

SUBSTITUTE SENATE BILL 6034

State of Washington

52nd Legislature

1992 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators West, Conner, Johnson and Bailey)

Read first time 01/30/92.

1 AN ACT Relating to health care; amending RCW 43.70.050,
2 28A.210.070, 43.59.030, and 74.38.020; reenacting and amending RCW
3 43.20.050; adding new sections to chapter 43.70 RCW; adding new
4 sections to chapter 43.20 RCW; adding a new section to chapter 43.20A
5 RCW; adding a new section to chapter 70.47 RCW; adding a new section to
6 chapter 41.05 RCW; adding new sections to chapter 74.38 RCW; creating
7 new sections; making appropriations; and declaring an emergency.

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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1 **PART I - APPROPRIATIONS**

2 NEW SECTION. **Sec. 1.** GOOD HEALTH CARE ACCOUNT ESTABLISHED. The
3 good health care account is created in the state treasury. Moneys in
4 the account may be spent only after appropriation. Expenditures from
5 the account may be used only for the purposes of this act and for other
6 disease prevention, health education, and health care intervention
7 services for high-risk individuals.

8 NEW SECTION. **Sec. 2.** GENERAL FUND--STATE APPROPRIATION. The sum
9 of one hundred thirty million seven hundred sixty-one thousand eight
10 hundred fifty dollars, or as much thereof as may be necessary, is
11 appropriated for the biennium ending June 30, 1993, from the state
12 general fund to the good health care account for the purposes of this
13 act.

14 NEW SECTION. **Sec. 3.** POPULATION-BASED HEALTH SERVICES FUNDING.
15 The sum of forty-four million dollars, or as much thereof as may be
16 necessary, is appropriated for the biennium ending June 30, 1993, from
17 the good health care account to the department of health for
18 distribution to local health departments for the purposes of funding
19 population-based health services as authorized in sections 16 through
20 21 of this act. The funding is to be dispersed by the department in
21 accordance with the formula set forth in section 19 of this act.

22 NEW SECTION. **Sec. 4.** IMMUNIZATION FUNDING. The sum of one
23 million three hundred thousand, or as much thereof as may be necessary,
24 is appropriated for the biennium ending June 30, 1993, from the good

1 health care account to the department of health for the purposes of
2 funding the childhood immunization activities authorized in sections 24
3 through 30 of this act. Portions of this appropriation not expended
4 shall be distributed as per section 19 of this act to local health
5 jurisdictions for the purposes of funding population-based health
6 services authorized in sections 16 through 19 of this act.

7 NEW SECTION. **Sec. 5.** REGIONAL HEALTH PROMOTION FUNDING. The sum
8 of one million dollars, or as much thereof as may be necessary, is
9 appropriated for the biennium ending June 30, 1993, from the good
10 health care account to the department of health for the purposes of
11 funding the regional health promotion activities authorized under
12 sections 32 through 35 of this act. Portions of this appropriation not
13 expended shall be distributed as per section 19 of this act to local
14 health jurisdictions for the purposes of funding population-based
15 health services authorized in sections 16 through 19 of this act.

16 NEW SECTION. **Sec. 6.** COMMUNITY OUTREACH FOR HEALTH FUNDING. The
17 sum of four hundred thirty thousand dollars, or as much thereof as may
18 be necessary, is appropriated for the biennium ending June 30, 1993,
19 from the good health care account to the department of health for the
20 purposes of funding the community outreach for health activities
21 authorized under sections 37 and 38 of this act. Portions of this
22 appropriation not expended shall be distributed as per section 19 of
23 this act to local health jurisdictions for the purposes of funding
24 population-based health services authorized in sections 16 through 19
25 of this act.

26 NEW SECTION. **Sec. 7.** SCHOOL HEALTH SERVICES FUNDING. The sum of
27 twenty million dollars, or as much thereof as may be necessary, is

1 appropriated for the biennium ending June 30, 1993, from the good
2 health care account to the department of health for the purposes of
3 funding the school health services activities as authorized in sections
4 39 and 40 of this act. Funds shall be provided to reimburse public
5 health jurisdictions for an amount not to exceed the number of dollars
6 appropriated per student multiplied by the total number of students to
7 be served by the jurisdiction in the participating school districts and
8 private schools. The public health departments shall spend the moneys
9 as limited under section 40 of this act.

10 NEW SECTION. **Sec. 8.** GATEKEEPER OUTREACH PROGRAM FUNDING. The
11 sum of three hundred fifty thousand dollars, or as much thereof as may
12 be necessary, is appropriated for the biennium ending June 30, 1993,
13 from the good health care account to the department of social and
14 health services for the purposes of funding the gatekeeper outreach
15 program authorized in sections 41 through 43 of this act.

16 NEW SECTION. **Sec. 9.** FAMILY MEDICINE RESIDENCY FUNDING. The sum
17 of one million eighty-one thousand eight hundred fifteen dollars, or as
18 much thereof as is necessary, is appropriated for the biennium ending
19 June 30, 1993, from the good health care account to the University of
20 Washington for the purposes of funding the state-wide family medicine
21 residency program authorized under chapter 70.112 RCW. The conditions
22 set forth in RCW 70.112.060 regarding expenditures of state funding
23 shall apply to this appropriation. The funds shall be used to train
24 resident physicians in family practice who provide medical care to
25 medically underserved or rural populations as defined by the department
26 of health. The University of Washington shall make a good faith effort
27 to expend the appropriation in a manner to maximize potential federal
28 or nonstate matching funds. The amount appropriated in this section is

1 in addition to that set forth in the 1991-1993 biennial appropriations
2 act.

3 NEW SECTION. **Sec. 10.** HEALTH PROFESSIONAL LOAN REPAYMENT AND
4 SCHOLARSHIP PROGRAM FUNDING. The sum of five million dollars, or as
5 much thereof as may be necessary, is appropriated for the biennium
6 ending June 30, 1993, from the good health care account to the health
7 professional loan repayment and scholarship program fund to be
8 dispersed by the higher education coordinating board for the purposes
9 of funding the health professional loan repayment and scholarship
10 program authorized under chapter 28B.115 RCW. This amount is in
11 addition to that set forth in the 1991-1993 biennial appropriations
12 act.

13 NEW SECTION. **Sec. 11.** COMMUNITY HEALTH CLINICS FUNDING. The sum
14 of two million dollars, or as much thereof as may be necessary, is
15 appropriated for the biennium ending June 30, 1993, from the good
16 health care account to the department of health for the purposes of
17 funding the expansion of primary health care services to new clients
18 through community health clinics. This amount is in addition to that
19 set forth in the 1991-1993 biennial appropriations act.

20 NEW SECTION. **Sec. 12.** BASIC HEALTH PLAN FUNDING. The sum of
21 forty-five million dollars, or as much thereof as may be necessary, is
22 appropriated for the biennium ending June 30, 1993, from the good
23 health care account to the Washington basic health plan authorized
24 under chapter 70.47 RCW for the purposes of enrolling no more than
25 forty thousand additional members during the 1991-1993 biennium. This
26 amount is in addition to that set forth in the 1991-1993 biennial
27 appropriations act.

1 NEW SECTION. **Sec. 13.** CANCER REGISTRY FUNDING. The sum of five
2 hundred thousand dollars, or as much thereof as may be necessary, is
3 appropriated for the biennium ending June 30, 1993, from the good
4 health care account to the department of health for the purposes of
5 funding the cancer registry as authorized under RCW 70.54.230 and
6 70.54.240. This amount is in addition to that set forth in the 1991-
7 1993 biennial appropriations act.

