

**SENATE BILL 6034**

**State of Washington                      52nd Legislature                      1992 Regular Session**

**By Senators West, Conner, Johnson and Bailey**

Read first time 01/13/92. Referred to Committee on Health & Long-Term Care.

1            AN ACT Relating to health care; amending RCW 43.70.050,  
2 28A.210.070, 43.59.030, and 74.38.020; reenacting and amending RCW  
3 43.20.050; adding new sections to chapter 43.70 RCW; adding new  
4 sections to chapter 43.20 RCW; adding a new section to chapter 43.20A  
5 RCW; adding a new section to chapter 70.47 RCW; adding a new section to  
6 chapter 41.05 RCW; adding new sections to chapter 74.38 RCW; creating  
7 a new section; making appropriations; and declaring an emergency.

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

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1 **PART I - APPROPRIATIONS**

2 NEW SECTION. **Sec. 1.** GOOD HEALTH CARE ACCOUNT ESTABLISHED. The  
3 good health care account is created in the state treasury. Moneys in  
4 the account may be spent only after appropriation. Expenditures from  
5 the account may be used only for the purposes of this act and for other  
6 disease prevention, health education, and health care intervention  
7 services for high-risk individuals.

8 NEW SECTION. **Sec. 2.** GENERAL FUND--STATE APPROPRIATION. The sum  
9 of one hundred thirty million seven hundred sixty-one thousand eight  
10 hundred fifty dollars, or as much thereof as may be necessary, is  
11 appropriated for the biennium ending June 30, 1993, from the state  
12 general fund to the good health care account for the purposes of this  
13 act.

14 NEW SECTION. **Sec. 3.** POPULATION-BASED HEALTH SERVICES FUNDING.  
15 The sum of forty-four million dollars, or as much thereof as may be  
16 necessary, is appropriated for the biennium ending June 30, 1993, from  
17 the good health care account to the department of health for  
18 distribution to local health departments for the purposes of funding  
19 population-based health services as authorized in sections 16 through  
20 21 of this act. The funding is to be dispersed by the department in  
21 accordance with the formula set forth in section 19 of this act.

22 NEW SECTION. **Sec. 4.** IMMUNIZATION FUNDING. The sum of one  
23 million three hundred thousand, or as much thereof as may be necessary,  
24 is appropriated for the biennium ending June 30, 1993, from the good

1 health care account to the department of health for the purposes of  
2 funding the childhood immunization activities authorized in sections 23  
3 through 29 of this act. Portions of this appropriation not expended  
4 shall be distributed as per section 19 of this act to local health  
5 jurisdictions for the purposes of funding population-based health  
6 services authorized in sections 16 through 19 of this act.

7 NEW SECTION. **Sec. 5.** REGIONAL HEALTH PROMOTION FUNDING. The sum  
8 of one million dollars, or as much thereof as may be necessary, is  
9 appropriated for the biennium ending June 30, 1993, from the good  
10 health care account to the department of health for the purposes of  
11 funding the regional health promotion activities authorized under  
12 sections 31 through 34 of this act. Portions of this appropriation not  
13 expended shall be distributed as per section 19 of this act to local  
14 health jurisdictions for the purposes of funding population-based  
15 health services authorized in sections 16 through 19 of this act.

16 NEW SECTION. **Sec. 6.** COMMUNITY OUTREACH FOR HEALTH FUNDING. The  
17 sum of four hundred thirty thousand dollars, or as much thereof as may  
18 be necessary, is appropriated for the biennium ending June 30, 1993,  
19 from the good health care account to the department of health for the  
20 purposes of funding the community outreach for health activities  
21 authorized under sections 36 and 37 of this act. Portions of this  
22 appropriation not expended shall be distributed as per section 19 of  
23 this act to local health jurisdictions for the purposes of funding  
24 population-based health services authorized in sections 16 through 19  
25 of this act.

26 NEW SECTION. **Sec. 7.** SCHOOL HEALTH SERVICES FUNDING. The sum of  
27 twenty million dollars, or as much thereof as may be necessary, is

1 appropriated for the biennium ending June 30, 1993, from the good  
2 health care account to the department of health for the purposes of  
3 funding the school health services activities as authorized in sections  
4 38 and 39 of this act. Funds shall be provided to reimburse public  
5 health jurisdictions for an amount not to exceed the number of dollars  
6 appropriated per eligible student multiplied by the number of eligible  
7 students to be served by the jurisdiction in the participating school  
8 district. The public health departments shall spend the moneys as  
9 limited under section 39 of this act.

