
SUBSTITUTE SENATE BILL 6195

State of Washington

59th Legislature

2006 Regular Session

By Senate Committee on Health & Long-Term Care (originally sponsored by Senators Franklin, Regala, Keiser, Eide, Prentice, Jacobsen, McAuliffe, Fraser, Kline and Shin)

READ FIRST TIME 01/30/06.

1 AN ACT Relating to health impact assessments; amending RCW
2 43.20.025; adding a new section to chapter 43.20 RCW; creating a new
3 section; and making an appropriation.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that people of color
6 experience significant disparities from the general population in
7 education, employment, healthy living conditions, access to health
8 care, and other social determinants of health. The legislature intends
9 that state government policy leaders, program managers, and staff
10 increase their awareness of actions they take or that they contemplate
11 taking that contribute to health disparities. It shall be the policy
12 of the state of Washington to address health disparities in communities
13 of color by creating an action plan and statewide policy to include
14 health impact assessments that measure and address other social
15 determinants of health that lead to disparities as well as the
16 contributing factors of health that can have broad impacts on improving
17 status, health literacy, physical activity, and nutrition.

1 **Sec. 2.** RCW 43.20.025 and 1989 1st ex.s. c 9 s 208 are each
2 amended to read as follows:

3 Unless the context clearly requires otherwise, the definitions in
4 this section apply throughout this chapter.

5 (1) "Commissions" means the Washington state commission on African-
6 American affairs established in chapter 43.113 RCW, the Washington
7 state commission on Asian Pacific American affairs established in
8 chapter 43.117 RCW, the Washington state commission on Hispanic affairs
9 established in chapter 43.115 RCW, and the governor's office of Indian
10 affairs.

11 (2) "Consumer representative" means any person who is not an
12 elected official, who has no fiduciary obligation to a health facility
13 or other health agency, and who has no material financial interest in
14 the rendering of health services.

15 (~~(+2)~~) (3) "Council" means the (~~health care access and cost~~
16 ~~control~~) governor's interagency coordinating council on health
17 disparities.

18 (~~(+3)~~) (4) "Department" means the department of health.

19 (~~(+4)~~) (5) "Health disparities" means the difference in incidence,
20 prevalence, mortality, or burden of disease and other adverse health
21 conditions, including lack of access to proven health care services
22 that exists between specific population groups in Washington state.

23 (6) "Health impact assessment" means a systematic review of a
24 legislative or budgetary proposal or other public policy, program, or
25 practice completed according to the terms of this chapter that
26 determines the extent to which such proposal, policy, program, or
27 practice improves or exacerbates health disparities.

28 (7) "Secretary" means the secretary of health, or the secretary's
29 designee.

30 (~~(+5)~~) (8) "Local health board" means a health board created
31 pursuant to chapter 70.05, 70.08, or 70.46 RCW.

32 (~~(+6)~~) (9) "Local health officer" means the legally qualified
33 physician appointed as a health officer pursuant to chapter 70.05,
34 70.08, or 70.46 RCW.

35 (~~(+7)~~) (10) "Social determinants of health" means those elements
36 of social structure most closely shown to affect health and illness,
37 including at a minimum, early learning, education, socioeconomic
38 standing, safe housing, sanitary environmental conditions, gender,

1 incidence of violence, convenient and affordable access to safe
2 opportunities for physical activity, healthy diet, clean water, clean
3 air, toxin-free environments, and appropriate health care services.

4 (11) "State board" means the state board of health created under
5 chapter 43.20 RCW.

6 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.20 RCW
7 to read as follows:

8 The state board, in collaboration with the council, shall complete
9 health impact assessments, in collaboration with the council, and with
10 assistance that shall be provided by any state agency of which the
11 board makes a request. The state board may limit the number of health
12 impact assessments it produces to retain quality while operating within
13 its available resources.

14 (1) A health impact assessment may be initiated by any council
15 member or by any state legislator by written request submitted
16 according to forms and procedures proposed by the council and approved
17 by the state board.

18 (2) The subject of the assessment may be any state government
19 program, policy, practice, or proposal for state legislative or
20 budgetary change that the requesting party believes may have a
21 significant impact on health disparities.

22 (3) Upon receiving a request for a health impact assessment from a
23 member of the legislature during a legislative session, the state board
24 shall deliver the health impact assessment to the requesting party in
25 no more than ten days. Requests made in the normal course of business
26 shall receive an assessment from the state board no later than ninety
27 days after a request is made.

28 (4) Upon delivery of the assessment to the requesting party, it
29 shall be a public document, and shall be available on the state board's
30 web site.

31 (5) The assessment shall be based on the best available empirical
32 information and professional assumptions available to the state board
33 regarding the most likely health impact of the subject program,
34 practice, or proposal. Such impacts may include changes in health
35 disparities or in the social determinants of health experienced by
36 racial or ethnic minorities.

1 (6) In fulfilling their responsibilities under this subsection, the
2 state board and the council may create ad hoc committees or other such
3 committees of limited duration as necessary.

4 (7) The state board and the department shall collaborate to obtain
5 any federal or private funding that may become available to implement
6 the state board's duties under this chapter. If the department
7 receives such funding, the department shall allocate it to the state
8 board to implement its duties under this chapter, and any state general
9 funds that may have been appropriated but are no longer needed by the
10 state board shall lapse to the state general fund.

11 NEW SECTION. **Sec. 4.** The sum of one hundred nineteen thousand
12 dollars, or as much thereof as may be necessary, is appropriated for
13 the fiscal year ending June 30, 2007, from the general fund to the
14 department of health for allotment to the state board of health for its
15 use in implementing this act.

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