HOUSE BILL 1820

State of Washington 61st Legislature 2009 Regular Session

By Representatives Moeller, Pedersen, Dickerson, Nelson, Darneille, and Ormsby

Read first time 01/30/09. Referred to Committee on Health Care & Wellness.

AN ACT Relating to public health financing; amending RCW 43.70.514, 43.70.516, and 43.70.518; adding new sections to chapter 43.70 RCW; creating a new section; and repealing RCW 43.70.512 and 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 a core function of state government. The local health jurisdictions in б 7 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 12 provide local health jurisdictions with a more stable dedicated funding 13 system by authorizing local option revenue sources and creating a 14 single account through which all state funding for public health will 15 be distributed. The legislature further intends that local health 16 jurisdictions receiving state funds be held accountable for the use of those funds based on the minimum standards of public health protection 17 18 in the state's public health improvement plan.

<u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 43.70 RCW
 to read as follows:

3 (1) The public health improvement account is created in the state4 treasury. Moneys in the account may be spent only after appropriation.

5 (2) Except as provided in subsection (3) of this section, during 6 the month of January 2010, and every January thereafter, the state 7 treasurer shall distribute the account's annual receipts to each local 8 health jurisdiction in the state to be used for core public health 9 functions of statewide significance. The state treasurer shall 10 distribute the moneys required under this subsection as follows:

(a) Each local health jurisdiction shall receive a base level offunding of one hundred thousand dollars.

(b) The remainder of the funds to be distributed under this subsection (2) shall be distributed among the jurisdictions on a per capita basis.

(3) The state treasurer may not distribute funds to a local health 16 17 jurisdiction under subsection (2)(a) of this section if he or she 18 receives notice from the secretary of health, under RCW 43.70.516, that 19 the jurisdiction is not in substantial compliance with the minimum standards for public health protection established under RCW 43.70.520. 20 21 The state treasurer shall retain funds withheld under this subsection 22 until he or she receives notification from the secretary, under RCW 23 43.70.516, that the jurisdiction has achieved substantial compliance.

(4) A local health jurisdiction may use funds provided under thissection to supplant other funding sources for public health programs.

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(5) For purposes of this section:

(a) "Per capita basis" means the amount multiplied by the proportion of the population of the jurisdiction in the previous calendar year to the population of the state in the previous calendar year.

(b) "Population" means the number of persons as last determined by the office of financial management. If the jurisdiction is comprised of a single county, "population" means the number of persons in that county. If the jurisdiction is comprised of two or more counties, "population" means the number of persons in all counties of which the jurisdiction is comprised.

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<u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 43.70 RCW
 to read as follows:

3 (1) The secretary shall establish a review process for determining
4 whether a local health jurisdiction is in substantial compliance with
5 the minimum standards for public health protection established under
6 RCW 43.70.520.

7 (2) Except as provided in subsection (5) of this section, the 8 secretary shall use the process established in subsection (1) of this 9 section to review each local health jurisdiction in the state at least 10 once every three years.

(3)(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. The 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 20 21 likely to bring the jurisdiction into substantial compliance within one 22 hundred eighty days, he or she shall provide technical assistance to 23 the jurisdiction to help it to successfully complete the plan of 24 correction. If the secretary determines that the plan of correction is 25 not likely to bring the jurisdiction into substantial compliance within 26 one hundred eighty days, he or she shall reject the plan of correction 27 and allow the jurisdiction to revise and resubmit the plan within 28 fifteen days. If the secretary finds that the revised plan of correction is not likely to bring the jurisdiction into substantial 29 30 compliance within one hundred eighty days, or if the jurisdiction does not resubmit a revised plan within fifteen days, he or she shall send 31 32 notice to the state treasurer that the jurisdiction is out of substantial compliance under subsection (4) of this section. 33

(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

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1 subsection (3)(d), he or she shall send notice to the state treasurer 2 that the jurisdiction is out of substantial compliance under subsection 3 (4) of this section.

4 (4)(a) The secretary shall notify the state treasurer when the secretary finds, under subsections (3)(c) or (d) of this section, that 5 local health jurisdiction is out of substantial compliance б а 7 established under RCW 43.70.520. Upon notification under this 8 subsection, the state treasurer shall suspend any distributions made to 9 the jurisdiction under section 2 of this act until the secretary sends notice that the jurisdiction is back in substantial compliance. 10

11 (b) The secretary shall review, using the process established under 12 subsection (1) of this section, a jurisdiction subject to suspension 13 under (a) of this subsection no sooner than one hundred eighty days after notice of suspension was sent to the state treasurer. 14 If the secretary finds that the jurisdiction remains out of substantial 15 compliance, the secretary shall continue the suspension and review the 16 17 jurisdiction at intervals of at least one hundred eighty days until the secretary finds that the jurisdiction is in substantial compliance. 18 19 Once the secretary finds that the jurisdiction is in substantial compliance after a review under this subsection, he or she shall notify 20 21 the state treasurer, who shall immediately resume the distributions 22 required under section 2 of this act and distribute any moneys the 23 jurisdiction should have received during the period of suspension.

