0	14,000
Total Cost		14,000	0	14,000
Staffing		FY 2014	FY 2015	Annual Avg
FTEs		0.1	0.0	0.1

Package Description:

Current state law (18.71 RCW) contains specific licensure requirements for both domestic and international graduates of medicine. The law has not kept up with advances in medical training in the United States or abroad and requires updating so that the Medical Quality Assurance Commission (MQAC) may grant licenses to the largest number of most qualified applicants.

Baseline physician workforce projections by Health Resources and Services Administration show an increase in need of 20 percent or greater in the physician workforce by 2020. This issue is compounded by the passage of the Affordable Care Act in 2008. The projected shortage over the next ten years is estimated at 91,500, with general practice and specialty physicians being split nearly even. While medical schools have increased output, funding for the US Match (post graduate training) program has either stagnated or been reduced. This leaves only one solution for expanding the workforce and thus increasing access to care-changing licensure requirements to allow more pathways for qualified physicians to be licensed in Washington State. The change of requirements would be done through rule making.

Agency Contact:

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Subject Matter Expert:

Medical Commission Executive Director, Maryella Jansen, 360-236-2755.
 Micah Matthews, Commission Research and Education Manager, 360-236-2834.

Narrative Justification and Impact Statement:

What specific performance outcomes does the agency expect?

Licensing reform efforts serve to enhance the productivity and performance of the Governor appointed Medical Commission members. Through this effort the commission will open more pathways to licensure and proactively address the physician shortage in this state.

By updating the licensure requirements to reflect modern training standards the medical commission takes action to enhance public safety by only admitting the most qualified individuals. By opening up the licensure requirements to recognize other equivalent international medical training systems the commission will proactively address the current and projected physician shortage in Washington State. This will protect the public through expansion of health care access across the State.

The licensure reform efforts align with the Medical Commission 2011-13 Strategic Plan in the following areas:

Goal #1: Promote Patient Safety.

Objective 1: Ensure practitioners are qualified and current.

Strategy 2: Ensure and maintain competency of providers.

Objective 4: Improve the performance of providers.

Strategy 3: Assist the health care system in reducing medical errors.

Objective 5: Address emergent issues.

Strategy 1: Take appropriate and timely action to promote patient safety.

Performance Measure 1: Improve timeliness of rules development and implementation.

Goal #3: Enhance operations to improve service.

Objective 3: Enhance customer experience through automation.

Strategy 1: Utilize appropriate technology.

Goal #4: Establish and enhance effective internal and external relationships.

Objective 1: Establish and maintain partnerships to enhance public safety and education.

Strategy 1: Improve the relationship between the staff, commission, and professional organizations.

Strategy 2: Improve working relationships with Department of Health service units.

Strategy 3: Strengthen the relationship between the commission and the University of Washington Medical School.

Goal #5: Anticipate the medical personnel needs of Washington State.

Objective 1: Use data to maintain a forward-looking strategic focus.

Strategy 1: Obtain reliable data to make informed strategic decisions.

Performance Measure 1: Gather demographic information consistent with the emerging HHS national data set as part of the renewal process.

Performance Measure 2: Populate a database to assist federal, state, and local entities in making informed decisions on health care access and other issues.

Performance Measure 3: Gather feedback from licensees regarding perception and satisfaction of commission processes and procedures.

Performance Measure Detail

The outcome measure is from the Medical Commission 2011-13 Strategic Plan. The commission tracks the output measure monthly, quarterly, and annually.

Activity: A015

Patient and Consumer Safety

	Incremental Changes	
	<u>FY 2014</u>	<u>FY2015</u>
Outcome Measures		
Complete rulemaking activities within 18 months	100%	100%
Output Measures		
Increase the number of licensed allopathic physicians in the State	3-5%	7-12%

Is this DP essential to implement a strategy identified in the agency's strategic plan?

