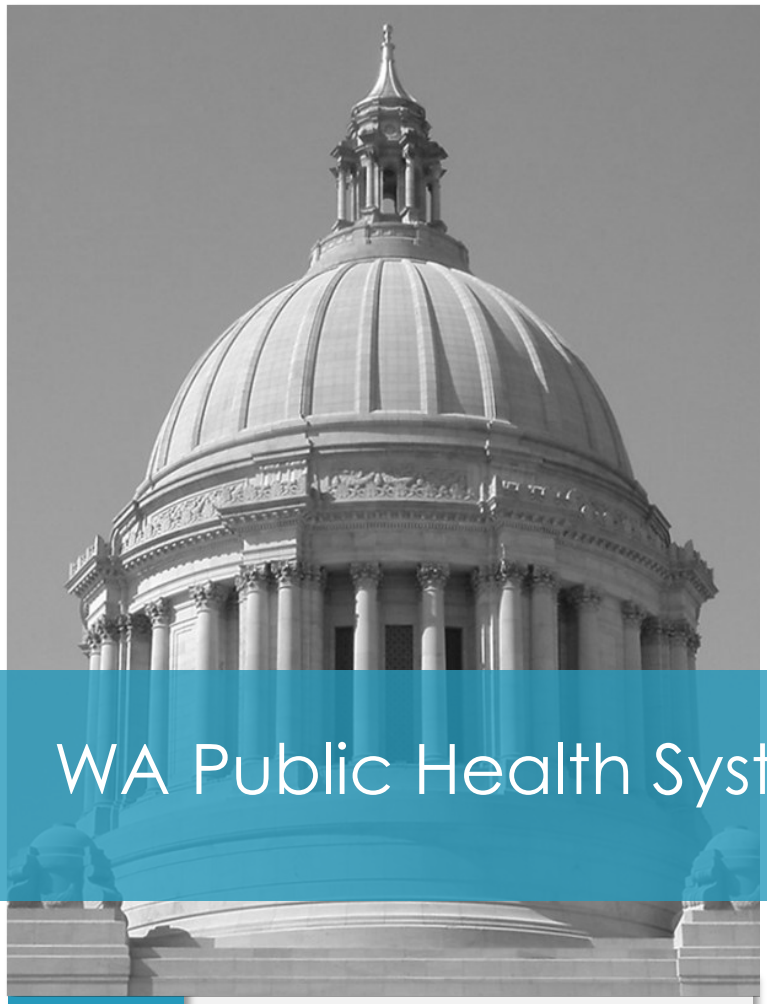

Washington State Department of HEALTH

October 2025

WA Public Health System Monthly Update

Impacts of Federal Funding Lapse

New Respiratory Immunization Dashboard

Northwest Ice Processing Center

Telehealth Waivers Expire

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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Impacts of Federal Funding Lapse

The ongoing federal shutdown has created significant uncertainty and operational challenges for many state agencies across Washington, creating delays in grants and contracts and disrupting funding for critical federal programs. DOH's Office of Financial Management continues to monitor 7 federal grants with expired (or soon to expire) Notice of Awards for the new funding period that began on 10/1/25. DOH Grants Dashboard | Healthier Washington Collaboration Portal

Women, Infants, and Children (WIC): Based on current benefit redemption rates, WIC will sustain food benefits and maintain its current 11-person state WIC team through mid-to-late November. If benefit redemption rates increase, funding may run out more quickly. DOH has not received adequate administrative funding to operate fully. To support food costs, Washington WIC has utilized 3 primary funding sources:

- **Available food funds -** used for September benefit issuance, with redemptions occurring in October (approximately $4 million).
- **Infant formula rebate funds -** allocated to cover costs for October and November. (approximately $1,750.000 per month).
- **Two additional food allocations -** one resulting from a USDA national survey identifying states with available funds for redistribution, and previous set aside funds ($2,863,040.00) and another through Section 32 tariff funds referenced by the White House. ($3,940,072.00).

2024 WIC Participation Facts

- **Total WIC Participants:** 206,980
- **Total Pregnant & Postpartum Participants:** 57,570
- **Total Breastfeeding Postpartum Participants:** 13,672
- **Total Children Participants:** 94,312
- **Total Infant Participants:** 55,098
- **Total Breastfed Infants:** 34,906

DOH is in the process of distributing the additional funding allocations to over 200 local WIC Clinics. For most agencies, this funding will provide approximately 30 days of operational support, with smaller agencies and Tribes expected to remain funded into November. Despite these efforts, some clinics may be unable to maintain operations through the entirety of November.

A prolonged federal government shutdown puts the WIC program at further risk. Over 200,000 Washington families may lose access to infant formula, breastfeeding support, and other critical WIC services, and may be forced to make hard choices about how to feed their newborns and young children. DOH is also concerned about the pending Supplemental Nutrition Assistant Program (SNAP) federal funding lapse in November.

While SNAP is administered by Washington's DSHS, participants are dual eligible making SNAP and WIC sister programs that support Washington's food and nutrition safety net.

