

SENATE BILL REPORT

2SHB 1985

As of March 23, 2009

Title: An act relating to public health financing.

Brief Description: Concerning public health financing.

Sponsors: House Committee on Ways & Means (originally sponsored by Representatives Moeller and Pedersen).

Brief History: Passed House: 3/10/09, 96-0.

Committee Activity: Health & Long-Term Care: 3/25/09.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Rhoda Donkin (786-7465)

Background: Public health generally consists of five categories of activities: preventing and responding to communicable disease; protecting people from environmental health threats; assessing health status; promoting health and preventing chronic disease; and accessing health services. In Washington, public health services are provided primarily by a decentralized system of 35 local health jurisdictions and by the Department of Health (DOH) and other state agencies including the State Board of Health.

Public health financing comes from federal funds, state appropriations distributed through the Department of Community, Trade and Economic Development (DCTED) and DOH, and through local governments and fees. In 2007 the Legislature appropriated \$20 million for distribution to local public health jurisdictions, in a manner that provided for the greater of either \$100,000 per year, or \$75,000 plus a per capita amount for jurisdictions with populations of 400,000 or less, or \$25,000 plus a per capita amount for jurisdictions with a population greater than 400,000. The money was directed to encourage local investments in core public health functions of statewide significance.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Amendment(s)): By November 1, 2009, every local health jurisdiction in the state must submit a report to DOH indicating whether the jurisdiction is in compliance with each of the minimum standards for public health protection stated in the

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state's Public Health Improvement Plan (PHIP). DOH must forward the reports to the Governor and the appropriate committees of the Legislature no later than December 1, 2009.

Beginning on July 1, 2011, every local health jurisdiction must comply with the minimum standards for public health protection in order to receive state funding from funds appropriated in 2007 under E2SSB 5930, from DCTED, and through local capacity development funding from DOH.

DOH must establish a review process to determine compliance with minimum standards. Steps are defined for providing corrective action plans for local public health jurisdictions that receive them. DOH may suspend payments to local health jurisdictions that remain out of compliance. DOH may exempt a local health jurisdiction from the review process if the jurisdiction is accredited by an organization whose standards meet or exceed the minimum standards for public health protection in the PHIP.

A county may adopt an ordinance creating a public health district in all or a portion of the area of the county, including the area within the corporate limit of any city or town within the county. The ordinance may be adopted only after a public hearing has been held on the creation of a public health district. In order to carry out the purposes of a public health district, the district may levy each year a tax on all taxable property located in the district not to exceed 30 cents per \$1,000 of assessed value. The tax imposed under this section may be used only for funding the operating costs associated with providing public health services within the county or counties in the district. The tax levies must be a part of the general tax roll and be collected as a part of the general taxes against the property of the district. The treasurer of the county in which a public health district is located is treasurer of the district.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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