Washington State Department of HEALTH

WA PUBLIC HEALTH SYSTEM MONTHLY UPDATE

September 2026

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 System Monthly Update provides an overview of the key health issues impacting Washington state, and the progress we are making in addressing them.

Questions about the WA State Public Health System Monthly Update?

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- Keeping pace with federal rulemaking
- DOH's role in monitoring population health in H.R. 1 implementation
- PFAS sampling and state standards
- Medical Logistics Center

Keeping Pace with Federal Rulemaking: From Environmental Public Health to the U.S. Census

In our June edition, we flagged the unprecedented volume of federal proposed rules, guidance, and program changes in 2026, often with compressed public comment periods. We are monitoring these changes and commenting where they affect public health in Washington. Recent filings:

Radiation protection

In July, the U.S. Nuclear Regulatory Commission (NRC) proposed significant changes to its radiation protection framework. Washington commented in August, drawing on 6 decades regulating radioactive materials as an NRC Agreement State and Washington's role as home to the Hanford site.

Our position: The NRC proposal could weaken the state's ability to maintain protective radiation standards while imposing significant, unaccounted-for implementation costs without a demonstrated public health benefit.

Learn more about programs affected by these rules:

- Radiation protection
- Public Health Laboratories
- Immunization in WA

Clinical laboratories

The Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention issued a July Request for Information on the Clinical Laboratory Improvement Amendments (CLIA) regulations. We commented in September. Washington is 1 of only 2 states with a CLIA exemption, so changes to federal standards can require state rulemaking to maintain it.

Our position: We supported stronger oversight of specimen preparation, laboratory emergency preparedness, cybersecurity, and blood culture contamination monitoring, and asked that new requirements be scaled by laboratory size, complexity, and test volume, with specific pathways for small, rural, and Tribal laboratories.

Vaccine recommendation categories

The U.S. Department of Health and Human Services issued an August Request for Information on the categories used in federal vaccine recommendations and the role of shared clinical decision-making. DOH commented in September, recommending the current 3-category framework be retained and that any change be subject to notice-and-comment rulemaking, formal consultation with states and Tribal Nations, and an implementation period of at least 1 full school year.

Accreditation

The Department of Education issued an August proposed rule on the Secretary's recognition of accrediting agencies. We commented in September that the changes could increase costs, create operational barriers, and worsen health workforce shortages, particularly in rural areas. We also asked that DOE not finalize provisions that restrict shared resources, facilities, and information technology, or that restrict accrediting agencies from soliciting feedback from affiliated professional associations.

A look ahead

On September 10, the Department of Commerce published a proposed rule with a 30-day comment period revising decennial U.S. Census residence criteria. Census counts are the denominator under nearly every rate DOH publishes, from birth and death rates to immunization coverage, and they anchor the population estimates in federal funding formulas and HRSA's Medically Underserved Area and Health Professional Shortage Area designations.

Our position: DOH opposes the rule.

- Proposed § 60.4(b) would exclude certain foreign citizens from the count even though those residents remain part of the population Washington serves.
- § 70.2(a) would strip the race and ethnicity detail DOH uses to identify disparities at the county and census tract level.

DOH's Role in Monitoring Population Health Through H.R. 1 Implementation

On September 3, Gov. Bob Ferguson signed Executive Order 26-03, *Protecting Access to Health Care for Washingtonians*, directing state agencies to coordinate Washington's response to changes in federal health care policy and their effects on residents, providers, and the health care system. **The order establishes the H.R. 1 Continuous Medicaid Response Committee**, with the Health Care Authority, Department of Health, Department of Social and Health Services, and Department of Children, Youth and Families playing leading roles.

Our role and responsibilities are particularly important as Washington implements significant changes under H.R. 1. The Governor's Office reports that more than 600,000 Washingtonians will be subject to new Medicaid work requirements beginning January 1, 2027, and at least 200,000 people are projected to lose Apple Health coverage by the end of 2027 as a direct result of the federal law.

What we will do

For the Department of Health, the order builds on the agency's existing role in monitoring population health and health system conditions and adds several specific responsibilities:

1. **DOH will help lead the state's ongoing assessment of health care access.**

   The committee will
   - Monitor the effects of federal changes on Washingtonians and the health care system
   - Coordinate responses to emerging changes
   - Identify barriers, coverage disruptions, and opportunities for state action.