8 NEW SECTION. **Sec. 14.** WIC FUNDING. The sum of ten million
9 dollars, or as much thereof as may be necessary, is appropriated for
10 the biennium ending June 30, 1993, from the good health care account to
11 the department of health for the purposes of funding the women, infants
12 and children program. This amount is in addition to that set forth in
13 the 1991-1993 biennial appropriations act.

14 NEW SECTION. **Sec. 15.** GRANTS TO NONPROFIT ORGANIZATIONS WITH
15 CANCER AND OTHER DISEASE EDUCATION PROGRAMS. The sum of one hundred
16 thousand dollars, or as much thereof as may be necessary, is
17 appropriated for the biennium ending June 30, 1993, from the good
18 health care account to the department of health for the purposes of
19 awarding grants to national organizations with Washington state
20 chapters that address issues of disease and illness related to smoking
21 tobacco.

22 **PART II - POPULATION-BASED HEALTH CARE SERVICES**

23 NEW SECTION. **Sec. 16.** LEGISLATIVE INTENT. The legislature finds
24 that the good health of the citizens in the state through the reduction
25 of mortality and morbidity and the promotion of good health should be
26 the prime objective of state health-related activities. The

1 legislature further finds that the availability of population-based
2 health services such as health promotion, community health protection,
3 personal clinical preventative services, and services related to the
4 access to these health services is essential for meeting this state
5 policy objective. The availability of these population-based services
6 is contingent upon the existence of an ongoing and functioning capacity
7 to assess health status, develop public policy to promote and maintain
8 good health, and assure the provision of services through adequate
9 administrative and service capabilities that engage in appropriate and
10 effective health interventions.

11 The legislature further finds that the responsibility to provide
12 population-based services involves many individuals and organizations
13 in the private and public sector and at different levels of government.
14 The intent of the legislature is that, when feasible and practical,
15 existing providers of population-based health services shall be
16 involved in the planning and continued delivery of such services.

17 The legislature declares that state public policy on health
18 interest is best served by assuring the availability of basic
19 population-based health services throughout the state including the
20 administrative structure and capacity to provide and maintain such
21 services.

22 NEW SECTION. **Sec. 17.** STATE POPULATION-BASED ESSENTIAL HEALTH
23 SERVICES PLAN--CONTENT AND EVALUATION. By October 1, 1992, the
24 department, in consultation with the board, the departments of
25 agriculture and ecology, and local health jurisdictions, shall prepare
26 a state population-based health services plan. The purpose of the plan
27 is to identify the core functions and services necessary to assure the
28 presence of a state-wide population-based health care system capable of
29 providing essential population-based health care services.

1 (1) The state population-based health services plan shall identify
2 existing and new activities necessary to maintain the state-wide
3 population-based health services system. The plan shall specifically
4 describe how the following core function and service elements will be
5 assured:

6 (a) An ongoing capability to assess the health status and health-
7 related conditions and trends in the state through the utilization of
8 data collection and analysis from public and private sources, including
9 the state health report as required under RCW 43.20.050;

10 (b) An ongoing capability to develop public policy objectives for
11 health based on the assessment to identify state population-based
12 essential health needs, set state-wide priorities among identified
13 health needs, establish goals and measurable outcome-based objectives
14 to address priority needs, and develop policy implementation strategies
15 that include the identification of necessary resources to meet priority
16 needs; and

17 (c) An ongoing capability to provide services to address the
18 identified population-based essential health needs, or the
19 identification of other public or private entities responsible for the
20 provision of such services. In addition to the services specified in
21 subsection (2) of this section, it shall also include the capacity of
22 the state and local health jurisdictions to respond to critical
23 situations and emergencies that jeopardize public health.

24 (2) The plan shall identify specific activities necessary to assure
25 the provision of the following population-based essential health
26 services:

27 (a) Services related to health promotion that may include, but not
28 be limited to, the areas of physical activity and fitness, nutrition,
29 community education in substance abuse avoidance, and parenting;

1 (b) Services related to community health protection that may
2 include, but not be limited to, injury control, safe water, food,
3 housing and waste management, air quality, and facility and
4 professional licensure; and

5 (c) Services related to personal disease prevention that may
6 include, but not be limited to, immunizations, screenings, communicable
7 disease control, and chronic disease management.

8 (3) The department shall assure the active participation of
9 entities interested in the development of population-based health
10 services policy objectives.

11 (4) The department shall periodically evaluate the progress made
12 toward meeting the essential population-based health care needs of the
13 state. This evaluation shall be based upon the use of outcome measures
14 and targets.

15 NEW SECTION. **Sec. 18.** LOCAL POPULATION-BASED HEALTH SERVICES
16 PLANS--CONTENT AND EVALUATION. (1) By June 1, 1993, each local health
17 officer shall prepare a local health department population-based health
18 services plan in accordance with the provisions of this section. The
19 plan shall be approved by the secretary in accordance with section 19
20 of this act. The purpose of the plan is to identify the core services
21 and functions necessary to assure the presence of a local population-
22 based health care system capable of providing essential population-
23 based health care services in the local health jurisdiction. The plan
24 shall identify how it will meet the policy objectives and service
25 requirements specified in the state-wide plan under section 17 of this
26 act. Approval of the plan is required for the receipt of funding as
27 provided for under this act.

28 (2) The local population-based health services plan shall identify
29 existing and new activities necessary to maintain the jurisdiction's

1 population-based health services system. It shall specifically
2 describe how the following core function and service elements will be
3 assured:

4 (a) The ongoing capability to assess the health status and health-
5 related conditions and trends in the local health jurisdiction through
6 the utilization of data collection and analysis from public and private
7 sources;

8 (b) The ongoing capability to develop public policy objectives for
9 health based on the assessment to identify population-based essential
10 health needs, set priorities among identified health needs, establish
11 goals and measurable outcome-based objectives to address priority
12 needs, and develop policy implementation strategies that include the
13 identification of necessary resources to meet priority needs; and

14 (c) The ongoing capability to provide services to address the
15 identified population-based essential health needs, or the
16 identification of other public or private entities responsible for the
17 provision of such services. In addition to the services specified in
18 subsection (3) of this section, it also includes the capacity of the
19 local health jurisdiction to respond to critical situations and
20 emergencies that jeopardize public health.

21 (3) The plan shall identify activities necessary to assure the
22 provision of the following population-based essential health services:

23 (a) Services related to health promotion that may include, but not
24 be limited to, the areas of physical activity and fitness, nutrition,
25 community education in substance abuse avoidance, and parenting;

26 (b) Services related to community health protection that may
27 include, but not be limited to, community injury control, safe water,
28 food, housing and waste management, air quality, and facility and
29 professional licensure; and

1 (c) Services related to personal disease prevention that may
2 include, but not be limited to, immunizations, screenings, communicable
3 disease control, and chronic disease management.

4 (4) Two or more local health jurisdictions may, through agreement,
5 jointly provide services specified in this section if such joint
6 provision results in greater efficiencies and economies in the system
7 or increases access to services. Such joint agreements must be
8 approved by the department.

9 (5) The local health jurisdictions shall periodically evaluate
10 progress made toward meeting the essential population-based health care
11 needs of the jurisdiction. The system of evaluation shall use outcome
12 measures and targets to evaluate the system's progress.

13 (6) The local health jurisdiction shall identify funding sources in
14 addition to any funds appropriated under this act to support the
15 population-based health services system. Any funding provided for by
16 this act is not intended to supplant funding provided from other
17 sources.

18 (7) The local health jurisdiction shall assure the active
19 participation of entities interested in the development of population-
20 based health services policy objectives.

