



# THE COMMUNITY COLLABORATIVE

February 11, 2026

*Please add to chat your name, where you are joining from and in a few words, what motivated you to participate in this Collaborative meeting?*

Mayra Colazo  
Community Thought Partner  
and Executive Director,  
Central Washington Disability  
Resources





## QUICK POLL

**For an immigration-focused session in March, should we focus on:**

- Sharing lived experiences and stories
- Information and resources
- A combination of both
- Other (write in chat)

# Agenda



**3:35-4:30 p.m.** Secretary Dennis Worsham  
100 Day Listening Session and 2026 Goals, Q&A



**4:35-4:55 p.m.** Meghan Jernigan, Federal Relations Deputy Director  
Federal Policy Actions and DOH Mitigation Strategies



**4:55-5:00 p.m.** Announcements and Close



LISTEN, LEARN, LEAD

SECRETARY DENNIS  
WORSHAM



FEDERAL POLICY  
UPDATES & DOH  
MITIGATION  
STRATEGIES

MEGHAN JERNIGAN  
FEDERAL RELATIONS  
DEPUTY DIRECTOR

## 2026 Bills

### Labor-HHS

- Total HHS funding ~\$116.5 B, a slight decrease from FY25 but higher than earlier proposals
- The compromise bill avoids deep cuts while preserving key programs and rejects major restructuring of HHS in President's budget including the Administration for a Health America (AHA).

### CDC

- **Overall:** ~\$9.147 B (slight decrease from FY25)
- **Public Health Infrastructure & Capacity:** ~\$360 M (+\$10 M)
- **Emergency Preparedness:** ~\$735 M (level)
- **HRSA** ~\$8.927 B (increase)
  - Maintains Ryan White HIV/AIDS and Ending the Epidemic Initiative funding
- **SAMHSA** ~\$7.4 B (level)

## Grant Terminations

Grant / Program	Federal Agency	Description of Termination
<b>COVID-Era Public Health &amp; Disease Control Grants (~\$11B clawback)</b>	HHS / CDC / SAMHSA	HHS terminated billions in COVID-era public health, disease surveillance, and preparedness grants; states sued and obtained injunctions.
<b>\$600M Targeted Public Health Grant Cuts</b>	HHS / CDC	Planned rescission of public health infrastructure, HIV/STI, and surveillance grants deemed inconsistent with administration priorities.
<b>Retroactive Termination of Public Health &amp; Behavioral Health Grants</b>	HHS / CDC / SAMHSA	Retroactive termination of grants supporting immunization, health equity, mental health, and substance use disorder prevention.
<b>Epidemiology and Laboratory Capacity (ELC) Grants</b>	CDC	CDC rescinded approximately \$125M in infectious disease surveillance and laboratory capacity funding.
<b>Pandemic-Era Public Health, Mental Health &amp; SUD Grants</b>	HHS / CDC / SAMHSA	Termination of roughly \$160M in public health and behavioral health grants; later partially restored through court injunctions.
<b>Local Public Health Grants (various CDC programs)</b>	HHS / CDC	Termination of CDC public health grants affecting local health departments as part of broader federal rollback.

# HR 1 Health System Impacts

- DOH estimates about 50% of people who lose Medicaid coverage will forgo necessary medical care due to fear of medical debt and about 50% will rely on charity care
- Hospitals that provide care for uninsured Washingtonians may experience an annual decrease of:
  - \$8.2 billion to patient services revenue
  - \$5.4 billion per year in lost Medicaid payments
- Washington has numerous rural critical-access hospitals and community health centers heavily dependent on Medicaid and subsidized Marketplace coverage. Higher uninsured rates will likely:
  - Strain rural hospital margins; some may reduce services or face closure risks, risking access to care.
  - Put pressure on public hospital districts, county indigent-care programs, and Tribal health systems.

# HR 1 Healthcare Access Impacts

Reduced access to primary and preventative care services means:

- Increased use of the emergency medical system (EMS), emergency department (ED), and hospitals:
  - There will be greater reliance on EMS and EDs, as interfacility transfers places a strain on the EMS system.
  - There will be an increase in ED services, such as emergency obstetric care.
- Impact on trauma and post-acute care systems. Lower-tier trauma services will decrease, especially in rural areas.
- DOH has **lead** regulatory role over EMS and trauma system.

