
ENGROSSED SECOND SUBSTITUTE SENATE BILL 5052

State of Washington

67th Legislature

2021 Regular Session

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

READ FIRST TIME 02/19/21.

1 AN ACT Relating to the creation of health equity zones; adding a
2 new section to chapter 43.70 RCW; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** FINDINGS AND INTENT. (1) The legislature
5 finds that people of color, urban Indian, and immigrant populations
6 experience significant health disparities compared to the general
7 population, including more limited access to health care and poorer
8 health outcomes. The legislature finds that these circumstances
9 result in higher rates of morbidity and mortality for persons of
10 color and immigrant populations than observed in the general
11 population.

12 (2) Therefore, the legislature intends to create health equity
13 zones to address significant health disparities identified by health
14 outcome data. The state intends to work with community leaders within
15 the health equity zones to share information and coordinate efforts
16 with the goal of addressing the most urgent needs. Health equity zone
17 partners shall develop, expand, and maintain positive relationships
18 with communities of color, urban Indian communities, and immigrant
19 communities within the zone to develop effective and sustainable
20 programs to address health inequity.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70

2 RCW to read as follows:

3 (1) Subject to the availability of amounts appropriated for this
4 specific purpose, the department, in coordination with the governor's
5 interagency council on health disparities, local health
6 jurisdictions, and accountable communities of health, must share and
7 review population health data, which may be related to chronic and
8 infectious diseases, maternal birth complications, preterm births and
9 other newborn health complications, and any other relevant health
10 data, to identify, or allow communities to self-identify, potential
11 health equity zones in the state and develop projects to meet the
12 unique needs of each zone. The department must provide technical
13 support to communities in the use of data to facilitate self-
14 identification of health equity zones.

15 (2) Communities' uses of data must align with projects and
16 outcomes to be measured in self-identified zones.

17 (3) The department must use the first 12 months following the
18 effective date of this section to develop a plan and process to allow
19 communities to implement health equity zone programs statewide. The
20 department has authority to determine the number of health equity
21 zones and projects based on available resources.

22 (4) Communities that self-identify zones or the department must
23 notify relevant community organizations in the zones of the health
24 equity zone designation and allow those organizations to identify
25 projects to address the zone's most urgent needs related to health
26 disparities. Community organizations may include, but are not limited
27 to:

28 (a) Community health clinics;

29 (b) Local health providers;

30 (c) Federally qualified health centers;

31 (d) Health systems;

32 (e) Local government;

33 (f) Public school districts;

34 (g) Recognized American Indian organizations and urban Indian
35 health organizations;

36 (h) Local health jurisdictions; and

37 (i) Any other nonprofit organization working to address health
38 disparities in the zone.

39 (5) Local organizations working within zones may form coalitions
40 to identify the needs of the zone, design projects to address those

1 needs, and develop an action plan to implement the projects. Local
2 organizations may partner with state or national organizations
3 outside the specific zone designation. Projects may include, but are
4 not limited to:

5 (a) Addressing health care provider access and health service
6 delivery;

7 (b) Improving information sharing and community trust in
8 providers and services;

9 (c) Conducting outreach and education efforts; and

10 (d) Recommending systems and policy changes that will improve
11 population health.

12 (6) The department must provide:

13 (a) Support to the coalitions in identifying and applying for
14 resources to support projects within the zones;

15 (b) Technical assistance related to project management and
16 developing health outcome and other measures to evaluate project
17 success; and

18 (c) Subject to availability, funding to implement projects.

19 (7) Subject to the availability of amounts appropriated for this
20 specific purpose, by December 1, 2023, and every two years
21 thereafter, the department must submit a report to the legislature
22 detailing the projects implemented in each zone and the outcome
23 measures, including year-over-year health data, to demonstrate
24 project success.

25 (8) For the purposes of this section "health equity zone" or
26 "zone" means a contiguous geographic area that demonstrates
27 measurable and documented health disparities and poor health
28 outcomes, which may include but are not limited to high rates of
29 maternal complications, newborn health complications, and chronic and
30 infectious disease, is populated by communities of color, urban
31 Indian communities, or immigrant communities, and is small enough for
32 targeted interventions to have a significant impact on health
33 outcomes and health disparities. Documented health disparities must
34 be documented or identified by the department or the centers for
35 disease control and prevention.

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