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<u>2SHB 1985</u> - S COMM AMD By Committee on Health & Long-Term Care

1 Strike everything after the enacting clause and insert the 2 following:

- "NEW SECTION. Sec. 1. The legislature finds that public health is 3 4 a core function of state government. The local health jurisdictions in Washington state's decentralized public health system depend on a 5 6 combination of federal, state, and local funding. This funding system 7 can make public health funding unstable on the local level and can 8 adversely affect the public health services available to the citizens 9 of the state. It is therefore the intent of the legislature to help provide local health jurisdictions with a more stable dedicated funding 10 11 The legislature further intends that local system. health 12 jurisdictions receiving state funds be held accountable for the use of those funds based on the minimum standards of public health protection 13 14 in the state's public health improvement plan.
- NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW to read as follows:
 - (1) Every local health jurisdiction in the state shall substantially comply with the minimum standards for public health protection established under RCW 43.70.520 as a precondition to receiving state funding from:
- 21 (a) Appropriations to the department for distribution to local 22 health jurisdictions under RCW 43.70.512, 43.70.514, 43.70.516, and 23 43.70.518;
- 24 (b) Appropriations to the department of community, trade, and 25 economic development for distribution to local health jurisdictions;
- 26 (c) Local capacity development funds administered by the 27 department; and
- 28 (d) Appropriations to the local public health financing account in 29 the custody of the state treasurer under section 8 of this act.

1 (2) The secretary shall establish a review process for determining 2 whether a local health jurisdiction is in substantial compliance with 3 the minimum standards for public health protection established under 4 RCW 43.70.520.

- (3) Except as provided in subsection (6) of this section, the secretary shall use the process established in subsection (2) of this section to review each local health jurisdiction in the state at least once every three years.
- (4)(a) If the secretary finds that a local health jurisdiction is not in substantial compliance with the minimum standards for public health protection, he or she shall notify the local health jurisdiction in writing.
- (b) A local health jurisdiction receiving written notice under this subsection shall submit a plan of correction within sixty days. The plan of correction must explain the measures that the jurisdiction will undertake to achieve substantial compliance with the standards within one hundred eighty days.
- (c) If the secretary determines that the plan of correction is likely to bring the jurisdiction into substantial compliance within one hundred eighty days, he or she shall provide technical assistance to the jurisdiction to help it to successfully complete the plan of correction. If the secretary determines that the plan of correction is not likely to bring the jurisdiction into substantial compliance within one hundred eighty days, he or she shall reject the plan of correction and allow the jurisdiction to revise and resubmit the plan within fifteen days. If the secretary finds that the revised plan of correction is not likely to bring the jurisdiction into substantial compliance within one hundred eighty days, or if the jurisdiction does not resubmit a revised plan within fifteen days, he or she shall take action under subsection (5) of this section.
- (d) The secretary shall review a local health jurisdiction with an approved plan of correction one hundred eighty days after the approved plan's submission. If the secretary finds that the jurisdiction remains out of substantial compliance after the review required by this subsection (4)(d), he or she shall take action under subsection (5) of this section.
- 37 (5)(a) When the secretary finds, under subsection (4)(c) or (d) of

this section, that a local health jurisdiction is out of substantial compliance with the minimum standards for public health protection established under RCW 43.70.520, the secretary shall:

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- (i) Suspend any distributions made to the local health jurisdiction under RCW 43.70.512, 43.70.514, 43.70.516, and 43.70.518;
- (ii) Suspend any local capacity development funds due to the local health jurisdiction;
- (iii) Notify the department of community, trade, and economic development that the local health jurisdiction is out of compliance. Upon notification under this subsection (5)(a)(iii), the department of community, trade, and economic development shall suspend any distributions due to the jurisdiction until the secretary sends notice that the jurisdiction is back in substantial compliance; and
- (iv) Notify the state treasurer that the local health jurisdiction is out of compliance. Upon notification under this subsection (5)(a)(iv), the state treasurer shall suspend any distributions from the local public health financing account due to the jurisdiction until the secretary sends notice that the jurisdiction is back in substantial compliance.
- (b) The secretary shall review, using the process established under subsection (1) of this section, a jurisdiction subject to suspension under (a) of this subsection no sooner than one hundred eighty days after funding was suspended. If the secretary finds that the jurisdiction remains out of substantial compliance, the secretary shall continue the suspension and review the jurisdiction at intervals of at least one hundred eighty days until the secretary finds that the jurisdiction is in substantial compliance. Once the secretary finds that the jurisdiction is in substantial compliance after a review under this subsection, he or she shall immediately resume the distributions suspended under this subsection. Once the suspension has been lifted the department and the department of community, trade, and economic development shall distribute any moneys the jurisdiction should have received during the period of suspension.
- (6) The secretary may exempt a local health jurisdiction from the review process required by this section if the jurisdiction is accredited by an organization whose accreditation standards meet or exceed the minimum standards for public health protection established under RCW 43.70.520.

