HOUSE BILL REPORT
E2SSB 5052

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to the creation of health equity zones.

Brief Description: Concerning the creation of health equity zones.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Randall, Cleveland, Conway, Das, Frockt, Hasegawa, Kuderer, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Salomon and Wilson, C.).

Brief History:
Committee Activity:
Health Care & Wellness: 3/15/21, 3/17/21 [DPA].

Brief Summary of Engrossed Second Substitute Bill
(As Amended By Committee)

- Allows areas with health disparities and poor health outcomes to be designated as health equity zones.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass as amended. Signed by 12 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Bronoske, Davis, Harris, Macri, Maycumber, Riccelli, Simmons, Stonier and Tharinger.

Minority Report: Without recommendation. Signed by 3 members: Representatives Caldier, Assistant Ranking Minority Member; Rude and Ybarra.

Staff: Jim Morishima (786-7191).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Several state agencies and entities are charged with addressing health disparities. For example, the Governor's Interagency Coordinating Council on Health Disparities is tasked with promoting and facilitating communication, coordination, and collaboration among relevant state agencies and communities of color, as well as the private and public sectors, to address health disparities. The Department of Health also tracks health disparities using a mapping tool through which information by location may be obtained, including information on health outcomes, social determinants of health, and economic determinants of health.

Summary of Amended Bill:

Subject to appropriated funds, the Department of Health (DOH), in coordination with the Governor's Interagency Coordinating Council on Health Disparities, local health jurisdictions, and accountable communities of health, must share and review population health data to identify, or allow communities to self-identify, potential health equity zones and develop projects to meet the needs of each zone. The DOH must develop a plan and process to allow communities to implement health equity zones statewide and may determine the number of zones and projects based on available resources.

A health equity zone is defined as a contiguous geographic area that demonstrates measurable and documented health disparities and poor health outcomes, including high rates of maternal complications, newborn health complications, and chronic and infectious disease, which must be documented or identified by the DOH or the federal Centers for Disease Control and Prevention. A zone must be populated by communities of color, Indian communities, communities experiencing poverty, or immigrant communities and must be small enough for targeted interventions to have a significant impact on health outcomes and health disparities.

The DOH must provide technical support to communities in the use of data to facilitate self-identification of health equity zones. Communities' data use must align with projects and outcomes to be measured in self-identified zones. The data may relate to chronic and infectious diseases, maternal birth complications, preterm births and other newborn health complications, and any other relevant health data, including hospital community health needs assessments.

When a health equity zone is designated, relevant community organizations must be notified and must be allowed to identify projects to address the zone's most urgent needs related to health disparities. Such community organizations may include community health clinics, local health providers, federally qualified health centers, health systems, local governments, public school districts, recognized American Indian organizations and Indian health organizations, local health jurisdictions, and any other nonprofit organization working to address health disparities in the zone.

Local organizations in a health equity zone may form coalitions to identify the needs of the zone, design projects to address those needs, and develop an action plan to implement the projects. The local organizations may also partner with state or national organizations. Projects may include addressing health care provider access and health service delivery, improving information sharing and community trust in providers and services, conducting outreach and education efforts, and recommending systems and policy changes to improve population health.

The DOH must provide support to the coalitions in identifying and applying for resources to support projects in the zones, technical assistance, and funding (if available) to implement projects.

Subject to available funds, the DOH must, by December 31, 2023, and every two years thereafter, submit a report to the Legislature detailing the projects implemented in each zone and the outcome measures, including year-over-year health data, to demonstrate project success.

Amended Bill Compared to Engrossed Second Substitute Bill:

The amended bill:
- adds persons and communities experiencing poverty to the groups of individuals who may populate a health equity zone;
- requires the Department of Health to share and review hospital community needs assessments when identifying, or allowing communities to self-identify, health equity zones; and
- makes the bill applicable to Indian communities in general, instead of only urban Indian communities.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 12, 2021.

Effective Date of Amended Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) This bill is based on a successful program in Rhode Island, which uses community partnerships and stakeholders to create collaboratives to focus on three things: reducing disparities, improving birth and maternal health outcomes, and improving overall health care rates in communities. Communities currently work with local health departments and the Department of Health, but a grassroots approach is needed. There can be a huge disconnect when health services are provided in a manner that excludes the

communities that need them. Many Black, Indigenous, or persons of color communities are disproportionately impacted by health conditions such as obesity. Place matters. One can learn as much or more about a person's health from the person's zip code compared to more typical measures. Black, Indigenous, or persons of color communities are more likely to be affected by socioeconomic or environmental factors, such as food insecurity or lack of access to healthy food. This bill gives names and purpose to these concepts, helps identify entrenched inequities, and will make a difference in community health improvement.

(Opposed) This bill has the potential to lead to positive outcomes and innovative ways to improve health outcomes. The bill does not, however, include assurances that the policy and mission of health care providers will be protected. Religious hospitals are concerned that projects resulting from this bill will be at odds with their mission and values. There are warning signs in this bill about fairness. The bill gives special treatment to people of color and immigrants, which should be available to all. Disease does not target people by skin color. Personal data should be protected.

Persons Testifying: (In support) Senator Keiser, prime sponsor; and Victor Colman, Childhood Obesity Prevention Coalition.

(Opposed) Sarah Davenport-Smith, Family Policy Institute of Washington; and Val Mullen.

Persons Signed In To Testify But Not Testifying: None.