Yes, Goal one of the medical commission 2011-13 strategic plan:

Goal #1: Promote Patient Safety.

Objective 1: Ensure practitioners are qualified and current.

Strategy 2: Ensure and maintain competency of providers.

Objective 4: Improve the performance of providers.

Strategy 3: Assist the health care system in reducing medical errors.

Objective 5: Address emergent issues.

Strategy 1: Take appropriate and timely action to promote patient safety.

Performance Measure 1: Improve timeliness of rules development and implementation.

Does this decision package provide essential support to one of the Governor's priorities?

Yes. This package serves to enhance the health care accessed by the people of Washington. The mission of the medical commission is to promote patient safety and enhance the integrity of the profession. By updating licensure requirements, the commission can be more responsive in licensing more physicians with higher qualifications, which protects the public.

This package also supports the Governor's priorities of government reform and government accountability. This package will allow the commission to be more efficient and responsive to the needs of the public. This effort will reduce confusion in the training phase of physician licensure. The effort will allow the Washington health care organizations to attract well qualified individuals and reduce barriers in the licensure process. Finally, this effort will allow health care organizations to address the need for rural health care through an institutional based licensure.

Does this decision package make key contributions to statewide results? Would it rate as a high priority in the Priorities of Government process?

Yes. Access to health care in rural areas of Washington is a significant problem to address. By shaping the licensure requirements to grant access to more qualified individuals than our state system is able to train, the commission will be able to address the shortage with the necessary first step, which is granting more licenses to qualified individuals.

What are the other important connections or impacts related to this proposal?

In the process of developing this request legislation, the commission gathered stakeholder feedback from the University of Washington Medical School and Graduate Medical Education programs, state government liaisons from Group Health, Providence, and Swedish medical groups. All expressed support for a majority of the

proposed changes. The Washington State Medical Association has expressed support and the Washington State Hospital Association has not taken a position at this time.

What alternatives were explored by the agency and why was this alternative chosen?

The commission attempted to address the issue of workforce shortage and increasing licensure pathways through its policy committee. However, many of the licensure requirements are in RCW and require updating. The only option to increase the pathways to licensure is for the request legislation to be approved and rules to be adopted.

What are the consequences of not funding this package?

The following are implications of the legislation associated with this request not passing:

1. The existing physician shortage will grow and be amplified in 2014 when the federal Affordable Care Act comes into full effect.
2. The commission will be unable to license qualified applicants who have equivalent training from other countries, but do not have 24 months of US or Canadian post graduate training.
3. A loophole in the licensure law relating to issuing a full license to third year residents for moonlighting purposes will continue to exist and potentially put patients at risk.
4. Institutions in Washington will face barriers from the State in efficiently recruiting highly qualified individuals to practice in Washington.
5. Requirements for licensure will be out of date in relation to current training standards.

What is the relationship, if any, to the state capital budget?

None

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

Existing statutes (18.71 RCW) will need to be amended to remove specific licensure requirements, with the exception of application to the commission and school approval, and direct applicants to satisfy the licensure requirements stipulated in WAC. Rulemaking will be required to amend the WAC.

Expenditure and revenue calculations and assumptions

Revenue:

The medical profession has sufficient revenue to cover the costs of this one-time request.

Expenditures:

In fiscal year (FY) 2014, there will be one-time rulemaking costs that include five public meetings. These meetings will be held in Renton and Tumwater and will coincide with regular Commission meetings. This will allow stakeholders and licensees to participate during the rulemaking process. Costs will include staff and associated expenses to coordinate the rulemaking activities such as rule writing preparation, organizing the stakeholder meetings and the rules hearing, and meals and lodging for 21 Commission members, Commission

staff, and department staff. One-time costs for rulemaking will be 0.1 FTE Health Services Consultant 4 and \$14,000.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

These are one-time costs in FY 2014.

For federal grants: Does this request require a maintenance of effort or state match?