- NEW SECTION. Sec. 3. (1) By November 1, 2009, each local health 1 jurisdiction shall submit a report to the department of health indicating whether the jurisdiction is in compliance with each of the 3 minimum standards for public health protection established under RCW 4 5 43.70.520.
 - (2) The department of health shall forward the reports to the governor and the appropriate committees of the legislature no later than December 1, 2009.
 - (3) This section expires January 1, 2010.

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- **Sec. 4.** RCW 43.70.512 and 2007 c 259 s 60 are each amended to read 10 11 as follows:
- 12 (1)Protecting the public's health across the state is fundamental responsibility of the state. With any new state funding of 13 the public health system as appropriated for the purposes of ((sections 14 60 through 65 of this act)) this section and RCW 43.70.514, 43.70.516, 15 16 43.70.518, and section 8 of this act, the state expects that measurable 17 benefits will be realized to the health of the residents of Washington. A transparent process that shows the impact of increased public health 18 spending on performance measures related to the ((health outcomes in 19 20 subsection (2) of this section)) minimum standards for public health 21 protection established under RCW 43.70.520 is of great value to the state and its residents. In addition, a well-funded public health 22 system is expected to become a more integral part of the state's 23 24 emergency preparedness system.
 - (2) Subject to the availability of amounts appropriated for the purposes of ((sections 60 through 65 of this act)) this section and RCW 43.70.514, 43.70.516, 43.70.518, and section 8 of this act, distributions to local health jurisdictions shall be used for core public health functions of statewide significance and shall deliver the following outcomes:
- 31 (a) Create a disease response system capable of responding at all times; 32
- (b) Stop the increase in, and reduce, sexually transmitted disease 33 34 rates;
- (c) Reduce vaccine preventable diseases; 35
- 36 (d) Build capacity to quickly contain disease outbreaks;

- 1 (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;
 - (h) Reduce animal-to-human disease rates; and

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- 6 (i) Monitor and protect drinking water across jurisdictional 7 boundaries.
- 8 (3) Benchmarks for these outcomes shall be drawn from the national 9 healthy people 2010 goals, other reliable data sets, and any subsequent 10 national goals.
- 11 **Sec. 5.** RCW 43.70.514 and 2007 c 259 s 61 are each amended to read 12 as follows:

The definitions in this section apply throughout ((sections—60 through 65 of this act)) this section and RCW 43.70.512, 43.70.516, 43.70.518, and section 8 of this act unless the context clearly requires otherwise.

- (1) "Core public health functions of statewide significance" or "public health functions" means health services that:
- (a) Address: Communicable disease prevention and response; preparation for, and response to, public health emergencies caused by pandemic disease, earthquake, flood, or terrorism; prevention and management of chronic diseases and disabilities; promotion of healthy families and the development of children; assessment of local health conditions, risks, and trends, and evaluation of the effectiveness of intervention efforts; and environmental health concerns;
- (b) Promote uniformity in the public health activities conducted by all local health jurisdictions in the public health system, increase the overall strength of the public health system, or apply to broad public health efforts; and
- 30 (c) If left neglected or inadequately addressed, are reasonably 31 likely to have a significant adverse impact on counties beyond the 32 borders of the local health jurisdiction.
- 33 (2) "Local health jurisdiction" or "jurisdiction" means a county 34 board of health organized under chapter 70.05 RCW, a health district 35 organized under chapter 70.46 RCW, or a combined city and county health 36 department organized under chapter 70.08 RCW.

