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SUBSTITUTE HOUSE BILL 1985

State of Washington 61st Legislature 2009 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Moeller and Pedersen)

READ FIRST TIME 02/23/09.

- AN ACT Relating to public health financing; amending RCW 43.70.512,
- 2 43.70.514, 43.70.516, and 43.70.518; adding a new section to chapter
- 3 43.70 RCW; creating a new section; and repealing RCW 43.70.522.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 <u>NEW SECTION.</u> **Sec. 1.** The legislature finds that public health is 6 a core function of state government. The local health jurisdictions in Washington state's decentralized public health system depend on a combination of federal, state, and local funding. This funding system 8 9 can make public health funding unstable on the local level and can 10 adversely affect the public health services available to the citizens 11 of the state. It is therefore the intent of the legislature to help provide local health jurisdictions with a more stable dedicated funding 12 13 legislature further intends that The jurisdictions receiving state funds be held accountable for the use of 14 15 those funds based on the minimum standards of public health protection 16 in the state's public health improvement plan.
- NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW
- 18 to read as follows:

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- 1 Every local health jurisdiction in the shall state 2 substantially comply with the minimum standards for public health protection established under RCW 43.70.520 as a precondition to 3 4 receiving state funding from:
 - (a) Appropriations to the department for distribution to local health jurisdictions under RCW 43.70.512, 43.70.514, 43.70.516, and 43.70.518;

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- (b) Appropriations to the department of community, trade, and economic development for distribution to local health jurisdictions; 10
- 11 (C) development funds administered Local capacity by the 12 department.
 - (2) The secretary shall establish a review process for determining whether a local health jurisdiction is in substantial compliance with the minimum standards for public health protection established under RCW 43.70.520.
 - (3) Except as provided in subsection (6) of this section, the secretary shall use the process established in subsection (2) of this section to review each local health jurisdiction in the state at least once every two years.
 - (4)(a) If the secretary finds that a local health jurisdiction is not in substantial compliance with the minimum standards for public health protection, he or she shall notify the local health jurisdiction in writing.
 - (b) A local health jurisdiction receiving written notice under this subsection shall submit a plan of correction within sixty days. plan of correction must explain the measures that the jurisdiction will undertake to achieve substantial compliance with the standards within one hundred eighty days.
 - (c) If the secretary determines that the plan of correction is likely to bring the jurisdiction into substantial compliance within one hundred eighty days, he or she shall provide technical assistance to the jurisdiction to help it to successfully complete the plan of correction. If the secretary determines that the plan of correction is not likely to bring the jurisdiction into substantial compliance within one hundred eighty days, he or she shall reject the plan of correction and allow the jurisdiction to revise and resubmit the plan within fifteen days. If the secretary finds that the revised plan of

SHB 1985 p. 2 correction is not likely to bring the jurisdiction into substantial compliance within one hundred eighty days, or if the jurisdiction does not resubmit a revised plan within fifteen days, he or she shall take action under subsection (5) of this section.

- (d) The secretary shall review a local health jurisdiction with an approved plan of correction one hundred eighty days after the approved plan's submission. If the secretary finds that the jurisdiction remains out of substantial compliance after the review required by this subsection (4)(d), he or she shall take action under subsection (5) of this section.
- (5)(a) When the secretary finds, under subsection (4)(c) or (d) of this section, that a local health jurisdiction is out of substantial compliance with the minimum standards for public health protection established under RCW 43.70.520, the secretary shall:
- (i) Suspend any distributions made to the local health jurisdiction under RCW 43.70.512, 43.70.514, 43.70.516, and 43.70.518;
- (ii) Suspend any local capacity development funds due to the local health jurisdiction; and
- (iii) Notify the department of community, trade, and economic development that the local health jurisdiction is out of compliance. Upon notification under this subsection (5)(a)(iii), the department of community, trade, and economic development shall suspend any distributions due to the jurisdiction until the secretary sends notice that the jurisdiction is back in substantial compliance.
- (b) The secretary shall review, using the process established under subsection (1) of this section, a jurisdiction subject to suspension under (a) of this subsection no sooner than one hundred eighty days after funding was suspended. If the secretary finds that the jurisdiction remains out of substantial compliance, the secretary shall continue the suspension and review the jurisdiction at intervals of at least one hundred eighty days until the secretary finds that the jurisdiction is in substantial compliance. Once the secretary finds that the jurisdiction is in substantial compliance after a review under this subsection, he or she shall immediately resume the distributions suspended under this subsection. Once the suspension has been lifted the department and the department of community, trade, and economic development shall distribute any moneys the jurisdiction should have received during the period of suspension.