N/A

11B. For all other funding: Does this request fulfill a federal grant's maintenance of effort or match requirement?

None

Object Detail	FY 2014	FY 2015	Total
A Salaries and Wages	5,000		5,000
B Employee Benefits	2,000		2,000
C Personal Service Contracts			
E Goods and Services	4,000		4,000
G Travel	3,000		3,000
J Capital Outlays			
T Intra-Agency Reimbursements			
Total Objects	14,000	0	14,000

TAB D
Special Reports

State of Washington

Summarized Revenue by Account and Source

BASS - BDS029

Budget Period: 2013-15
 Dollars in thousands
 303 - Department of Health
 Agency Level
 25 - 13-15 Final Budget Submittal
 Supporting Text Excluded

9/10/2012
 5:33PM

	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
001 - General Fund							
0310 - Dept of Agriculture - F	157,689	156,634					
8L - Lease Rate Adjustments	(72)	(72)					
Total - 0310 - Dept of Agriculture - F	157,617	156,562			157,617	156,562	314,179
Total - 0355 - Fed Rev Non-Assist - F	1,055	1,058			1,055	1,058	2,113
Total - 0366 - Environ Protection A - F	6,553	6,456			6,553	6,456	13,009
Total - 0381 - Dept of Energy - F	764	764			764	764	1,528
0393 - Health & Human Svc - F							
8L - Lease Rate Adjustments	107,570	104,162					
8U - Utility Rate Adjustments	(108)	(108)					
FF - Federal Funding Adjustments	25	25					
Total - 0393 - Health & Human Svc - F	(6,410)	(4,634)			101,077	99,445	200,522
0541 - Contributions Grants - P/L							
LF - Local Funding Adjustments	40,962	47,848					
Total - 0541 - Contributions Grants - P/L	(4,000)	(4,000)			36,962	43,848	80,810
0597 - Reimburs P/Local Con - P/L							
8L - Lease Rate Adjustments	32,919	27,211					
8U - Utility Rate Adjustments	(60)	(60)					
NS - Newborn Screening SCID	33	33					
Total - 0597 - Reimburs P/Local Con - P/L	32,892	27,184	636	694	33,528	27,878	61,406
001 - General Fund - Federal							
001 - General Fund - Private/Local	267,066	264,285	636	694	267,066	264,285	531,351
Total - 001 - General Fund	69,854	71,032	636	694	70,490	71,726	142,216
	336,920	335,317	636	694	337,556	336,011	673,567

002 - Hospital Data Coll

State of Washington

Summarized Revenue by Account and Source

9/10/2012
5:33PM

Budget Period: 2013-15
Dollars in thousands
303 - Department of Health
Agency Level
25 - 13-15 Final Budget Submittal
Supporting Text Excluded

	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
002 - Hospital Data Coll							
Total - 0299 - Other Licenses Permi - S	110	116			110	116	226
002 - Hospital Data Coll - State							
Total - 002 - Hospital Data Coll	110	116			110	116	226
02G - Health Professions Act							
0207 - Other Hlth Prof Lic - S	3,238	3,382					
FE - Fees to Maintain Current Programs	64	126					
Total - 0207 - Other Hlth Prof Lic - S	3,302	3,508			3,302	3,508	6,810
Total - 0216 - Hearing Aid Consult - S	418	438			418	438	856
Total - 0219 - Cert Psychologist Lic - S	766	800			766	800	1,566
Total - 0242 - Health Fees/Licenses - S	1,121	1,147			1,121	1,147	2,268
Total - 0251 - Dental Licenses - S	5,068	5,508			5,068	5,508	10,576
Total - 0252 - Medical Licenses - S	13,613	13,957			13,613	13,957	27,570
Total - 0258 - Registered Lcns Nurse - S	8,318	8,335			8,318	8,335	16,653
Total - 0260 - Optician Licenses - S	158	161			158	161	319
Total - 0261 - Optometrist Licenses - S	307	304			307	304	611
Total - 0262 - Pharmacy Licenses - S	5,518	5,717			5,518	5,717	11,235
Total - 0264 - Nursing Home License - S	262	265			262	265	527
Total - 0275 - Oculist Licenses - S	1	2			1	2	3
Total - 0278 - Occupational Therapi - S	347	363			347	363	710
Total - 0283 - Veterinarian License - S	884	930			884	930	1,814

