

SENATE BILL REPORT

ESSB 5253

As Passed Senate, March 10, 1995

Title: An act relating to implementation of the public health improvement plan.

Brief Description: Implementing the public health improvement plan.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Quigley, Moyer, Hargrove and C. Anderson; by request of Department of Health).

Brief History:

Committee Activity: Health & Long-Term Care: 1/26/95, 2/7/95 [DPS].
Passed Senate, 3/10/95, 45-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5253 be substituted therefor, and the substitute bill do pass.

Signed by Senators Quigley, Chair; Wojahn, Vice Chair; C. Anderson, Deccio, Fairley, Franklin, Moyer, Winsley and Wood.

Staff: Don Sloma (786-7319)

Background: The Health Services Act of 1993 required that the state Department of Health 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 must contain 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. It contains 88 capacity standards intended to measure state and local health jurisdictions' infrastructure adequacy, and 29 health outcome measures. The plan assesses the public health system's current operations against these standards and recommends funding, governance and other changes to bring about public health system improvements.

Among the plan's recommendations is that state and local health department contractual relations contain specific service delivery capacity objectives and health outcome objectives, and that these -- not service unit measurements -- be used as the basis for accountability.

Summary of Bill: Based on the public health improvement plan, the state Department of Health must identify key health outcomes sought for the population, such as improved immunization rates, and the capacity needed by the public health system to achieve these, distribute funds to improve local public health capacity to achieve these outcomes within flexible local governance structures, enter into performance based contracts with local health

jurisdictions to achieve specific health outcomes specified in local government assessments, including those done by public health and safety networks, assess performance against these contractual expectations, and evaluate the overall system's effectiveness at improving health outcomes within each local health jurisdiction biennially.

Responsibility to develop an Indian health care delivery plan is transferred from the Health Care Authority to the Department of Health.

Counties creating local health jurisdictions may add city, town, or non-elected officials to local health boards, so long as non-elected persons do not constitute a majority.

Any single county may form a health district and may include such representation on the district board from cities and towns as it chooses.

The local health officer and administrative officer must be appointed by the district board of health in home rule counties that establish health districts.

Combined city-county health departments are given greater flexibility in the qualifications, terms and other matters related to the local health officers they may appoint. Existing county ordinances establishing health jurisdictions may remain in effect.

Any state funds in the public health services account need not be distributed to local health jurisdictions on a per capita basis.

Changes in public health governance and finance contained in the bill and in the 1993 Health Services Act become effective in January 1996, if either SB 6058 becomes law or if the biennial budget contains \$2.25 million specifically to offset losses to public health jurisdictions resulting from changes in public health finance and governance laws. Otherwise, these changes are delayed until January 1998.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect on July 1, 1995.

Testimony For: The bill is needed to implement public health improvement. It will move the public health system toward contracting for outcomes. The local governance changes are needed to allow city, county and health district arrangements that work well to continue.

Testimony Against: None.

Testified: PRO: Bruce Miyahara, Secretary, Department of Health; Tom Milne, Anita Monoian, John Thayer, panel, PHIP Steering Committee; Mary Seleky, Charles Vaught, John Beare, Susan Pratt, Pat Libby, Less Tapp, panel, Washington State Association of Local Public Health Officials; David Brenna, Family Policy Council; Jean Wessman, Washington State Association of Counties; James L. Gale, University of Washington; Greg Kleiner, Safe Streets Campaign; Lonnie Johns-Brown, State Public Affairs Network, Jr. League; Pam LaBorde, M.D., Washington Chapter, American Academy of Pediatrics;

Cynthia Shurtleff, Immunization Action Coalition of Washington; Suzy Tracy, Washington State Medical Association; Lon Hatfield, NE Washington Medical Group.