Title V Maternal Child Health Block Grant (MCHGB): The Federal Shutdown also impacts the Maternal and Child Health Block Grant. MCHBG is authorized under Title V of the Social Security Act and provides Washington state with financial and technical support to run programs and develop policies that improve the well-being of parents, infants, children, and youth - including children and youth with special health care needs, and their families.

For FFY26, Washington state requested $9.9M to sustain core public health services in the face of rising operational cost. To date, DOH has not received a new Notice of Award (NOA) for this grant and has worked with Local Health Jurisdictions (LHJs) to apply the remaining funds from the previous award to help carry the work for the coming weeks.

- In FFY25, Washington state received $9.3M.
- More than half of MCHBG funding goes to 32 local health jurisdictions (LHJs) and 1 local hospital in Washington, supporting the local health infrastructure across the state.
- Over the past 5 years, all our local public health partners have used **at least 30%** of their funding for prevention, primary care, and family support services for children and youth with special health care needs.

All local health jurisdictions' MCHBG contracted work will be paused on November 1, 2025 until DOH receives a new NOA unless, at their own discretion, LHJs choose to continue their work on the MCHBG, knowing our commitment is to reimburse for these activities as long as funds become available and as allowable in the new NOA.

DOH Launches a Respiratory Immunization Dashboard

The Washington State Department of Health (DOH) recently launched a new Respiratory Immunization Dashboard, shown in Figure 1. Developed by DOH's Office of Immunization Assessment and Informatics team, this updated, public-facing dashboard brings together immunization data for influenza (flu), COVID-19, and respiratory syncytial virus (RSV)—both pediatric and adult—into one centralized location for the first time.

This new tool makes it easier for public health professionals, healthcare partners, policymakers, and the public to access and understand immunization coverage across Washington state. Users will be able to view:

- Geographic and demographic coverage rates for each respiratory immunization.
- Statewide total doses administered.
- Trends over time in immunization uptake

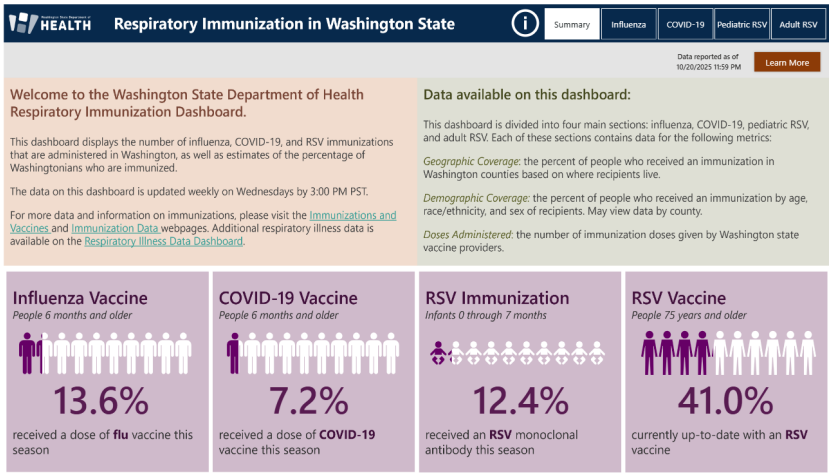

Figure 1: A screenshot of the new dashboard.

Key Data Highlights:

- Flu and COVID-19 vaccine uptake has declined over the past three seasons.
- Last season approximately 30% of people aged 6 months and older received a dose of flu vaccine. Currently, flu vaccine administration is lagging behind last season with 18% fewer doses having been administered.
- Approximately 18.5% of people aged 6 months and older received a dose of COVID-19 vaccine last season. So far this season, 36% fewer doses of COVID-19 vaccine are being administered compared to the same point last season.
- Last season 41.3% of infants 0-7 months received an RSV immunization. So far this season, the number of RSV doses administered to infants is outpacing administration at the same point last season.
- Over 540,000 doses of RSV vaccine have been administered to Washingtonians over the age of 18 since August 2023.
- Statewide, RSV coverage in adults over 75 years continues to increase. Currently, over 40% of adults over 75 are up to date on their RSV vaccine.

We hope this new dashboard will improve data transparency, support immunization surveillance, and make it easier for everyone - from local health jurisdictions to healthcare providers to Washington residents - to stay informed and protected during respiratory virus season.

Northwest ICE Processing Center (NWIPC)

Washington state hosts one primary U.S. Immigration and Customs Enforcement (ICE) detention facility – the Northwest ICE Processing Center (NWIPC), located in Tacoma, Washington. Individuals awaiting immigration proceedings are held in this facility. While the facility is federally operated, The Washington State Legislature gave the Department of Health (DOH) access to ensure private detention facilities, like NWIPC, provide basic sanitary, hygienic, and safe conditions for people being detained. This was made possible due to the passage of Second Substitute House Bill 1470 (2023) and Second Substitute House Bill 1232 (2025) which amended Chapter 70.395 RCW.

