

CERTIFICATION OF ENROLLMENT

HOUSE BILL 1400

52nd Legislature
1991 Regular Session

Passed by the House February 11, 1991
Yeas 95 Nays 0

**Speaker of the
House of Representatives**

Passed by the Senate April 27, 1991
Yeas 40 Nays 1

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Alan Thompson, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **HOUSE BILL 1400** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

Secretary of State
State of Washington

HOUSE BILL 1400

Passed Legislature - 1991 Regular Session

State of Washington **52nd Legislature** **1991 Regular Session**

By Representatives Morton, Grant, Fuhrman, Bray, Sprenkle, Morris, Chandler, Paris, Rasmussen, McLean, Forner and Rayburn; by request of Department of Health.

Read first time January 28, 1991. Referred to Committee on Health Care.

1 AN ACT Relating to rural health; and amending RCW 70.175.050.

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

3 **Sec. 1.** RCW 70.175.050 and 1989 1st ex.s. c 9 s 705 are each
4 amended to read as follows:

5 The secretary shall have the following powers and duties:

6 (1) To design the project application and selection process,
7 including a program to advertise the project to rural communities and
8 encourage prospective applicants to apply. (~~Up to six~~) Project
9 sites (~~shall be selected which are eligible to~~) that receive seed
10 grant funding(~~. Funding shall be used to~~) may hire consultants and
11 shall perform other activities necessary to meet participant
12 requirements defined in this chapter. In considering selection of
13 participants eligible for seed grant funding, the secretary should
14 consider project sites where (a) existing access to health care is
15 severely inadequate, (b) where a financially vulnerable health care

1 facility is present, (c) where a financially vulnerable health care
2 facility is present and an adjoining community in the same catchment
3 area has a competing facility, or (d) where improvements in the
4 delivery of primary care services, including preventive care services,
5 is needed.

6 (~~Up to six additional~~) The department may obtain technical assistance
7 support for project sites (~~shall be selected which receive no~~
8 ~~funding~~) that are not selected to be funded sites. The secretary
9 shall select (~~unfunded~~) these assisted project sites based upon merit
10 and to the extent possible, based upon the desire to address specific
11 health status outcomes;

12 (2) To design acceptable outcome measures which are based upon
13 health status outcomes and are to be part of the community plan, to
14 work with communities to set acceptable local outcome targets in the
15 health care delivery system strategic plan, and to serve as a general
16 resource to participants in the planning, administration, and
17 evaluation of project sites;

18 (3) To assess and approve community strategic plans developed by
19 participants, including an assessment of the technical and financial
20 feasibility of implementing the plan and whether adequate local support
21 for the plan is demonstrated;

22 (4) To define health care catchment areas, identify financially
23 vulnerable health care facilities, and to identify rural populations
24 which are not receiving adequate health care services;

25 (5) To identify existing private and public resources which may
26 serve as eligible consultants, identify technical assistance resources
27 for communities in the project, create a register of public and private
28 technical resource services available and provide the register to
29 participants. The secretary shall screen consultants to determine
30 their qualifications prior to including them on the register;

1 (6) To work with other state agencies, institutions of higher
2 education, and other public and private organizations to coordinate
3 technical assistance services for participants;

4 (7) To administer available funds for community use while
5 participating in the project and establish procedures to assure
6 accountability in the use of seed grant funds by participants;

7 (8) To define data and other minimum requirements for adequate
8 evaluation of projects and to develop and implement an overall
9 monitoring and evaluation mechanism for the projects;

10 (9) To act as facilitator for multiple applicants and entrants to
11 the project;

12 (10) To report to the appropriate legislative committees and others
13 from time to time on the progress of the projects including the
14 identification of statutory and regulatory barriers to successful
15 completion of rural health care delivery goals and an ongoing
16 evaluation of the project.