## ENGROSSED SUBSTITUTE HOUSE BILL 1432

State of Washington 65th Legislature 2017 Regular Session

By House Appropriations (originally sponsored by Representatives Robinson, Harris, Jinkins, Pollet, Kilduff, Slatter, and Cody; by request of Department of Health)

READ FIRST TIME 02/24/17.

- 1 AN ACT Relating to foundational public health services; amending
- 2 RCW 43.70.512, 43.70.514, and 43.70.516; creating a new section; and
- 3 repealing RCW 43.70.520.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 5 **Sec. 1.** RCW 43.70.512 and 2007 c 259 s 60 are each amended to 6 read as follows:
- 7 (1) Protecting the public's health across the state is a

fundamental responsibility of the state which is accomplished in

- 9 <u>collaboration with local health jurisdictions and sovereign tribal</u>
- 10  $\underline{\text{nations}}$ . With any  $((\underline{\text{new}}))$  state funding of the public health system
- 11 ((as appropriated for the purposes of sections 60 through 65 of this
- 12 act)), the state expects that measurable benefits will be realized to
- 13 the health of the residents of Washington. A transparent process that
- 14 shows the impact of increased public health spending on performance
- 15 measures related to the health outcomes in subsection (2) of this 16 section is of great value to the state and its residents. In
- 17 addition, a well-funded governmental public health system is expected
- 18 to become a more integral part of the state's emergency preparedness
- 19 system.

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- 20 (2) Subject to the availability of amounts appropriated for the
- 21 purposes of ((sections 60 through 65 of)) this act, ((distributions

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- to local health jurisdictions)) the governmental public health system
  shall deliver ((the following)) measurable outcomes((÷
- 3 (a) Create a disease response system capable of responding at all times;
- 5 (b) Stop the increase in, and reduce, sexually transmitted 6 disease rates;
  - (c) Reduce vaccine preventable diseases;

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- 8 (d) Build capacity to quickly contain disease outbreaks;
- 9 (e) Decrease childhood and adult obesity and types I and II
  10 diabetes rates, and resulting kidney failure and dialysis;
- 11 (f) Increase childhood immunization rates;
- 12 (g) Improve birth outcomes and decrease child abuse;
- 13 (h) Reduce animal-to-human disease rates; and
- 14 (i) Monitor and protect drinking water across jurisdictional
  15 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)) related to core public health services and essential capabilities that comprise foundational public health services.
- 21 **Sec. 2.** RCW 43.70.514 and 2007 c 259 s 61 are each amended to 22 read as follows:
- The definitions in this section apply throughout ((sections 60 through 65 of this act)) this chapter unless the context clearly requires otherwise.
- 26 (1) "Core programs" means public health programs needed in every
  27 community in order to protect people's health including:
- 28 <u>(a) Control of communicable disease and other notifiable</u> 29 conditions;
  - (b) Chronic disease and injury prevention;
- 31 (c) Environmental public health;
- 32 (d) Maternal, child, and family health;
- (e) Access to and linkage with medical, oral, and behavioral
- 34 health care services; and
- 35 <u>(f) Vital records.</u>
- 36 <u>(2)</u> "Core public health ((<del>functions</del>)) <u>services</u> of statewide 37 significance" or "<u>foundational</u> public health ((<del>functions</del>)) <u>services</u>"
- 38 means ((health services that:

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- (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
- (c) If left neglected or inadequately addressed, are reasonably likely to have a significant adverse impact on counties beyond the borders of the local health jurisdiction)) essential capabilities and core programs that must be present in every community through the governmental public health system to effectively and efficiently protect and promote healthy individuals, families, and communities throughout Washington and:
- 19 <u>(a) Are population-based prevention services or individual</u> 20 <u>interventions that have significant population health implications;</u>
- 21 <u>(b) Require a consistent and uniform level of services throughout</u>
  22 <u>all communities in the state to protect the population;</u>
- 23 <u>(c) Have governmental public health as the only or primary</u> 24 service provider; or
  - (d) Provide the necessary organizational capabilities to support program services.
- 27 (3) "Essential capabilities" means the knowledge, skill, ability, 28 and systems infrastructure necessary to support effective and 29 efficient governmental public health services including:
- 30 <u>(a) Assessing the health of populations through epidemiologic</u> 31 <u>surveillance;</u>
  - (b) Public health emergency planning;
- 33 <u>(c) Communication;</u>

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- 34 (d) Policy development and support;
- 35 (e) Community partnership development; and
- 36 <u>(f) Business competencies.</u>
- 37 (4) "Governmental public health system" means the state 38 department of health, state board of health, local public health 39 agencies and boards, and the sovereign tribal nations of Washington.

