S-1062.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTITUTE SENATE BILL 5292**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 67th Legislature 2021 Regular Session**

**By** Senate Health & Long Term Care (originally sponsored by Senators Nobles, Cleveland, Das, Keiser, Lovelett, Nguyen, Randall, Salomon, Stanford, Van De Wege, and Wilson, C.)

AN ACT Relating to the use of parks and recreation spaces, trails, and facilities in the design of parks Rx pilot program collaboratively designed with the health care and insurance industry sectors; creating new sections; and providing an expiration date.

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

NEW SECTION. **Sec.**  (1) The legislature finds that one of the best and most cost-effective ways for the residents of Washington state to achieve physical and mental health, and to prevent costly diseases and conditions such as diabetes, obesity, heart disease, and other coronary conditions is to get regular exercise and physical activity. In fact, as part of a study done for the recreation and conservation office on the benefits of trail-based activities, the University of Washington conducted a literature review of over 100 studies that identify evidence of a close linkage between health benefits and being outdoors. The literature review further found that the health benefits of nature "may be particularly impactful for the 12.2 percent who have incomes below the poverty level."

(2) The legislature further finds that for all residents, public parks and trails, recreation programs, and open spaces offer equitable, no-cost, or low-cost options for all people to be active and healthy, with these spaces receiving record levels of use during the COVID-19 pandemic.

(3) The legislature finds that it can harness the equitable and low-cost or no-cost opportunities provided by parks and recreation spaces, and build upon successful programs established in areas such as the East Bay of California and the state of Tennessee, by establishing a pilot program in Washington state through which parks and recreation officials, health care providers, public and community health advocates, and insurance company representatives can work collaboratively to design a program that will incentivize residents, particularly those from communities experiencing inequities or without ready access to physical fitness facilities, to regularly use public parks and recreation sites, facilities and programs to enable better physical and mental health outcomes, decrease visits to hospitals and clinics, and lower overall insurance costs.

(4) It is the legislature's intent to establish a task force to work on designing a pilot program that can be implemented in the Puget Sound area, in eastern Washington, and in southwest Washington.

NEW SECTION. **Sec.**  (1) Subject to the availability of amounts appropriated for this specific purpose and not to exceed $200,000, the secretary of health shall convene a task force by August 1, 2021, to assist with the development of a "parks Rx" health and wellness pilot program that can be implemented in the Puget Sound, eastern Washington, and southwest Washington regions of Washington state. The members of the task force must include:

(a) The secretary of health, or the secretary's designee;

(b) Two representatives from each of the following groups:

(i) Two representatives of local parks and recreation agencies, from recommendations by the Washington recreation and park association;

(ii) Two representatives of health care providers and community health workers, from recommendations by the department of health community health worker training program;

(iii) Two representatives from drug-free health care professions, one representing chiropractors and one representing physical therapists, from recommendations by the respective state professional associations;

(iv) Two representatives from hospital and health systems, from recommendations by the Washington state hospital association;

(v) Two representatives of local public health agencies, from recommendations by the Washington state association of local public health officials; and

(vi) Two representatives representing health carriers, from recommendations from the association of Washington healthcare plans; and

(c) A representative from the Washington state parks and recreation commission, as designated by the Washington state parks and recreation commission.

(2) The secretary of health or the secretary's designee must chair the task force created in subsection (1) of this section. Staff support for the task force must be provided by the department of health.

(3)(a) The task force shall establish an ad hoc advisory committee in each of the three pilot regions for purposes of soliciting input on the design and scope of the parks Rx pilot program. Advisory committee membership may not exceed 16 people and must include diverse representation from the pilot regions, particularly those experiencing significant health disparities.

(b) The task force must consult with the advisory committee when designing the "parks Rx" health and wellness pilot program.

(4) The task force must meet at least bimonthly through June 2022.

(5) The duties of the task force are to advise the department of health on issues including, but not limited to, developing:

(a) A process to establish a pilot program described in subsection (1) of this section around the state with a focused emphasis on diverse communities and where systematic inequities and discrimination have negatively affected health outcomes;

(b) Model agreements that would enable insurers to offer incentives to public, nonprofit, and private employers to create wellness programs that offer employees a discount on health insurance in exchange for a certain usage level of outdoor parks and trails for recreation and physical activity; and

(c) Recommendations on ways in which a public-private partnership approach may be utilized to fund the implementation of the pilot program described in subsection (1) of this section.

(6) The members of the task force are encouraged to consider grant funding and outside funding options that can be used toward the pilot program.

(7) The department of health must report findings and recommendations of the task force to the governor and relevant committees of the legislature in compliance with RCW 43.01.036 by September 1, 2022.

(8) Participation on the task force created in subsection (1) of this section is strictly voluntary and without compensation.

(9) This section expires December 31, 2022.

**--- END ---**