   The committee will meet at least every other week during its first year.

2. **DOH will develop a data accountability system to understand where coverage disruptions are occurring.**

   The system will track who is losing health coverage and where gaps are emerging, helping the state identify geographic and population-level impacts and inform additional action. This responsibility draws on our longstanding role in collecting, analyzing, and communicating health data to support state and local decision-making.

3. **DOH will develop a health-impact assessment framework.**

   The framework will help the state evaluate how changes in health coverage affect health outcomes and access to care. We will provide this framework to the committee within 90 days, creating a structured approach for assessing impacts as federal changes take effect.

For Washington's congressional delegation, DOH's role provides an important public health perspective on the implementation of these federal changes. By tracking coverage disruptions, identifying gaps, and assessing health impacts, DOH can help provide lawmakers with information about how changes in federal health policy are affecting Washington communities and the health care system.

Lacking Federal Data, State Tests Home-Raised Foods for PFAS Contamination, Sets Standards

DOH has completed 4 rounds of sampling of home-raised meat and eggs at sites where Aqueous Film Forming Foam (AFFF), a type of PFAS-containing firefighting foam used at military installations, contaminated nearby drinking water wells. Over the course of 3 years, we tested 99 home-raised foods from 46 households near the Army's Yakima Training Center and Fairchild Air Force Base, and confirmed what no federal standard has addressed: at these sites, the eggs and meat that people raise in their own yards is a significant ongoing source of exposure to per- and polyfluoroalkyl substances (PFAS).

PFAS are toxic to people and animals at very low doses. The federal drinking water standards for the 2 most commonly detected types of PFAS in this groundwater, PFOA and PFOS, are set at 4 parts per trillion (ppt), the lowest enforceable limit of any regulated drinking water contaminant. AFFF used in firefighter training has contaminated groundwater at and near military installations nationwide, including Fairchild, Naval Air Station Whidbey Island, and the Army's Yakima Training Center. The Navy has sampled more than 360 private wells

DOH staff offer educational materials and testing supplies at one of the farms where we tested meat and eggs for PFAS contamination. *Photo credit: Tom Binger, Spokane Regional Health District*

near Whidbey Island and found PFAS at or above Department of Defense action levels in more than 30. At least 155 private drinking water wells in East Selah (near the Yakima Training Center) and 440 private drinking water wells in West Plains (near Fairchild) are contaminated with PFAS above state and federal safety standards. Fairchild has installed whole-house treatment at only 92 of those homes.

A question there is no federal standard for

The initial response at each base focused on providing water for people to drink and cook with: bottled water, certified filters, connections to a nearby water system, or a new well in a clean aquifer. In 2023, DOH held community listening sessions to hear what residents wanted from their agencies with the PFAS response. Among rural households on contaminated wells, a top concern was the eggs, meat, and vegetables they raise themselves. No federal agency had published a level at which well water is safe for watering livestock or irrigating a garden, and none has since. Rather than wait, DOH partnered with the U.S. Department of Agriculture to test the foods ourselves.

What the sampling found

Households qualified for sampling if their well water exceeded PFAS safety standards and their animals used for eggs or meat drank that water. DOH tested chicken and duck eggs; pork, beef, turkey, and chicken meat; and blood serum from live beef cattle, and gave each household individual consumption advice based on their results. DOH advised 80 percent of households that submitted chicken eggs to limit how many they eat until PFAS levels come down, and 25 percent of those that submitted beef, pork, chicken, or turkey. Every household received a letter with:

- Its own test results
- Advice on whether they should eat their home-raised food and if so, how much. (For example, 3 households in East Selah were told to eat no more than 0 to 2 eggs per person per week.)
- Steps to lower PFAS in its food

They also received a consult on the phone with DOH's toxicologist to go over the letter, plus an offer of retesting after acting on it.

A backyard chicken flock watches DOH employees as they visit a West Plains household to test eggs for PFAS contamination. *Photo credit: Claire Nitsche, DOH*

What this looks like in East Selah

The food testing is part of a wider DOH role in the off-base response near the Yakima Training Center.

