

HOUSE BILL REPORT

ESSB 5253

As Passed House:

April 5, 1995

Title: An act relating to implementation of the public health improvement plan.

Brief Description: Implementing the public health improvement plan.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Quigley, Moyer, Hargrove and C. Anderson; by request of Department of Health).

Brief History:

Committee Activity:

Health Care: 3/16/95 [DP];
Appropriations: 3/28/95, 3/31/95 [DP].

Floor Activity:

Passed House: 4/5/95, 92-4.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass. Signed by 12 members: Representatives Dyer, Chairman; Backlund, Vice Chairman; Hymes, Vice Chairman; Dellwo, Ranking Minority Member; Cody, Assistant Ranking Minority Member; Campbell; Casada; Conway; Crouse; Kessler; Sherstad and Skinner.

Staff: Bill Hagens (786-7131).

Background: The Health Services Act of 1993 required that the state Department of Health collaborate with the state Board of Health, local health jurisdictions and other public and private groups to prepare a public health services improvement plan. The plan must contain specific standards for the improvement of public health activities, a listing of those communities not meeting the standards, a budget and staffing plan for bringing those communities up to standards, and a statement of the costs and benefits of doing so in terms of health status improvement.

The initial plan was submitted in December 1994. It contains 88 capacity standards intended to measure state and local health jurisdictions' infrastructure adequacy, and 29 health outcome measures. The plan assesses the public health system's current

operations against these standards and recommends funding, governance and other changes to bring about public health system improvements.

Among the plan's recommendations is that state and local health department contractual relations contain specific service delivery capacity objectives and health outcome objectives, and that these--not service unit measurements--be used as the basis for accountability.

Summary of Bill: Based on the public health improvement plan, the state Department of Health must identify key health outcomes sought for the population, such as improved immunization rates, and the capacity needed by the public health system to achieve these, distribute funds to improve local public health capacity to achieve these outcomes within flexible local governance structures, enter into performance based contracts with local health jurisdictions to achieve specific health outcomes specified in local government assessments, including those done by public health and safety networks, assess performance against these contractual expectations, and evaluate the overall system's effectiveness at improving health outcomes within each local health jurisdiction biennially.

Responsibility to develop an Indian health care delivery plan is transferred from the Health Care Authority to the Department of Health.

Counties creating local health jurisdictions may add city, town, or non-elected officials to local health boards, so long as non-elected persons do not constitute a majority.

Any single county may form a health district and may include such representation on the district board from cities and towns as it chooses.

The local health officer and administrative officer must be appointed by the district board of health in home rule counties that establish health districts.

Combined city-county health departments are given greater flexibility in the qualifications, terms and other matters related to the local health officers they may appoint. Existing county ordinances establishing health jurisdictions may remain in effect.

The requirement that public health services account funds be distributed on a per capita basis is deleted.

Changes in public health governance and finance contained in this bill and in the 1993 Health Services Act become effective in January 1996, if either SB 6058 becomes law or if the biennial budget contains \$2.25 million specifically to offset losses to public

health jurisdictions resulting from changes in public health finance and governance laws. Otherwise, these changes are delayed until January 1998.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect on July 1, 1995.

Testimony For: The bill is necessary to implement the Public Health Improvement Plan and to the governance of local public health services.

Testimony Against: None.

Testified: Bobbie Berkowitz, Department of Health (pro); Pat Libbey, Thurston County Health Department (pro); Sharon Steward Johnson, Seattle-King County Department of Public Health (pro); Jean Wessman, Washington State Association of Counties; and Kathy Gehrke, Association of Washington Counties (pro).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 26 members: Representatives Silver, Chairman; Huff, Vice Chairman; Pelesky, Vice Chairman; Sommers, Ranking Minority Member; Basich; Brumsickle; Carlson; Chappell; Cooke; Crouse; G. Fisher; Foreman; Grant; Hargrove; Hickel; Jacobsen; Lambert; Lisk; McMorris; Poulsen; Rust; Sehlin; Sheahan; Talcott; Thibaudeau and Wolfe.

Staff: Jim Lux (786-7152).

Summary of Recommendation of Committee on Appropriations Compared to Recommendation of Committee on Health Care: No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: This bill modifies the governance structure and provides greater flexibility for local public health jurisdictions. It moves the public health system to

performance based outcomes oriented system and sets up the mechanisms to implement the public health improvement plan.

Testimony Against: None.

Testified: Bruce Miyahara, Secretary, Department of Health; and Jean Wessman, Washington Association of Counties (both pro).