10 NEW SECTION. **Sec. 8.** GATEKEEPER OUTREACH PROGRAM FUNDING. The  
11 sum of three hundred fifty thousand dollars, or as much thereof as may  
12 be necessary, is appropriated for the biennium ending June 30, 1993,  
13 from the good health care account to the department of social and  
14 health services for the purposes of funding the gatekeeper outreach  
15 program authorized in sections 40 through 42 of this act.

16 NEW SECTION. **Sec. 9.** FAMILY MEDICAL RESIDENCY FUNDING. The sum  
17 of one million eighty-one thousand eight hundred fifteen dollars, or as  
18 much thereof as may be necessary, is appropriated for the biennium  
19 ending June 30, 1993, from the good health care account to the  
20 University of Washington for the purposes of funding the state-wide  
21 family medicine residency program authorized under chapter 70.112 RCW.  
22 The conditions set forth in RCW 70.112.060 regarding expenditures of  
23 state funding shall apply to this appropriation. This amount is in  
24 addition to that set forth in the 1991-1993 biennial appropriations  
25 act.

26 NEW SECTION. **Sec. 10.** HEALTH PROFESSIONAL LOAN REPAYMENT AND  
27 SCHOLARSHIP PROGRAM FUNDING. The sum of five million dollars, or as

1 much thereof as may be necessary, is appropriated for the biennium  
2 ending June 30, 1993, from the good health care account to the health  
3 professional loan repayment and scholarship program fund to be  
4 dispersed by the higher education coordinating board for the purposes  
5 of funding the health professional loan repayment and scholarship  
6 program authorized under chapter 28B.115 RCW. This amount is in  
7 addition to that set forth in the 1991-1993 biennial appropriations  
8 act.

9 NEW SECTION. **Sec. 11.** COMMUNITY AND MIGRANT HEALTH CLINICS  
10 FUNDING. The sum of two million dollars, or as much thereof as may be  
11 necessary, is appropriated for the biennium ending June 30, 1993, from  
12 the good health care account to the department of health for the  
13 purposes of funding the expansion of primary health care services to  
14 new clients through community and migrant health clinics. This amount  
15 is in addition to that set forth in the 1991-1993 biennial  
16 appropriations act.

17 NEW SECTION. **Sec. 12.** BASIC HEALTH PLAN FUNDING. The sum of  
18 forty-five million dollars, or as much thereof as may be necessary, is  
19 appropriated for the biennium ending June 30, 1993, from the good  
20 health care account to the Washington basic health plan authorized  
21 under chapter 70.47 RCW for the purposes of enrolling no more than  
22 thirty-four thousand additional members during the 1991-1993 biennium.  
23 This amount is in addition to that set forth in the 1991-1993 biennial  
24 appropriations act.

25 NEW SECTION. **Sec. 13.** CANCER REGISTRY FUNDING. The sum of five  
26 hundred thousand dollars, or as much thereof as may be necessary, is  
27 appropriated for the biennium ending June 30, 1993, from the good

1 health care account to the department of health for the purposes of  
2 funding the cancer registry as authorized under RCW 70.54.230 and  
3 70.54.240. This amount is in addition to that set forth in the 1991-  
4 1993 biennial appropriations act.

5 NEW SECTION. **Sec. 14.** WIC FUNDING. The sum of ten million  
6 dollars, or as much thereof as may be necessary, is appropriated for  
7 the biennium ending June 30, 1993, from the good health care account to  
8 the department of health for the purposes of funding the women, infants  
9 and children program. This amount is in addition to that set forth in  
10 the 1991-1993 biennial appropriations act.

11 NEW SECTION. **Sec. 15.** GRANTS TO NONPROFIT ORGANIZATIONS WITH  
12 CANCER AND OTHER DISEASE EDUCATION PROGRAMS. The sum of one hundred  
13 thousand dollars, or as much thereof as may be necessary, is  
14 appropriated for the biennium ending June 30, 1993, from the good  
15 health care account to the department of health for the purposes of  
16 awarding grants to national organizations with Washington state  
17 chapters that address issues of disease and illness related to smoking  
18 tobacco.

19 **PART II - POPULATION-BASED HEALTH CARE SERVICES**

20 NEW SECTION. **Sec. 16.** LEGISLATIVE INTENT. The legislature finds  
21 that the good health of the citizens in the state through the reduction  
22 of mortality and morbidity and the promotion of good health should be  
23 the prime objective of state health-related activities. The  
24 legislature further finds that the availability of population-based  
25 health services such as health promotion, community health protection,  
26 personal clinical preventative services, and services related to the

1 access to these health services is essential for meeting this state  
2 policy objective. The availability of these population-based services  
3 is contingent upon the existence of an ongoing and functioning capacity  
4 to assess health status, develop public policy to promote and maintain  
5 good health, and assure the provision of services through adequate  
6 administrative and service capabilities that engage in appropriate and  
7 effective health interventions.

