



August 2025

# WA Public Health System Monthly Update



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The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and well-being of Washington residents. The **WA State Public Health Systems Monthly Update** provides an overview of the key health issues impacting Washington state, and the progress we are making in addressing them.



Question about the WA State Public Health Systems Monthly Update?

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# House Resolution 1: Opportunities & Impacts

The 2025 House Resolution 1 (HR1) will transform the health care delivery system. This bill limits or restricts access to a variety of critical public health programs, from Medicaid coverage to food and nutrition safety net programs. Impacts to Washingtonians will be sweeping. The bill also included a federal \$50 billion Rural Health Transformation Program (RHTP) to improve rural health care across the country.

With leadership from the Governor's Office, Washington state's Health Care Authority (HCA), Department of Social and Health Services (DSHS) and DOH are partnering to develop our state's Rural Health Transformation Program (RHTP) application. HCA has published an informational website with a summary of required components, eligibility, and opportunities for Washingtonians to provide input. [Rural Health Transformation Program | Washington State Health Care Authority](#)

DOH is supporting stakeholder discussions and providing public health guidance on evidence-based approaches to ready the rural health infrastructure - from recruiting and training rural health workforce to rural hospital quality improvement. Below is a summary of impacts at the forefront of discussions as Washington state prepares their application to address changes to health care access and the public health infrastructure outlined in this bill.

HR1 cuts approximately \$300 billion to the Supplemental Nutrition Assistance Program (SNAP).

- Approximately 1 million Washingtonians receive SNAP.
- It is estimated that 130,000 Washingtonians will lose their SNAP benefits in 2026 as a result of changes to eligibility.
- Every Washingtonian on SNAP will see benefits reduced under the Thrifty Food Plan by about \$56 per month.
- WA state will face millions in additional administrative costs associated with the program starting in fiscal 2027. Currently, administrative cost sharing is 50/50. HR1 shifts this to 75/25.

HR1 eliminated the SNAP-Ed program, an essential investment in the health and well-being of low-income communities in Washington and aligned with the Make America Healthy Again obesity and chronic disease prevention goals.

- Annually, SNAP-Ed reached over 4,700 SNAP participants in Washington through 250 nutrition education classes to help people make healthier choices.

HR1 restricts eligibility to Medicaid.

- Washington will lose between \$31 billion and \$51 billion in federal Medicaid dollars over the next 10 years.
- At least 250,000 Washingtonians (about 26% of current Medicaid recipients) will lose Medicaid coverage.
- Overall, Washington anticipates a doubling of the state's uninsured rate (which is currently 4.8%).
- Rural communities will be especially impacted. 70- 90% of children in Central Washington, Yakima, and Adams County are on Medicaid.

HR1 restricts access to reproductive services.

- The bill includes a provision that blocks Medicaid reimbursements for healthcare services obtained at Planned Parenthood health centers, including cancer screenings, birth control, and testing and treatment for sexually transmitted infections.
- On July 9, Governor Bob Ferguson committed to funding these services through state resources.
- On July 29, Attorney General Nick Brown joined a multi-state lawsuit to block this provision from going into effect, and the temporary motion was granted. We now await a permanent decision from the courts.

HR 1 impacts SNAP and Medicaid data security.

- The bill includes \$170 billion to the Department of Homeland Security (DHS) for immigration enforcement and border security to be spent over the next 4 years.
- The Washington Attorney General's Office has filed multiple lawsuits related to Medicaid and SNAP data use specific to immigration enforcement.
- DOH continues to work to keep Washingtonians safe.

# Fighting Fire with Preparation

Wildfire smoke is a growing health risk in Washington. Smoke from fires contains very small particles and gases, causing mild irritation to serious health problems. Over the past decade, Washington State has experienced an increase in extreme weather events, including severe drought and extended wildfire seasons. The increasing frequency and intensity of wildfire smoke events necessitate increased coordination, collaboration, and resources by agencies involved in responding.