State of Washington

Summarized Revenue by Account and Source

Budget Period: 2013-15
 Dollars in thousands
 303 - Department of Health
 Agency Level
 25 - 13-15 Final Budget Submittal
 Supporting Text Excluded

9/10/2012
 5:33PM

	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
02G - Health Professions Act							
Total - 0295 - Cert Acupuncture - S	273	282			273	282	555
Total - 0299 - Other Licenses Permi - S	8,608	8,920			8,608	8,920	17,528
02G - Health Professions Act - State	48,964	50,637			48,964	50,637	99,601
Total - 02G - Health Professions Act	48,964	50,637			48,964	50,637	99,601
02K - Death Investigatns							
Total - 0421 - Publicatns/Documents - S	650	650			650	650	1,300
02K - Death Investigatns - State	650	650			650	650	1,300
Total - 02K - Death Investigatns	650	650			650	650	1,300
03C - Emer Med/Trauma Care							
Total - 0420 - Charges for Services - S	5,201	5,201			5,201	5,201	10,402
03C - Emer Med/Trauma Care - State	5,201	5,201			5,201	5,201	10,402
Total - 03C - Emer Med/Trauma Care	5,201	5,201			5,201	5,201	10,402
03R - Safe Drinking Water							
Total - 0299 - Other Licenses Permi - S	2,630	2,630			2,630	2,630	5,260
03R - Safe Drinking Water - State	2,630	2,630			2,630	2,630	5,260
Total - 03R - Safe Drinking Water	2,630	2,630			2,630	2,630	5,260
04R - Drinking Water Asst.							
0366 - Environ Protection A - F	33,207	30,915					

State of Washington

Summarized Revenue by Account and Source

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Budget Period: 2013-15
Dollars in thousands
303 - Department of Health
Agency Level
25 - 13-15 Final Budget Submittal
Supporting Text Excluded

	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
04R - Drinking Water Asst.							
FF - Federal Funding Adjustments	(4,899)	(2,607)					
Total - 0366 - Environ Protection A - F	28,308	28,308			28,308	28,308	56,616
04R - Drinking Water Asst. - Federal							
Total - 04R - Drinking Water Asst.	28,308	28,308			28,308	28,308	56,616
04W - Waterworks Operator							
Total - 0299 - Other Licenses Permi - S	705	714			705	714	1,419
04W - Waterworks Operator - State							
Total - 04W - Waterworks Operator	705	714			705	714	1,419
09L - Nursing Res Center							
Total - 0258 - Registerd Lcns Nurse - S	500	500			500	500	1,000
09L - Nursing Res Center - State							
Total - 09L - Nursing Res Center	500	500			500	500	1,000
125 - Site Closure Account							
Total - 0299 - Other Licenses Permi - S	240	240			240	240	480
125 - Site Closure Account - State							
Total - 125 - Site Closure Account	240	240			240	240	480
133 - Childrens' Trst Acct							
Total - 0597 - Reimburs P/Local Con - P/L	2	2			2	2	4

State of Washington

Summarized Revenue by Account and Source

Budget Period: 2013-15
 Dollars in thousands
 303 - Department of Health
 Agency Level
 25 - 13-15 Final Budget Submittal
 Supporting Text Excluded