8 The legislature further finds that the responsibility to provide  
9 population-based services involves many individuals and organizations  
10 in the private and public sector and at different levels of government.

11 The legislature declares that state public policy on health  
12 interest is best served by assuring the availability of basic  
13 population-based health services throughout the state including the  
14 administrative structure and capacity to provide and maintain such  
15 services.

16 NEW SECTION. **Sec. 17.** STATE POPULATION-BASED ESSENTIAL HEALTH  
17 SERVICES PLAN--CONTENT AND EVALUATION. By October 1, 1992, the  
18 department, in consultation with the board, the departments of  
19 agriculture and ecology, and local health jurisdictions, shall prepare  
20 a state population-based health services plan. The purpose of the plan  
21 is to identify the core functions and services necessary to assure the  
22 presence of a state-wide population-based health care system capable of  
23 providing essential population-based health care services.

24 (1) The state population-based health services plan shall identify  
25 existing and new activities necessary to maintain the state-wide  
26 population-based health services system. The plan shall specifically  
27 describe how the following core function and service elements will be  
28 assured:



1 (a) An ongoing capability to assess the health status and health-  
2 related conditions and trends in the state through the utilization of  
3 data collection and analysis from public and private sources, including  
4 the state health report as required under RCW 43.20.050;

5 (b) An ongoing capability to develop public policy objectives for  
6 health based on the assessment to identify state population-based  
7 essential health needs, set state-wide priorities among identified  
8 health needs, establish goals and measurable outcome-based objectives  
9 to address priority needs, and develop policy implementation strategies  
10 that include the identification of necessary resources to meet priority  
11 needs; and

12 (c) An ongoing capability to provide services to address the  
13 identified population-based essential health needs, or the  
14 identification of other public or private entities responsible for the  
15 provision of such services. In addition to the services specified in  
16 subsection (2) of this section, it shall also include the capacity of  
17 the state and local health jurisdictions to respond to critical  
18 situations and emergencies that jeopardize public health.

19 (2) The plan shall identify specific activities necessary to assure  
20 the provision of the following population-based essential health  
21 services:

22 (a) Services related to health promotion that may include, but not  
23 be limited to, the areas of physical activity and fitness, nutrition,  
24 community education in substance abuse avoidance, and parenting;

25 (b) Services related to community health protection that may  
26 include, but not be limited to, injury control, safe water, food,  
27 housing and waste management, air quality, and facility and  
28 professional licensure; and

1 (c) Services related to personal disease prevention that may  
2 include, but not be limited to, immunizations, screenings, communicable  
3 disease control, and chronic disease management.

4 (3) The department shall assure the active participation of  
5 entities interested in the development of population-based health  
6 services policy objectives. Such entities shall include, but not be  
7 limited to, consumers, providers, insurers, businesses, other state  
8 agencies, and appropriate academic teaching and research institutions.  
9 The plan shall specify how such groups and individuals will be  
10 involved.

11 (4) The department shall periodically evaluate the progress made  
12 toward meeting the essential population-based health care needs of the  
13 state. This evaluation shall be based upon the use of outcome measures  
14 and targets.

15 NEW SECTION. **Sec. 18.** LOCAL POPULATION-BASED HEALTH SERVICES  
16 PLANS--CONTENT AND EVALUATION. (1) By June 1, 1993, each local health  
17 officer shall prepare a local health department population-based health  
18 services plan in accordance with the provisions of this section. The  
19 plan shall be approved by the secretary in accordance with section 19  
20 of this act. The purpose of the plan is to identify the core services  
21 and functions necessary to assure the presence of a local population-  
22 based health care system capable of providing essential population-  
23 based health care services in the local health jurisdiction. The plan  
24 shall identify how it will meet the policy objectives and service  
25 requirements specified in the state-wide plan under section 17 of this  
26 act. Approval of the plan is required for the receipt of funding as  
27 provided for under this act.