The [Public Health Emergency Preparedness](#) grant enables DOH to develop and maintain critical preparedness capabilities, safeguarding the public's health during natural disasters. During wildfire season, the infrastructure and capabilities built with PHEP and related Healthcare Preparedness Program (HPP) funding enable a robust public health response. DOH's role includes:

- **Continued operations of healthcare services:** DOH supports healthcare facilities in partnership with the HPP-funded Northwest Healthcare Response Network (NWHRN) to maintain critical operations during smoke incidents or potential evacuations.
- **Supplies:** Distribution of portable air cleaners with HEPA filters, N95 respirators, and MERV filters. These are provided by DOH to impacted communities to reduce exposure to harmful wildfire smoke.
- **Rapid logistics:** Partnerships and data readiness sustained through the PHEP grant allow DOH to deliver critical supplies under extreme conditions, ensuring access to essential services through the last mile.
- **Education and Technical Guidance:** Providing both general and case-specific guidance on modifying or canceling activities and events in response to smoke, interpreting air quality measurements, and reducing exposure to smoke by using air cleaners, filters, and masks or respirators.

Wildfire smoke preparation and response is a shared responsibility. DOH works in close partnership with sibling agencies, local health jurisdictions, and Tribes during the wildfire season to collectively ensure public health and safety.

## Federal Data Integrity

DOH and our public health partners are monitoring concerns specific to federal public health data integrity and security. Epidemiologists and experts across the public health system - including DOH, local health jurisdictions, and Tribes - have convened regularly since our first update ([February 2025](#)) to discuss availability and reliability of federal data, and ready our public health systems for federal data changes.

Current challenges in accessing and utilizing federal data sources are evident across a variety of subject matter areas and at different levels, with whole datasets or publications removed or certain data elements replaced in datasets. These changes harm the public health data infrastructure, and will have negative consequences for states, communities and Tribes who rely on these data to understand community health needs, inform policy development, and target interventions.

### Washington Air Quality Resources

Here are a variety of resources you can use during wildfire season to keep yourself safe from smoke hazards by staying current on the impact to air quality.

- The [Washington Smoke Blog](#) shares information for Washington communities affected by wildfire smoke, including current conditions, forecasted wildfire and health information.
- [Department of Ecology's Washington Air Quality Map webpage](#) provides Year-round current and forecasted air quality information.
- [Washington Air Quality Guide for Particle Pollution \(PDF\)](#) — This graphic provides health recommendations based on EPA's Air Quality Index (AQI).
- [Air Quality Washington](#) — This app uses information from Ecology's Washington Air Quality Network. The Washington Air Quality Network website also offers a web app download.
- [Smoke from Fires Partner Toolkit](#) — Provides guidance and risk communication resources for DOH's public health and air quality partners around wildfire smoke and health.

Below are key public health data systems impacted by recent federal actions. This is not an exhaustive list and does not include a summary of related concerns on federal funding reductions that support data infrastructure for states.

### **National Behavioral Risk Factor Surveillance System (BRFSS)**

- **Problem:** CDC delayed the start of data collection in 2025 and no longer accepts data on gender identity from states; CDC removed gender identity data from the preliminary 2024 datasets that they share with states; CDC took down and then reposted all historical BRFSS datasets and accompanying documentation, with gender identity information removed; and CDC took down and then reposted the BRFSS Prevalence & Trends Data Tool with gender identity information removed.
- **Impact:** Without access to complete, representative data from the state, WA BRFSS data users will be unable to identify health disparities, monitor health trends over time, and report representative findings from our state's adult health survey. There will also no longer be comparable data at the national level.
- [Behavioral Risk Factor Surveillance System \(BRFSS\) | Washington State Department of Health](#)

### **Pregnancy Risk Assessment Monitoring System (PRAMS) data**

- **Problem:** CDC Pregnancy Risk Assessment Monitoring System (PRAMS) Automated Research File (ARF) is not available.
- **Impact:** Researchers and public health professionals cannot access national PRAMS data to conduct perinatal health surveillance. The ARF allows for timely access of WA PRAMS data as well as data to produce regional and national comparisons. These data are used to inform perinatal and prenatal policies and programming initiatives in all parts of Washington state.
- [Pregnancy Risk Assessment Monitoring System \(PRAMS\) | Washington State Department of Health](#)

### **Public Health Genomics and Precision Knowledge Base**

- **Problem:** CDC's Public Health Genomics and Precision Health Knowledge Base has been disbanded. The database will not be updated and all existing materials removed in 2029.
- **Impact:** This searchable database provided updated information on publications and work around the impact of public health in human genomics and guided the strategies and QA/QI projects used by the WA Genetics program.
- [Genetic Services | Washington State Department of Health](#)

### **National Coordinating Center Policy Hub**

- **Problem:** HRSA's National Coordinating Center for the Regional Genetics Networks (NCC) will not be maintained or updated. The NCC developed and maintained the Genetics Policy Hub.
- **Impact:** This was a useful tool for DOH staff to assess the landscape of genomic policy. The resource has also been used by DOH policy staff to reach out to their counterparts in other states to better understand legislation and related bills.