21 NEW SECTION. **Sec. 19.** POPULATION-BASED ESSENTIAL HEALTH SERVICES
22 PLAN--LOCAL PLAN APPROVAL--OTHER DEPARTMENT DUTIES. (1) The department
23 shall review and approve local population-based health services plans
24 submitted by local health jurisdictions. The secretary shall specify
25 the format and timeline for such submissions. In reviewing each local
26 plan, the department shall determine whether:

27 (a) Proposed policies, services, and activities reasonably and
28 adequately address identified health care needs, that adequate outcome
29 measures will be used to indicate progress toward meeting identified

1 needs, and that sufficient resources have been identified to operate
2 the population-based health services system;

3 (b) The local health jurisdiction has specified activities
4 necessary to provide for the services and functions identified in the
5 state population-based health services plan;

6 (c) Multilocal health jurisdiction joint agreements should be
7 pursued in order to address one or more elements of the local plan;

8 (d) Joint agreements for multijurisdictional activities proposed in
9 the local plan are justified and should be approved; and

10 (e) Adequate local capabilities exist to evaluate and report to the
11 department on progress in meeting the population-based health care
12 needs of the local jurisdiction.

13 (2) The department shall expeditiously review and approve or
14 recommend specific modifications to the local plans. Local health
15 jurisdictions shall be given an opportunity to respond to
16 recommendations for the modification of the plan. An appeal process
17 shall be established by the department to review appeals of disputes.

18 (3) Within ninety days after the effective date of this act, the
19 department shall devise a funding distribution formula for the purpose
20 of allocating funds appropriated under this act to local health
21 jurisdictions when local plans have been approved. The formula shall
22 include projections of funding needs to provide for the local
23 population-based health service needs of each local health
24 jurisdiction. The formula shall take into consideration differences
25 between the local health jurisdictions with respect to demographic
26 features of the population, workload, and other such factors that
27 affect the ability to provide the services and functions in the local
28 plans. The department shall include means for determining the
29 distribution of funding in those circumstances where
30 multijurisdictional joint agreements have been approved. Funding

1 appropriated under this act for essential population-based services
2 shall be used solely for activities related to sections 16 through 19
3 of this act. Funding authorized under this act shall not supplant
4 funding from other sources.

5 (4) The department shall prepare a local population-based health
6 services plan for any local health department which fails or refuses to
7 meet its responsibilities under this chapter. In such cases, the
8 department may contract with such entities as is necessary to provide
9 for services or functions of the local population-based health services
10 system. It shall use such funds appropriated under this act and
11 intended for local health jurisdictions for such purposes.

12 **Sec. 20.** RCW 43.20.050 and 1989 1st ex.s. c 9 s 210 and 1989 c 207
13 s 1 are each reenacted and amended to read as follows:

14 (1) The state board of health shall provide a forum for the
15 development of health policy in Washington state. It is authorized to
16 recommend to the secretary means for obtaining appropriate citizen and
17 professional involvement in all health policy formulation and other
18 matters related to the powers and duties of the department. It is
19 further empowered to hold hearings and explore ways to improve the
20 health status of the citizenry.

21 (a) At least every five years, the state board shall convene
22 regional forums to gather citizen input on health issues.

23 (b) Every two years, in ~~((coordination with))~~ advance of the
24 development of the state biennial budget and in coordination with the
25 development of the state and local population-based public health
26 service system objectives as provided for in sections 17 and 18 of this
27 act, the state board shall prepare the state health report that
28 outlines the health priorities of the ensuing biennium and provides
29 information for use in development of the state and local population-

1 based public health service system objectives as provided under
2 sections 17 and 18 of this act. The report shall:

3 (i) Consider the citizen input gathered at the health forums;

4 (ii) Be developed with the assistance of local health departments;

5 (iii) Be based on the best available information collected and
6 reviewed according to RCW 43.70.050 and recommendations from the
7 council;

8 (iv) Be developed with the input of state health care agencies. At
9 least the following directors of state agencies shall provide timely
10 recommendations to the state board on suggested health priorities for
11 the ensuing biennium: The secretary of social and health services, the
12 health care authority administrator, the insurance commissioner, the
13 administrator of the basic health plan, the superintendent of public
14 instruction, the director of labor and industries, the director of
15 ecology, and the director of agriculture;

16 (v) Be used by state health care agency administrators in preparing
17 proposed agency budgets and executive request legislation;

18 (vi) Be submitted by the state board to the governor by ((June))
19 January 1 of each even-numbered year for adoption by the governor. The
20 governor, no later than ((September)) April 1 of that year, shall
21 approve, modify, or disapprove the state health report.

22 (c) In fulfilling its responsibilities under this subsection, the
23 state board shall create ad hoc committees or other such committees of
24 limited duration as necessary. Membership should include legislators,
25 providers, consumers, bioethicists, medical economics experts, legal
26 experts, purchasers, and insurers, as necessary.

27 (2) In order to protect public health, the state board of health
28 shall:

1 (a) Adopt rules ((~~and regulations~~)) necessary to assure safe and
2 reliable public drinking water and to protect the public health. Such
3 rules ((~~and regulations~~)) shall establish requirements regarding:

4 (i) The design and construction of public water system facilities,
5 including proper sizing of pipes and storage for the number and type of
6 customers;

7 (ii) Drinking water quality standards, monitoring requirements, and
8 laboratory certification requirements;

9 (iii) Public water system management and reporting requirements;

10 (iv) Public water system planning and emergency response
11 requirements;

12 (v) Public water system operation and maintenance requirements; and

13 (vi) Water quality, reliability, and management of existing but
14 inadequate public water systems.

15 (b) Adopt rules ((~~and regulations~~)) and standards for prevention,
16 control, and abatement of health hazards and nuisances related to the
17 disposal of wastes, solid and liquid, including but not limited to
18 sewage, garbage, refuse, and other environmental contaminants; adopt
19 standards and procedures governing the design, construction, and
20 operation of sewage, garbage, refuse and other solid waste collection,
21 treatment, and disposal facilities;

22 (c) Adopt rules ((~~and regulations~~)) controlling public health
23 related to environmental conditions including but not limited to
24 heating, lighting, ventilation, sanitary facilities, cleanliness and
25 space in all types of public facilities including but not limited to
26 food service establishments, schools, institutions, recreational
27 facilities and transient accommodations and in places of work;

28 (d) Adopt rules ((~~and regulations~~)) for the imposition and use of
29 isolation and quarantine;

1 (e) Adopt rules (~~(and regulations)~~) for the prevention and control
2 of infectious and noninfectious diseases, including food and vector
3 borne illness, and rules (~~(and regulations)~~) governing the receipt and
4 conveyance of remains of deceased persons, and such other sanitary
5 matters as admit of and may best be controlled by universal rule; and

6 (f) Adopt rules for accessing existing data bases for the purposes
7 of performing health related research.

8 (3) The state board may delegate any of its rule-adopting authority
9 to the secretary and rescind such delegated authority.

10 (4) All local boards of health, health authorities and officials,
11 officers of state institutions, police officers, sheriffs, constables,
12 and all other officers and employees of the state, or any county, city,
13 or township thereof, shall enforce all rules (~~(and regulations)~~)
14 adopted by the state board of health. In the event of failure or
15 refusal on the part of any member of such boards or any other official
16 or person mentioned in this section to so act, he or she shall be
17 subject to a fine of not less than fifty dollars, upon first
18 conviction, and not less than one hundred dollars upon second
19 conviction.

20 (5) The state board may advise the secretary on health policy
21 issues pertaining to the department of health and the state.

22 **Sec. 21.** RCW 43.70.050 and 1989 1st ex.s. c 9 s 107 are each
23 amended to read as follows:

24 (1) The legislature intends that the department, board, and council
25 promote and assess the quality, cost, and accessibility of health care
26 throughout the state as their roles are specified in this act in
27 accordance with the provisions of this chapter. In furtherance of this
28 goal, the secretary shall create an ongoing program of data collection,
29 storage, (~~(assessability)~~) accessibility, and review. The legislature

1 does not intend that the department conduct or contract for the conduct
2 of basic research activity. The secretary may request appropriations
3 for studies according to this section from the legislature, the federal
4 government, or private sources.

