

CERTIFICATION OF ENROLLMENT
ENGROSSED SECOND SUBSTITUTE SENATE BILL 5052

67th Legislature
2021 Regular Session

Passed by the Senate April 20, 2021
Yeas 29 Nays 20

President of the Senate

Passed by the House April 7, 2021
Yeas 57 Nays 40

**Speaker of the House of
Representatives**

Approved

Governor of the State of Washington

CERTIFICATE

I, Brad Hendrickson, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5052** as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

FILED

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE SENATE BILL 5052

AS AMENDED BY THE HOUSE

Passed Legislature - 2021 Regular Session

State of Washington 67th Legislature 2021 Regular Session

By Senate Ways & Means (originally sponsored by Senators Keiser, Randall, Cleveland, Conway, Das, Frockt, Hasegawa, Kuderer, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Salomon, and Wilson, C.)

READ FIRST TIME 02/19/21.

1 AN ACT Relating to the creation of health equity zones; adding a
2 new section to chapter 43.70 RCW; and creating a new section.

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

4 NEW SECTION. **Sec. 1.** FINDINGS AND INTENT. (1) The legislature
5 finds that people of color, Indian, people experiencing poverty, and
6 immigrant populations experience significant health disparities
7 compared to the general population, including more limited access to
8 health care and poorer health outcomes. The legislature finds that
9 these circumstances result in higher rates of morbidity and mortality
10 for persons of color and immigrant populations than observed in the
11 general population.

12 (2) Therefore, the legislature intends to create health equity
13 zones to address significant health disparities identified by health
14 outcome data. The state intends to work with community leaders within
15 the health equity zones to share information and coordinate efforts
16 with the goal of addressing the most urgent needs. Health equity zone
17 partners shall develop, expand, and maintain positive relationships
18 with communities of color, Indian communities, communities
19 experiencing poverty, and immigrant communities within the zone to
20 develop effective and sustainable programs to address health
21 inequity.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70

2 RCW to read as follows:

3 (1) Subject to the availability of amounts appropriated for this
4 specific purpose, the department, in coordination with the governor's
5 interagency council on health disparities, local health
6 jurisdictions, and accountable communities of health, must share and
7 review population health data, which may be related to chronic and
8 infectious diseases, maternal birth complications, preterm births and
9 other newborn health complications, and any other relevant health
10 data, including hospital community health needs assessments, to
11 identify, or allow communities to self-identify, potential health
12 equity zones in the state and develop projects to meet the unique
13 needs of each zone. The department must provide technical support to
14 communities in the use of data to facilitate self-identification of
15 health equity zones.

16 (2) Communities' uses of data must align with projects and
17 outcomes to be measured in self-identified zones.

18 (3) The department must use the first 12 months following the
19 effective date of this section to develop a plan and process to allow
20 communities to implement health equity zone programs statewide. The
21 department has authority to determine the number of health equity
22 zones and projects based on available resources.

23 (4) Communities that self-identify zones or the department must
24 notify relevant community organizations in the zones of the health
25 equity zone designation and allow those organizations to identify
26 projects to address the zone's most urgent needs related to health
27 disparities. Community organizations may include, but are not limited
28 to:

29 (a) Community health clinics;

30 (b) Local health providers;

31 (c) Federally qualified health centers;

32 (d) Health systems;

33 (e) Local government;

34 (f) Public school districts;

35 (g) Recognized American Indian organizations and Indian health
36 organizations;

37 (h) Local health jurisdictions; and

38 (i) Any other nonprofit organization working to address health
39 disparities in the zone.

1 (5) Local organizations working within zones may form coalitions
2 to identify the needs of the zone, design projects to address those
3 needs, and develop an action plan to implement the projects. Local
4 organizations may partner with state or national organizations
5 outside the specific zone designation. Projects may include, but are
6 not limited to:

7 (a) Addressing health care provider access and health service
8 delivery;

9 (b) Improving information sharing and community trust in
10 providers and services;

11 (c) Conducting outreach and education efforts; and

12 (d) Recommending systems and policy changes that will improve
13 population health.

14 (6) The department must provide:

15 (a) Support to the coalitions in identifying and applying for
16 resources to support projects within the zones;

17 (b) Technical assistance related to project management and
18 developing health outcome and other measures to evaluate project
19 success; and

20 (c) Subject to availability, funding to implement projects.

21 (7) Subject to the availability of amounts appropriated for this
22 specific purpose, by December 1, 2023, and every two years
23 thereafter, the department must submit a report to the legislature
24 detailing the projects implemented in each zone and the outcome
25 measures, including year-over-year health data, to demonstrate
26 project success.

27 (8) For the purposes of this section "health equity zone" or
28 "zone" means a contiguous geographic area that demonstrates
29 measurable and documented health disparities and poor health
30 outcomes, which may include but are not limited to high rates of
31 maternal complications, newborn health complications, and chronic and
32 infectious disease, is populated by communities of color, Indian
33 communities, communities experiencing poverty, or immigrant
34 communities, and is small enough for targeted interventions to have a
35 significant impact on health outcomes and health disparities.
36 Documented health disparities must be documented or identified by the
37 department or the centers for disease control and prevention.

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