### **National Coordinating Center for Genetics Networks (NCC)**

- **Problem:** NCC will not be maintained or updated. The NCC developed and maintained the Genetics Medicaid Coverage database.
- **Impact:** Each year, the NCC conducted an analysis of each state's Medicaid program to examine what each program states they cover related to genetic services. This resource provided DOH with a way to assess WA's Medicaid coverage for genetics as compared to the other states, driving strategies towards uniform standards of care.

### **Environmental Justice (EJ) Screen**

- **Problem:** EPA's EJ Screen tool is no longer available.
- **Impact:** This is a critical tool to help DOH protect public health and the environment. DOH uses the EJScreen to help inform outreach and engagement practices that address the potential for disproportionate environmental impacts and environmental justice concerns within specific communities. We also use this tool when conducting Environmental Justice Assessments (EJAs), which help identify potential benefits and harms to communities through rulemaking. Data from EJScreen are also used to populate measures in the legislatively mandated WA Environmental Health Disparities Map.

## CDC PLACES: Local Data for Better Health

- **Problem:** CDC no longer supporting PLACES data analyses, a web tool that provides chronic disease and other health-related data for all U.S. counties, incorporated and census designated places, census tracts, and ZIP Code Tabulation Areas (ZCTAs).
- **Impact:** The loss of scarce, locally relevant chronic disease and health risk PLACES data used by DOH undermines our strategic efforts to equitably plan and implement public health interventions and allocate limited resources to communities disproportionately burdened by chronic conditions across the state.

Reliable and accurate public health data forms the foundation for decision making, planning, and resource allocation across the state. Inaccurate, incomplete, or delayed data will create gaps in surveillance and put vulnerable communities further at risk. Despite these changes in the federal data landscape, DOH is committed to collecting and applying high quality data to promote the health and wellness of Washingtonians.

## Fluoride Science Review Panel

Oral health is essential for overall health and well-being. The burden of dental decay is inequitably distributed due to economic and social inequities and lack of access to high quality dental care. Fluoride has been widely promoted for oral health benefits. It is an effective tool in preventing dental decay, along with health behaviors related to oral hygiene, diet, and regular dental care. Fluoride health interventions include community water fluoridation, fluoridated toothpaste, and fluoride varnishes.

At high concentrations in water, fluoride is toxic to bones and there are emerging concerns that fluoride may negatively impact neurodevelopment. Washington state law ([RCW 57.08.012](#)) allows, but does not require, community water fluoridation. Local governments make the decision of whether to provide optimally fluoridated water to their communities. In Washington, the State Board of Health sets an optimal level of fluoridation for water systems that choose to provide fluoridated water. 64% of the Washington state population drinks optimally fluoridated water provided by a public water system.

In 2024, the State Board of Health received multiple petitions for rulemaking regarding fluoride exposure for pregnant people, infants, and children. Included were recommendations against adding chemicals such as fluoride to drinking water to treat or prevent disease in humans or animals. The petitions cited findings from the National Toxicology Program (NTP) showing an association between high levels of fluoride exposure and lowered IQ in children.

In response to the emerging research and petition requests, DOH convened a Fluoride Science Review Panel, consisting of experts from across the public health system, to review the emerging science and evidence in the petitions and any additional fluoride-related research. The panel's job was to summarize their learnings and interpret the science so that the State Board of Health could consider it in potential policy action. The panel narrowly focused on the risks and benefits of community water fluoridation and did not assess the evidence around prevention of tooth decay, other forms of fluoride use or exposure, or healthy brain development.

In August, the panel published a [summary report](#) of their process and [presented](#) DOH recommendations for the State Board of Health to consider, which include:

- Keep the current optimal level of fluoride concentration for now. Community water fluoridation should remain a local decision. Communities should carefully weigh the benefits and risks of water fluoridation.
- Begin the rulemaking process to consider adopting a State Action Level of 1.5 mg/L for fluoride.
- Coordinate with DOH and public health partners to update messaging on fluoride to include guidance to limit fluoride exposure for pregnant people, fetuses, and infants.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).