# Highest Medicaid Service Facilities

Hospital	Medicaid as % of revenue in 2024
South Sound Behavioral Health	59%
Wellfound Behavioral Health	56%
MultiCare/Navos	55%
MultiCare/Mary Bridge Children's Health	55%
UHS/BHC Fairfax Hospital	54%
Seattle Children's Hospital	53%
Othello Community Hospital	49%
UHS/BHC Fairfax Hospital - North	48%
Shriners Hospital for Children - Spokane	43%
Quincy Valley Hospital	43%

# Rural Health Impacts

- DOH is working in a **shared role** to:
  - Support Rural Health Transformation Program (RHTP). DOH will manage RHTP advisory committee.
  - Identify risks in rural communities rapidly.
  - Retain workforce in rural communities.
- Medicaid cuts will make already vulnerable rural hospitals more vulnerable, potentially leading to hospital closures, loss of services (such as maternity care), and possible conversion to Rural Emergency Hospital designation resulting in loss of inpatient care.
- These losses will impact communities' economics, inc. loss of healthcare-related jobs and decreased ability of the area to attract employers/employees.

# HR 1 Workforce Impacts

- Student loan limits require US Department of Education to adopt new rules that set federal student loan limits.
  - Programs that qualify as “professional” let students take out up to \$200,000, whereas “graduate students” will only be able to take out up to \$100,000.
- Federal student loan changes (reduced borrowing capacity, loss of subsidized financing) will make health professions more expensive and less accessible to everyone.
- Recruitment and retention—especially in rural primary care, nursing, behavioral health, and public health—will become more challenging.
- DOH and healthcare boards and commissions have a **shared role** to make sure licensing standards support workforce and access.

# HR 1 Reproductive & Sexual Health Impacts

- HR1 includes a provision that blocks Medicaid reimbursements for healthcare services obtained at Planned Parenthood health centers, including cancer screenings, birth control, and STI services.
- WA Attorney General Brown joined a coalition with 21 states and DC over this provision, and it is stayed by a federal court.
- For DOH/public-health, that likely means (1) shifting more costs to abortion funds and local safety-net programs and (2) challenges to clinic sustainability in already underserved communities.
- DOH is working in a **shared role** to mitigate the impact:
  - Supporting access to Mifepristone and Misoprostol.
  - Exploring ways to fund to Planned Parenthood/other partners to back fill Medicaid funding loss.
  - Administrative changes to ease clinic provision of services.

# HR 1 Food Security & Nutritional Impacts

- HR1 eliminated the Supplemental Nutrition Assistance Program-Education (SNAP-Ed) Program, effective October 1, 2025.
- For more than 30 years, the USDA administered this program providing nutrition education and obesity prevention for the nearly 90 million Americans with limited income.
- In FY25, SNAP-Ed reached 749,424 individuals in Washington state, providing over 250 nutrition education classes and implementing over 1,015 policy, systems, or environmental (PSE) changes

# HR 1 Environmental Health Impacts

- Repeal of Environmental and Climate Justice Block Grants (Clean Air Act §138; H.R. 1 §60016, 60018) removes a dedicated stream of funding intended for communities with disproportionate environmental burdens.
- Over \$7M in grants to Washington state terminated, including many neighborhoods in King, Pierce, Yakima, and other counties.
- This undercuts state/local ability to address cumulative impacts and health disparities tied to pollution, exactly the focus of Washington's own HEAL Act and environmental-justice work.
- As a result of HR1, DOH lost \$1M EJ grant to address groundwater and air contamination in Lower Yakima Valley, including engagement of impacted Latino and Tribal communities.

# DOH Actions Underway

- DOH Federal Landscape Readiness Group. Intra-agency leadership oversight of operational and strategic issues arising from federal disruptions.
- [WA State Public Health Systems Monthly Update](#) that is developed by DOH, LHJs, and partners to share stories with CODEL and other partners on public health threats and benefit of federally funded public health programs.
- Monthly Congressional meetings with CODEL staff and regular briefings on emerging public health threats in coordination with Gov's Office and sister-agencies.
- [DOH Federal Engagement Resources](#) portal that provides [federal grant transparency & comments](#) on Federal Rulemaking.
- ASTHO DC Hill and Dept of HHS Visits March 2026.

# Public Health Actions Underway

- DOH and Local Health Jurisdictions are:
  - Contingency planning for service disruptions (e.g., hospital or clinic closures).
  - Monitoring hospital financial status and access to essential services (e.g., maternity, emergency care).
- Assessing capacity and gaps in:
  - Immunization, cancer screening, HIV/STI services.
  - Nutrition and food security partnerships.
  - Climate and environmental health resilience.
- Working with sister-state agencies, Tribes, LHJs, health care systems, community organizations, and other partners to co-develop mitigation strategies and messaging.

**NEXT  
MEETING:  
March. 11**

**FOCUS:**  
Immigration Stories  
and Resources

**VISIT:**

[https://waportal.org/partners/  
community-collaborative](https://waportal.org/partners/community-collaborative)

“The only thing that's  
more powerful than hate  
is love....

So, please, we need to be  
different. If we fight, we  
have to do it with love.”

*Benito Antonio Martínez Ocasio  
aka Bad Bunny*

