



December 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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As 2025 comes to a close, I want to thank Washington state's congressional delegation for your continued support of our public health system throughout the year. It has been a privilege to share this monthly update highlighting the impact and importance of federal policy on the health and well-being of Washingtonians. We deeply value our collaborative partnership and the opportunity to provide timely, data-informed insights that support your work on behalf of communities across the state. As we look to the year ahead, we are guided by a renewed sense of purpose and commitment to health justice. Together, we have the opportunity to strengthen systems to protect health, and advance solutions to ensure every community has the opportunity to thrive. In this spirit of new beginnings, our new Secretary of Health, Dennis Worsham, looks forward to upcoming congressional visits to showcase how federal support translates into meaningful, on-the-ground impact statewide.

HR 1 Impacts on Washington State Public Health

Provisions included in H.R. 1 have significant implications for Washington's healthcare system, public health infrastructure, and the communities we collectively serve. DOH, in close coordination with local health jurisdictions, Tribes, healthcare providers, and state partners, is actively assessing impacts and preparing mitigation strategies across multiple public health areas.

Health Coverage and Hospital Stability: Washington's Health Care Authority (HCA) estimates that at least 250,000 Washington residents could lose Medicaid coverage, with an additional 150,000 individuals priced out of the state's health exchange. These coverage losses are expected to drive substantial increases in uncompensated care, particularly affecting rural and safety-net hospitals that rely heavily on Medicaid and subsidized coverage.

DOH estimates hospitals statewide could see an annual reduction of \$8.2 billion in patient services revenue, reflecting both lost Medicaid payments and increased free care. Charity care levels are expected to return to pre-Affordable Care Act levels, reversing years of progress in coverage stability.

Rural Health Impacts: Rural hospitals are especially vulnerable. Medicaid reductions may accelerate hospital closures, loss of maternity and inpatient services, or conversions to Rural Emergency Hospital designation, limiting access to care in geographically isolated communities. These changes also carry broader economic consequences, including healthcare job losses and reduced ability for rural areas to attract employers and residents. DOH is working with partners to identify emerging risks in rural communities, support workforce retention, and guide investments through the Rural Health Transformation grant advisory process.

Access to Care and Emergency Services: As access to primary and preventive care declines, DOH anticipates increased reliance on emergency medical services (EMS), emergency departments, and interfacility transfers, placing additional strain on already stretched systems—particularly during respiratory illness seasons. Trauma and post-acute care capacity, especially in rural areas, may also be reduced. DOH maintains regulatory oversight of EMS and the trauma system and is monitoring impacts closely.

Workforce Challenges: Changes to federal student loan limits for health professions are expected to make education more expensive and less accessible, complicating recruitment and retention efforts in primary care, nursing, behavioral health, and public health, particularly in rural and underserved areas. DOH will provide comment to US Department of Education during federal rulemaking to ensure Washingtonians can participate in necessary professional education to join the health and public health workforce and support access to care.

Reproductive and Sexual Health: H.R. 1 includes provisions blocking Medicaid reimbursement for care provided at Planned Parenthood health centers, including cancer screenings, contraception, and STI services. While enforcement is currently stayed by a federal court following multistate litigation, DOH is planning for potential downstream impacts, including increased pressure on safety-net providers and abortion funds. Mitigation efforts include supporting medication access, exploring funding backfills, and streamlining administrative requirements for clinics.

Food Security and Nutrition: Changes to SNAP eligibility and benefit growth are expected to increase food insecurity among low-income adults. H.R. 1 also eliminated Washington's SNAP-Ed nutrition education program, which previously reached more than 5,800 participants annually. The loss of SNAP-Ed funding affects nearly 200 positions statewide, including staff in local health jurisdictions, healthcare systems, and community-based organizations.

Environmental and Climate Health: The repeal of Environmental Justice and Climate Justice Block Grants eliminates a key funding stream for communities facing disproportionate environmental burdens. More than \$7 million in grants to Washington communities were terminated, including DOH's \$1 million project addressing groundwater and air contamination in the Lower Yakima Valley. These losses reduce capacity for climate resilience, early warning systems, and preparedness for extreme heat, wildfire smoke, flooding, and drought—impacts that will fall hardest on communities with fewer resources.