5 (2) All state agencies which collect or have access to population-
6 based, health-related data are directed to allow the secretary access
7 to such data. This includes, but is not limited to, data on needed
8 health services, facilities, and personnel; future health issues;
9 emerging bioethical issues; health promotion; recommendations from
10 state and national organizations and associations; and programmatic and
11 statutory changes needed to address emerging health needs. Private
12 entities, such as insurance companies, health maintenance
13 organizations, and private purchasers are also encouraged to give the
14 secretary access to such data in their possession. The secretary's
15 access to and use of all data shall be in accordance with state and
16 federal confidentiality laws and ethical guidelines. Such data in any
17 form where the patient or provider of health care can be identified
18 shall not be disclosed, subject to disclosure according to chapter
19 42.17 RCW, discoverable or admissible in judicial or administrative
20 proceedings. Such data can be used in proceedings in which the use of
21 the data is clearly relevant and necessary and both the department and
22 the patient or provider are parties.

23 (3) The department shall serve as the clearinghouse for information
24 concerning innovations in the delivery of health care services, the
25 enhancement of competition in the health care marketplace, and federal
26 and state information affecting health care costs.

27 (4) The secretary shall review any data collected, pursuant to this
28 chapter, to:

29 (a) Identify high-priority health issues that require study or
30 evaluation. Such issues may include, but are not limited to:

1 (i) Identification of variations of health practice which indicate
2 a lack of consensus of appropriateness;

3 (ii) Evaluation of outcomes of health care interventions to assess
4 their benefit to the people of the state;

5 (iii) Evaluation of specific population groups to identify needed
6 changes in health practices and services;

7 (iv) Evaluation of the risks and benefits of various incentives
8 aimed at individuals and providers for both preventing illnesses and
9 improving health services;

10 (v) Identification and evaluation of bioethical issues affecting
11 the people of the state; and

12 (vi) Other such objectives as may be appropriate;

13 (b) Further identify a list of high-priority health study issues
14 for consideration by the board or council, within their authority, for
15 inclusion in the state health report required by RCW 43.20.050. The
16 list shall specify the objectives of each study, a study timeline, the
17 specific improvements in the health status of the citizens expected as
18 a result of the study, and the estimated cost of the study; ~~((and))~~

19 (c) Use such data, research, and findings in preparation of the
20 state and local population-based health services plan as authorized by
21 sections 17 and 18 of this act; and

22 (d) Provide background for the state health report required by RCW
23 43.20.050.

24 (5) Any data, research, or findings may also be made available to
25 the general public, including health professions, health associations,
26 the governor, professional boards and regulatory agencies and any
27 person or group who has allowed the secretary access to data.

28 (6) The secretary may charge a fee to persons requesting copies of
29 any data, research, or findings. The fee shall be no more than
30 necessary to cover the cost to the department of providing the copy.

1 NEW SECTION. **Sec. 22.** A new section is added to chapter 43.70 RCW
2 to read as follows:

3 The facilities, property, services, activities, employees,
4 volunteers, or funds, regardless of source, that are used by, in
5 conjunction with, or on behalf of the Good Health Care Act, chapter
6 ..., Laws of 1992 (SSB 6034), shall not be used in any way for any
7 abortion services, referrals, or information. The prohibitions
8 provided in this section concerning abortion services, referrals, or
9 information shall not be denied, interfered with, or discriminated
10 against under any current law or any law enacted after the effective
11 date of this act unless specifically repealed or amended by reference
12 to its RCW section.

13 **PART III - CHILDHOOD IMMUNIZATIONS**

14 NEW SECTION. **Sec. 23.** INTENT--DECLARATION. The legislature finds
15 that:

16 (1) There has been an increase in the number of children
17 contracting vaccine preventable infectious diseases;

18 (2) This trend has occurred despite the availability of safe and
19 effective immunizations which can prevent these disabling and life-
20 threatening diseases;

21 (3) Parents and guardians of children are often unaware of the need
22 for immunizations, the appropriate age to receive such immunizations,
23 and the public health risks of the failure to be properly immunized;

24 (4) Adults may not be aware of their risk of contracting vaccine
25 preventable infectious diseases and the availability of effective
26 immunizations.

1 The legislature declares that it is in the public health interest
2 of the people of the state of Washington that all adults and children
3 should be appropriately immunized.

4 NEW SECTION. **Sec. 24.** STATE BOARD OF HEALTH--IMMUNIZATION
5 SCHEDULE. (1) The state board of health shall adopt rules by October
6 1, 1992, that establish a schedule of appropriate immunizations against
7 vaccine preventable infectious diseases for adults and children. The
8 schedule shall include the type of immunization recommended and the
9 appropriate age for receiving vaccines. The state board may modify by
10 rule the recommended immunization schedule. When implementing this
11 section the state board shall consider recommended immunization
12 schedules developed by such entities as the American academy of
13 pediatrics and the United States public health service.

14 (2) The state board shall make immunization schedules required by
15 this section available to the secretary of health, the secretary of
16 social and health services, the administrator of the basic health plan,
17 the administrator of the state health care authority, and the general
18 public no later than November 1, 1992.

19 NEW SECTION. **Sec. 25.** DEMONSTRATION PROJECTS TO INCREASE
20 IMMUNIZATION RATES AMONG CHILDREN RECEIVING STATE-PAID SOCIAL AND
21 HEALTH SERVICES. (1) Effective January 1, 1993, the secretary, in
22 consultation with the department of social and health services, shall
23 establish five demonstration projects for the purpose of increasing
24 immunization rates among children under age five who are recipients of
25 state-paid social and health care services or who are members of an at-
26 risk population. The projects shall be established to identify the
27 most effective, cost-efficient, and least burdensome manner to
28 incorporate efforts to meet immunization target levels as a part of

1 such programs. The secretary shall utilize age-appropriate
2 immunization against infectious disease target rates as established in
3 the state population-based health services plan authorized under this
4 chapter. In no case shall the expected target rate for the projects be
5 less than an immunization compliance rate of ninety percent for each
6 age group. If the secretary determines that a pilot project has not
7 met, or appears to be unable to meet, the minimum target rate one year
8 after initial implementation of the project, the secretary shall
9 discontinue the project and authorize another project in the same or
10 different location.

11 In selecting demonstration project sites the secretary shall select
12 sites in both rural and urban areas of the state and in areas east and
13 west of the Cascade mountains. The projects shall be structured in a
14 manner to permit the evaluation of different approaches to enhance
15 immunization utilization rates among the population. In meeting the
16 requirements of this section the secretary shall establish four of the
17 five project sites using specific state-administered social and health
18 service programs for children.

19 (2) The projects shall terminate on December 1, 1994, and the
20 secretary and the secretary of social and health services shall report
21 to the standing health care committees of the senate and house of
22 representatives by December 15, 1994, on the following:

23 (a) An evaluation of the effectiveness of the various methods used
24 to enhance immunization rates;

25 (b) A proposal indicating which methods are to be used to meet the
26 immunization requirements in sections 26 and 27 of this act beginning
27 in January 1995; and

28 (c) A timetable indicating the implementation of the immunization
29 requirement in sections 26 and 27 of this act.

