HOUSE BILL REPORT
E2SHB 1152

As Passed Legislature

Title: An act relating to supporting measures to create comprehensive public health districts.

Brief Description: Establishing comprehensive health services districts.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske and Bateman; by request of Office of the Governor).

Brief History:

Committee Activity:

Health Care & Wellness: 1/21/21, 2/11/21 [DPS];
Appropriations: 2/19/21, 2/22/21 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 3/8/21, 56-41.
Senate Amended.
Passed Senate: 4/11/21, 26-22.
House Concurred.
Passed House: 4/15/21, 60-37.
Passed Legislature.

Brief Summary of Engrossed Second Substitute Bill

- Creates a Public Health Advisory Board.
- Modifies the composition of local boards of health.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Cody, Chair; Bateman, Vice Chair; Bronoske, Davis, Harris, Macri, Riccelli, Simmons, Stonier and Tharinger.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Minority Report: Do not pass. Signed by 4 members: Representatives Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Rude and Ybarra.

Staff: Kim Weidenaar (786-7120).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 20 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Chopp, Cody, Dolan, Fitzgibbon, Frame, Hansen, Harris, Johnson, J., Lekanoff, Pollet, Ryu, Senn, Springer, Stonier, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 9 members: Representatives Stokesbary, Ranking Minority Member; Corry, Assistant Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Caldier, Dye, Hoff, Jacobsen, Rude and Steele.

Minority Report: Without recommendation. Signed by 3 members: Representatives Chambers, Assistant Ranking Minority Member; Boehnke and Schmick.

Staff: Linda Merelle (786-7092).

Background:

Department of Health.
The Department of Health (DOH) administers various programs and services that promote public health through disease and injury prevention, immunization, newborn screening, professional licensing, and public education. Public health services are provided primarily by a decentralized system of 35 local health jurisdictions, the DOH, and the Washington State Board of Health (State Board).

Local Health Department or District.
Counties' legislative authorities are charged with establishing either a county health department or a health district to assure the public's health. Local health departments and health districts can take various forms and include a single county health department or district, a combined city and county health department, or several counties can join a health district.

Each local public health jurisdiction is governed by a local board of health (board), the membership of which depends on whether the county is a home rule county or part of a local health district. For example, in home rule counties, the membership of the board is governed by the county charter. Elected officials from cities and towns in the county may be appointed to the board. The board may also include individuals who are not elected

officials, but such individuals may not constitute a majority of the board. In nonhome rule counties that are not part of a local health district, the county's board of commissioners constitutes the board. The county may expand the membership of the board to include elected officials from cities or towns. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

Each local health jurisdiction must appoint a local health officer, who must be an experienced physician or osteopathic physician who has a Master of Public Health degree or equivalent.

Foundational Public Health Services.
"Foundational public health services" is defined as a limited statewide set of defined public health services within the following areas: control of communicable diseases and other notifiable conditions; chronic disease and injury prevention; environmental public health; maternal, child, and family health; access to and linkage with medical, oral, and behavioral health services; vital records; and cross-cutting capabilities including assessing the health of populations, public health emergency planning, communications, policy development and support, community partnership development, and business competencies. "Governmental public health system" means the DOH, the State Board, local health jurisdictions, sovereign tribal nations, and Indian health programs located in Washington.

Funding for foundational public health services must be appropriated to the Office of Financial Management (OFM). The OFM may only allocate funding to the DOH if the DOH, after consultation with federally recognized Indian tribes pursuant to the statutory consultation process, jointly certifies, with a state association representing local health jurisdictions and the State Board, to the OFM that there has been an agreement on the distribution and uses of state foundational public health services funding. If joint certification is not provided, the appropriation for foundational public health services lapses.

Summary of Engrossed Second Substitute Bill:

Public Health Advisory Board.
The Public Health Advisory Board (Advisory Board) is established within the Department of Health (DOH). The Advisory Board consists the following members appointed by the Governor, in addition to four nonvoting, ex officio legislative members:

- the Governor's Office;
- the Director of the State Board of Health (State Board) or the Director's designee;
- the Secretary of Health (Secretary) or the Secretary's designee;
- the chair of the Governor's Interagency Council on Health Disparities;
- two representatives from the tribal government public health sector selected by the American Indian Health Commission;
- one member of the legislative county authority from an Eastern Washington selected by a statewide association representing counties;

- one member of the legislative county authority from a Western Washington selected by a statewide association representing counties;
- on organization representing businesses in a region of the state;
- a statewide association representing community and migrant health centers;
- a statewide association representing Washington cities;
- four representatives from local health jurisdictions representation counties of a certain size and location selected by a statewide association representation local public health officials;
- a statewide association representing Washington hospitals;
- a statewide association representing Washington physicians;
- a statewide association representing Washington nurses;
- a statewide association representing Washington public health or public health professionals; and
- a consumer nonprofit organization representing marginalized populations.

