

# SENATE BILL REPORT

## ESSB 6366

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As Passed Senate, February 13, 2006

**Title:** An act relating to preparation and response to pandemic influenza.

**Brief Description:** Concerning preparation and response to pandemic influenza.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Thibaudeau and Kline).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/16/06, 1/18/06 [DP-WM].

Ways & Means: 1/31/06, 2/6/06 [DPS].

Passed Senate: 2/13/06, 47-0.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Franklin, Johnson, Kastama, Kline and Poulsen.

**Staff:** Jonathan Seib (786-7427)

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### SENATE COMMITTEE ON WAYS & MEANS

**Majority Report:** That Substitute Senate Bill No. 6366 be substituted therefor, and the substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Doumit, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Fairley, Kohl-Welles, Parlette, Pflug, Pridemore, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Thibaudeau.

**Staff:** Tim Yowell (786-7435)

**Background:** Pandemic influenza is a global outbreak of disease that occurs when a new virus appears in the human population, causes serious illness, and spreads easily from person to person. According to the World Health Organization, the current risk of pandemic is great and is likely to persist. It could emerge with little warning, and lead to substantial human and economic loss. There is concern that Washington State is not sufficiently prepared to respond if a pandemic were to occur.

**Summary of Bill:** To the extent state or federal funds are provided for this purpose, by January 1, 2007, each local health jurisdiction in the state must develop a pandemic flu preparedness and response plan consistent with the requirements and performance standards established by the state Department of Health (DOH) and the United States Department of Health and Human Services. Each plan is to be based on an initial assessment by the local

health jurisdiction of its existing response capacity, and is to be developed in consultation with appropriate public and private sector partners. At a minimum, a plan must address a list of issues enumerated in the bill, including public education, disease surveillance, communications systems, vaccination protocols, and strategies to maintain health care and other essential community services.

DOH is to provide technical assistance and disburse funds as needed to support local health jurisdictions in developing their plans. Upon receipt of a plan meeting established requirements and standards, DOH will provide a local jurisdiction with additional funds and necessary technical assistance to support the preparedness and response activities identified in the plan.

**Appropriation:** None.

**Fiscal Note:** Available.

**Committee/Commission/Task Force Created:** No.

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

**Testimony For (Health & Long-Term Care):** Most in local public health are currently struggling to do what this bill would have them do. We are overdue for a pandemic flu outbreak. Federal funds are not sufficient to move us as far along or as fast as we need to go in terms of preparedness. When a pandemic occurs, every aspect of our lives will be impacted, and we should expect little help from outside the state. Local public health will be our primary means of defense against the disease. The bill addresses one of the core things that needs to be done in order for Washington to become the healthiest state in the nation -- investing in prevention. Washington is currently ranked 44th among the states in terms of per capita public health funding.

**Testimony Against (Health & Long-Term Care):** None.

**Testimony Other (Health & Long-Term Care):** We appreciate the fact that this bill was brought forward. We support the call in the bill for consistency with federal guidelines because influenza does not recognize state borders. Thanks also for acknowledging the role of both private and public sector partners in the planning and response process. However, this is not in the Governor's budget.

**Who Testified (Health & Long-Term Care):** PRO: Rick Mockler, Washington State Association of Local Public Health Officials; Greg Vigdor, Washington Health Foundation.

OTHER: Mary Selecky, Secretary of Health.

**Testimony For (Ways & Means):** There's no question a pandemic flu will happen; it's only a question of when. King County has put \$6 million into planning for a pandemic flu, but the rest of the counties indicate there's no way they can put comparable resources into such preparation. When the pandemic occurs, the public will need extensive education about how to respond. Businesses, utilities, and hospitals need to know how to respond to widespread illness, absenteeism, and death among their employees. When the pandemic flu strikes, we will lose anywhere from 4 to 40,000 lives in this state. At the high end, that means our death rate will double. Local health departments are confronted with an enormous task to prepare

for this pandemic. Even without a pandemic, our local public health system is only operating at 60 percent of the level it knows it needs to. There is a joint legislative committee working on a long-term financing plan for local public health, but their report won't be available until next year, and we need to prepare now. Some federal funds are available, but those often require a cookie-cutter approach, with too many strings attached to be able to flexibly address local needs.

**Testimony Against (Ways & Means):** None.

**Who Testified (Ways & Means):** PRO: Senator Karen Keiser, prime sponsor; Suzie Tracy, Public Health Roundtable; Rick Mockler, Washington State Association of Local Public Health Officials; Federico Cruz, Pierce County Health Department; Don Sloma, Washington Health Foundation.

**House Amendment(s):** The House striking amendment: (1) moves the due date for local pandemic flu preparedness and response plans from January 1, 2007, to November 1, 2006; (2) reiterates that the plans are to be developed consistent with DOH requirements and performance standards; (3) requires local health jurisdictions to prioritize the components of their plans, based on available funding; (4) directs DOH to develop a formula for equitable distribution of appropriated funds to local jurisdictions; and (5) directs DOH to assess, at least biannually, local compliance with its requirements and standards for pandemic flu preparedness.