28 (2) The local population-based health services plan shall identify  
29 existing and new activities necessary to maintain the jurisdiction's

1 population-based health services system. It shall specifically  
2 describe how the following core function and service elements will be  
3 assured:

4 (a) The ongoing capability to assess the health status and health-  
5 related conditions and trends in the local health jurisdiction through  
6 the utilization of data collection and analysis from public and private  
7 sources;

8 (b) The ongoing capability to develop public policy objectives for  
9 health based on the assessment to identify population-based essential  
10 health needs, set priorities among identified health needs, establish  
11 goals and measurable outcome-based objectives to address priority  
12 needs, and develop policy implementation strategies that include the  
13 identification of necessary resources to meet priority needs; and

14 (c) The ongoing capability to provide services to address the  
15 identified population-based essential health needs, or the  
16 identification of other public or private entities responsible for the  
17 provision of such services. In addition to the services specified in  
18 subsection (3) of this section, it also includes the capacity of the  
19 local health jurisdiction to respond to critical situations and  
20 emergencies that jeopardize public health.

21 (3) The plan shall identify activities necessary to assure the  
22 provision of the following population-based essential health services:

23 (a) Services related to health promotion that may include, but not  
24 be limited to, the areas of physical activity and fitness, nutrition,  
25 community education in substance abuse avoidance, and parenting;

26 (b) Services related to community health protection that may  
27 include, but not be limited to, community injury control, safe water,  
28 food, housing and waste management, air quality, and facility and  
29 professional licensure; and

1 (c) Services related to personal disease prevention that may  
2 include, but not be limited to, immunizations, screenings, communicable  
3 disease control, and chronic disease management.

4 (4) Two or more local health jurisdictions may, through agreement,  
5 jointly provide services specified in this section if such joint  
6 provision results in greater efficiencies and economies in the system  
7 or increases access to services. Such joint agreements must be  
8 approved by the department.

9 (5) The local health jurisdictions shall periodically evaluate  
10 progress made toward meeting the essential population-based health care  
11 needs of the jurisdiction. The system of evaluation shall use outcome  
12 measures and targets to evaluate the system's progress.

13 (6) The local health jurisdiction shall identify funding sources in  
14 addition to any funds appropriated under this act to support the  
15 population-based health services system. Any funding provided for by  
16 this act is not intended to supplant funding provided from other  
17 sources.

18 (7) The local health jurisdiction shall assure the active  
19 participation of entities interested in the development of population-  
20 based health services policy objectives. Such entities shall include,  
21 but not be limited to, consumers, providers, businesses, insurers,  
22 community leaders, and other interested parties.

23 NEW SECTION. **Sec. 19.** POPULATION-BASED ESSENTIAL HEALTH SERVICES  
24 PLAN--LOCAL PLAN APPROVAL--OTHER DEPARTMENT DUTIES. (1) The department  
25 shall review and approve local population-based health services plans  
26 submitted by local health jurisdictions. The secretary shall specify  
27 the format and timeline for such submissions. In reviewing each local  
28 plan, the department shall determine whether:

1 (a) Proposed policies, services, and activities reasonably and  
2 adequately address identified health care needs, that adequate outcome  
3 measures will be used to indicate progress toward meeting identified  
4 needs, and that sufficient resources have been identified to operate  
5 the population-based health services system;

6 (b) The local health jurisdiction has specified activities  
7 necessary to provide for the services and functions identified in the  
8 state population-based health services plan;

9 (c) Multilocal health jurisdiction joint agreements should be  
10 pursued in order to address one or more elements of the local plan;

11 (d) Joint agreements for multijurisdictional activities proposed in  
12 the local plan are justified and should be approved; and

13 (e) Adequate local capabilities exist to evaluate and report to the  
14 department on progress in meeting the population-based health care  
15 needs of the local jurisdiction.

16 (2) The department shall expeditiously review and approve or  
17 recommend specific modifications to the local plans. Local health  
18 jurisdictions shall be given an opportunity to respond to  
19 recommendations for the modification of the plan. An appeal process  
20 shall be established by the department to review appeals of disputes.

21 (3) Within ninety days after the effective date of this act, the  
22 department shall devise a funding distribution formula for the purpose  
23 of allocating funds appropriated under this act to local health  
24 jurisdictions when local plans have been approved. The formula shall  
25 include projections of funding needs to provide for the local  
26 population-based health service needs of each local health  
27 jurisdiction. The formula shall take into consideration differences  
28 between the local health jurisdictions with respect to demographic  
29 features of the population, workload, and other such factors that  
30 affect the ability to provide the services and functions in the local

1 plans. The department shall include means for determining the  
2 distribution of funding in those circumstances where  
3 multijurisdictional joint agreements have been approved. Funding  
4 appropriated under this act for essential population-based services  
5 shall be used solely for activities related to sections 16 through 19  
6 of this act. Funding authorized under this act shall not supplant  
7 funding from other sources.