In 2024, a United States District Court, Western District of Washington preliminarily prohibited the state from enforcing certain provisions of 2SHB 1470 as unconstitutional in the case of Geo Group, Inc. v. Inslee. This ruling hindered DOH from conducting facility inspections and investigations under Chapter 70.395 RCW. DOH has attempted to enter NWIPC eight times since 2023 and has been denied access every time.

A Ninth Circuit's ruling on August 19, 2025, affirmed DOH's authority to uphold basic health and safety standards in private detention facilities; however, DOH has still been denied access. DOH remains committed to working toward safer and healthier conditions for everyone.

To date, there have been 2,500 formal complaints. These include:

- **Medical Concerns:** 792 complaints
- **Nutrition, Meals, Special Diets:** 699 complaints
- **Cleaning, Maintenance, Housekeeping:** 294 complaints
- **Laundry Concerns:** 235 complaints
- **Infection Control:** 117 complaints

DOH continues to be concerned about limited access the NWIPC, which restricts our ability to assess public health conditions and respond to potential health risks. Without direct access, DOH cannot fully evaluate issues such as disease transmission, sanitation, or environmental health compliance. This lack of oversight raises concerns about transparency and the protection of both detainee and staff health within the facility.

Telehealth Waivers Expired

On October 1, 2025, several key federal telehealth waivers expired, ending temporary flexibilities that expanded access to care during and after the COVID-19 public health emergency. These changes impact how providers across Washington state deliver remote care, especially in rural and underserved communities where telehealth remains a primary access point for essential services.

Impacts on Healthcare Access

Loss of Medicare Flexibilities: Expired provisions include coverage for telehealth-delivered occupational and physical therapy, as well as the authority for providers to deliver services from non-traditional sites. Geographic and originating site restrictions have also been reinstated, limiting access to services for patients who are not physically located in eligible facilities. (American Occupational Therapy Association)

Disruption in Behavioral Health Access: Flexibilities that enabled audio-only visits which are crucial for behavioral health and substance use disorder treatment have also lapsed. Providers report decreased ability to serve patients without reliable video capability or broadband access, especially in rural areas.

Provider Planning and Service Reductions: Many providers began scaling back or discontinuing telehealth appointments ahead of the expiration, citing billing and regulatory uncertainty. This trend further minimizes telehealth options , particularly in federally qualified health centers and small rural practices (Center for Connected Health Policy)

State-Level Regulatory Actions

Even before the expiration of federal telehealth waivers on October 1, 2025, Washington state had taken steps to preserve and modernize telehealth access. In 2024, senate bill 5821 was passed into law extending the required timeframe for in-person or real-time audio-visual encounters for patients receiving audio-only telemedicine from every 2 years to every 3. This proactive policy supports continuity of care and reduces barriers for vulnerable populations, particularly in rural areas where in-person care remains difficult to access. However, with the expiration of federal flexibilities, especially around reimbursement for audio-only services, these state-level efforts may face implementation challenges. (Session Law SB 5821)

Rural Health and Infrastructure Considerations

Washington continues to invest in digital health as a means to reduce disparities and improve access to care. Initiatives like the Washington Rural Palliative Care Initiative depend on stable telehealth infrastructure to provide interdisciplinary support in resource-limited settings. The recent policy shift disproportionately impacts patients in rural and tribal communities, older adults, and individuals with limited access to broadband or digital devices.

Federal Response to Telehealth Waiver Expiration

With the expiration of key federal telehealth waivers on October 1, 2025, Washington state is experiencing disruptions in access to digital health services. The following federal policies and proposals are relevant to supporting continuity of care and addressing emerging gaps:

- *Telehealth Modernization Act (H.R. 5081 / S. 2709):* This federal legislation would make several telehealth flexibilities permanent, including expanded originating site and provider eligibility, which have been critical for Washington's rural and underserved populations.

Other Policy Opportunities

Coverage for Audio-Only Behavioral Health Services: Even if the Telehealth Modernization Act (TMA) passes, continued federal support for audio-only behavioral health services remains essential. The TMA primarily extends Medicare coverage temporarily and does not mandate similar coverage for private insurers. Audio-only care is a vital access point for individuals in areas with limited broadband, so sustained policies are needed to ensure equitable and lasting access across all communities.

Medicare Reimbursement Parity: Temporary policies that ensured payment parity between in-person and telehealth visits have lapsed. This shift affects provider financial sustainability and may limit telehealth availability in Washington if not addressed.

Need for Regulatory Predictability: Abrupt policy changes and the current time-limited extension of telehealth waivers present operational challenges for providers and systems and impact patient's access to care. Advance notice and clear federal guidance would support smoother transitions and long-term planning at the state and provider levels.

DOH has continued work to expand digital health services across Washington state, supported by new funding investments. The expiration of federal telehealth waivers on October 1, 2025, further demonstrates the need for regulatory clarity and stability to ensure providers and patients can continue to rely on digital health as an accessible care option, especially in rural and underserved communities

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DOH 810-035 October 2025

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