- DOH staff answered residents' health questions at Army community meetings in 2023 and 2024 and provided PFAS fact sheets in multiple languages.
- We funded the Yakima Health District to offer free private well testing and provide certified under-sink filters to homes that were above state drinking water standards but didn't qualify for alternate water from the Army
- We funded an engineering feasibility study for a public water system serving impacted residents.
- Working with the Department of Ecology and the Department of Fish and Wildlife, DOH assessed PFAS in fish from a local pond and issued a June 2026 advisory limiting consumption of rainbow trout and largemouth bass at Elton Pond.
- We also provide regulatory and engineering approval for PFAS treatment installed on a Group A public water system.

State standards now give cleanup a number

On Dec. 15, 2025, the Washington State Board of Health adopted all 6 federal PFAS maximum contaminant levels into state rule, which became effective Jan. 16, 2026. The Safe Drinking Water Act lets states set and enforce their own standards so long as they are at least as stringent as the national ones, so these limits now stand on state authority. Public water systems must comply by April 2029, with initial monitoring complete by April 2027, and state rules already require expanded PFAS monitoring and customer notification ahead of the federal deadline.

On May 18, 2026, the U.S. Environmental Protection Agency proposed 2 rules. The first would extend the PFOA and PFOS compliance deadline to 2031. The second would rescind the standards for PFHxS, PFNA, HFPO-DA, and the Hazard Index mixture. **DOH provided comments on these proposed federal changes, expressing concern.** Washington's limits would remain in place either way thanks to regulations adopted by the State Board of Health.

What comes next

DOH is writing a project report on the egg, meat, and livestock blood testing for external partners, including the military installations whose groundwater is the source. The findings add to published research showing that when PFAS is in the water livestock drink, PFAS accumulate in their milk, meat, and eggs.

DOH is now organizing a first round of sampling of home garden produce irrigated with contaminated well water.

Medical Logistics Center: A Best Practice

Federal Stockpile Leadership Visits Washington's Medical Logistics Center

On Sept. 15, Steve Adams, Deputy Assistant Secretary and Director of the federal Strategic National Stockpile (SNS), visited the DOH Medical Logistics Center (MLC) to see how a state-held medical cache supports national resiliency. He was joined by the SNS liaison to state, local, Tribal, and territorial partners and by the Administration for Strategic Preparedness and Response (ASPR) Region 10 representative. Federal visitors identified the MLC as a best practice for other states.

Congress first funded the SNS in 1999 as the National Pharmaceutical Stockpile, renaming it in 2003. It's a safety net for when state and local resources are exhausted or when critical products are not available commercially. That order of operations is the point. A jurisdiction first uses what it holds, then draws on neighboring states through the Emergency Management Assistance Compact (EMAC), and federal assets work behind both. How fast Washington can put respirators, antivirals, or hospital beds into a community depends first on what Washington already keeps on the shelf.

DOH staff tour federal visitors (including the director of the Strategic National Stockpile) around the state's Medical Logistics Center on Sept. 15, showing why it serves as a best practice. *Photo credit: Jessica Wilkinson, DOH*

A capability our state built the hard way

Washington did not always have much on that shelf. In 2000, the state's SNS-designated storage sat in a general state government warehouse. After the 2009 H1N1 flu pandemic, DOH had to find its own space and rented roughly 7,600 square feet, holding little beyond leftover antivirals and personal protective equipment. DOH's own account of January 2020 is blunt: limited emergency logistics capability, and difficulty procuring, receiving, storing, and shipping supplies as COVID-19 spread first in Washington. At the peak of the response the state ran 4 warehouses. Over the pandemic the MLC cut the time to move material to partners from 72 hours to 48 hours. And it distributed:

- More than 150 million gloves
- More than 66 million surgical masks
- More than 30 million N95 respirators

What's in the warehouse now

The MLC operates from roughly 70,000 square feet and stocks:

- Medications drawn from the SNS
- Personal protective equipment
- Portable air cleaners
- About 200 hospital beds that can be shipped as a mobile hospital anywhere in the region, including to other states.

The inventory is matched to Washington hazards rather than to a generic list. When 4 workers at a Franklin County commercial egg farm tested presumptively positive for H5 avian influenza in October 2024, DOH distributed protective equipment to workers on the farm. In wildfire season, the same system moves respirators and air filtration.

The MLC is also the inventory platform for local health jurisdictions and Tribes, giving those partners visibility into what is on hand and a path to request it.

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