DOH remains committed to protecting and promoting the public's health. DOH has activated a Federal Landscape Readiness Group to coordinate operational and strategic responses to federal disruptions. DOH continues monthly briefings with congressional staff, publishes a statewide public health systems update highlighting federally funded program impacts, and maintains a public federal engagement portal to support transparency and collaboration. In partnership with local health jurisdictions, Tribes, healthcare systems, and community organizations, DOH is updating rural health and workforce plans, monitoring hospital financial stability, assessing gaps in core public health services, and co-developing mitigation strategies to protect access to care and advance health equity statewide.

Maternal Mortality in Washington State: A Rising and Preventable Tragedy

For more than two decades, Washington State has published findings from its **Maternal Mortality Review Panel (MMRP)** to better understand the circumstances surrounding pregnancy-associated deaths and to identify opportunities to prevent future loss of life. Established in statute and convened by DOH, the MMRP brings together multidisciplinary experts to review maternal deaths and translate evidence into actionable public health and policy recommendations. Federal funding through CDC's [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\) program](#) and the [Maternal and Child Health Block Grant \(MCHBG\)](#) enhance the review process, support staffing, and strengthen implementation of recommendations from the MMRP.

In December, DOH published the [2025 Maternal Mortality Review Panel \(MMRP\) Report](#). This long-standing work is critical as maternal mortality remains a key indicator of health system performance and equity. The 2025 MMRP Report provides timely, data-driven insights that underscore both the urgency of addressing rising maternal mortality and the importance of sustained, coordinated action to protect the health and lives of families across Washington state.

The report found a notable increase in maternal mortality:

- Of 107 pregnancy-associated deaths reviewed, 51 were confirmed pregnancy-related—meaning the death was directly caused by or aggravated by pregnancy.
- The pregnancy-related mortality rate rose significantly to 30.5 per 100,000 live births in 2021–2022, compared with 19.0 per 100,000 in 2017–2020, indicating a concerning reversal in prior trends.
- Approximately 82 % of these pregnancy-related deaths were deemed preventable, highlighting opportunities for system-level intervention.

A striking pattern emerged in the underlying causes:

- Behavioral health conditions—including accidental overdose, suicide, and homicide—accounted for nearly half (45 %) of pregnancy-related deaths. Accidental overdose was the single most common underlying cause.
- Other contributing causes included COVID-19 and cardiovascular conditions.
- The review underscored persistent disparities: American Indian/Alaska Native, Black, Native Hawaiian/Pacific Islander communities, people over age 40, Medicaid-covered individuals, and rural residents experienced disproportionate rates of maternal mortality.

Root causes and structural contributors:

- The panel identified social and structural inequities (not just clinical care gaps) as central drivers of maternal death.
- Bias and systemic racism, financial barriers, and limited continuity and access to care were recurrent themes.
- Social determinants of health such as housing instability, food insecurity, and lack of culturally responsive care were highlighted as areas needing significant attention.

To address the complex causes of maternal death, the panel outlined **3 priority legislative and public health strategies**:

- **Improve Health Care Quality and Access:** Expand access to high-quality clinical care, including mental and behavioral health and substance use disorder treatment, strengthen care coordination, and support provider training and capacity.
- **Strengthen Community Support Services:** Invest in comprehensive community supports such as home visiting programs, doula care, social work services, and wrap-around supports that address basic needs (e.g., housing, food).
- **Provide Equitable, Culturally Responsive Care:** Ensure services across the maternal health spectrum are culturally attuned, bias-free, trauma-informed, and aligned with the needs of diverse communities.

Chronic Disease Monitoring

Chronic disease remains one of the most significant public health challenges facing Washingtonians, driving premature death, disability, health care costs, and lost productivity. Conditions such as heart disease/cardiovascular disease, cancer, diabetes (including pre-diabetes), chronic respiratory disease (including asthma), obesity, and mental health conditions are among the most prevalent and burdensome long-term conditions affecting our state population.

