

SENATE BILL REPORT

ESHB 1432

As of April 4, 2017

Title: An act relating to foundational public health services.

Brief Description: Concerning foundational public health services.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Robinson, Harris, Jinkins, Pollet, Kilduff, Slatter and Cody; by request of Department of Health).

Brief History: Passed House: 3/02/17, 86-12.

Committee Activity: Health Care: 3/20/17, 3/28/17 [DPA-WM, w/oRec].

Ways & Means: 4/03/17.

Brief Summary of Amended Bill

- Requires the Department of Health and local health jurisdictions to undertake a shared services project for epidemiology assessment and communicable disease monitoring and response.
- Requires the Department of Health to develop a governmental public health improvement plan.
- Modifies definitions related to public health programs and services.

SENATE COMMITTEE ON HEALTH CARE

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

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Minority Report: That it be referred without recommendation.

Signed by Senators Becker, Vice Chair; Fain.

Staff: Evan Klein (786-7483)

SENATE COMMITTEE ON WAYS & MEANS

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: James Kettel (786-7459)

Background: Department of Health (DOH). DOH administers various programs and services that promote public health through disease and injury prevention, immunization, newborn screening, professional licensing, and public education.

Local Health Department or District. Counties' legislative authorities are charged with establishing either a county department or a health district to assure the public's health. The public health system consists of 35 local public health agencies or local health jurisdictions that work with DOH. Each county department or health district has a local board of health, which is responsible for the supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction.

Public Health Services Improvement Plan. The Health Services Act of 1993 required that DOH 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 contained 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, and is updated by DOH every two years.

Review of Public Health. In 2016, a supplemental budget proviso directed DOH and local public health jurisdictions to provide a proposal outlining a plan for implementing Foundational Public Health Services (FPHSs) to modernize, streamline, and fund a 21st-century public health system in Washington State. The proviso also directed a review of the fees that support the work of public health.

In December 2016, DOH released a report entitled Public Health Modernization: A Plan to Rebuild and Modernize Washington's Public Health System which noted that (1) Washington State is at increased risk from new infectious diseases, (2) there is increasing demand for public health services, and (3) there has been diminished funding for core public health services. The report also outlines DOH's vision for modernizing the public health system, including the following:

- establishing core public health services, called FPHSs;
- finding dedicated state and local revenue sources to fund core services; and
- using evidence-based measures to track and evaluate the performance of public health activities.

Summary of Amended Bill: Governmental Public Health Improvement Plan and Shared Services. Within funds appropriated, local health jurisdictions and DOH must expand delivery of shared services to modernize and streamline the governmental public health system. The expansion must begin with a shared services project for epidemiology assessment and communicable disease monitoring and response.

DOH, in consultation with various public health entities, must develop a governmental public health improvement plan by October 1, 2018. The plan must include the following:

- activities and services that qualify as FPHSs;

- an assessment of the current capacity to provide FPHSs;
- models for statewide shared services;
- a comprehensive accountability structure, to include an excellence assessment of foundational public health;
- the cost of providing FPHSs statewide;
- a funding allocation model; and
- recommended schedules for periodic updates.

The performance measures must meet certain goals and be developed to ensure FPHSs are available statewide. The measures must: (1) reflect best scientific evidence, national standards of performance, and innovations in governmental public health; (2) establish the levels of performance needed to achieve core public health services delivery for each local health jurisdiction and DOH; and (3) describe the resources necessary to meet the performance levels. The current law requiring development of a public health services improvement plan is repealed.

Definitions. Core or foundational public health services are defined as essential capabilities and core programs that must be present in every community through the governmental public health system to effectively and efficiently protect and promote healthy individuals, families, and communities throughout the state and:

- are population-based prevention services or individual interventions that have significant population health implications;
- require a consistent and uniform level of services throughout all communities to protect the population;
- have governmental public health as the only or primary service provider; or
- provide the necessary organizational capabilities to support program services.

Core programs are public health programs needed in every community to protect people's health, including control of communicable disease and other notifiable conditions; chronic disease and injury prevention; environmental public health; maternal, child, and family health; access to and linkage with medical, oral, and behavioral health care services; and vital records.

Essential capabilities means the knowledge, skill, ability, and systems infrastructure necessary to support effective and efficient governmental public health services, including assessing the health of populations through epidemiologic surveillance; public health emergency planning; communication; policy development and support; community partnership development; and business competencies.

Governmental public health system means DOH, the Board, local public health agencies and boards, and sovereign tribal nations.

Shared services means a systematic sharing of resources and functions among state and local governmental public health entities and sovereign tribal nations to increase capacity and improve efficiency and effectiveness.

EFFECT OF HEALTH CARE COMMITTEE AMENDMENT(S):

- Requires DOH and governmental public health agencies, as part of the government public health improvement plan, to develop a comprehensive accountability structure to include an excellence assessment of foundational public health operations.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Engrossed Substitute House Bill (Health Care): *The committee recommended a different version of the bill than what was heard.* PRO: This bill defines what we expect every county to provide in terms of core public health services. This bill will help the state define core public health services that the state needs to be providing statewide. This will allow the DOH to more efficiently and effectively develop delivery systems. This also helps every part of our state identify necessary public health services. The DOH will work with all of the local public health jurisdictions to provide the Legislature with a report. County health officials are facing greater risks but are strapped for funding to support these efforts. Small counties have lost the ability to recruit and train staff, and respond to public health emergencies. This bill will assist small counties and rural communities to address future outbreaks.

OTHER: Rural counties do need assistance, but the focus change from measurable benefit to measurable action is concerning. The push to get people vaccinated, regardless of a person's health history, is concerning.

Persons Testifying (Health Care): PRO: Representative June Robinson, Prime Sponsor; John Wiesman, Secretary of Health; Chris Bischoff, Environmental Health Manager, Cowlitz County Health Department.

OTHER: Angela Amdur, Informed Choice Washington; Sandra Kipper, citizen.

Persons Signed In To Testify But Not Testifying (Health Care): No one.

Staff Summary of Public Testimony on Bill as Amended by Health Care (Ways & Means): PRO: The bill before you is the product of years of work between the Department of Health, county health officials, and other partners. All of the key players in the public health system have to come to terms with resource limitations. A path forward that includes the sharing of resources and the modernization of information technology systems is needed. Just this year, the public health system has had to respond to over 700 cases of mumps. There have also been investigations of E. coli outbreaks, whooping cough, tuberculosis, and Legionnaires' disease. This year's flu outbreak has resulted in at least 258 deaths, which is the highest number in the last six years. The system also faces emerging disease threats like Zika. This bill will help rural jurisdictions that cannot afford specialty services. This bill will also help the smaller jurisdictions partner with the larger jurisdictions. Preventing illness or infection makes fiscal sense. It costs much more to treat diseases, such as tuberculosis,

compared to preventing infection. This bill is the number one priority of local health jurisdictions. Please help the Department of Health and the local health jurisdictions to have enough funding to allow for immediate investigation of communicable disease outbreaks when they occur.

Persons Testifying (Ways & Means): PRO: Beionka Moore, Washington Rural Health Association; Amy Brackenbury, Public Health Roundtable; John Wiesman, Department of Health/Secretary; Brynn Brady, WA Assn. Local Public Health Officials.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.