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- 1 (6) The secretary may exempt a local health jurisdiction from the 2 review process required by this section if the jurisdiction is 3 accredited by an organization whose accreditation standards meet or 4 exceed the minimum standards for public health protection established 5 under RCW 43.70.520.
- 6 **Sec. 3.** RCW 43.70.512 and 2007 c 259 s 60 are each amended to read as follows:
- (1) Protecting the public's health across 8 the state 9 fundamental responsibility of the state. With any new state funding of 10 the public health system as appropriated for the purposes of ((sections 11 60 through 65 of this act)) this section and RCW 43.70.514, 43.70.516, 12 and 43.70.518, the state expects that measurable benefits will be realized to the health of the residents of Washington. A transparent 13 14 process that shows the impact of increased public health spending on performance measures related to the ((health outcomes in subsection (2) 15 of this section)) minimum standards for public health protection 16 established under RCW 43.70.520 is of great value to the state and its 17 18 residents. In addition, a well-funded public health system is expected to become a more integral part of the state's emergency preparedness 19 20 system.
- 21 (2) Subject to the availability of amounts appropriated for the 22 purposes of ((sections 60 through 65 of this act)) this section and RCW 23 43.70.514, 43.70.516, and 43.70.518, distributions to local health 24 jurisdictions shall be used for core public health functions of 25 statewide significance and shall deliver the following outcomes:
- 26 (a) Create a disease response system capable of responding at all times;
- 28 (b) Stop the increase in, and reduce, sexually transmitted disease 29 rates;
 - (c) Reduce vaccine preventable diseases;

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- (d) Build capacity to quickly contain disease outbreaks;
- 32 (e) Decrease childhood and adult obesity and types I and II 33 diabetes rates, and resulting kidney failure and dialysis;
 - (f) Increase childhood immunization rates;
 - (g) Improve birth outcomes and decrease child abuse;
- 36 (h) Reduce animal-to-human disease rates; and

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- 1 (i) Monitor and protect drinking water across jurisdictional 2 boundaries.
- 3 (3) Benchmarks for these outcomes shall be drawn from the national 4 healthy people 2010 goals, other reliable data sets, and any subsequent 5 national goals.
- 6 **Sec. 4.** RCW 43.70.514 and 2007 c 259 s 61 are each amended to read 7 as follows:
- 8 The definitions in this section apply throughout ((sections 60 through 65 of this act)) this section and RCW 43.70.512, 43.70.516, and 43.70.518 unless the context clearly requires otherwise.

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- (1) "Core public health functions of statewide significance" or "public health functions" means health services that:
- (a) Address: Communicable disease prevention and response; preparation for, and response to, public health emergencies caused by pandemic disease, earthquake, flood, or terrorism; prevention and management of chronic diseases and disabilities; promotion of healthy families and the development of children; assessment of local health conditions, risks, and trends, and evaluation of the effectiveness of intervention efforts; and environmental health concerns;
- (b) Promote uniformity in the public health activities conducted by all local health jurisdictions in the public health system, increase the overall strength of the public health system, or apply to broad public health efforts; and
 - (c) If left neglected or inadequately addressed, are reasonably likely to have a significant adverse impact on counties beyond the borders of the local health jurisdiction.
 - (2) "Local health jurisdiction" or "jurisdiction" means a county board of health organized under chapter 70.05 RCW, a health district organized under chapter 70.46 RCW, or a combined city and county health department organized under chapter 70.08 RCW.
- 31 **Sec. 5.** RCW 43.70.516 and 2007 c 259 s 62 are each amended to read 32 as follows:
- 33 (1) ((The department shall accomplish the tasks included in 34 subsection (2) of this section by utilizing the expertise of varied 35 interests, as provided in this subsection.

