

April 17, 2024

The Hon. Patty Murray, Senator  
The Hon. Suzan DelBene, Representative  
The Hon. Marie Gluesenkamp Perez, Representative  
The Hon. Cathy McMorris Rodgers, Representative  
The Hon. Pramila Jayapal, Representative  
The Hon. Adam Smith, Representative  
United States Capitol  
Washington, D.C. 20510

The Hon. Maria Cantwell, Senator  
The Hon. Rick Larsen, Representative  
The Hon. Dan Newhouse, Representative  
The Hon. Derek Kilmer, Representative  
The Hon. Kim Schrier, Representative  
The Hon. Marilyn Strickland, Representative  
United States Capitol  
Washington, D.C. 20510

Dear Members of the Washington State Congressional Delegation:

On behalf of the Washington State Department of Health (WA-DOH), I write to express my deep appreciation for your ongoing commitment to federal investments to strengthen our public health infrastructure to protect and improve the health of all Washingtonians. WA-DOH's Federal Fiscal Year (FFY) 2025 budget request includes increases for programs that support U.S. readiness and response; improve mental health, overdose, and suicide prevention; and support family and community health, well-being, and resiliency.

As background, WA-DOH is the nationally recognized and fully accredited public health agency serving nearly 8 million people across the Evergreen State. With a team of 3,000 dedicated health professionals and a bi-annual budget of \$2.5 billion, WA-DOH works to ensure the health and well-being of communities throughout the state in partnership with 35 local health departments, 29 federally recognized Tribes, 100 hospitals, and countless public, private, and community partners. Through its cornerstone values of Equity, Innovation, and Engagement, WA-DOH is transforming health today and for future generations, serving as a model for others across the nation and the globe.

Washington state is facing complex public health challenges. Synthetic opioids such as fentanyl are causing the death of five people in Washington each day, while thousands more struggle with substance use disorder. Sexually transmitted diseases have grown exponentially, with more than 4,500 cases of syphilis reported in Washington in 2022, in turn increasing the risk congenital syphilis that can result in syphilitic stillbirths. Emerging infectious diseases such as mpox, Ebola, Marburg, and avian influenza, along with heat domes, atmospheric rivers, and wildfire smoke inundation highlight the need for disease agnostic, flexible funding to address new threats and vulnerabilities related to climate change.

These public health challenges underscore the need for smart, strategic, and sustained investments in public health infrastructure and our workforce. The federal funding WA-DOH receives each year enables us to prevent illness and injury, promote healthy places to live and work, provide education and information to help people make good health decisions, and ensure our state is prepared for public health emergencies, as we strive for equity and optimal health for all.

Interconnectedness is one of our greatest advantages. Public health is a team sport, requiring collaboration between federal agencies and state, Tribal, local, and territorial health departments, as well as private sector, academia, community-based organizations, and even global partners. Currently, more than 70% of the federal funds WA-DOH annually receives goes to these partner organizations. Funding increases in this budget will enable greater collaboration and efficiency as WA-DOH and its partners secure Washington state’s health and continue to prepare for future health security threats.

As Congress begins to move through the appropriations process for FFY 2025, I request that you support and prioritize funding for the following programs:

#### Public Health Infrastructure and Capacity

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

*FFY24 Enacted Level:* \$350 million

*FFY25 President’s Budget:* \$350 million

***FFY25 State Request:* \$1,000 million**

After decades of underinvestment, the need for sustained public health infrastructure investment is deep and largely unmet, with an estimated \$4.5 billion annual gap in foundational public health capabilities in the United States.<sup>1</sup> The public health system operates under boom- and-bust funding cycles. The “boom” occurs during a public health emergency, such as the COVID-19 pandemic, when policymakers increase emergency supplemental public health funding to mobilize a response. The ensuing “bust” follows when supplemental funding expires, and the acute public health threat subsides. This practice has a significant impact on the ability to maintain workforce capacity and capabilities and often results in shuttering critical public health programs and services. Increasing funding for public health infrastructure and capacity will disrupt this cycle by supporting our state public health systems efforts to build capacity to detect and respond to domestic and global threats while improving and supporting core public health capabilities, including assessment, policy, preparedness and response, community partnership, communications, equity, accountability, and performance management. It is imperative that this funding is disease-agnostic, flexible, and sustainable to support the rapid responses needed during public health emergencies.

<sup>1</sup> DeSalvo K, Parekh A, Hoagland GW, Dilley A, Kaiman S, Hines M, Levi J. Developing a Financing System to Support Public Health Infrastructure. Am J Public Health. 2019 Oct;109(10):1358-1361. doi: 10.2105/AJPH.2019.305214. Epub 2019 Aug 15. Erratum in: Am J Public Health. 2020 Sep;110(9):e15. PMID: 31415208; PMCID: PMC6727291. [Developing a Financing System to Support Public Health Infrastructure - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6727291/)

## Data Modernization Initiative (DMI)

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

*FFY24 Enacted Level:* \$175 million

*FFY25 President's Budget:* \$224 million

***FFY25 State Request:* \$340 million**

To ensure that the U.S public health system is ready for any crisis, Congress has prioritized modernizing the public health system. The COVID-19 pandemic and mpox outbreak demonstrated the necessity of efficient data sharing across the health ecosystem to create faster decision-making for health care providers and public health departments. While the Health Information Technology for Economic and Clinical Health (HITECH) Act invested \$27 billion for health care providers and hospitals to adopt electronic health records in 2009, a similar investment was not made in public health data systems. The Healthcare Information and Management Systems Society (HIMSS) estimates a \$36 billion investment is needed to modernize public health data systems<sup>2</sup>. With these funds, WA-DOH can continue to improve its collection, reporting, analysis, and security of public health care data, protect patient privacy, and ensure a smooth flow of data to the federal government. DMI is not just an emergency response need; DMI is necessary for rapidly identifying, tracking, and responding to daily public health threats of all types: acute, chronic, and emerging. DMI stories from the field highlights the great work WA-DOH and other public health agencies are doing in this space - <https://stories.cste.org/>