Sec. 6. RCW 43.70.516 and 2007 c 259 s 62 are each amended to read 2 as follows:

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- (1) ((The-department-shall-accomplish-the-tasks-included-in subsection-(2)-of-this-section-by-utilizing-the-expertise-of-varied interests, as provided in this subsection.
- (a) In addition to the perspectives of local health jurisdictions, the state board of health, the Washington health foundation, and department staff that are currently engaged in development of the public health services improvement plan under RCW 43.70.520, the secretary shall actively engage:
- (i) Individuals or entities with expertise in the development of performance measures, accountability and systems management, such as the University of Washington school of public health and community medicine, and experts in the development of evidence based medical guidelines or public health practice guidelines; and
- (ii) Individuals or entities who will be impacted by performance measures developed under this section and have relevant expertise, such as—community—clinics,—public—health—nurses,—large—employers,—tribal health providers, family planning providers, and physicians.
- (b) In developing the performance measures, consideration shall be given to levels of performance necessary to promote uniformity in core public—health—functions—of—statewide—significance—among—all—local health—jurisdictions, best—scientific evidence, national standards of performance,—and—innovations—in—public—health—practice.—The performance measures shall be developed to meet the goals and outcomes in RCW 43.70.512. The office of the state auditor shall provide advice and—consultation—to—the—committee—to—assist—in—the—development—of effective performance measures and health status indicators.
- (c) On or before November 1, 2007, the experts assembled under this section shall provide recommendations to the secretary related to the activities and services that qualify as core public health functions of statewide significance and performance measures. The secretary shall provide written justification for any departure from the recommendations.
 - (2))) By January 1, 2008, the department shall((÷
- $\frac{(a)}{a}$) adopt a prioritized list of activities and services performed by local health jurisdictions that qualify as core public health functions of statewide significance as defined in RCW 43.70.514(($\frac{1}{a}$ and

1 (b)-Adopt-appropriate-performance-measures-with-the-intent-of 2 improving health status indicators applicable to the core public health 3 functions-of-statewide-significance-that-local-health-jurisdictions 4 must provide)).

- $((\frac{3}{3}))$ (2) The secretary may revise the list of activities ((and the performance measures)) in future years as appropriate. Prior to modifying ((either)) the list ((or-the-performance-measures)), the secretary must provide a written explanation of the rationale for such changes.
- ((4))) (3) The department and the local health jurisdictions shall abide by the prioritized list of activities and services ((and-the performance measures developed pursuant to this section)).
 - $((\frac{(5)}{)})$ (4) The department, in consultation with representatives of county governments, shall provide local jurisdictions with financial incentives to encourage and increase local investments in core public health functions. The local jurisdictions shall not supplant existing local funding with $((\frac{\text{such}}{)})$ state $((\frac{\text{-incented}}{)})$ resources.
- (5) By July 1, 2009, the department shall identify through a priorities of government budgeting process, seventy million dollars of total additional savings for fiscal years 2010 and 2011 to reflect the change in appropriation levels pursuant to section 9(2)(b) of this act. In determining budget priorities, the department shall:
 - (a) Achieve savings from direct, discretionary services of and by the department and not funds previously budgeted for distribution to local public health jurisdictions;
 - (b) Through July 1, 2011, suspend all telephone surveys and other efforts aimed at collecting nonessential data on the behavioral choices of the public that may or may not be related to public health;
- (c) Temporarily suspend all print and other media costs associated with nonessential public relations activities;
 - (d) Identify additional savings by prioritizing the allocation of discretionary state resources to programs and administrative tasks that cannot otherwise be achieved by local public health entities;

- 1 (f) By July 1, 2009, submit to the governor a line-item budget
 2 detail that reflects the savings achieved with a full accounting for
 3 the priorities of government process which created such savings.
- 4 (6) Any staffing or programmatic changes within the department that
 5 are necessary to implement savings for fiscal years 2010 and 2011 shall
 6 be made effective July 1, 2009.
- 7 **Sec. 7.** RCW 43.70.518 and 2007 c 259 s 63 are each amended to read 8 as follows:

