

CERTIFICATION OF ENROLLMENT
SECOND SUBSTITUTE SENATE BILL 6197

Chapter 239, Laws of 2006

59th Legislature
2006 Regular Session

GOVERNOR'S INTERAGENCY COORDINATING COUNCIL ON HEALTH DISPARITIES

EFFECTIVE DATE: 6/7/06

Passed by the Senate March 7, 2006
YEAS 38 NAYS 10

BRAD OWEN

President of the Senate

Passed by the House March 2, 2006
YEAS 58 NAYS 40

FRANK CHOPP

Speaker of the House of Representatives

CERTIFICATE

I, Thomas Hoemann, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **SECOND SUBSTITUTE SENATE BILL 6197** as passed by the Senate and the House of Representatives on the dates hereon set forth.

THOMAS HOEMANN

Secretary

Approved March 27, 2006.

FILED

March 27, 2006 - 2:48 p.m.

CHRISTINE GREGOIRE

Governor of the State of Washington

**Secretary of State
State of Washington**

SECOND SUBSTITUTE SENATE BILL 6197

AS AMENDED BY THE HOUSE

Passed Legislature - 2006 Regular Session

State of Washington **59th Legislature** **2006 Regular Session**

By Senate Committee on Ways Means (originally sponsored by Senators Franklin, Regala, Eide, Prentice, Fraser, Brown, Kline, Kohl-Welles and Shin)

READ FIRST TIME 02/7/06.

1 AN ACT Relating to the creation of the governor's interagency
2 coordinating council on health disparities; amending RCW 43.20.025;
3 adding new sections to chapter 43.20 RCW; and adding a new section to
4 chapter 44.28 RCW.

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

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 43.20 RCW
7 to read as follows:

8 The legislature finds that women and people of color experience
9 significant disparities from men and the general population in
10 education, employment, healthful living conditions, access to health
11 care, and other social determinants of health. The legislature finds
12 that these circumstances coupled with lower, slower, and less
13 culturally appropriate and gender appropriate access to needed medical
14 care result in higher rates of morbidity and mortality for women and
15 persons of color than observed in the general population. Health
16 disparities are defined by the national institute of health as the
17 differences in incidence, prevalence, mortality, and burden of disease
18 and other adverse health conditions that exist among specific
19 population groups in the United States.

1 It is the intent of the Washington state legislature to create the
2 healthiest state in the nation by striving to eliminate health
3 disparities in people of color and between men and women. In meeting
4 the intent of this act, the legislature creates the governor's
5 interagency coordinating council on health disparities. This council
6 shall create an action plan and statewide policy to include health
7 impact reviews that measure and address other social determinants of
8 health that lead to disparities as well as the contributing factors of
9 health that can have broad impacts on improving status, health
10 literacy, physical activity, and nutrition.

11 **Sec. 2.** RCW 43.20.025 and 1989 1st ex.s. c 9 s 208 are each
12 amended to read as follows:

13 Unless the context clearly requires otherwise, the definitions in
14 this section apply throughout this chapter.

15 (1) "Commissions" means the Washington state commission on African-
16 American affairs established in chapter 43.113 RCW, the Washington
17 state commission on Asian Pacific American affairs established in
18 chapter 43.117 RCW, the Washington state commission on Hispanic affairs
19 established in chapter 43.115 RCW, and the governor's office of Indian
20 affairs.

21 (2) "Consumer representative" means any person who is not an
22 elected official, who has no fiduciary obligation to a health facility
23 or other health agency, and who has no material financial interest in
24 the rendering of health services.

25 (~~(+2)~~) (3) "Council" means the (~~health care access and cost~~
26 ~~control~~) governor's interagency coordinating council on health
27 disparities, convened according to this chapter.

28 (~~(+3)~~) (4) "Department" means the department of health.

29 (~~(+4)~~) (5) "Health disparities" means the difference in incidence,
30 prevalence, mortality, or burden of disease and other adverse health
31 conditions, including lack of access to proven health care services
32 that exists between specific population groups in Washington state.

33 (6) "Health impact review" means a review of a legislative or
34 budgetary proposal completed according to the terms of this chapter
35 that determines the extent to which the proposal improves or
36 exacerbates health disparities.

1 address health disparities. The council shall conduct public hearings,
2 inquiries, studies, or other forms of information gathering to
3 understand how the actions of state government ameliorate or contribute
4 to health disparities. All state agencies must cooperate with the
5 council's efforts.