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 $((\frac{2}{2}))$  (5) "Local health jurisdiction" or "jurisdiction" means a county board of health organized under chapter 70.05 RCW, a health district organized under chapter 70.46 RCW, or a combined city and county health department organized under chapter 70.08 RCW.

- (6) "Shared services" means a systematic sharing of resources and functions among state and local governmental public health entities and sovereign tribal nations to increase capacity and improve efficiency and effectiveness.
- **Sec. 3.** RCW 43.70.516 and 2007 c 259 s 62 are each amended to 10 read as follows:
  - (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

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- 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:

- (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; and
- (b) Adopt appropriate performance measures with the intent of improving health status indicators applicable to the core public health functions of statewide significance that local health jurisdictions must provide.
- (3) 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) 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.
- (5) 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 such state-incented resources.)) Within the funds appropriated, local health jurisdictions and the department shall expand delivery of shared services to modernize and streamline the governmental public health system. This expansion must begin with a shared services project in the following two foundational public health services:
  - (a) Epidemiology assessment; and
  - (b) Communicable disease monitoring and response.
- 32 (2) By October 1, 2018, the department, in consultation with 33 governmental public health systems and the entities described in (b) 34 of this subsection, shall develop a governmental public health 35 improvement plan.
  - (a) The plan shall include, at minimum:
- (i) Activities and services that qualify as foundational public
  health services as defined in RCW 43.70.514;

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1 (ii) An assessment of the current capacity, unmet needs, and
2 current service delivery models to provide foundational public health
3 services;

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- (iii) Statewide models for shared services and a plan for further implementation of shared services;
- 6 <u>(iv) A comprehensive accountability structure including</u>
  7 appropriate performance measures;
- 8 <u>(v) The cost of providing foundational public health services</u>
  9 <u>statewide including the cost of improved service delivery models</u>
  10 <u>identified in (a)(iii) of this subsection (2);</u>
- 11 <u>(vi) A funding allocation model to ensure foundational public</u> 12 <u>health services are provided across the state; and</u>
  - (vii) Recommended schedules for periodic updates to the definitions and cost estimates, evaluation of the effectiveness of the governmental public health system, assessment of the degree to which the governmental public health system is providing foundational public health services, and reporting progress made by the state and each local health jurisdiction toward improving health outcomes.
- 19 <u>(b) The department shall develop the governmental public health</u>
  20 <u>improvement plan in consultation with the expertise of varied</u>
  21 <u>interests, including but not limited to:</u>
  - (i) Local health jurisdictions and the state board of health;
- 23 <u>(ii) The Washington state association of local public health</u> 24 officials;
  - (iii) Individuals or entities with expertise in the development of performance measures, accountability, and systems management, and experts in the development of evidence-based public health or medical practice guidelines; and
  - (iv) 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, the sovereign tribal nations of Washington, other state agencies, health services providers, and citizens concerned about public health.
  - (c) The performance measures must be developed to ensure foundational public health services are available statewide and to meet the goals and outcomes identified in RCW 43.70.512. The measures must:
- 38 <u>(i) Reflect best scientific evidence, national standards of</u>
  39 <u>performance, and innovations in governmental public health;</u>

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- 1 <u>(ii) Establish the levels of performance needed to achieve core</u> 2 <u>public health services delivery for each local health jurisdiction</u>
- 3 and the department; and
- 4 (iii) Describe the resources necessary to meet the performance
- 5 <u>levels.</u>
- 6 <u>NEW SECTION.</u> **Sec. 4.** RCW 43.70.520 (Public health services
- 7 improvement plan—Performance measures) and 2007 c 259 s 64 & 1993 c
- 8 492 s 467 are each repealed.
- 9 <u>NEW SECTION.</u> **Sec. 5.** If specific funding for the purposes of
- 10 this act, referencing this act by bill or chapter number, is not
- 11 provided by June 30, 2017, in the omnibus appropriations act, this
- 12 act is null and void.

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