8 (4) The department shall prepare a local population-based health  
9 services plan for any local health department which fails or refuses to  
10 meet its responsibilities under this chapter. In such cases, the  
11 department may contract with such entities as is necessary to provide  
12 for services or functions of the local population-based health services  
13 system. It shall use such funds appropriated under this act and  
14 intended for local health jurisdictions for such purposes.

15 **Sec. 20.** RCW 43.20.050 and 1989 1st ex.s. c 9 s 210 and 1989 c 207  
16 s 1 are each reenacted and amended to read as follows:

17 (1) The state board of health shall provide a forum for the  
18 development of health policy in Washington state. It is authorized to  
19 recommend to the secretary means for obtaining appropriate citizen and  
20 professional involvement in all health policy formulation and other  
21 matters related to the powers and duties of the department. It is  
22 further empowered to hold hearings and explore ways to improve the  
23 health status of the citizenry.

24 (a) At least every five years, the state board shall convene  
25 regional forums to gather citizen input on health issues.

26 (b) Every two years, in ~~((coordination with))~~ advance of the  
27 development of the state biennial budget and in coordination with the  
28 development of the state and local population-based public health  
29 service system objectives as provided for in sections 17 and 18 of this

1 act, the state board shall prepare the state health report that  
2 outlines the health priorities of the ensuing biennium and provides  
3 information for use in development of the state and local population-  
4 based public health service system objectives as provided under  
5 sections 17 and 18 of this act. The report shall:

6 (i) Consider the citizen input gathered at the health forums;

7 (ii) Be developed with the assistance of local health departments;

8 (iii) Be based on the best available information collected and  
9 reviewed according to RCW 43.70.050 and recommendations from the  
10 council;

11 (iv) Be developed with the input of state health care agencies. At  
12 least the following directors of state agencies shall provide timely  
13 recommendations to the state board on suggested health priorities for  
14 the ensuing biennium: The secretary of social and health services, the  
15 health care authority administrator, the insurance commissioner, the  
16 administrator of the basic health plan, the superintendent of public  
17 instruction, the director of labor and industries, the director of  
18 ecology, and the director of agriculture;

19 (v) Be used by state health care agency administrators in preparing  
20 proposed agency budgets and executive request legislation;

21 (vi) Be submitted by the state board to the governor by (~~June~~)  
22 January 1 of each even-numbered year for adoption by the governor. The  
23 governor, no later than (~~September~~) April 1 of that year, shall  
24 approve, modify, or disapprove the state health report.

25 (c) In fulfilling its responsibilities under this subsection, the  
26 state board shall create ad hoc committees or other such committees of  
27 limited duration as necessary. Membership should include legislators,  
28 providers, consumers, bioethicists, medical economics experts, legal  
29 experts, purchasers, and insurers, as necessary.

1 (2) In order to protect public health, the state board of health  
2 shall:

3 (a) Adopt rules (~~and regulations~~) necessary to assure safe and  
4 reliable public drinking water and to protect the public health. Such  
5 rules (~~and regulations~~) shall establish requirements regarding:

6 (i) The design and construction of public water system facilities,  
7 including proper sizing of pipes and storage for the number and type of  
8 customers;

9 (ii) Drinking water quality standards, monitoring requirements, and  
10 laboratory certification requirements;

11 (iii) Public water system management and reporting requirements;

12 (iv) Public water system planning and emergency response  
13 requirements;

14 (v) Public water system operation and maintenance requirements; and

15 (vi) Water quality, reliability, and management of existing but  
16 inadequate public water systems.

17 (b) Adopt rules (~~and regulations~~) and standards for prevention,  
18 control, and abatement of health hazards and nuisances related to the  
19 disposal of wastes, solid and liquid, including but not limited to  
20 sewage, garbage, refuse, and other environmental contaminants; adopt  
21 standards and procedures governing the design, construction, and  
22 operation of sewage, garbage, refuse and other solid waste collection,  
23 treatment, and disposal facilities;

24 (c) Adopt rules (~~and regulations~~) controlling public health  
25 related to environmental conditions including but not limited to  
26 heating, lighting, ventilation, sanitary facilities, cleanliness and  
27 space in all types of public facilities including but not limited to  
28 food service establishments, schools, institutions, recreational  
29 facilities and transient accommodations and in places of work;



1 (d) Adopt rules (~~and regulations~~) for the imposition and use of  
2 isolation and quarantine;

3 (e) Adopt rules (~~and regulations~~) for the prevention and control  
4 of infectious and noninfectious diseases, including food and vector  
5 borne illness, and rules (~~and regulations~~) governing the receipt and  
6 conveyance of remains of deceased persons, and such other sanitary  
7 matters as admit of and may best be controlled by universal rule; and

8 (f) Adopt rules for accessing existing data bases for the purposes  
9 of performing health related research.

