



March 4, 2026

The Hon. Patty Murray, Senator  
The Hon. Suzan DelBene, Representative  
The Hon. Marie Gluesenkamp Perez, Representative  
The Hon. Michael Baumgartner, 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. Emily Randall, 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 (DOH), I write to express my deep gratitude for your commitment to federal investments that strengthen our public health infrastructure to protect and improve the health of all Washingtonians. Sustained and stable federal public health funding is essential for Washington to plan, hire, and deliver core services in partnership with Tribes, local health jurisdictions, and community organizations. Over the past year, abrupt terminations of US Health and Human Services (HHS) grant awards, which were Congressionally appropriated, have disrupted critical public health work and created uncertainty for the public health workforce and service delivery.

The President's Fiscal Year (FY) 2027 budget has not yet been released. However, the President's FY 2026 budget proposal would have reduced the Centers for Disease Control and Prevention (CDC) budget by more than half and eliminated dozens of CDC programs. At a time when measles outbreaks are ongoing, including major outbreaks in South Carolina and Texas and smaller outbreaks in Washington, it does not make sense to weaken the public health system Washington relies on to detect, prevent, and respond to outbreaks. Protecting the public's health is a shared responsibility—more than 70% of DOH's annual federal funds directly support Tribes, local health jurisdictions, and other community partners.

DOH's FY27 appropriations request prioritizes core programs that require additional funding to address shortfalls and strengthen foundational public health capacity. This appropriation request focuses on programs that (1) strengthen core public health infrastructure, (2) protect communities from preventable diseases, (3) maintain disease prevention and control efforts, (4) support reproductive health services for Washingtonians, and (5) promote public health emergency response and health care readiness. As Congress moves through the appropriations process for FY27, we 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)

*FY26 Enacted Level:* \$360 million

*FY27 President's Budget:* Not Yet Available

**FY27 State Request:** **\$500 million**

Washington's ability to rapidly detect and respond to emerging threats depends on strong, sustained public health infrastructure—a capable workforce, modern data systems, and foundational capabilities that can be surged during emergencies. Yet state health departments continue to operate in boom-and-bust funding cycles, where short-term emergency infusions are followed by funding cliffs that force jurisdictions to downsize staff and shutter essential programs and services. Flexible, disease-agnostic Public Health Infrastructure and Capacity funding helps break this cycle by strengthening core capabilities, including assessment, policy, preparedness and response, community partnership, communications, health justice, accountability, and performance management. It also supports recruiting, retaining, training, and supporting highly skilled epidemiologists and biostatisticians, as well as data science, informatics, and other specialists; modernizing data collection and infrastructure; and improving protocols for disease detection and containment. Through the American Rescue Plan Act and annual discretionary appropriations, CDC awarded \$4.01 billion over five years to jurisdictions for infrastructure. With those awards expiring in November 2027, there is a significant funding cliff for the people, services, and systems that jurisdictions have built. Congress should provide sustained, flexible funding for this line item so Washington and other jurisdictions can maintain core capacity between emergencies, including response to vaccine-preventable disease outbreaks and other rapidly evolving public health threats.

## Preventive Health and Health Services Block Grant

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention (CDC)

*FY26 Enacted Level:* \$160 million

*FY27 President's Budget:* Not Yet Available

**FY27 State Request:** **\$160 million**

For more than 40 years, the Preventive Health and Health Services (PHHS) Block Grant has been an essential source of funding for state and territorial health agencies. The White House FY26 budget proposed to eliminate the PHHS Block grant. Without PHHS funding, DOH will no longer be able to support the key sexual assault prevention, birth equity, and health literacy projects funded through PHHS. Funding from the block grant allows DOH to address emerging health issues by tailoring activities to best address our state's diverse health needs. DOH works in collaboration with local and Tribal public health organizations to prioritize PHHS funding for efforts that address the social determinants of health, build internal capacity to advance health equity, and strengthen partnerships to improve population health for all. Programs funded by the PHHS cannot be adequately supported or expanded through other funding. In FY25, Washington received \$1.77 million under the Block Grant, with 62% of the funding passed through to support local communities. More than 2,200 pregnant women received doula care and/or family education and support services, 81 doulas were trained and/or recruited to support their community and 1,300 health care workers received training or technical support.

## HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infection and Tuberculosis Prevention

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention (CDC)

*FY26 Enacted Level:* \$1,384.1 million

*FY27 President's Budget:* Not Yet Available

**FY27 State Request: \$1,384.1 million**

Sexually Transmitted Infections (STI) and viral hepatitis are the most reported diseases in Washington. Many are curable, others are treatable, all are preventable. STIs and viral hepatitis are a consistent threat to our state's health, and can have life-changing and life-threatening consequences, including infertility, cancer, ectopic pregnancy, pelvic inflammatory disease, and death. Increasing cases of syphilis in newborns (congenital syphilis) are particularly worrisome—cases of congenital syphilis have increased 937% in the last decade. CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) provides critical funding and technical expertise to support state STI and viral hepatitis disease prevention and control efforts. This funding is used by health departments to support STI monitoring, outbreak response, and contact tracing, ensure appropriate screening and treatment by healthcare providers, provide linkages to care, and provide STI and viral hepatitis prevention information to the general public. The White House FY26 budget proposed drastically reducing funding for HIV/AIDS, viral hepatitis, and STIs. Reduced funding to states will negatively impact our ability to prevent, control, and manage STIs and viral hepatitis.

## Title X Family Planning Program

U.S. Department of Health and Human Services  
Office of Population Affairs

*FY26 Enacted Level:* \$286.5 million

*FY27 President's Budget:* Not Yet Available

**FY27 State Request: \$286.5 million**

HHS' Office of Population Affairs (OPA) funds the Title X family planning program, the only federal grant for sexual and reproductive health services in the United States. The President's FY26 budget proposed to eliminate this program. Title X is a critical part of the reproductive health safety net, serving more than 195 million people for over 50 years. DOH administers the state's Title X program across Washington, receiving approximately \$4.5 million in FY25. With this federal funding, DOH coordinates a statewide network of clinics to provide comprehensive, confidential, and affordable family planning and reproductive health services, with a focus on serving low-income and uninsured individuals who would otherwise not have access. Investments in Title X services save money and improve health outcomes over the long term. DOH estimates the health benefits and cost savings from Title X resulted in an estimated net savings of over \$86 million related to maternal and birth-related care, miscarriages, and averted abortions. Reduced Title X funding will negatively impact health care access across the state.

## Public Health Emergency Preparedness Program (PHEP)

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention (CDC)

FY26 Enacted Level: \$735 million  
FY27 President's Budget: Not Yet Available

**FY27 State Request: \$1,000 million**

Congress created PHEP in response to 9/11 to strengthen the role of public health as an emergency responder. The increasing frequency and intensity of natural disasters and infectious disease outbreaks necessitate sustained coordination, collaboration, and readiness.<sup>1</sup> PHEP directly supports Washington's emergency preparedness and response infrastructure by improving DOH's capabilities to distribute and dispense medical countermeasures, supporting laboratory and epidemiologic systems that enable early threat detection and identification, and training public health professionals for day-to-day health department operations and surge capacity. The Trump Administration has proposed to shift responsibilities for emergency preparedness and response to state and local government.<sup>2,3</sup> Given the potential shift of responsibility, Congress should expand investment in state and local public health and medical emergency preparedness and response by 26% to sustain capacity. PHEP funds are essential for a whole-of-government response; DOH sends nearly two-thirds of PHEP funding to local health jurisdictions, Tribes, and health care coalitions. PHEP funding has resulted in measurable improvements in the state's emergency readiness to prepare for and respond to an H5N1 outbreak and natural disasters like wildfires. Reduced funding will negatively impact Washington's ability to protect human, economic, and societal health.

## Hospital Preparedness Program (HPP) Health Care Readiness and Recovery

U.S. Department of Health and Human Services  
Administration for Strategic Preparedness and Response

FY26 Enacted Level: \$240 million  
FY27 President's Budget: Not Yet Available

**FY27 State Request: \$240 million**

The Hospital Preparedness Program (HPP) establishes the foundation for national healthcare system readiness, promotes a consistent national focus to improve patient outcomes during emergencies, and enables rapid healthcare service resilience and recovery<sup>4</sup>. DOH uses funds from the HPP award to coordinate activities across local and Tribal health care delivery systems for disasters and emergencies, including developing mechanisms for effective patient movement, communicating situational awareness, and providing resource-sharing across disparate health care entities. HPP enables hospitals and coalitions to access a national response network, allowing the healthcare system to save lives and protect Americans from 21st-century health security threats. The White House FY26 Budget proposed to eliminate funding for HPP. Eliminating the HPP puts into jeopardy decades of progress in hospital readiness, risking the lives of Washingtonians in the event of an emergency.

