

HOUSE BILL REPORT

SHB 2993

*As Passed House
March 6, 1992*

Title: An act relating to establishing a rural health access account.

Brief Description: Creating the rural health access account.

Sponsor(s): By House Committee on Appropriations (originally sponsored by Representatives Orr, Locke, Inslee, Spanel, Rayburn, Roland and Rasmussen).

Brief History:

Reported by House Committee on:
Appropriations, February 26, 1992, DPS;
Passed House, March 6, 1992, 96-0.

**HOUSE COMMITTEE ON
APPROPRIATIONS**

Majority Report: *The substitute bill be substituted therefor and the substitute bill do pass.* Signed by 25 members: Representatives Locke, Chair; Inslee, Vice Chair; Spanel, Vice Chair; Silver, Ranking Minority Member; Morton, Assistant Ranking Minority Member; Belcher; Bowman; Brekke; Carlson; Dorn; Ferguson; Fuhrman; Hine; Lisk; May; Nealey; Peery; Pruitt; Rust; D. Sommers; H. Sommers; Valle; Vance; Wang; and Wineberry.

Staff: Maureen Morris (786-7152).

Background: The Department of Health is responsible for a variety of rural health programs. Currently grants for those programs must be treated as unanticipated receipts or go through the appropriations process. Authority to expend grants lapses at the end of the biennium. A number of rural health organizations have expressed interest in augmenting state funding for rural health programs if a dedicated fund is established.

Summary of Bill: The Rural Health Access Account is established in the custody of the treasurer as a non-appropriated fund. Grants and gifts intended to improve rural health services may be deposited in the fund. Balances remaining in the fund at the end of the biennium will not revert to the General Fund. Costs incurred by the Health

Department to administer the account will be paid from the account.

Fiscal Note: Not requested.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: A number of hospitals have requested a means of assisting rural health programs and services. This bill supplies that mechanism.

Testimony Against: None.

Witnesses: Greg Vigdor, Washington State Hospital Association; and Verne Gibbs, Department of Health (both support).