

SENATE BILL REPORT

SB 6195

As Reported By Senate Committee On:
Health & Long-Term Care, January 26, 2006
Ways & Means, February 6, 2006

Title: An act relating to health impact assessments.

Brief Description: Requiring health impact assessments.

Sponsors: Senator Franklin.

Brief History:

Committee Activity: Health & Long-Term Care: 1/12/06, 1/26/06 [DPS-WM].
Ways & Means: 1/31/06, 2/6/06 [DP2S, w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6195 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Franklin, Kastama, Kline and Poulsen.

Staff: Sharon Swanson (786-7447)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 6195 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Doumit, Vice Chair, Operating Budget; Kohl-Welles, Pridemore, Rasmussen, Regala, Rockefeller and Thibaudeau.

Minority Report: That it be referred without recommendation.

Signed by Senators Zarelli, Ranking Minority Member; Brandland, Parlette, Pflug, Roach and Schoesler.

Staff: Tim Yowell (786-7435)

Background: Persons of color experience disparities from the general population in education, employment, healthy living conditions, access to health care, and other social determinants of health.

For some time, communities of color have been voicing concerns about health disparities. Out of these concerns and policy makers' sensitivity to the issue, Senate Concurrent Resolution 8419 was introduced and passed by the Legislature in 2004 creating the Joint Select Committee on Health Disparities (Committee). The Committee issued a report on

health disparities in Washington on November 1, 2005. The report contained several recommendations and findings to be considered by the Legislature.

The Committee identified the need for state government policy leaders, program managers, and staff to increase their awareness of actions they take or contemplate taking that contribute to health disparities.

Summary of Second Substitute Bill: The State Board of Health (Board) in collaboration with the Governor's Interagency Council on Health Disparities (Council) creates health impact assessments. The Council was created to promote and facilitate communication and collaboration among state agencies, communities of color, and the public and private sector, to address health disparities.

A health impact assessment is defined as a systematic review of a legislative or budgetary proposal or other public policy, program, or practice to determine the extent to which such proposal, policy, program, or practice improves or exacerbates health disparities.

Specifically, health impact assessments will consider any contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition and will be based on the best available empirical information and professional assumptions.

A health impact assessment can be initiated by any member of the Legislature or member of the Council.

Second Substitute Bill Compared to Substitute Bill: The second substitute bill drops the \$119,000 appropriation. Impact assessments are to be conducted to the extent funds are available for that purpose.

Substitute Bill Compared to Original Bill: The substitute bill adds clarifying language to the definition section of the bill. It clarifies that the appropriation amount is \$119,000.

It removes language from the intent section of the bill referencing women. It clarifies that it must be the policy of the state of Washington to address health disparities in communities of color only.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Testimony For (Health & Long-Term Care): Before Washington can become the healthiest state in the nation, we must first seriously address the issue of health disparities. State government must play a significant role in addressing health disparities. Requiring health impact assessments for government actions and programs will help identify and address the many causes of health disparities. As a state, we cannot afford to not pass this legislation. Access to health care is very important. Access to culturally competent health care must be a priority.

Testimony Against (Health & Long-Term Care): None.

Who Testified (Health & Long-Term Care): PRO: Frankie Manning, State Board of Health; Greg Vigdor, Washington Health Foundation; Don Sloma, Washington Health Foundation; Bill White, Department of Health; Arlee Young, Citizen; Alton McDonald, National Action Network; Tony Orange, Central Area Motivation Program.

Testimony For (Ways & Means): Health disparities are a major issue, both locally and nationwide. This bill, along with all the others proposed by the Joint Select Committee on Health Disparities, represents the input of many people, including health professionals, higher education institutions, and all of the commissions on minority affairs. Addressing health disparities will improve health, and reduce health care costs. The incidence of some diseases is four to five times higher among racial minority groups than among the general population. It is important for state policymakers to have good information about how policy choices in areas such as education, employment, or the environment can affect health disparities.

Testimony Against (Ways & Means): None.

Who Testified (Ways & Means): PRO: Senator Rosa Franklin, prime sponsor; Don Sloma, Washington Health Foundation.