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	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
133 - Childrens' Trst Acct - Private/Local							
Total - 133 - Childrens' Trst Acct	2	2	2	2	2	2	4
	2	2	2	2	2	2	4
14J - Ambulatory Surgical							
Total - 0299 - Other Licenses Permi - S		951				951	951
14J - Ambulatory Surgical - State							
Total - 14J - Ambulatory Surgical							951
							951
							951
16G - Univ Vaccine Purch							
Total - 0299 - Other Licenses Permi - S	42,695	44,959	42,695	44,959	42,695	44,959	87,654
16G - Univ Vaccine Purch - State	42,695	44,959	42,695	44,959	42,695	44,959	87,654
Total - 16G - Univ Vaccine Purch	42,695	44,959	42,695	44,959	42,695	44,959	87,654
202 - Med Test Site Licen							
Total - 0420 - Charges for Services - S	95	2,254	95	2,254	95	2,254	2,349
202 - Med Test Site Licen - State	95	2,254	95	2,254	95	2,254	2,349
Total - 202 - Med Test Site Licen	95	2,254	95	2,254	95	2,254	2,349
214 - Temp Worker Housing							
Total - 0299 - Other Licenses Permi - S	115	115	115	115	115	115	230
214 - Temp Worker Housing - State	115	115	115	115	115	115	230
Total - 214 - Temp Worker Housing	115	115	115	115	115	115	230

State of Washington

Summarized Revenue by Account and Source

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Budget Period: 2013-15
Dollars in thousands
303 - Department of Health
Agency Level
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Supporting Text Excluded

	Maintenance Level		Performance Level		Biennium Totals		Total
	FY2014	FY2015	FY2014	FY2015	FY2014	FY2015	
319 - Public Health Supple							
Total - 0541 - Contributions Grants - P/L	1,641	1,595			1,641	1,595	3,236
319 - Public Health Supple - Private/Local							
Total - 319 - Public Health Supple	1,641	1,595			1,641	1,595	3,236
303 - Department of Health - State							
Total - 303 - Department of Health	101,905	108,967			101,905	108,967	210,872
303 - Department of Health - Federal							
Total - 303 - Department of Health - Private/Local	295,374	292,593			295,374	292,593	587,967
303 - Department of Health - Private/Local							
Total - 303 - Department of Health	71,497	72,629	636	694	72,133	73,323	145,456
Total - 303 - Department of Health	468,776	474,189	636	694	469,412	474,883	944,295

State of Washington
Request for Fees or Taxes
2013-15 Biennium

AGENCY	Title
	Department of Health
	Code
	303

Agy #	Agency Name	Fee Code	Name of Fee or Tax	Separate Bill or Budget or Bill	Z-Draft # (or Pending)	New, Increased, Continued?	Incremental Revenue Dollars in Thousands			Tied to Expenditure Change?	Fee Payer Position	Explanation of Change (rate or methodology change, % increase, whether program is self-supporting)
							FY 2014	FY 2015	FY 2016			
303	Department of Health	1610	Newborn Screening and Clinic Fees	Budget		Increase	636,300	694,200		Supports new expenditures. See RecSum PL-NS	Dept. initiated fee increase. Fee payers conditionally support the fee.	Recapture cost of new test for SCID
303	Department of Health	7321	Certified Advisor	Budget		Increase	500	800		Support existing expenditure change. See RecSum M2-FE	Dept. initiated fee increase. Fee payers conditionally support the fees.	Current fees are no longer adequate for this self supporting program. Proposed increase Certified Advisor Initial Certification Fees: from the current \$80 to a new rate of \$130. Proposed increase Certified Advisor Exam & Re-exam Fees: from the current \$85 to a new rate of \$135. Proposed increase Certified Advisor Renewal Fees: from the current \$65 to a new rate of \$115. Proposed increase Certified Advisor Expired Certification Reissuance Fees: from the current \$50 to a new rate of \$100.
303	Department of Health	7322	Certified Counselor	Budget		Increase	27,850	55,650		Support existing expenditure change. See RecSum M2-FE	Dept. initiated fee increase. Fee payers conditionally support the fees.	Current fees are no longer adequate for this self supporting program. Proposed increase Certified Counselor Initial Certification Fees: from the current \$110 to a new rate of \$160. Proposed increase Certified Counselor Exam & Re-exam Fees: from the current \$85 to a new rate of \$135. Proposed increase Certified Counselor Renewal Fees: from the current \$90 to a new rate of \$140. Proposed increase Certified Counselor Expired Certification Reissuance Fees: from the current \$50 to a new rate of \$100.
303	Department of Health	7323	Agency Affiliated Counselor	Budget		Increase	35,200	69,300		Support existing expenditure change. See RecSum M2-FE	Dept. initiated fee increase. Fee payers conditionally support the fees.	Current fees are no longer adequate for this self supporting program. Proposed increase Agency Affiliated Counselor Initial Registration Fees: from the current \$50 to a new rate of \$60. Proposed increase Agency Affiliated Counselor Renewal Fees: from the current \$40 to a new rate of \$50. Proposed increase Agency Affiliated Counselor Expired Registration Reissuance Fees: from the current \$40 to a new rate of \$50.
Total							699,850	819,950				