1 NEW SECTION. **Sec. 26.** STATE SERVICE RECIPIENTS--DEPARTMENT OF

2 SOCIAL AND HEALTH SERVICES. (1) Effective January 1, 1995, the parent
3 or legal guardian of a child up to five years of age who is eligible to
4 receive services from, through, or purchased by the department shall be
5 responsible for providing to the department within ninety days of
6 receiving such services:

7 (a) A certificate showing that the child has completed the state
8 board of health recommended infectious disease immunization schedule or
9 is making satisfactory progress in complying with the schedule;

10 (b) A waiver signed by a physician licensed under chapter 18.71 or
11 18.57 RCW stating that a particular vaccine is not medically advisable
12 for the child. When it is determined by the physician that a
13 particular vaccine is not contraindicated, the child will be required
14 to receive the immunization;

15 (c) A written certification signed by a parent or legal guardian of
16 the child stating that the signer has objections to the required
17 immunizations based upon religious beliefs; or

18 (d) A written certification signed by a parent or legal guardian of
19 the child stating that the signer has either a philosophical or
20 personal objection to immunizing the child.

21 (2) The secretary shall grant to parents or guardians of children
22 who are receiving department services on or before January 1, 1995,
23 ninety days to comply with the requirements of this section.

24 (3) The secretary shall decide the manner in which certificates and
25 waivers required by this section shall be prepared and made available.

26 (4) The secretary may establish by rule a procedure to periodically
27 check whether children are making satisfactory progress in complying
28 with the appropriate immunization schedules. Such monitoring shall, to
29 the extent possible, be conducted during the course of routine contact
30 with the parent or guardian of the child.

1 (5) The secretary shall coordinate with the secretary of health, in
2 the preparation of certificates and waivers required for the
3 administration of this section to assure minimum paperwork and prevent
4 duplicative compliance requirements for children receiving state
5 services or benefits from more than one state agency.

6 (6) The secretary shall seek whatever federal waivers are necessary
7 to implement the provisions of this section.

8 NEW SECTION. **Sec. 27.** STATE SERVICE RECIPIENTS--DEPARTMENT OF
9 HEALTH. (1) Effective January 1, 1995, the parent or guardian of a
10 child under age five who is eligible to receive services from, through,
11 or purchased by the department shall be responsible for providing to
12 the department within ninety days of receiving such services:

13 (a) A certificate showing that the child has completed the state
14 board of health recommended infectious disease immunization schedule or
15 is making satisfactory progress in complying with the schedule;

16 (b) A waiver signed by a physician licensed under chapter 18.71 or
17 18.57 RCW stating that a particular vaccine is not medically advisable
18 for the child. When it is determined by the physician that a
19 particular vaccine is not contraindicated, the child will be required
20 to receive the immunization;

21 (c) A written certification signed by a parent or legal guardian of
22 the child stating that the signer has objections to the required
23 immunizations based upon religious beliefs; or

24 (d) A written certification signed by a parent or legal guardian of
25 the child stating that the signer has either a philosophical or
26 personal objection to immunizing the child.

27 (2) The secretary shall grant to parents or guardians of children
28 who are receiving department services on or before January 1, 1995,
29 ninety days to comply with the requirements of this section.

1 (3) The secretary shall decide the manner in which certificates and
2 waivers required by this section may be prepared and made available.

3 (4) The secretary may establish by rule a procedure to periodically
4 check whether children are making satisfactory progress in complying
5 with the appropriate immunization schedules. Such monitoring shall, to
6 the extent possible, be conducted during the course of routine contact
7 with the parent or guardian of the child.

8 (5) The secretary shall coordinate with the secretary of social and
9 health services in the preparation of certificates and waivers and
10 required for the administration of this section to assure minimum
11 paperwork and duplicative compliance requirements for children
12 receiving state services or benefits from more than one state agency.

13 (6) The secretary shall seek whatever federal waivers are necessary
14 to implement the provisions this section.

15 NEW SECTION. **Sec. 28.** STATE SUBSIDIZED HEALTH CARE INSURANCE
16 RECIPIENTS--BASIC HEALTH PLAN. (1) Effective January 1, 1995, the
17 parent or guardian of a child under age five who is enrolled in the
18 plan shall be responsible for providing to the plan administrator
19 within ninety days of enrollment:

20 (a) A certificate showing that the child has completed the state
21 board of health recommended infectious disease immunization schedule or
22 is making satisfactory progress in complying with the schedule;

23 (b) A waiver signed by a physician licensed under chapter 18.71 or
24 18.57 RCW stating that a particular vaccine is not medically advisable
25 for the child. When it is determined by the physician that a
26 particular vaccine is not contraindicated, the child will be required
27 to receive the immunization;

1 (c) A written certification signed by a parent or legal guardian of
2 the child stating that the signer has objections to the required
3 immunizations based upon religious beliefs; or

4 (d) A written certification signed by a parent or legal guardian of
5 the child stating that the signer has either a philosophical or
6 personal objection to immunizing the child.

7 (2) The administrator shall grant to parents and guardians of
8 children enrolled in the plan on or before January 1, 1995, ninety days
9 to comply with the requirements of this section.

10 (3) The administrator shall decide the manner in which certificates
11 and waivers required by this section shall be prepared and made
12 available.

13 (4) The administrator may establish by rule a procedure to
14 periodically check whether children are making satisfactory progress in
15 complying with the appropriate immunization schedules. Such monitoring
16 shall, to the extent possible, be conducted when the parent or guardian
17 of the child has routine contact with the plan or health care
18 contractors authorized to provide services under the plan.

19 NEW SECTION. **Sec. 29.** STATE EMPLOYEE BENEFIT RECIPIENTS--STATE
20 HEALTH CARE AUTHORITY. (1) Effective January 1, 1995, the parent or
21 guardian of a child under age five who is enrolled as a dependent in
22 the plan shall be responsible for providing to the administrator within
23 ninety days of enrollment:

24 (a) A certificate showing that the child has completed the state
25 board of health recommended infectious disease immunization schedule or
26 is making satisfactory progress in complying with the schedule;

27 (b) A waiver signed by a physician licensed under chapter 18.71 or
28 18.57 RCW stating that a particular vaccine is not medically advisable
29 for the child. When it is determined by the physician that a

1 particular vaccine is not contraindicated, the child will be required
2 to receive the immunization;

3 (c) A written certification signed by a parent or legal guardian of
4 the child stating that the signer has objections to the required
5 immunizations based upon religious beliefs; or

6 (d) A written certification signed by a parent or legal guardian of
7 the child stating that the signer has either a philosophical or
8 personal objection to immunizing the child.

9 (2) The administrator shall grant to parents and guardians of
10 children enrolled in the plan on or before January 1, 1995, ninety days
11 to comply with the requirements of this section.

12 (3) The administrator shall decide the manner in which certificates
13 and waivers required by this section shall be prepared and made
14 available.

15 (4) The administrator may establish by rule a procedure to
16 periodically check whether children are making satisfactory progress in
17 complying with the appropriate immunization schedules. Such monitoring
18 shall, to the extent possible, be conducted when the parent or guardian
19 of the child has any routine contact with the plan or health care
20 contractors authorized to provide services under the plan.

21 NEW SECTION. **Sec. 30.** IMMUNIZATION ASSESSMENT AND ENHANCEMENT
22 PROPOSALS. (1) The department shall require that each local health
23 jurisdiction submit an immunization assessment and enhancement proposal
24 as part of the local population-based health services plan required in
25 section 18 of this act. The proposal shall meet the requirements of
26 this section. It shall include a description of how the local health
27 jurisdictions will consult and involve existing health care providers
28 that have previously been involved in the administration of state-
29 supplied immunizations or have shown an interest to become involved.

