

HOUSE BILL REPORT

HB 2854

As Reported by House Committee On:
Select Committee on Community Security

Title: An act relating to planning for public health emergencies arising from terrorist acts.

Brief Description: Coordinating planning and reporting with regard to a bioterrorism incident.

Sponsors: Representatives Schual-Berke, Haigh, Morris, Barlean, O'Brien, Hurst, Hatfield, Anderson, Chase, Upthegrove and Rockefeller.

Brief History:

Committee Activity:

Select Committee on Community Security: 2/6/02, 2/7/02 [DPS].

Brief Summary of Substitute Bill

- Requires the Department of Health to prepare a plan for improving current preparedness and response for a bioterrorist event or other public health emergency.
- Requires the Department of Health to report to the Legislature on the plan and on its comparison of state and federal requirements.
- Establishes the Bioterrorism Prevention and Response Account in the state treasury for receipt of dedicated federal funding.

HOUSE COMMITTEE ON SELECT COMMITTEE ON COMMUNITY SECURITY

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Hurst, Chair; Simpson, Vice Chair; Lisk, Ranking Minority Member; Ballasiotes, Benson, Buck, Campbell, Haigh, Jackley, Kessler, Morris, O'Brien, Schmidt and Schual-Berke.

Staff: Caroleen Dineen (786-7156).

Background:

Governance of the state's public health system includes state and local components. The

Department of Health (department) is the state agency responsible for preserving public health, monitoring health care costs, maintaining minimum standards for quality health care delivery, and planning activities related to public health. The state Board of Health is the state regulatory authority in a variety of public health areas, including drinking water, immunizations, school safety, and food handling. Washington also has 34 local health departments or districts providing public health services at the local level.

The state Military Department (military department) administers a comprehensive program of emergency management in the state. The Adjutant General, the director of the military department, is required to develop an "all hazard" comprehensive emergency management plan and must verify local emergency management plans' consistency with the state plan.

Summary of Substitute Bill:

The department is designated as the coordinator of the state bioterrorism preparedness and response program. The department is required to prepare a plan for improving current preparedness and response for a bioterrorist event or other public health emergency by July 2, 2002. The plan must address:

- Improvements to the communicable disease surveillance and investigation system consistent with existing state law and state Board of Health rules;
- Additional communication methods, including an internet-based bioterrorism communications systems for licensed health care professionals, to allow communication with and among local, state, and federal agencies, health care professionals, hospitals, and the public during a public health emergency; and
- Other measures necessary to detect and respond to a public health emergency, including guidelines for the safe and effective management of persons isolated, quarantined, vaccinated, or treated during a public health emergency.

The plan must be consistent with the state comprehensive emergency management plan. In developing and implementing the plan, the department must coordinate with the Emergency Management Council, local health jurisdictions, other federal, state and local agencies, health care providers, and hospitals.

The department also is required to compare state statutes and regulations with federal requirements to determine whether additional statutory changes are necessary to address the unique needs of Washington State. A written report on this comparison and the department's progress in developing and implementing the plan must be submitted to the Legislature no later than December 1, 2002.

The department must submit the state plan to the federal Department of Health and Human Services by March 15, 2002, and no later than April 15, 2002, or by any

subsequent submission deadline established by the federal agency.

The Bioterrorism Prevention and Response Account (account) is created in the state treasury for deposit of all federal funding dedicated to bioterrorism prevention and response received by the state. Funds in the account must be appropriated and may be used by the department for developing and implementing the plan and doing the comparison of state and federal requirements. Funds in this account also may be spent for the development and support of public health infrastructure established to protect the public during a public health emergency related to a bioterrorism event or other type of terrorist attack.

The provisions expire June 30, 2003.

Substitute Bill Compared to Original Bill:

The substitute designates the department as the state bioterrorism preparedness and response program coordinator and directs the department, rather than the Emergency Management Council, to prepare a bioterrorism response plan. The substitute also requires the department to compare state and federal requirements and to submit a report to the Legislature on this comparison with its report on developing and implementing the plan. The substitute also includes the requirement for submission of the plan to the federal Department of Health and Human Services and the creation of the account for receipt of federal funding.

Appropriation: None.

Fiscal Note: Requested February 5, 2002.

Effective Date of Substitute Bill: The bill contains an emergency clause and takes effect immediately.

Testimony For: (Original bill) The recent anthrax outbreak overwhelmed the public health system capacity, even though this state did not have actual cases of anthrax. At this point we would be unprepared to handle a bioterrorism event. If there is another terrorist attack, a very rapid, coordinated response will be needed to avoid the loss of many lives. The state needs to develop a plan so that the public health system has what it needs in time of emergency. There needs to be sufficient redundancy in the plan to provide back up support.

The Legislature needs to be engaged in public health planning. Our state is unique, and not all of the federal model legislation is applicable in this state.

A statewide credentialing system would help to avoid delays in providing help where it is

needed. Health care providers need protection against legal liability in these types of situations.

Testimony Against: (Original bill) The Emergency Management Council has no statutory authority and no appropriation for this type of planning. For these types of activities, the Department of Health has the lead. The bill should ensure that coordination and planning are consistent with the state comprehensive emergency management plan. The Department of Health needs flexibility to respond fully to federal requirements.

Testified: Representative Schual-Berke, prime sponsor; Lee S. Glass, M.D., citizen; Brad Waite, Washington State Medical Association; Vicki Kirkpatrick, and Ward Hinds, Washington State Association of Local Public Health Officials; and John Wiesman, Public Health, Seattle-King County.

(Opposed) Bill White, Department of Health; and Glen Woodbury, State Military Department, Emergency Management Division.