

SENATE BILL REPORT

SB 5253

As Reported By Senate Committee On:
Health & Long-Term Care, February 7, 1995

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

Brief Description: Implementing the public health improvement plan.

Sponsors: 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].

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 Substitute 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 or others who may create local health jurisdictions may add non-elected officials to local health boards, so long as such members 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.

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

To the extent the Legislature appropriates funds for this purpose, the state Department of Health may distribute them to local health jurisdictions to affect any losses which may result from cities' withdrawal of public health support.

Substitute Bill Compared to Original Bill: Increased immunization rates and reducing tuberculous rates are included as specific examples of "health outcomes."

"Outcomes" means those stated in the public health improvement plan.

Contracts between the state Department of Health and local health jurisdictions must contain measurable health outcomes, negotiated based on local assessments including those done by public health safety networks.

Reports are required on progress made by each local health jurisdiction.

Local health officers and administrative officers must be appointed by the local board of health in home rule counties which establish health districts.

Single county health districts may be formed.

Public health services account funds need not be appropriated to local health jurisdictions only on a per capita basis.

A mechanism is created for the state Department of Health to use any funds especially appropriated by the Legislature to affect losses which local health jurisdictions may suffer if cities reduce their voluntary financial support of health jurisdictions.

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 Selek, 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.