DOH is committed to reducing the burden of chronic disease through prevention, robust monitoring systems, and innovative partnerships that accelerate data-driven action and improve health outcomes for all communities. Accurate and reliable data are essential for understanding the scope of chronic disease, targeting interventions, and measuring progress. DOH conducts chronic disease monitoring by integrating multiple data sources, including traditional population surveys, health care data, and emerging real-time reporting systems.

- DOH participates in the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) and compiles chronic disease profiles that describe trends in conditions such as diabetes, heart disease, asthma, and obesity. These data inform program planning, resource allocation, and policy development statewide.
- To enhance the data infrastructure supporting public health, DOH is implementing the Data Modernization Initiative, a multi-year effort to transform how health information is collected, analyzed, and shared. A core component of this work is the Transformational Repository and Analytics Exchange (TRAX), a shared platform that enables more timely, actionable chronic disease surveillance data to be securely accessed by public health and health care partners. TRAX goes beyond reporting of notifiable conditions, helping professionals identify trends and disparities that support targeted interventions.
- Syndromic surveillance through DOH's [Rapid Health Information Network \(RHINO\)](#) adds near-real-time data on health care encounters (including emergency department visits) that can signal changes in chronic disease impact, such as asthma exacerbations during wildfire smoke events or complications related to other conditions.

DOH's commitment to innovation is expanding the boundaries of traditional disease monitoring and bringing new tools into public health practice:

- The Data@Health initiative supports modernization of core systems, enabling interoperable, efficient data flows that reduce duplication and improve analytic capacity. These upgrades improve timeliness, accuracy, and usability of public health data across conditions, including chronic diseases.
- DOH is strengthening data sharing with Tribal partners to build trust and improve the flow of key chronic disease indicators while maintaining privacy and security. These partnerships help unify public health action across jurisdictions and sectors. DOH and the Tulalip Tribes made history by signing the first data sharing agreement of its kind in our state. The agreement promotes Tribal Data Sovereignty, which refers to the inherent right of Tribes, as public health authorities, to have access to data to best serve their communities. For Tulalip Tribes, this means they will have greater access to and ownership of their public health data, including how it is collected, stored, and used in DOH datasets.

DOH's strategic investments in prevention, surveillance modernization, and innovation enhance the ability to detect trends early, tailor interventions, and evaluate outcomes with greater precision. [The Public Health Infrastructure Grant \(PHIG\)](#) continues to be a cornerstone federal investment in strengthening Washington's public health system, advancing our ability to prevent disease, respond to health threats, and protect communities across the state. By combining data modernization with community-centered prevention strategies and collaborative partnerships, DOH continues to build a healthier future—one that empowers individuals and communities to thrive free from the disproportionate impacts of chronic disease.

Federal Grants Dashboard

You might remember DOH's Office of Financial Services (OFS) released a federal grant dashboard in September focused on the federal grants likely to be impacted by the federal shutdown this fall. We're excited to share the OFS has expanded this resource to offer a comprehensive view of federal grants awarded to DOH from federal fiscal year 2020 to the present: [DOH Grants Dashboard | Healthier Washington Collaboration Portal](#).

The dashboard allows users to track active and inactive federal awards, see grant statuses (e.g., fully funded, partially funded, terminated), identify the number of contracts and DOH-funded positions associated with each grant, and view which DOH organizational unit manages each award. The dashboard is designed to enhance transparency and support partner engagement in federal funding, though it does not include expenditure details, carryforward funds, project periods, or pending applications.

In addition to increasing transparency around federal awards received by DOH, it is important to underscore that the majority of these federal funds flow through DOH to local health jurisdictions, Tribal governments, and community-based partners across Washington state. These pass-through funds are often the primary—or only—source of support for local and Tribal public health infrastructure. Stable, predictable federal funding is critical to sustaining this system. Short-term, fluctuating, or delayed federal investments can disrupt local and Tribal programs, impede workforce retention, and limit the ability of public health agencies to plan strategically or respond rapidly to emerging threats.

We hope this federal grant dashboard showcases how critical federal funding is to maintaining core public health capacity across the state. Continued federal investment is foundational to a resilient public health system that can advance shared goals of prevention, preparedness, and long-term population health. If you need additional information about any of these specific federal grants, please contact Meghan Jernigan at Meghan.Jernigan@doh.wa.gov.

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.