10 (3) The state board may delegate any of its rule-adopting authority  
11 to the secretary and rescind such delegated authority.

12 (4) All local boards of health, health authorities and officials,  
13 officers of state institutions, police officers, sheriffs, constables,  
14 and all other officers and employees of the state, or any county, city,  
15 or township thereof, shall enforce all rules (~~and regulations~~)  
16 adopted by the state board of health. In the event of failure or  
17 refusal on the part of any member of such boards or any other official  
18 or person mentioned in this section to so act, he or she shall be  
19 subject to a fine of not less than fifty dollars, upon first  
20 conviction, and not less than one hundred dollars upon second  
21 conviction.

22 (5) The state board may advise the secretary on health policy  
23 issues pertaining to the department of health and the state.

24 **Sec. 21.** RCW 43.70.050 and 1989 1st ex.s. c 9 s 107 are each  
25 amended to read as follows:

26 (1) The legislature intends that the department, board, and council  
27 promote and assess the quality, cost, and accessibility of health care  
28 throughout the state as their roles are specified in this act in  
29 accordance with the provisions of this chapter. In furtherance of this

1 goal, the secretary shall create an ongoing program of data collection,  
2 storage, ((~~accessibility~~)) accessibility, and review. The legislature  
3 does not intend that the department conduct or contract for the conduct  
4 of basic research activity. The secretary may request appropriations  
5 for studies according to this section from the legislature, the federal  
6 government, or private sources.

7 (2) All state agencies which collect or have access to population-  
8 based, health-related data are directed to allow the secretary access  
9 to such data. This includes, but is not limited to, data on needed  
10 health services, facilities, and personnel; future health issues;  
11 emerging bioethical issues; health promotion; recommendations from  
12 state and national organizations and associations; and programmatic and  
13 statutory changes needed to address emerging health needs. Private  
14 entities, such as insurance companies, health maintenance  
15 organizations, and private purchasers are also encouraged to give the  
16 secretary access to such data in their possession. The secretary's  
17 access to and use of all data shall be in accordance with state and  
18 federal confidentiality laws and ethical guidelines. Such data in any  
19 form where the patient or provider of health care can be identified  
20 shall not be disclosed, subject to disclosure according to chapter  
21 42.17 RCW, discoverable or admissible in judicial or administrative  
22 proceedings. Such data can be used in proceedings in which the use of  
23 the data is clearly relevant and necessary and both the department and  
24 the patient or provider are parties.

25 (3) The department shall serve as the clearinghouse for information  
26 concerning innovations in the delivery of health care services, the  
27 enhancement of competition in the health care marketplace, and federal  
28 and state information affecting health care costs.

29 (4) The secretary shall review any data collected, pursuant to this  
30 chapter, to:

1 (a) Identify high-priority health issues that require study or  
2 evaluation. Such issues may include, but are not limited to:

3 (i) Identification of variations of health practice which indicate  
4 a lack of consensus of appropriateness;

5 (ii) Evaluation of outcomes of health care interventions to assess  
6 their benefit to the people of the state;

7 (iii) Evaluation of specific population groups to identify needed  
8 changes in health practices and services;

9 (iv) Evaluation of the risks and benefits of various incentives  
10 aimed at individuals and providers for both preventing illnesses and  
11 improving health services;

12 (v) Identification and evaluation of bioethical issues affecting  
13 the people of the state; and

14 (vi) Other such objectives as may be appropriate;

15 (b) Further identify a list of high-priority health study issues  
16 for consideration by the board or council, within their authority, for  
17 inclusion in the state health report required by RCW 43.20.050. The  
18 list shall specify the objectives of each study, a study timeline, the  
19 specific improvements in the health status of the citizens expected as  
20 a result of the study, and the estimated cost of the study; ~~((and))~~

21 (c) Use such data, research, and findings in preparation of the  
22 state and local population-based health services plan as authorized by  
23 sections 17 and 18 of this act; and

24 (d) Provide background for the state health report required by RCW  
25 43.20.050.

26 (5) Any data, research, or findings may also be made available to  
27 the general public, including health professions, health associations,  
28 the governor, professional boards and regulatory agencies and any  
29 person or group who has allowed the secretary access to data.