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(a) In addition to the perspectives of local health jurisdictions, the state board of health, the Washington health foundation, and department staff that are currently engaged in development of the public health services improvement plan under RCW 43.70.520, the secretary shall actively engage:

- (i) Individuals or entities with expertise in the development of performance measures, accountability and systems management, such as the University of Washington school of public health and community medicine, and experts in the development of evidence-based medical guidelines or public health practice guidelines; and
- (ii) Individuals or entities who will be impacted by performance measures developed under this section and have relevant expertise, such as community clinics, public health nurses, large employers, tribal health providers, family planning providers, and physicians.
- (b) In developing the performance measures, consideration shall be given to levels of performance necessary to promote uniformity in core public health functions of statewide significance among all local health jurisdictions, best scientific evidence, national standards of performance, and innovations in public health practice. The performance measures shall be developed to meet the goals and outcomes in RCW 43.70.512. The office of the state auditor shall provide advice and consultation to the committee to assist in the development of effective performance measures and health status indicators.
- (c) On or before November 1, 2007, the experts assembled under this section shall provide recommendations to the secretary related to the activities and services that qualify as core public health functions of statewide significance and performance measures. The secretary shall provide written justification for any departure from the recommendations.
 - (2))) By January 1, 2008, the department shall((\div
- (a))) <u>a</u>dopt a prioritized list of activities and services performed by local health jurisdictions that qualify as core public health functions of statewide significance as defined in RCW 43.70.514(($\frac{1}{2}$ and
- (b) Adopt appropriate performance measures with the intent of improving health status indicators applicable to the core public health functions of statewide significance that local health jurisdictions must provide)).

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 $((\frac{3}{3}))$ (2) The secretary may revise the list of activities $(\frac{3}{3})$ the performance measures)) in future years as appropriate. Prior to modifying $(\frac{3}{3})$ the list $(\frac{3}{3})$ the performance measures)), the secretary must provide a written explanation of the rationale for such changes.

((4))) (3) The department and the local health jurisdictions shall abide by the prioritized list of activities and services ((and the performance measures developed pursuant to this section)).

((\(\frac{(+5)}{)}\)) (4) The department, in consultation with representatives of county governments, shall provide local jurisdictions with financial incentives to encourage and increase local investments in core public health functions. ((\(\frac{The local jurisdictions shall not supplant existing local funding with such state-incented resources.))

Sec. 6. RCW 43.70.518 and 2007 c 259 s 63 are each amended to read 15 as follows:

Beginning November 15, ((2009)) 2010, the department shall report to the legislature and the governor annually on the distribution of funds to local health jurisdictions under ((sections 60 through 65 of this act)) this section and RCW 43.70.512, 43.70.514, and 43.70.516 and the use of those funds. The ((initial)) reports must discuss the ((performance measures adopted by the secretary and any impact the funding in chapter 259, Laws of 2007 has had on local health jurisdiction performance and health status indicators. Future reports shall evaluate)) impact the funds have had on local health jurisdictions' ability to meet the minimum standards for public health protection established under RCW 43.70.520 as well as trends in performance over time and the effects of expenditures on performance over time.

NEW SECTION. Sec. 7. RCW 43.70.522 (Public health performance measures--Assessing the use of funds--Secretary's duties) and 2007 c 259 s 65 are each repealed.

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