1 (2) A local health jurisdiction must include at least the following
2 in the proposal:

3 (a) A description of the population groups in the jurisdiction that
4 are in greatest need for immunizations;

5 (b) A description of providers in the jurisdiction that are capable
6 and willing to administer immunizations and how the providers will be
7 utilized in enhancing immunization compliance with established target
8 rates;

9 (c) A description of steps to meet immunization compliance target
10 rates set forth in the state population-based health services plan
11 authorized by this chapter;

12 (d) A description of current fees charged to patients used to
13 support local immunization efforts;

14 (e) An analysis of financial and nonfinancial barriers that are
15 preventing children from receiving immunizations and a description of
16 how the jurisdiction will remove such barriers; and

17 (f) A description of strategies to use outreach, volunteer, and
18 other local educational resources to enhance immunization rates.

19 (3) The secretary shall approve the immunization assessment and
20 enhancement proposal as part of the approval of the local population-
21 based health services plan.

22 (4) This section shall be implemented consistent with available
23 funding.

24 (5) The funding authorized under this act shall be used to
25 supplement but not replace current fees used to support local
26 immunization efforts that are charged to patients.

27 (6) The secretary shall report biennially to the health care and
28 fiscal committees of the house of representatives and senate on the
29 status of the program and progress made toward meeting the target
30 immunization target rates.

1 **Sec. 31.** RCW 28A.210.070 and 1990 c 33 s 191 are each amended to
2 read as follows:

3 As used in RCW 28A.210.060 through 28A.210.170:

4 (1) "Chief administrator" shall mean the person with the authority
5 and responsibility for the immediate supervision of the operation of a
6 school or day care center as defined in this section or, in the
7 alternative, such other person as may hereafter be designated in
8 writing for the purposes of RCW 28A.210.060 through 28A.210.170 by the
9 statutory or corporate board of directors of the school district,
10 school, or day care center or, if none, such other persons or person
11 with the authority and responsibility for the general supervision of
12 the operation of the school district, school or day care center.

13 (2) "Full immunization" shall mean immunization against certain
14 vaccine-preventable diseases in accordance with schedules and with
15 immunizing agents approved by the state board of health.

16 (3) "Local health department" shall mean the city, town, county,
17 district or combined city-county health department, board of health, or
18 health officer which provides public health services.

19 (4) "School" shall mean and include each building, facility, and
20 location at or within which any or all portions of a preschool,
21 kindergarten and grades one through twelve program of education and
22 related activities are conducted for two or more children by or in
23 behalf of any public school district and by or in behalf of any private
24 school or private institution subject to approval by the state board of
25 education pursuant to RCW 28A.305.130(6), 28A.195.010 through
26 28A.195.050, and 28A.410.120.

27 (5) "Day care center" shall mean an agency which regularly provides
28 care (~~for a group of thirteen or more~~) to children for periods of
29 less than twenty-four hours and is licensed pursuant to chapter 74.15
30 RCW.

1 (6) "Child" shall mean any person, regardless of age, in attendance
2 at a public or private school or a licensed day care center.

3 **PART IV - REGIONAL HEALTH PROMOTION**

4 NEW SECTION. **Sec. 32.** LEGISLATIVE FINDINGS. The legislature
5 finds that:

6 (1) The current system of health care and public health has been
7 remarkably successful in identifying and reducing or eradicating many
8 contagious or infectious diseases that were major public health threats
9 in years past.

10 (2) Chronic diseases account for three out of four deaths in
11 Washington every year. Diseases such as heart disease, cancer,
12 intentional and unintentional injuries, perinatal conditions, and other
13 conditions can be prevented if individuals receive early detection of
14 disease and periodic screening, and modify their personal behaviors and
15 life styles.

16 (3) State, local, and private agencies have been established to
17 plan and deliver social and health services. Many of these services
18 are designed to arrest, treat, or cure illnesses and injuries, not to
19 prevent them.

20 (4) While certain state agencies have responsibility for prevention
21 of particular illnesses or injuries, such as the Washington traffic
22 safety commission for prevention of traffic injuries and the department
23 of social and health services for prevention of substance abuse, no
24 single entity in state or local government is presently charged with
25 the authority to oversee and coordinate all public and private efforts
26 to address the factors which will promote health and prevent illness
27 and injury, both intentional and unintentional. Of particular concern
28 is the need to coordinate and lead existing public and private efforts

1 to deal with chronic disease and its causes including tobacco use,
2 misuse of alcohol and other drugs, intentional and unintentional
3 injuries, diet, or other personal behaviors.

4 (5) These activities are essential to the protection and promotion
5 of public health and should be pursued by individual citizens,
6 communities, local governments, businesses, and public and private
7 agencies with leadership from local health departments, the department
8 of health, and the board of health through the state health report.

9 The purpose of sections 33 through 35 of this act is to provide
10 health promotion and disease and injury prevention efforts within the
11 public health system to empower individuals, voluntary community
12 associations, health organizations, and others by providing information
13 and resources to protect and promote health.

14 NEW SECTION. **Sec. 33.** CENTER FOR HEALTH PROMOTION ESTABLISHED.
15 There is established within the department of health a center for
16 health promotion and disease and injury prevention whose principal
17 administrator shall report to the secretary. The center shall contain
18 departmental functions that the secretary determines are most directly
19 related to the promotion of health and the prevention of diseases and
20 intentional and unintentional injuries, consistent with the
21 organizational principles set forth in RCW 43.70.020.

22 (1) Included as part of the state-wide population-based health
23 services plan, the center shall assist the department to:

24 (a) Identify the leading causes of death, disease, and injury to
25 Washington citizens;

26 (b) Isolate the causes and risk factors for these illnesses and
27 injuries, both intentional and unintentional;

28 (c) Identify geographic areas and population groups at risk for
29 these illnesses and intentional and unintentional injuries;

1 (d) Identify strategies that have been demonstrated to be effective
2 in reducing these illnesses, intentional and unintentional injuries,
3 causes, or risk factors.

4 (2) Biennially the center shall establish health promotion and
5 disease and injury prevention state-wide objectives. It shall consult
6 with the local health jurisdictions and state board of health and shall
7 consider such appropriate objectives as may be found in the state
8 health report and United States public health service year 2000
9 objectives. Using data on Washington residents, the department shall
10 adopt state-wide objectives in a manner that addresses at least the
11 following national objectives to be achieved by the year 2000:

12 (a) Reduce cigarette smoking among people twenty years and over
13 from 29.1 percent to no more than fifteen percent;

14 (b) Reduce cigarette smoking among people less than twenty years
15 from 29.5 percent to no more than fifteen percent;

16 (c) Reduce breast cancer deaths from 27.2 per one hundred thousand
17 women to no more than 25.2 per one hundred thousand;

18 (d) Reduce prevalence of cholesterol levels of two hundred forty
19 milligrams per deciliter among people twenty and older from 26.8
20 percent to no more than twenty percent;

21 (e) Reduce deaths from cancer of the uterine cervix from 3.2 per
22 one hundred thousand women to no more than 1.5 per one hundred thousand
23 women;

24 (f) Reduce serious nonfatal head injuries from one hundred eleven
25 per one hundred thousand people to no more than eighty-three per one
26 hundred thousand;

27 (g) Reduce drowning deaths from 2.6 per one hundred thousand
28 persons to no more than 1.7 per one hundred thousand persons;

1 (h) Improve control of diabetes, as measured by a reduction in
2 hospitalization from 13.8 per one thousand people with diabetes to 6.9
3 per one thousand people with diabetes;

4 (i) Reverse the rising incidence of physical abuse of children
5 under age eighteen from 10.7 per one thousand children to no more than
6 10 per one thousand children;

7 (j) Reduce assault injuries among people age twelve and older from
8 1841.8 per one hundred thousand people to no more than 1650 per one
9 hundred thousand people;

10 (k) Reduce alcohol-related motor vehicle crash deaths from 9.7 per
11 one hundred thousand people to 8.5 per one hundred thousand people;

12 (l) Reduce by fifty percent the use of alcohol, marijuana, and
13 cocaine among young people ages twelve to seventeen years from 25.2
14 percent for alcohol, 6.4 percent for marijuana, and 1.1 percent for
15 cocaine;

16 (m) Reduce annual average alcohol consumption by people age
17 fourteen and older by twenty-three percent from 2.6 gallons of ethanol
18 per year to 2 gallons of ethanol per year;

19 (n) Reduce by twenty-five percent the number of infants born to
20 chemical abusing women; and

21 (o) Reduce the incidence of gonorrhoea from 297 cases per one
22 hundred thousand people to 225 cases per one hundred thousand people.