Additional Comments

Working Capital Reserve

Budget Period: 2013-15
 Agency: 303 Department of Health
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FUND	FUND TITLE	FUND ADMINISTRATOR AGENCY ONLY	
		RECOMMENDED ENDING FUND BALANCE	RECOMMENDED ENDING FUND BALANCE
		Current Biennium	Ensuing Biennium
002	Hospital Data Collection Account	27,000	27,000
02G	Health Professions Account	11,100,000	12,300,000
03C	Emer Med Ser/Trauma Care Sys Trust	2,333,000	2,282,000
03R	Safe Drinking Water Account	341,000	400,000
04R	Drinking Water Assistance Account	3,000,000	5,273,000
04W	Waterworks Operator Certification	190,000	184,000
05R	Drinking Water Assistance Admin	94,000	92,000
09L	Nursing Resource Center Account	10,000	10,000
14J	Ambulatory Surgical Facility Acct	60,000	96,000
15M	Biotoxin Account	145,000	168,000
16G	Universal Vaccine Purchase Account	10,000	10,000

Working Capital Reserve

Budget Period: 2013-15
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FUND	FUND TITLE	FUND ADMINISTRATOR AGENCY ONLY	
		RECOMMENDED ENDING FUND BALANCE	RECOMMENDED ENDING FUND BALANCE
		Current Biennium	Ensuing Biennium
202	Medical Test Site Licensure Account	290,000	195,000
214	Temporary Worker Housing Account	6,000	19,000
235	Youth Tobacco Prevention Account	189,000	100,000

