

SENATE BILL REPORT

SB 5052

As Reported by Senate Committee On:
Health & Long Term Care, January 27, 2021
Ways & Means, February 17, 2021

Title: An act relating to the creation of health equity zones.

Brief Description: Concerning the creation of health equity zones.

Sponsors: Senators Keiser, Randall, Cleveland, Conway, Das, Frockt, Hasegawa, Kuderer, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Salomon and Wilson, C..

Brief History:

Committee Activity: Health & Long Term Care: 1/18/21, 1/27/21 [DPS-WM, DNP].
Ways & Means: 2/15/21, 2/17/21 [DP2S, DNP, w/oRec].

Brief Summary of Second Substitute Bill

- Requires the Department of Health, subject to funding, to designate health equity zones statewide and develop projects that meet the needs of each zone.
- Allows communities to self-identify as a health equity zones and develop projects.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: That Substitute Senate Bill No. 5052 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Conway, Keiser, Randall, Robinson and Van De Wege.

Minority Report: Do not pass.

Signed by Senators Muzzall, Ranking Member; Holy, Padden and Rivers.

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.

Staff: Ricci Crinzi (786-7253)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5052 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Carlyle, Conway, Darneille, Dhingra, Gildon, Hasegawa, Hunt, Keiser, Liias, Mullet, Pedersen, Van De Wege and Wellman.

Minority Report: Do not pass.

Signed by Senators Honeyford, Assistant Ranking Member, Capital; Schoesler, Assistant Ranking Member, Capital; Muzzall and Rivers.

Minority Report: That it be referred without recommendation.

Signed by Senators Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Braun, Wagoner and Warnick.

Staff: Corban Nemeth (786-7736)

Background: Health disparities refers to a high burden of illness, injury, disability, or mortality experienced by one group relative to another and are closely related to social, economic, and environmental factors. In Washington State, the Department of Health (DOH) recognizes that many communities experience health inequalities because of their race, culture, identity, or where they live. DOH provides a number of tools to track health disparities across the state through its Washington Tracking Network, including the Washington Environmental Health Disparities Map, data dashboards, and query portal. The dashboards and portal allow a person to explore public health and environmental data by type of measure, geography, and timeframe. The health disparities map is an interactive map that ranks the cumulative risk each community faces from environmental factors that influence health outcomes. State and local agencies can use these tools to compare different communities statewide and identify specific community needs.

Summary of Bill (Second Substitute): Health equity zones are specifically identified geographic areas that have the goal of achieving health equity by eliminating health disparities. Subject to funding, DOH, in coordination with the Governor's Interagency Council on Health Disparities, local health jurisdictions, and accountable communities of health, must review relevant health and population data to identify, or allow communities to self-identify, potential health equity zones in the state and develop projects to meet the unique needs of each zone. Relevant health data may be related to chronic and infectious diseases, maternal birth complications, preterm births, and other newborn health complications. DOH must provide technical support to communities in the use of data to facilitate self-identification of health equity zones. Communities' use of data must align with projects and outcomes to be measured in self-identified zones. Following the effective

date, DOH must use the first 12 months to develop a plan and process to allow communities to implement health equity zone programs statewide and may determine the number of zones and projects based on available resources.

After a zone has been identified, communities that self-identify zones or the department must notify relevant community organizations in the health equity zone to identify projects to address the zone's most urgent needs related to health disparities. Organizations within the zone may form a coalition to identify the needs of the zone, design projects to address those needs, and develop an action plan to implement the projects. DOH will support these coalitions in identifying and applying for project resources, as well as helping with project management, project development, and measurement of success. Local organizations may partner with state or national organizations outside the specific zone designation.

Subject to funding allocated specifically for this purpose, by December 1, 2023, and every two years after, DOH must submit a report to the Legislature detailing the projects implemented in each zone and the outcome measures, including year-over-year health data, to demonstrate project success.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):

- Adds the recommendation of systems and policy changes that will improve population health to the list of projects for health equity zones.

EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- Allows communities to self-identify potential health equity zones.
- Adds Indian communities to the group health equity zone partners must work with.
- Requires health equity zones to have funding allocated before projects are developed.
- Requires the DOH to provide technical support to communities who need assistance identifying as health equity zones.
- Provides the DOH a 12-month planning period after the effective date to develop a plan and process to allow communities to implement health equity zone programs statewide.
- Allows local organizations to partner with organizations outside their designated zone

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Building partnerships within the community is important for this bill to succeed. Communities need to have a voice and should not be rushed through the process of creating health equity zones. If the goal is to address systematic health issues, time needs to be invested into the communities. This project will take time to develop and grow. Health equity zones are a community based approach with local leadership and has the ability to actually make a change in communities.

OTHER: The idea of health equity zones is a good idea, it just is not in the budget this year. Improvements could include having a planning year once the pandemic is over to map out how the health equity zones will work. Could benefit from learning about funding and braided funding.

Persons Testifying (Health & Long Term Care): PRO: Senator Karen Keiser, Prime Sponsor; AJ McClure, Global to Local.

OTHER: Kelly Cooper, Department of Health.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: The Seattle Indian Health Board serves around 5000 individuals and houses an indigenous epidemiologist. Equity will only be achieved when culturally appropriate resources are available. Populations of color experience health disparities due to a lack of funding. Native people are more likely to suffer from COVID-19. Supporting community organizations, which this bill does, is critical.

Persons Testifying (Ways & Means): PRO: Francesca Murnan, Seattle Indian Health Board.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.