1 (6) The secretary may charge a fee to persons requesting copies of  
2 any data, research, or findings. The fee shall be no more than  
3 necessary to cover the cost to the department of providing the copy.

4 **PART III - CHILDHOOD IMMUNIZATIONS**

5 NEW SECTION. **Sec. 22.** INTENT--DECLARATION. The legislature finds  
6 that:

7 (1) There has been an increase in the number of children  
8 contracting vaccine preventable infectious diseases;

9 (2) This trend has occurred despite the availability of safe and  
10 effective immunizations which can prevent these disabling and life-  
11 threatening diseases;

12 (3) Parents and guardians of children are often unaware of the need  
13 for immunizations, the appropriate age to receive such immunizations,  
14 and the public health risks of the failure to be properly immunized;

15 (4) Adults may not be aware of their risk of contracting vaccine  
16 preventable infectious diseases and the availability of effective  
17 immunizations.

18 The legislature declares that it is in the public health interest  
19 of the people of the state of Washington that all adults and children  
20 should be appropriately immunized.

21 NEW SECTION. **Sec. 23.** STATE BOARD OF HEALTH--IMMUNIZATION  
22 SCHEDULE. (1) The state board of health shall adopt rules by October  
23 1, 1992, that establish a schedule of appropriate immunizations against  
24 vaccine preventable infectious diseases for adults and children. The  
25 schedule shall include the type of immunization recommended and the  
26 appropriate age for receiving vaccines. The state board may modify by  
27 rule the recommended immunization schedule. When implementing this

1 section the state board shall consider recommended immunization  
2 schedules developed by such entities as the federal center for disease  
3 control and the United States public health services.

4 (2) The state board shall make immunization schedules required by  
5 this section available to the secretary of health, the secretary of  
6 social and health services, the administrator of the basic health plan,  
7 the administrator of the state health care authority, and the general  
8 public no later than November 1, 1992.

9 NEW SECTION. **Sec. 24.** DEMONSTRATION PROJECTS TO INCREASE  
10 IMMUNIZATION RATES AMONG CHILDREN RECEIVING STATE-PAID SOCIAL AND  
11 HEALTH SERVICES. (1) Effective January 1, 1993, the secretary, in  
12 consultation with the department of social and health services, shall  
13 establish five demonstration projects for the purpose of increasing  
14 immunization utilization rates among children who are recipients of  
15 state-paid social and health care services or who are members of an at-  
16 risk population. The projects shall be established to identify the  
17 most effective, cost-efficient, and least burdensome manner to  
18 incorporate efforts to meet immunization target rates as a part of such  
19 programs. The secretary shall utilize age-appropriate immunization  
20 against infectious disease target rates as established in the state  
21 population-based health services plan authorized under this chapter.  
22 In no case shall the expected target rate for the projects be less than  
23 an immunization compliance rate of ninety percent for each age group.  
24 If the secretary determines that a pilot project has not met, or  
25 appears to be unable to meet, the minimum target rate six months after  
26 initial implementation of the project, the secretary shall discontinue  
27 the project and authorize another project in the same or different  
28 location.

1 In selecting demonstration project sites the secretary shall select  
2 sites in both rural and urban areas of the state and in areas east and  
3 west of the Cascade mountains. The projects shall be structured in a  
4 manner to permit the evaluation of different approaches to enhance  
5 immunization utilization rates among the population. In meeting the  
6 requirements of this section the secretary shall establish four of the  
7 five project sites using specific state-administered social and health  
8 service programs for children.

9 (2) The projects shall terminate on December 1, 1994, and the  
10 secretary and the secretary of social and health services shall report  
11 to the standing health care committees of the senate and house of  
12 representatives by December 15, 1994, on the following:

13 (a) An evaluation of the effectiveness of the various methods used  
14 to enhance immunization rates;

15 (b) A proposal indicating which methods are to be used to meet the  
16 immunization requirements in sections 25 and 26 of this act beginning  
17 in January 1995; and

18 (c) A timetable indicating the implementation of the immunization  
19 requirement in sections 25 and 26 of this act.

20 NEW SECTION. **Sec. 25.** STATE SERVICE RECIPIENTS--DEPARTMENT OF  
21 SOCIAL AND HEALTH SERVICES. (1) Effective January 1, 1995, the parent  
22 or legal guardian of a child who is eligible to receive services from,  
23 through, or purchased by the department shall be responsible for  
24 providing to the department within ninety days of receiving such  
25 services:

26 (a) A certificate showing that the child has completed the state  
27 board of health recommended infectious disease immunization schedule or  
28 is making satisfactory progress in complying with the schedule;

1 (b) A waiver signed by a physician licensed under chapter 18.71 or  
2 18.57 RCW stating that a particular vaccine is not medically advisable  
3 for the child. When it is determined by the physician that a  
4 particular vaccine is not contraindicated, the child will be required  
5 to receive the immunization;

6 (c) A written certification signed by a parent or legal guardian of  
7 the child stating that the signer has objections to the required  
8 immunizations based upon religious beliefs; or

9 (d) A written certification signed by a parent or legal guardian of  
10 the child stating that the signer has either a philosophical or  
11 personal objection to immunizing the child.

