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SUBSTITUTE HOUSE BILL 1497

State of Washington 66th Legislature 2019 Regular Session

By House Health Care & Wellness (originally sponsored by Representatives Robinson, Harris, Cody, Jinkins, DeBolt, Macri, Stonier, Corry, Riccelli, Thai, Kilduff, Stanford, and Kloba; by request of Department of Health)

READ FIRST TIME 02/18/19.

- AN ACT Relating to foundational public health services; amending RCW 43.70.512; adding a new section to chapter 43.70 RCW; and repealing RCW 43.70.514, 43.70.516, 43.70.520, 43.70.522, and 43.70.580.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 43.70.512 and 2007 c 259 s 60 are each amended to read as follows:
 - (1) Protecting the public's health across the state is a fundamental responsibility of the state((. With any new state funding of the public health system as appropriated for the purposes of sections 60 through 65 of this act, the state expects that measurable benefits will be realized to the health of the residents of Washington. A transparent process that shows the impact of increased public health spending on performance measures related to the health outcomes in subsection (2) of this section is of great value to the state and its residents. In addition, a well-funded public health system is expected to become a more integral part of the state's emergency preparedness system.
 - (2) Subject to the availability of amounts appropriated for the purposes of sections 60 through 65 of this act, distributions to local health jurisdictions shall deliver the following outcomes:

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- 1 (a) Create a disease response system capable of responding at all times:
- 3 (b) Stop the increase in, and reduce, sexually transmitted disease rates;
 - (c) Reduce vaccine preventable diseases;

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- 6 (d) Build capacity to quickly contain disease outbreaks;
- 7 (e) Decrease childhood and adult obesity and types I and II diabetes rates, and resulting kidney failure and dialysis;
 - (f) Increase childhood immunization rates;
 - (g) Improve birth outcomes and decrease child abuse;
- 11 (h) Reduce animal-to-human disease rates; and
- 12 (i) Monitor and protect drinking water across jurisdictional
 13 boundaries.
 - (3) Benchmarks for these outcomes shall be drawn from the national healthy people 2010 goals, other reliable data sets, and any subsequent national goals)) and is accomplished through the governmental public health system. This system is comprised of the state department of health, state board of health, local health jurisdictions, sovereign tribal nations, and Indian health programs.
 - (2) (a) The legislature intends to define a limited statewide set of core public health services, called foundational public health services, which the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington. These services are comprised of foundational programs and cross-cutting capabilities.
 - (b) These governmental public health services should be delivered in ways that maximize the efficiency and effectiveness of the overall system, make best use of the public health workforce and evolving technology, and address health equity.
 - (c) Funding for the governmental public health system must be restructured to support foundational public health services. In restructuring, there must be efforts to both reinforce current governmental public health system capacity and implement service delivery models allowing for system stabilization and transformation.
- NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW to read as follows:
- 37 (1) With any state funding of foundational public health 38 services, the state expects that measurable benefits will be realized 39 to the health of communities in Washington as a result of the

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- improved capacity of the governmental public health system. Close coordination and sharing of services are integral to increasing system capacity.
 - (2) (a) Funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes, the department will then jointly certify with a state association representing local health jurisdictions, and the state board of health to the office of financial management that they are in agreement on the distribution and uses of state foundational public health services funding across the public health system.
 - (b) If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.
- 17 (3) By October 1, 2020, the department, in partnership with 18 sovereign tribal nations, local health jurisdictions, and the state 19 board of health, shall report on:
- 20 (a) Service delivery models, and a plan for further 21 implementation of successful models;
- 22 (b) Changes in capacity of the governmental public health system; 23 and
- (c) Progress made to improve health outcomes.
 - (4) For purposes of this section:
- 26 (a) "Foundational public health services" means a limited 27 statewide set of defined public health services within the following 28 areas:
- 29 (i) Control of communicable diseases and other notifiable 30 conditions;
 - (ii) Chronic disease and injury prevention;
 - (iii) Environmental public health;
- 33 (iv) Maternal, child, and family health;
- 34 (v) Access to and linkage with medical, oral, and behavioral 35 health services;
- 36 (vi) Vital records; and
- 37 (vii) Cross-cutting capabilities, including:
 - (A) Assessing the health of populations;
- 39 (B) Public health emergency planning;
- 40 (C) Communications;

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- 1 (D) Policy development and support;
 - (E) Community partnership development; and
- 3 (F) Business competencies.

- 4 (b) "Governmental public health system" means the state 5 department of health, state board of health, local health 6 jurisdictions, sovereign tribal nations, and Indian health programs 7 located within Washington.
- 8 (c) "Indian health programs" means tribally operated health 9 programs, urban Indian health programs, tribal epidemiology centers, 10 the American Indian health commission for Washington state, and the 11 Northwest Portland area Indian health board.
- 12 (d) "Local health jurisdictions" means a public health agency 13 organized under chapter 70.05, 70.08, or 70.46 RCW.
- 14 (e) "Service delivery models" means a systematic sharing of 15 resources and function among state and local governmental public 16 health entities, sovereign tribal nations, and Indian health programs 17 to increase capacity and improve efficiency and effectiveness.
- NEW SECTION. Sec. 3. The following acts or parts of acts are each repealed:
- 20 (1) RCW 43.70.514 (Public health—Definitions) and 2007 c 259 s 21 61;
- 22 (2) RCW 43.70.516 (Public health—Department's duties) and 2007 c 23 259 s 62;
- 24 (3) RCW 43.70.520 (Public health services improvement plan— 25 Performance measures) and 2007 c 259 s 64 & 1993 c 492 s 467;
- 26 (4) RCW 43.70.522 (Public health performance measures—Assessing the use of funds—Secretary's duties) and 2007 c 259 s 65; and
- 28 (5) RCW 43.70.580 (Public health improvement plan—Funds— 29 Performance-based contracts—Rules—Evaluation and report) and 1995 c 30 43 s 3.

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