The Advisory Board must:

- advise and provide feedback to the governmental public health system and provide formal public recommendations on public health;
- monitor the performance of the governmental public health system;
- develop goals and a direction for public health and provide recommendations to improve public health performance and to achieve the identified goals and direction;
- advise and report to the Secretary;
- coordinate with the Governor's Office, DOH, State Board, local health jurisdictions, and the Secretary;
- evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response; and
- evaluate the use of foundational public health services funding by the governmental public health system.

The DOH must provide staff support for the Advisory Board.

Local Boards of Health.

In addition to existing members of the local board of health (board), each board must include members from the following three categories (who may not be elected) that are selected consistent with State Board rules:

- public health practitioners, employees of health care facilities, and health care providers, which includes: medical ethicists; epidemiologists; individuals experienced in environmental public health, such as a registered sanitarian; community health workers; holders of master's degrees or higher in public health or its equivalent; employees of a hospital located in the county; and any of the following providers holding an active or retired license in good standing under Title 18 RCW physicians or osteopathic physicians, advanced registered nurse practitioners, physician assistants, nurses, dentists, naturopaths, or pharmacists;

- consumers of public health, which includes residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs; and
- other community stakeholders, which consists of persons representing the following types of organizations: community-based organizations or nonprofits that work with populations experiencing health inequities in the county; active, reserve, or retired armed service members; the business community; or the environmental public health regulated community.

If the number of board members selected from these three categories is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories. There may be no more than one member selected from one type of background or position.

If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board must include a tribal representative selected by the American Indian health commission. The number of members selected from the three categories and the tribal representative (if required) must equal the number city and county elected officials on the board. At the first meeting of the board of health, the members must select a chair to serve for a period of one year.

Any decision by the board related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

A local board of health comprised solely of elected officials may retain its current composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements for community health advisory boards established in the act. A local board of health comprised solely of elected officials and made up of three counties east of the Cascade Mountains may retain their current composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in the act for community health advisory boards by July 1, 2022. If such a local board of health does not establish the required community health advisory board by July 1, 2022, it must comply with the requirements for elected and unelected membership established in the act. Any future changes to local board of health composition must also meet the requirements for elected and unelected membership.

The State Board must adopt rules establishing the appointment process for members of the

board that are not elected officials.

Community Health Advisory Boards.
A community health advisory board must:

- provide input to the local board of health on the selection of administrative officers and local health officers;
- use a health equity framework to assess community health needs and review and recommend public health policies and priorities;
- evaluate the impact of proposed public health policies and programs;
- promote public participation in and identification of public health needs;
- provide community forums and hearings as assigned by the local board of health;
- establish community task forces as assigned by the local board of health;
- review and make recommendations on the annual budget and fees; and
- review and advise on the jurisdiction's progress in achieving performance measures.

An advisory board must consist of nine to 21 members appointed by the local board of health. The membership must be diverse and include:

- members with expertise in and experience with: health care access and quality; physical environment; housing, education, and employment; business and philanthropy; communities that experience inequities; and government and tribal government;
- community members with lived experience in the above areas;
- consumers of public health services; and
- community stakeholders including nonprofit organizations, the business community, and those regulated by public health.

The jurisdiction's local health officer and a member of the local board of health must serve as ex officio members of the board. At the first meeting each year, the advisory board must select a chair and vice chair. Staffing for the advisory board must be provided by the local health jurisdiction.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for sections 3 through 6, relating to the composition of the local boards of health, which take effect July 1, 2022.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) The Legislature has continually underfunded public health and we must determine adequate funding. Everyone deserves to have access to equitable health services and that is not happening in Washington right now, which has become even more apparent

during the pandemic. The pandemic has given us an opportunity to strengthen our public health system. Washington has done some great work to ensure the system is responding to the pandemic and the intent of this bill is to continue this work.

This year, we have throughout the state seen what happens when politics are involved in public health. Communities must base public health decisions on science and what is best for the community, not politics. Seventeen local health officers have left, retired, were forced out, or resigned in protest due to the politicization of public health. This bill protects the implementation of evidence-based public health practice. The Department of Health (DOH) has provided support to 23 counties for contract tracing and has provided other management roles because local health jurisdictions could not. Consistency and efficiency across the public health system are important, as is bringing in more voices to the public health decision-making process. This year the Legislature is proposing to fund public health at a substantial level, which paired with regionalization would have a substantial impact.

There has been lots of work done already, but there is still much to do. This bill is a reimagination of how we address public health which is long overdue.

Financing foundational public health is the most important aspect of the bill. The public health system is chronically underfunded. We need to find efficiencies and protect the public health system. Regionalization of public health is a good idea and something that is done in other areas of health care.

