

SENATE BILL REPORT

E2SHB 2854

As Reported By Senate Committee On:
Health & Long-Term Care, February 28, 2002

Title: An act relating to planning for public health emergencies arising from terrorist acts.

Brief Description: Creating a plan to improve preparedness in response to a bioterrorist event.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Schual-Berke, Haigh, Morris, Barlean, O'Brien, Hurst, Hatfield, Anderson, Chase, Upthegrove and Rockefeller).

Brief History:

Committee Activity: Health & Long-Term Care: 2/25/02, 2/28/02 [DP].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass.

Signed by Senators Thibaudeau, Chair; Franklin, Vice Chair; Costa, Deccio, Fraser, Parlette and Winsley.

Staff: Tanya Karwaki (786-7447)

Background: Federal bioterrorism preparedness funds have been made available to states from the FY 2002 Department of Defense Appropriations bill. The funding to states is divided into three parts. The first part, provided by the Centers for Disease Control and Prevention (CDC), is targeted to supporting bioterrorism, infectious disease, and public health emergency preparedness activities within the state. The Health Resources and Services Administration (HRSA) will provide the second part of the funding, which is to be used to create regional hospital plans to respond in the event of a bioterrorism event. The third part of the funds will be provided by the Health and Human Services Office of Emergency Preparedness and will support the Metropolitan Medical Response System which is aimed at improving a local jurisdiction's response to an event involving mass casualties.

The federal funds are being allocated in two phases. Twenty percent of the funds are available immediately, and the remaining 80 percent are to be released after completed state plans are received and approved. The amount of funding available to each state was determined using a population based formula. For Washington, the total amount of funds available from the CDC is over \$18 million, with \$3.6 million (20 percent) immediately available, and the total amount of funds available from HRSA is over \$2.5 million, with approximately \$500,000 (20 percent) available immediately.

The state preparedness plans are due to the federal Department of Health and Human Services by March 15, 2002, and no later than April 15, 2002. Prior to submission, each state plan is to be reviewed and endorsed by the Governor. The CDC has provided detailed guidance regarding the requirements of state plans, upon which the release of funds is conditioned.

Summary of Bill: The Department of Health is designated as the coordinator of the state bioterrorism preparedness and response program. The department must prepare a plan for improving current preparedness and response for a bioterrorism event or other public health emergency by July 2, 2002. The plan must address:

- Improvements to the disease surveillance and investigation system;
- Additional methods of communication for use during a public health emergency;
- Other measures necessary to detect and respond to a public health emergency, including guidelines for the isolation, quarantine, vaccination, and treatment of persons during a public health emergency.

In developing and implementing the state plan, the department is required to coordinate with representatives of the emergency management council, local health jurisdictions, other federal, state, and local agencies, health care providers, and hospitals. The state plan must be consistent with the state comprehensive management plan and be submitted to the federal Department of Health and Human Services by March 15, 2002, and no later than April 15, 2002, or by any subsequent submission deadline established by the federal agency.

The department must also compare state statutes and regulations with federal requirements to determine whether statutory changes are necessary to comply with federal requirements or to address the needs of the state. This comparison, the completed state plan, and any recommended statutory changes necessary to implement the plan, must be submitted by the department to the Legislature no later than December 1, 2002.

The state plan must meet federal funding requirements. Any provisions found to be in conflict with federal funding requirements are inoperative.

The act is to take effect immediately and expire on June 30, 2003.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Testimony For: The Department of Health needs to be in the forefront of the state bioterrorism preparedness and response program. A statewide credentialing system may be necessary for an adequate response. Continued I-695 backfill funding is necessary for the local public health system to be prepared for a bioterrorism event or other large outbreak of disease. This bill will have minor impacts on the department's activities regarding bioterrorism.

Testimony Against: None.

Testified: Representative Schual-Berke, prime sponsor (pro); Dr. Ward Hinds, Washington State Association of Local Public Health Officials (pro); Bill White, Department of Health (neutral).