23 (3) The center shall also:

24 (a) Act as a clearinghouse and consultive resource for local health
25 departments, other public and private groups, and voluntary community
26 associations that wish to implement these strategies; and

27 (b) Request and receive funds, gifts, grants, or appropriations
28 from the legislature, the federal government, or private sources to
29 pursue the department's duties under this section.

1 NEW SECTION. **Sec. 34.** HEALTH PROMOTION AND DISEASE PREVENTION

2 REGIONS. The department shall establish a state-wide system of health
3 promotion and disease prevention regions as follows:

4 (1) The department, in collaboration with local health
5 jurisdictions, shall designate regions and assist these regions in
6 establishing local health promotion and disease and intentional and
7 unintentional injury prevention priority objectives based on analysis
8 of the information in section 33 of this act. Regions shall be
9 consistent with the organizational principles in this chapter, except
10 as necessary to promote efficiency and responsiveness in programs, and,
11 to the extent possible, reflect unique grouping of disease or injury
12 incidence or populations identified at risk.

13 (2) The department, in consultation with the state board of health,
14 shall designate regions incorporating the entire state by October 1,
15 1992, and shall identify such regions in the state population-based
16 health services plan.

17 (3) By June 1, 1993, each region shall prepare, through a
18 cooperative effort of local health jurisdictions, other health care
19 providers, schools, community, business, and health organizations
20 within the region, a regional health promotion and disease and
21 intentional and unintentional injury prevention proposal that addresses
22 the objectives established under subsection (1) of this section. The
23 proposal shall be incorporated into the local population-based health
24 services plan required by section 18 of this act. It shall place
25 emphasis on collaboration with local voluntary organizations within the
26 region.

27 (4) Health promotion and disease and intentional and unintentional
28 injury prevention interventions under sections 33 through 35 of this
29 act shall include measures with demonstrated effectiveness in meeting
30 regional health promotion and disease and intentional and unintentional

1 injury prevention objectives. Interventions may include at least
2 health screening services and assessments, public education campaigns,
3 and targeted education efforts. In no case may interventions under
4 sections 33 through 35 of this act include the delivery of primary
5 health or social services.

6 (5) In developing intervention strategies regarding the health of
7 children and adolescents, the region shall cooperate with all local
8 school districts within the region. It is the region's obligation to
9 involve local school districts in planning these interventions for
10 children and adolescents. If a local school district declines to
11 participate, the school district shall submit a written statement to
12 this effect to the region. This statement must be included in the
13 regional health promotion and disease and intentional and unintentional
14 injury prevention proposal.

15 (6) The regional health promotion and disease and intentional and
16 unintentional injury prevention proposal shall be developed and
17 administered by the local public health jurisdiction within the region.
18 If a region encompasses more than one local public health jurisdiction,
19 those jurisdictions shall select a jurisdiction to develop and
20 administer the regional proposal. In the event agreement cannot be
21 reached, the department shall determine the lead jurisdiction.

22 (7) Authorized funding for health promotion and disease and
23 intentional and unintentional injury prevention regions shall be
24 allocated in grants based on priorities established under subsection
25 (1) of this section and the cost efficiencies of interventions
26 associated with those priorities.

27 NEW SECTION. **Sec. 35.** The state board of health shall review
28 the health promotion and disease and intentional and unintentional

1 injury prevention objectives established in section 33 of this act and
2 recommend modification as part of the state health report.

3 **Sec. 36.** RCW 43.59.030 and 1991 c 3 s 298 are each amended to read
4 as follows:

5 The governor shall be assisted in his or her duties and
6 responsibilities by the Washington state traffic safety commission.
7 The Washington traffic safety commission shall be composed of the
8 governor as ((~~chairman~~)) chair, the superintendent of public
9 instruction, the director of licensing, the secretary of
10 transportation, the chief of the state patrol, the secretary of health,
11 the secretary of social and health services, a representative of the
12 association of Washington cities to be appointed by the governor, a
13 member of the association of counties to be appointed by the governor,
14 and a representative of the judiciary to be appointed by the governor.
15 Appointments to any vacancies among appointee members shall be as in
16 the case of original appointment.

17 The governor may designate an employee of the governor's office to
18 act on behalf of the governor during the absence of the governor at one
19 or more of the meetings of the commission. The vote of the designee
20 shall have the same effect as if cast by the governor if the
21 designation is in writing and is presented to the person presiding at
22 the meetings included within the designation.

23 The governor may designate a member to preside during the
24 governor's absence.

25 **PART V - COMMUNITY OUTREACH FOR HEALTH**

26 NEW SECTION. **Sec. 37.** LEGISLATIVE INTENT. The legislature finds
27 that current health and social service outreach programs focus

1 primarily on multimedia campaigns, telephone hotlines, and professional
2 case finding and referrals. These programs may fail to address the
3 access barriers experienced by high-risk pregnant and parenting women
4 and their families. The legislature finds that active outreach
5 programs using indigenous, nonprofessional community members and
6 resources offer unique credibility and supports that cannot be
7 duplicated by professional efforts or multimedia campaigns. The
8 legislature further finds that indigenous community outreach programs
9 achieve health improvements comparable or superior to professional or
10 educational outreach programs.

11 The purpose of this section and section 38 of this act is to
12 empower individuals, businesses, voluntary community organizations, and
13 others to promote health and prevent illness and injury among high-risk
14 pregnant and parenting women and their families in their local
15 community through active outreach programs using indigenous,
16 nonprofessional community members and resources.

17 NEW SECTION. **Sec. 38.** COMMUNITY OUTREACH PILOT PROGRAMS. The
18 secretary shall assist local health jurisdictions in establishing ten
19 pilot local community outreach for health programs using indigenous,
20 nonprofessional community volunteers. Local health jurisdictions shall
21 as part of the local population-based health services plan authorized
22 by section 18 of this act: (1) Identify geographic areas and
23 population groups experiencing substantial health risks among pregnant
24 and parenting women and their families; and (2) develop and coordinate
25 community outreach for health programs targeted toward at-risk
26 geographic areas or population groups identified according to this
27 section.

28 Community outreach programs shall focus on direct contact and may
29 provide support, education, referral, or other activities that

1 facilitate access to public and private community resources according
2 to individual or family need.

3 Authorized funding for community outreach for health programs shall
4 be allocated based on broad community participation, potential for
5 health improvements and community empowerment. Applications for grants
6 must provide a fifty percent match of funds or in-kind resources from
7 local government, community organizations, or other private sources.
8 Volunteer hours may be counted against this match at the rate of five
9 dollars per hour.

10 **PART VI - HEALTH SERVICES FOR SCHOOL CHILDREN**

11 NEW SECTION. **Sec. 39.** LEGISLATIVE INTENT. The legislature finds
12 that: (1) The availability of health care services in our schools
13 promotes improved health of children in the state of Washington; (2)
14 local health jurisdictions provide excellent health services and that
15 collaboration between the local health jurisdictions and schools
16 enhances the health of all children in the state; (3) the promotion of
17 health services in the schools enhances the education of the students;
18 and (4) in many districts school health services are not sufficient.