(5) The secretary may exempt a local health jurisdiction from the review process required by this section if the jurisdiction is accredited by an organization whose accreditation standards meet or exceed the minimum standards for public health protection established under RCW 43.70.520.

29 Sec. 4. RCW 43.70.514 and 2007 c 259 s 61 are each amended to read 30 as follows:

The definitions in this section apply throughout ((sections 60 through 65 of this act)) this section and RCW 43.70.516 and 43.70.518 unless the context clearly requires otherwise.

34 (1) "Core public health functions of statewide significance" or 35 "public health functions" means health services that:

36 (a) Address: Communicable disease prevention and response; 37 preparation for, and response to, public health emergencies caused by

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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;

6 (b) Promote uniformity in the public health activities conducted by 7 all local health jurisdictions in the public health system, increase 8 the overall strength of the public health system, or apply to broad 9 public health efforts; and

10 (c) If left neglected or inadequately addressed, are reasonably 11 likely to have a significant adverse impact on counties beyond the 12 borders of the local health jurisdiction.

13 (2) "Local health jurisdiction" or "jurisdiction" means a county 14 board of health organized under chapter 70.05 RCW, a health district 15 organized under chapter 70.46 RCW, or a combined city and county health 16 department organized under chapter 70.08 RCW.

17 **Sec. 5.** RCW 43.70.516 and 2007 c 259 s 62 are each amended to read 18 as follows:

19 (1) ((The department shall accomplish the tasks included in 20 subsection (2) of this section by utilizing the expertise of varied 21 interests, as provided in this subsection.

22 (a) In addition to the perspectives of local health jurisdictions, 23 the state board of health, the Washington health foundation, and 24 department staff that are currently engaged in development of the 25 public health services improvement plan under RCW 43.70.520, the 26 secretary shall actively engage:

27 (i) Individuals or entities with expertise in the development of 28 performance measures, accountability and systems management, such as 29 the University of Washington school of public health and community 30 medicine, and experts in the development of evidence-based medical 31 guidelines or public health practice guidelines; and

32 (ii) Individuals or entities who will be impacted by performance 33 measures developed under this section and have relevant expertise, such 34 as community clinics, public health nurses, large employers, tribal 35 health providers, family planning providers, and physicians.

36 (b) In developing the performance measures, consideration shall be 37 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.

8 (c) On or before November 1, 2007, the experts assembled under this 9 section shall provide recommendations to the secretary related to the 10 activities and services that qualify as core public health functions of 11 statewide significance and performance measures. The secretary shall 12 provide written justification for any departure from the 13 recommendations.

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(2)) By January 1, 2008, the department shall((÷

15 (a)) <u>a</u>dopt a prioritized list of activities and services performed 16 by local health jurisdictions that qualify as core public health 17 functions of statewide significance as defined in RCW 43.70.514((; and))

18 (b) Adopt appropriate performance measures with the intent of 19 improving health status indicators applicable to the core public health 20 functions of statewide significance that local health jurisdictions 21 must provide)).

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

27 (((4) The department and the local health jurisdictions shall abide 28 by the prioritized list of activities and services and the performance 29 measures developed pursuant to this section.

30 (5) The department, in consultation with representatives of county 31 governments, shall provide local jurisdictions with financial 32 incentives to encourage and increase local investments in core public 33 health functions. The local jurisdictions shall not supplant existing 34 local funding with such state-incented resources.))

35 **Sec. 6.** RCW 43.70.518 and 2007 c 259 s 63 are each amended to read 36 as follows:

37 Beginning November 15, ((2009)) <u>2010</u>, the department shall report

to the legislature and the governor annually on the distribution of 1 2 funds to local health jurisdictions under ((sections 60 through 65 of)) this act and the use of those funds. The ((initial)) reports must 3 4 discuss the ((performance measures adopted by the secretary and any impact the funding in chapter 259, Laws of 2007 has had on local health 5 6 jurisdiction performance and health status indicators. Future reports shall evaluate)) minimum standards for public health protection 7 established under RCW 43.70.520 and any impact the funding provided in 8 9 this act has had on local health jurisdictions' ability to meet those standards as well as trends in performance over time and the effects of 10 11 expenditures on performance over time.

12 <u>NEW SECTION.</u> Sec. 7. The following acts or parts of acts are each 13 repealed:

14 (1) RCW 43.70.512 (Public health--Required measurable outcomes) and 15 2007 c 259 s 60; and

16 (2) RCW 43.70.522 (Public health performance measures--Assessing
 17 the use of funds--Secretary's duties) and 2007 c 259 s 65.

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