9 Beginning November 15, ((2009)) 2010, the department shall report to the legislature and the governor annually on the distribution of 10 11 funds to local health jurisdictions under ((sections 60 through 65 of 12 this act)) this section and RCW 43.70.512, 43.70.514, 43.70.516, and section 8 of this act, and the use of those funds. The ((initial)) 13 reports must discuss the ((performance-measures-adopted-by-the 14 15 secretary and any impact the funding in chapter 259, Laws of 2007 has 16 had-on-local-health-jurisdiction-performance-and-health-status17 indicators. Future reports shall evaluate)) impact the funds have had on local health jurisdictions' ability to meet the minimum standards 18 for public health protection established under RCW 43.70.520 as well as 19 20 trends in performance over time and the effects of expenditures on 21 performance over time.

NEW SECTION. Sec. 8. A new section is added to chapter 43.70 RCW to read as follows:

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- (1) The local public health financing account is created in the custody of the state treasurer. Expenditures from the account may be used only for the purposes in subsections (2) and (3) of this section. Only the treasurer or the treasurer's designee may authorize expenditures from the account. The account is subject to the allotment procedures under chapter 43.88 RCW, but an appropriation is not required for expenditures.
- (2) For fiscal year 2010, and each fiscal year thereafter, the state treasurer shall distribute from the local public health financing account any amounts in the account up to a maximum of two million six hundred twenty-five thousand dollars to be shared in equal proportion amongst all local health jurisdictions to address core public health functions of statewide significance.

(3) For fiscal year 2010, and each fiscal year thereafter, the state treasurer, in consultation with the department of revenue or the department of health, as necessary, shall distribute money in the local public health financing account as provided in this subsection.

Appropriated funds available following the distribution of moneys under subsection (2) of this section must be apportioned to local health jurisdictions in the manner provided in this subsection (3). The apportionment factor for each jurisdiction is the population of the jurisdiction's county as a percentage of the statewide population for the prior calendar year. For two or more counties that have jointly created a health district under chapter 70.46 RCW, the combined population of all counties comprising the health district must be used. Money received by a jurisdiction under this subsection (3) must be used to fund core public health functions of statewide significance.

- (4) Until July 1, 2011, fifty percent of funds allocated in subsections (2) and (3) of this section shall be used for expansion of local public health services by the local health jurisdiction. No more than fifty percent of funds allocated in subsections (2) and (3) of this section may be used to supplant existing services. After July 1, 2011, no funds allocated under subsections (2) and (3) of this section may be used to supplant base level funding of local public health services.
- **Sec. 9.** RCW 43.72.900 and 2005 c 518 s 930 are each amended to 24 read as follows:
 - (1) The health services account is created in the state treasury. Moneys in the account may be spent only after appropriation. Subject to the transfers described in subsection (3) of this section, moneys in the account may be expended only for maintaining and expanding health services access for low-income residents, maintaining and expanding the public health system, maintaining and improving the capacity of the health care system, containing health care costs, and the regulation, planning, and administering of the health care system.
 - (2) Funds deposited into the health services account under RCW 82.24.028 and 82.26.028 shall be used solely as follows:
- 35 (a) Five million dollars for the state fiscal year beginning July 36 1, 2002, and five million dollars for the state fiscal year beginning 37 July 1, 2003, shall be appropriated by the legislature for programs

that effectively improve the health of low-income persons, including efforts to reduce diseases and illnesses that harm low-income persons.

The department of health shall submit a report to the legislature on March 1, 2002, evaluating the cost-effectiveness of programs that improve the health of low-income persons and address diseases and illnesses that disproportionately affect low-income persons, and making recommendations to the legislature on which of these programs could

most effectively utilize the funds appropriated under this subsection.