<sup>1</sup> Vogel, J., J. Hess, Z. Kearl, K. Naismith, K. Bumbaco, B.G. Henning, R. Cunningham, N. Bond. 2023. In the Hot Seat: Saving Lives from Extreme Heat in Washington State. Report prepared by the University of Washington's Climate Impacts Group, UW's Center for Health and the Global Environment, the Washington State Department of Health, the Office of the Washington State Climatologist, and Gonzaga University's Center for Climate, Society & the Environment [CIG-Report-Heat-202-pages.pdf](#)

<sup>2</sup> [Achieving Efficiency Through State and Local Preparedness – The White House](#)

<sup>3</sup> [HHS Announces Transformation to Make America Healthy Again | HHS.gov](#)

<sup>4</sup> <https://aspr.hhs.gov/HealthCareReadiness/HealthCareReadinessNearYou/Documents/HPP-FactSheet-April2021-508.pdf>

Although the aforementioned programs reflect our agency's top priorities in FY 2027, 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 federally funded programs that 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 DOH's Federal and Regulatory Affairs Director Mike Ellsworth at [michael.ellsworth@doh.wa.gov](mailto:michael.ellsworth@doh.wa.gov), or the Director of Governor Ferguson's Washington, D.C. Office, Rose Minor at [rose.minor@gov.wa.gov](mailto:rose.minor@gov.wa.gov).

Sincerely,



Dennis E. Worsham  
Secretary of Health  
Washington State Department of Health



**State of Washington**  
**Department of Health**  
Fiscal Year 2027 Appropriations Requests

Federal Program	FY26 Enacted	FY27 President's Budget	FY27 State Request
<b>Labor, HHS, Education and Related Agencies Subcommittee</b>			
Ryan White HIV/AIDS Program Part B	\$1,364 million	Not Yet Available	<b>\$1,364 million</b>
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infection and Tuberculosis Prevention	\$1,384 million	Not Yet Available	<b>\$1,384 million</b>
Immunization and Respiratory Diseases	\$913.3 million	Not Yet Available	<b>\$963 million</b>
Maternal and Child Health Block Grant	\$818.7 million	Not Yet Available	<b>\$854 million</b>
Emerging and Zoonotic Infectious Diseases	\$781.3 million	Not Yet Available	<b>\$870 million</b>
Strategic National Stockpile	\$1,000 million	Not Yet Available	<b>\$980 million</b>
National Center for Injury Prevention and Control	\$761.4 million	Not Yet Available	<b>\$761 million</b>
Public Health Emergency Preparedness Program	\$735 million	Not Yet Available	<b>\$1,000 million</b>
Public Health Infrastructure and Capacity	\$360 million	Not Yet Available	<b>\$500 million</b>
Title X Family Planning	\$286.5 million	Not Yet Available	<b>\$286 million</b>
Hospital Preparedness Program	\$240 million	Not Yet Available	<b>\$252 million</b>
Ending the HIV Epidemic	\$165 million	Not Yet Available	<b>\$220 million</b>
Data Modernization Initiative (DMI)	\$185 million	Not Yet Available	<b>\$185 million</b>
National Center for Health Statistics	\$187.4 million	Not Yet Available	<b>\$197 million</b>
Preventive Health and Health Services Block Grant	\$160 million	Not Yet Available	<b>\$160 million</b>
Medicare Rural Hospital Flexibility Program	\$70.3 million	Not Yet Available	<b>\$74 million</b>
Childhood Lead Poisoning Prevention	\$51 million	Not Yet Available	<b>\$51 million</b>
State Office of Rural Health	\$14 million	Not Yet Available	<b>\$15 million</b>

**Agriculture Subcommittee**

Special Supplemental Nutrition Program (WIC)	\$8,200 million	Not Yet Available	<b>\$8,200 million</b>
Supplemental Nutrition Assistance Program	\$7 million	Not Yet Available	<b>\$7 million</b>

**Environment Subcommittee<sup>5</sup>**

Drinking Water State Revolving Fund	\$1,126.1 million	Not Yet Available	<b>\$1,126.1 million</b>
Geographic Program: Puget Sound	\$54 million	Not Yet Available	<b>\$54 million</b>

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<sup>5</sup> EPA Budget in Brief, FY2026: [fy-2026-epa-bib.pdf](#)