6 (3) The council with assistance from the state board, shall assess
7 through public hearings, review of existing data, and other means, and
8 recommend initiatives for improving the availability of culturally
9 appropriate health literature and interpretive services within public
10 and private health-related agencies.

11 (4) In order to assist with its work, the council shall establish
12 advisory committees to assist in plan development for specific issues
13 and shall include members of other state agencies and local
14 communities.

15 (5) The advisory committee shall reflect diversity in race,
16 ethnicity, and gender.

17 NEW SECTION. **Sec. 4.** A new section is added to chapter 43.20 RCW
18 to read as follows:

19 The council shall consider in its deliberations and by 2012, create
20 an action plan for eliminating health disparities. The action plan
21 must address, but is not limited to, the following diseases,
22 conditions, and health indicators: Diabetes, asthma, infant mortality,
23 HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer,
24 prostate cancer, chronic kidney disease, sudden infant death syndrome
25 (SIDS), mental health, women's health issues, smoking cessation, oral
26 disease, and immunization rates of children and senior citizens. The
27 council shall prioritize the diseases, conditions, and health
28 indicators according to prevalence and severity of the health
29 disparity. The council shall address these priorities on an
30 incremental basis by adding no more than five of the diseases,
31 conditions, and health indicators to each update or revised version of
32 the action plan. The action plan shall be updated biannually. The
33 council shall meet as often as necessary but not less than two times
34 per calendar year. The council shall report its progress with the
35 action plan to the governor and the legislature no later than January
36 15, 2008. A second report shall be presented no later than January 15,
37 2010, and a third report from the council shall be presented to the

1 governor and the legislature no later than January 15, 2012.
2 Thereafter, the governor and legislature shall require progress updates
3 from the council every four years in odd-numbered years. The action
4 plan shall recognize the need for flexibility.

5 NEW SECTION. **Sec. 5.** A new section is added to chapter 43.20 RCW
6 to read as follows:

7 The state board shall, to the extent that funds are available
8 expressly for this purpose, complete health impact reviews, in
9 collaboration with the council, and with assistance that shall be
10 provided by any state agency of which the board makes a request.

11 (1) A health impact review may be initiated by a written request
12 submitted according to forms and procedures proposed by the council and
13 approved by the state board before December 1, 2006.

14 (2) Any state legislator or the governor may request a review of
15 any proposal for a state legislative or budgetary change. Upon
16 receiving a request for a health impact review from the governor or a
17 member of the legislature during a legislative session, the state board
18 shall deliver the health impact review to the requesting party in no
19 more than ten days.

20 (3) The state board may limit the number of health impact reviews
21 it produces to retain quality while operating within its available
22 resources.

23 (4) A state agency may decline a request to provide assistance if
24 complying with the request would not be feasible while operating within
25 its available resources.

26 (5) Upon delivery of the review to the requesting party, it shall
27 be a public document, and shall be available on the state board's web
28 site.

29 (6) The review shall be based on the best available empirical
30 information and professional assumptions available to the state board
31 within the time required for completing the review. The review should
32 consider direct impacts on health disparities as well as changes in the
33 social determinants of health.

34 (7) The state board and the department shall collaborate to obtain
35 any federal or private funding that may become available to implement
36 the state board's duties under this chapter. If the department
37 receives such funding, the department shall allocate it to the state

1 board and affected agencies to implement its duties under this chapter,
2 and any state general funds that may have been appropriated but are no
3 longer needed by the state board shall lapse to the state general fund.

4 NEW SECTION. **Sec. 6.** A new section is added to chapter 43.20 RCW
5 to read as follows:

6 The state board and the department shall collaborate to obtain any
7 federal or private funding that may become available to implement the
8 state board's duties under this chapter. If the department receives
9 such funding, the department shall allocate it to the state board to
10 implement its duties under this chapter, and any state general funds
11 that may have been appropriated but are no longer needed by the state
12 board shall lapse to the state general fund.

13 NEW SECTION. **Sec. 7.** A new section is added to chapter 44.28 RCW
14 to read as follows:

15 The joint committee shall conduct a review of the governor's
16 interagency coordinating council on health disparities and its
17 functions. The review shall be substantially the same as a sunset
18 review under chapter 43.131 RCW. The joint committee shall present its
19 findings to appropriate committees of the legislature by December 1,
20 2016.

Passed by the Senate March 7, 2006.

Passed by the House March 2, 2006.

Approved by the Governor March 27, 2006.

Filed in Office of Secretary of State March 27, 2006.