19 The legislature declares that the availability of health services
20 in the schools should be increased. It is the legislative intent to
21 provide for the greatest degree of flexibility and cooperation between
22 the school districts and local health departments in designing
23 proposals for delivering health services that will respect the
24 uniqueness of schools and local communities.

25 NEW SECTION. **Sec. 40.** (1) As part of the local population-
26 based health services plan authorized under this chapter, each local
27 health jurisdiction may assess the health services needs of children in

1 grades K-12 in public and private schools. The purpose of the
2 assessment is to identify needed school health services in grades K-8
3 in public and private schools as an enhancement to the current level of
4 school health services. Funding authorized under this chapter shall
5 not be used to supplant funding currently providing school health
6 services.

7 (2) School districts and private schools may enter into contracts
8 through interlocal agreements with local health jurisdictions for the
9 provision of school health services upon approval by the department and
10 having met the provisions of subsection (1) of this section. Local
11 health jurisdictions shall make a good faith effort to enter into
12 contracts for interlocal agreements with school districts and private
13 schools within their jurisdiction. The interlocal agreements shall
14 include but not be limited to: The type of services to be provided,
15 the use of school facilities when school is not in session, supervision
16 of health personnel while on school premises, the location of student
17 health records, and the availability of student and parent education.

18 (3) The department shall provide funds, to the extent funds are
19 appropriated by the legislature, to reimburse local health
20 jurisdictions for school health services provided to school districts
21 and private schools under subsection (2) of this section and based on
22 the allocation model outlined in section 7 of this act. Neither the
23 department nor the superintendent of public instruction may establish
24 rules that will determine or forbid the services or level of services
25 that are to be established in the interlocal agreements under
26 subsection (2) of this section.

27 (4) The department shall submit a report to the legislature by
28 December 1, 1993, describing the number of students served, the
29 profiles of the schools and local health departments that have entered

1 into interlocal agreements, benefits from the program, and any
2 recommendations for improving the program.

3 **PART VII - GATEKEEPER OUTREACH PROGRAM**

4 NEW SECTION. **Sec. 41.** LEGISLATIVE FINDING. The legislature finds
5 that moderately to severely impaired elderly who live in their own
6 homes have traditionally been underserved by community-based agencies
7 providing personal support services. Most moderately to severely
8 impaired elderly do not self-refer for community-based services. The
9 legislature further finds that health and social service agencies do
10 not necessarily understand the community organization effort needed to
11 identify and locate this large subpopulation of isolated, high-risk
12 elderly. The legislature declares that active outreach programs using
13 individuals who may have regular contact with the most isolated elderly
14 living in their communities are highly successful in reaching this
15 population.

16 **Sec. 42.** RCW 74.38.020 and 1989 1st ex.s. c 9 s 817 are each
17 amended to read as follows:

18 As used in this chapter, the following words and phrases shall have
19 the following meaning unless the content clearly requires otherwise:

20 (1) "Area agency" means an agency, other than a state agency,
21 designated by the department to carry out programs or services approved
22 by the department in a designated geographical area of the state.

23 (2) "Area plan" means the document submitted annually by an area
24 agency to the department for approval which sets forth (a) goals and
25 measurable objectives, (b) review of past expenditures and accounting
26 of revenue for the previous year, (c) estimated revenue and
27 expenditures for the ensuing year, and (d) the planning, coordination,

1 administration, social services, and evaluation activities to be
2 undertaken to carry out the purposes of the Older Americans Act of 1965
3 (42 U.S.C. Sec. 3024 et. seq.), as now or hereafter amended.

4 (3) "Department" means the department of social and health
5 services.

6 (4) "Office" shall mean the office on aging which is the
7 organizational unit within the department responsible for coordinating
8 and administering aging problems.

9 (5) "Eligible persons" means senior citizens who are:

10 (a) Sixty-five years of age or more; or

11 (b) Sixty years of age or more and are either (i) nonemployed, or
12 (ii) employed for twenty hours per week or less; and

13 (c) In need of services to enable them to remain in their customary
14 homes because of physical, mental, or other debilitating impairments.

15 (6) "Low income" means initial resources or subsequent income at or
16 below forty percent of the state median income as promulgated by the
17 secretary of the United States department of health, education and
18 welfare for Title XX of the Social Security Act, or, in the
19 alternative, a level determined by the department and approved by the
20 legislature.

21 (7) "Income" shall have the same meaning as in chapter 74.04 RCW,
22 as now or hereafter amended; except, that money received from RCW
23 74.38.060 shall be excluded from this definition.

24 (8) "Resource" shall have the same meaning as in chapter 74.04 RCW,
25 as now or hereafter amended.

26 (9) "Need" shall have the same meaning as in chapter 74.04 RCW, as
27 now or hereafter amended.

28 (10) "Gatekeeper" means an employee of a federal, state, or local
29 agency, corporation, business, or other entities that, in the course of
30 his or her regular activities, have contact with the isolated elderly

1 in the community. Gatekeepers include, but are not limited to, meter
2 readers, repair personnel from the electrical and gas utilities, bank
3 personnel, postal carriers, pharmacists, and emergency medical
4 technicians.

5 NEW SECTION. Sec. 43. GATEKEEPER OUTREACH PROGRAM ESTABLISHED.

6 The secretary shall assist area agencies in establishing gatekeeper
7 outreach programs serving the communities in their service areas. The
8 participating area agencies shall contract with existing community-
9 based organizations actively engaged in the long-term care system to:
10 (1) Recruit and train gatekeepers to identify and locate isolated high-
11 risk elderly living in their community; (2) develop and implement a
12 plan to facilitate access to public and private community resources for
13 individuals identified through the gatekeeper program; and (3) report
14 to the secretary annually on the effectiveness and impact of the
15 program.

16 Authorized funding for gatekeeper outreach programs shall be
17 allocated by the department through grants. Area agencies must provide
18 a fifty percent match of funds or in-kind resources from the federal
19 government, local government, community organizations, or other private
20 sources.

21 **PART VIII - MISCELLANEOUS**

22 NEW SECTION. Sec. 44. CODIFICATION. Sections 1, 16, 17, 19, 23,
23 25, 27, 30, 32 through 34, and 37 through 40 of this act are each added
24 to chapter 43.70 RCW.

25 NEW SECTION. Sec. 45. CODIFICATION. Section 18 of this act is
26 added to chapter 70.05 RCW.

1 NEW SECTION. **Sec. 46.** CODIFICATION. Sections 24 and 35 of this
2 act are each added to chapter 43.20 RCW.

3 NEW SECTION. **Sec. 47.** CODIFICATION. Section 26 of this act is
4 added to chapter 43.20A RCW.

5 NEW SECTION. **Sec. 48.** CODIFICATION. Section 28 of this act is
6 added to chapter 70.47 RCW.

7 NEW SECTION. **Sec. 49.** CODIFICATION. Section 29 of this act is
8 added to chapter 41.05 RCW.

9 NEW SECTION. **Sec. 50.** CODIFICATION. Sections 41 and 43 of this
10 act are each added to chapter 74.38 RCW.

11 NEW SECTION. **Sec. 51.** SEVERABILITY. If any provision of this act
12 or its application to any person or circumstance is held invalid, the
13 remainder of the act or the application of the provision to other
14 persons or circumstances is not affected.

15 NEW SECTION. **Sec. 52.** CAPTIONS NOT LAW. Section captions and
16 part headings as used in this act do not constitute any part of the
17 law.

18 NEW SECTION. **Sec. 53.** This act is necessary for the immediate
19 preservation of the public peace, health, or safety, or support of the
20 state government and its existing public institutions, and shall take
21 effect immediately.

1 NEW SECTION. **Sec. 54.** If specific funding for the purposes of
2 this act, referencing this act by bill number, is not provided by June
3 30, 1992, in the omnibus appropriations act, this act shall be null and
4 void.