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- (b) Thirty-five million dollars for the state fiscal year beginning July 1, 2009, and thirty-five million dollars for the state fiscal year beginning July 1, 2010, shall be transferred to the local public health financing account created in section 8 of this act. Beginning July 1, 2011, and on July 1 of each fiscal year to follow, a transfer to the local public health financing account shall be made in the amount of thirty-five million dollars. The appropriation in this subsection (2)(b) shall in no way impact the disbursement of funds otherwise authorized in this section. For fiscal years 2010 and 2011, all funds transferred to the local public health financing account under this section shall be diverted from appropriations otherwise designated for the state general fund or the department of health.
- (c) Ten percent of the funds deposited into the health services account under RCW 82.24.028 and 82.26.028 remaining after the appropriation under (a) of this subsection shall be transferred no less frequently than annually by the treasurer to the tobacco prevention and control account established by RCW 43.79.480. The funds transferred shall be used exclusively for implementation of the Washington state tobacco prevention and control plan and shall be used only to supplement, and not supplant, funds in the tobacco prevention and control account as of January 1, 2001, however, these funds may be used replace funds appropriated by the legislature for implementation of the Washington state tobacco prevention and control plan for the biennium beginning July 1, 2001. For each state fiscal year beginning on and after July 1, 2002, the legislature shall appropriate no less than twenty-six million two hundred forty thousand dollars from the tobacco prevention and control account implementation of the Washington state tobacco prevention and control plan.

(((c))) <u>(d)</u> Because of its demonstrated effectiveness in improving the health of low-income persons and addressing illnesses and diseases that harm low-income persons, the remainder of the funds deposited into the health services account under RCW 82.24.028 and 82.26.028 shall be appropriated solely for Washington basic health plan enrollment as provided in chapter 70.47 RCW. Funds appropriated under this subsection may be used to support outreach and enrollment activities only to the extent necessary to achieve the enrollment goals described in this section.

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- (3) Prior to expenditure for the purposes described in subsection (2) of this section, funds deposited into the health services account under RCW 82.24.028 and 82.26.028 shall first be transferred to the following accounts to ensure the continued availability of previously dedicated revenues for certain existing programs:
- (a) To the violence reduction and drug enforcement account under RCW 69.50.520, two million two hundred forty-nine thousand five hundred dollars for the state fiscal year beginning July 1, 2001, four million two hundred forty-eight thousand dollars for the state fiscal year beginning July 1, 2002, seven million seven hundred eighty-nine thousand dollars for the biennium beginning July 1, 2003, six million nine hundred thirty-two thousand dollars for the biennium beginning July 1, 2005, and six million nine hundred thirty-two thousand dollars for each biennium thereafter, as required by RCW 82.24.020(2);
- (b) To the health services account under this section, nine million seventy-seven thousand dollars for the state fiscal year beginning July 1, 2001, seventeen million one hundred eighty-eight thousand dollars for the state fiscal year beginning July 1, 2002, thirty-one million seven hundred fifty-five thousand dollars for the biennium beginning July 1, 2003, twenty-eight million six hundred twenty-two thousand dollars for the biennium beginning July 1, 2005, and twenty-eight million six hundred twenty-two thousand dollars for each biennium thereafter, as required by RCW 82.24.020(3); and
- (c) To the water quality account under RCW 70.146.030, two million two hundred three thousand five hundred dollars for the state fiscal year beginning July 1, 2001, four million two hundred forty-four thousand dollars for the state fiscal year beginning July 1, 2002, eight million one hundred eighty-two thousand dollars for the biennium beginning July 1, 2003, seven million eight hundred eighty-five

- thousand dollars for the biennium beginning July 1, 2005, and seven million eight hundred eighty-five thousand dollars for each biennium thereafter, as required by RCW 82.24.027(2)(a).
- During the 2005-2007 fiscal biennium, the legislature may transfer from the health services account such amounts as reflect the excess fund balance of the account to the state general fund.
- NEW SECTION. Sec. 10. RCW 43.70.522 (Public health performance measures--Assessing the use of funds--Secretary's duties) and 2007 c 259 s 65 are each repealed.
- NEW SECTION. Sec. 11. This act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately."

2SHB 1985 - S COMM AMD

By Committee on Health & Long-Term Care

On page 1, line 1 of the title, after "financing;" strike the remainder of the title and insert "amending RCW 43.70.512, 43.70.514, 43.70.516, 43.70.518, and 43.72.900; adding new sections to chapter 43.70 RCW; creating new sections; repealing RCW 43.70.522; providing an expiration date; and declaring an emergency."

--- END ---