The absolute independence of the health officer is critical. Currently many local boards of health have no experience in health or public health. Changing the composition of the boards to provide a better balance is necessary, though the categories found in House Bill 1110 are an improvement with the inclusion of the tribal representative and health officer.

The voices of those who are impacted by health inequities need to be included in the public health system. This bill allows for a refocusing and bringing others aboard to shine a light on the invisible barriers of health inequities. When leaders make decisions without considering impacts on health and equity the community suffers. We cannot continue to allow politicians to censor public health.

(Opposed) This bill takes away local control. Local health jurisdictions are an integral part of home building and have responsibilities to approve sewer, septic, and water systems. These decisions should be kept at the local level.

The funding for this bill and the public health system comes out of the pockets of taxpayers. This bill creates a government authority that is not responsible to taxpayers, it is taxation without representation.

This bill will kneecap local decision makers. It is confusing as to how making these

districts larger will help. Instead it will undermine the trust people have in their local health boards.

(Other) There are many concerns about this major revision to the public health system. The designation of the district health officer as a state employee creates a presumption that the appointment and oversight is linked to the state. This bill shifts the focus from local to regional concerns and raises the question of whether district health officers will have the autonomy to make local decisions or if the direction would come from the state.

Moving from local districts to larger regional jurisdictions will have a negative effect on communities. Currently there are natural interconnected relationships, which may be lost along with local decision making. There is also concern about losing the community support if the local health jurisdiction becomes just a part of a larger district. Local public health has never been more important, and this bill may diminish the positive impacts local public health has on local communities at the time they need public health support most.

People are dying because of bad decisions made by politicians that have no background in health. We need health care and public health professionals making these decisions, not politicians.

The Foundational Public Health Services Steering Committee has been working for many years. The state has invested in this committee and process and it already includes the entire public health system. The foundational public health system has already put together a system of shared services, which are critical.

The pandemic has taught us a lot about our public health system, both where we excel and where we need improvement. It has stretched the public health system. We should be using lessons learned to inform future conversations. Planning to restructure the entire system during a pandemic is not reasonable, is unfair, and takes time away from critical work to fight the pandemic.

Many decisions in health care are made by people who only have the administrative and financial outlook in mind. Doctors do not have the equipment they need, and staff do not have the training they need. Family members are dying because local hospitals do not have the necessary equipment and other families should not have to go through this loss.

Staff Summary of Public Testimony (Appropriations):

(In support) The COVID-19 pandemic has exposed the vulnerabilities and limitations of the public health system. The comprehensive health services districts would build on foundational public health models that would increase efficiencies and consistencies in the health system. Necessary resources must be provided. There is a lack of expertise and lived experience in the composition of local boards of health, and it has led to negative impacts during the pandemic. Communities need people who understand and speak to

social and economic differences. Decisions will be decided by science.

(Opposed) None.

(Other) Local jurisdictions understand the importance of collaboration. The regionalization of the comprehensive health services districts creates another layer of government that can inhibit communications. None of the current foundational public health reports call for the creation of comprehensive districts. Adequate funding for public health is needed.

Persons Testifying (Health Care & Wellness): (In support) Representative Riccelli, prime sponsor; James Sledge, Public Health Action Coalition Team of Spokane; Hallie Burchinal, Compassionate Addiction Treatment; Amber Lenhart; Molly Voris, Office of the Governor; Umair Shah, Washington State Department of Health; Tony Gonzalez; Breean Beggs, Spokane City Council; and Joe McDermott, King County Council.

(Opposed) Steve Edwards; and Josie Cummings, Building Industry Association of Washington.

(Other) Tom Locke, Jefferson County Health Department; Amy Person, Benton-Franklin Health District; Schelli Slaughter, Thurston County Health and Human Services; Theresa Adkinson, Grant County Health District; Keith Grellner, Kitsap Public Health District; Cristina Ortega; and Esther Moses Hypieer.

Persons Testifying (Appropriations): (In support) Cecilia Anguiano; Molly Voris, Office of the Governor; and Sheila Masteller, Public Health Action Coalition Team of Spokane.

(Other) Alan Melnick and Andre Fresco, Washington State Association of Local Public Health Officials.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): Maria Courogen, Washington State Department of Health; Aimee Lybbert; Michael Largent, Whitman County; Sean Graham, Washington State Medical Association; Temple Lentz, Clark County; Derek Young, Pierce County; Mark Larson, Kittitas County Health Department; Jaime Bodden, Washington State Association of Local Public Health Officials; Jennifer Muhm, Washington State Nurses Association; Wendy Speere, Yakima Health First; Bridget Russel, I Heart Yakima; and Ida Moses Hypieer.

Persons Signed In To Testify But Not Testifying (Appropriations): None.