	Code	Title
AGENCY	303	Department of Health

2013-15 Federal Funding Estimates Summary

DATE August 15, 2012

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts
	Agency Total			
	FY 2012	57,783,131	57,737,238	21,519,207
	FY 2013	67,664,361	67,790,468	27,107,253
	FY 2014	62,541,083	62,808,734	24,164,925
	FY 2015	62,541,083	62,808,734	24,164,925
	Department of Agriculture			
10.572	WIC Farmers Market Nutrition Program			
	<i>Activity # A010</i>			
	FY 2012	100,000	100,000	30,000
	FY 2013	100,000	100,000	30,000
	FY 2014	100,000	100,000	30,000
	FY 2015	100,000	100,000	30,000
	Environmental Protection Agency			
66.032	Indoor Radon Grants			
	<i>Activity # A005</i>			
	FY 2012	42,000	42,000	42,000
	FY 2013	42,000	42,000	42,000
	FY 2014	42,000	42,000	42,000
	FY 2015	42,000	42,000	42,000
	Environmental Protection Agency			
66.123	Pathogens EPA			
	<i>Activity # A007</i>			
	FY 2012	687,000	515,000	515,000
	FY 2013	5,700,000	5,700,000	5,700,000
	FY 2014	3,000,000	3,000,000	3,000,000
	FY 2015	3,000,000	3,000,000	3,000,000
	Environmental Protection Agency			
66.432	Public Water System Supervision			
	<i>Activity # A003</i>			
	FY 2012	2,840,500	2,966,607	946,833
	FY 2013	2,840,500	2,966,607	946,833
	FY 2014	2,840,500	3,108,151	946,833
	FY 2015	2,840,500	3,108,151	946,833
	Health & Human Services			
93.069	Public Health Preparedness & Response for Bioterrorism			
	<i>Activity # A004</i>			
	FY 2012	9,287,788	9,287,788	928,779
	FY 2013	14,655,039	14,655,039	1,465,504
	FY 2014	12,231,761	12,231,761	1,223,176
	FY 2015	12,231,761	12,231,761	1,223,176
	Health & Human Services			
93.217	Family Planning Services Title 10			
	<i>Activity # A010</i>			
	FY 2012	4,153,220	4,153,220	403,322
	FY 2013	3,956,026	3,956,026	383,602
	FY 2014	3,956,026	3,956,026	383,602
	FY 2015	3,956,026	3,956,026	383,602

Health & Human Services, Centers for Disease Control

CFDA NO.*	Agency	Federal Fiscal Year	State Fiscal Year	State Match Amounts
93.236	Oral Health Dental Network <i>Activity # A010</i>			
	FY 2012	499,999	499,999	200,000
	FY 2013	499,999	499,999	200,000
	FY 2014	499,999	499,999	200,000
	FY 2015	499,999	499,999	200,000
	Federal Agency Name			
93.283	Health & Human Services, Centers for Disease Control Chronic Disease Program & Cancer Prevention Program <i>Activity # A002</i>			
	FY 2012	8,710,466	8,710,466	2,533,582
	FY 2013	8,279,412	8,279,412	2,406,701
	FY 2014	8,279,412	8,279,412	2,406,701
	FY 2015	8,279,412	8,279,412	2,406,701
	Federal Agency Name			
93.548	Health & Human Services, Centers for Disease Control Nutrition Physical Activity and Obesity <i>Activity # A002</i>			
	FY 2012	976,746	976,746	195,349
	FY 2013	976,746	976,746	195,349
	FY 2014	976,746	976,746	195,349
	FY 2015	976,746	976,746	195,349
93.913	Health & Human Services, Health Resources & Services Administration State Office of Rural Health <i>Activity # A014</i>			
	FY 2012	180,000	180,000	540,000
	FY 2013	180,000	180,000	540,000
	FY 2014	180,000	180,000	540,000
	FY 2015	180,000	180,000	540,000
93.917	Health & Human Services Ryan White CARE Act - Title 2 <i>Activity # A016</i>			
	FY 2012	14,210,400	14,210,400	6,881,156
	FY 2013	14,210,400	14,210,400	6,881,156
	FY 2014	14,210,400	14,210,400	6,881,156
	FY 2015	14,210,400	14,210,400	6,881,156
93.889	Health & Human Services, Public Health Service Bioterrorism-Hospital Preparedness Program <i>Activity # A004</i>			
	FY 2012	7,295,589	7,295,589	729,560
	FY 2013	7,424,816	7,424,816	742,482
	FY 2014	7,424,816	7,424,816	742,482
	FY 2015	7,424,816	7,424,816	742,482
93.994	Health & Human Services, Health Resources & Services Administration Maternal and Child Health Block Grant <i>Activity # A010</i>			
	FY 2012	8,799,423	8,799,423	7,573,626
	FY 2013	8,799,423	8,799,423	7,573,626
	FY 2014	8,799,423	8,799,423	7,573,626
	FY 2015	8,799,423	8,799,423	7,573,626

* Catalog of Federal Domestic Assistance