## Public Health Emergency Preparedness Program <sup>3</sup>

U.S. Department of Health and Human Services

Centers for Disease Control and Prevention (CDC)

*FFY24 Enacted Level:* \$905 million

*FFY25 President's Budget:* \$943 million

***FFY25 State Request:* \$1,000 million**

The Public Health Emergency Preparedness Program allows Washington state to build capabilities and resilience in our public health structures and our communities. As Washington state is emerging from the COVID-19 pandemic, these resources are critical for both convening learning efforts and after-action reviews, as well as implementing planning efforts with community partners to revise key emergency response plans to better reflect equity-focused response strategies that lean into responding to future public health threats and disasters. WA-DOH sends about two-thirds of this funding to local health jurisdictions, Tribes, health care coalitions, and other partners. Level funding will not allow us to maintain active response postures while also improving systems to respond to a growing number of infectious diseases such as coronavirus, mpox, and RSV; natural disasters such as floods, wildfires, earthquakes, and tsunamis; and biological, chemical, radiological, and explosive terrorism threats. In Washington state, there are many unique and catastrophic public health threats we must plan for and potentially respond to, including natural disasters such as the eruption of Mount Rainier and other active volcanos, Cascadian fault line, and other earthquakes, tsunamis, and massive forest fires.

<sup>2</sup> [Public Health Information and Technology Infrastructure Modernization Funding Report | HIMSS](#)

<sup>3</sup> [HHS 2024 budget in brief](#) proposes the realignment of Public Health Emergency Preparedness Cooperative Agreement; Academic Centers for PH Preparedness; and All Other CDC Preparedness into a new Domestic Preparedness PPA.

Although the aforementioned programs reflect our agency's top priorities in FFY 2025, we rely on a wide array of other federally funded programs that are also critical to our success. Enclosed, please find a more comprehensive list of federal programs that WA-DOH relies on for our work. I urge your continued support for each of these programs as well.

I greatly appreciate your consideration of our requests. If you have any questions or need additional information, please contact Department of Health's Federal and Regulatory Affairs Director, Michael Ellsworth, at [Michael.Ellsworth@doh.wa.gov](mailto:Michael.Ellsworth@doh.wa.gov), or the Director of Governor Inslee's Washington, D.C. Office, Morgan Wilson, at [Morgan.Wilson@gov.wa.gov](mailto:Morgan.Wilson@gov.wa.gov).

Best,



Umair A. Shah, MD, MPH  
Secretary of Health  
Washington

cc: Leslie Becker, Chief, Office of Innovation & Technology, WA-DOH  
Charles Chima, Chief of Healthcare Innovation & Strategy, WA-DOH  
Micheal Ellsworth, Federal and Regulatory Affairs Director, WA-DOH  
Lacy Fehrenbach, Chief, Office of Prevention, Safety & Health, WA-DOH  
Amy Ferris, Chief Financial Officer, WA-DOH  
Meghan Jernigan, Federal Relations Deputy Director, WA-DOH  
Rose Minor, Deputy Director, Federal & Inter-State Affairs, WA-GOV  
Elizabeth Perez, Chief, Office of Public Affairs & Equity, WA-DOH  
Kristin Peterson, Chief, Office of Policy, Planning & Evaluation, WA-DOH  
Atousa Salehi, Chief, Office of Global & One Health, WA-DOH  
Jessica Todorovich, Chief of Staff, WA-DOH  
Morgan Wilson, Director of Governor Inslee's Washington D.C. Office

**State of Washington  
Department of Health  
Federal Fiscal Year 2025 Appropriations Requests**

<i>Federal Program</i>	<i>FFY24 Enacted</i>	<i>FFY25 President's Budget</i>	<i>FFY25 State Request</i>
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**Labor, HHS, Education and Related Agencies Subcommittee**

Ryan White HIV/AIDS Program Part B	\$1,365 million	\$1,365 million	<b>\$1,488.3 million</b>
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infection and Tuberculosis Prevention	\$1,391 million	\$1,545 million	<b>\$1,545 million</b>
Immunization and Respiratory Diseases	\$919 million	\$969 million	<b>\$1,256 million</b>
Public Health Infrastructure and Capacity	\$315 million	\$350 million	<b>\$1,000 million</b>
Maternal and Child Health Block Grant	\$816 million	\$937 million	<b>\$937 million</b>
Emerging and Zoonotic Infectious Diseases	\$751 million	\$846 million	<b>\$846 million</b>
Domestic Preparedness	\$905 million	\$943 million	<b>\$1,000 million</b>
Health Care Readiness and Recovery <sup>4</sup>	\$305 million	\$312 million	<b>\$312 million</b>
Data Modernization Initiative (DMI)	\$175 million	\$340 million	<b>\$340 million</b>
National Center for Health Statistics	\$188 million	\$190 million	<b>\$215 million</b>
Prevention and Public Health Fund	\$160 million	\$210 million	<b>\$210 million</b>
State Office of Rural Health	\$13 million	\$13 million	<b>\$15 million</b>

<sup>4</sup> Formerly known as Hospital Preparedness Program