12 (2) The secretary shall grant to parents or guardians of children  
13 who are receiving department services on or before January 1, 1995,  
14 ninety days to comply with the requirements of this section.

15 (3) The secretary shall decide the manner in which certificates and  
16 waivers required by this section shall be prepared and made available.

17 (4) The secretary may establish by rule a procedure to periodically  
18 check whether children are making satisfactory progress in complying  
19 with the appropriate immunization schedules. Such monitoring shall, to  
20 the extent possible, be conducted during the course of routine contact  
21 with the parent or guardian of the child.

22 (5) The secretary shall coordinate with the secretary of health, in  
23 the preparation of certificates and waivers required for the  
24 administration of this section to assure minimum paperwork and prevent  
25 duplicative compliance requirements for children receiving state  
26 services or benefits from more than one state agency.

27 (6) The secretary shall seek whatever federal waivers are necessary  
28 to implement the provisions of this section.

1        NEW SECTION.    **Sec. 26.**    STATE SERVICE RECIPIENTS--DEPARTMENT OF

2 HEALTH.    (1) Effective January 1, 1995, the parent or guardian of a  
3 child who is eligible to receive services from, through, or purchased  
4 by the department shall be responsible for providing to the department  
5 within ninety days of receiving such services:

6        (a) A certificate showing that the child has completed the state  
7 board of health recommended infectious disease immunization schedule or  
8 is making satisfactory progress in complying with the schedule;

9        (b) A waiver signed by a physician licensed under chapter 18.71 or  
10 18.57 RCW stating that a particular vaccine is not medically advisable  
11 for the child.    When it is determined by the physician that a  
12 particular vaccine is not contraindicated, the child will be required  
13 to receive the immunization;

14        (c) A written certification signed by a parent or legal guardian of  
15 the child stating that the signer has objections to the required  
16 immunizations based upon religious beliefs; or

17        (d) A written certification signed by a parent or legal guardian of  
18 the child stating that the signer has either a philosophical or  
19 personal objection to immunizing the child.

20        (2) The secretary shall grant to parents or guardians of children  
21 who are receiving department services on or before January 1, 1995,  
22 ninety days to comply with the requirements of this section.

23        (3) The secretary shall decide the manner in which certificates and  
24 waivers required by this section may be prepared and made available.

25        (4) The secretary may establish by rule a procedure to periodically  
26 check whether children are making satisfactory progress in complying  
27 with the appropriate immunization schedules.    Such monitoring shall, to  
28 the extent possible, be conducted during the course of routine contact  
29 with the parent or guardian of the child.



1 (5) The secretary shall coordinate with the secretary of social and  
2 health services in the preparation of certificates and waivers and  
3 required for the administration of this section to assure minimum  
4 paperwork and duplicative compliance requirements for children  
5 receiving state services or benefits from more than one state agency.

6 (6) The secretary shall seek whatever federal waivers are necessary  
7 to implement the provisions this section.

8 NEW SECTION. **Sec. 27.** STATE SUBSIDIZED HEALTH CARE INSURANCE  
9 RECIPIENTS--BASIC HEALTH PLAN. (1) Effective January 1, 1995, the  
10 parent or guardian of a child who is enrolled in the plan shall be  
11 responsible for providing to the plan administrator within ninety days  
12 of enrollment:

13 (a) A certificate showing that the child has completed the state  
14 board of health recommended infectious disease immunization schedule or  
15 is making satisfactory progress in complying with the schedule;

16 (b) A waiver signed by a physician licensed under chapter 18.71 or  
17 18.57 RCW stating that a particular vaccine is not medically advisable  
18 for the child. When it is determined by the physician that a  
19 particular vaccine is not contraindicated, the child will be required  
20 to receive the immunization;

21 (c) A written certification signed by a parent or legal guardian of  
22 the child stating that the signer has objections to the required  
23 immunizations based upon religious beliefs; or

24 (d) A written certification signed by a parent or legal guardian of  
25 the child stating that the signer has either a philosophical or  
26 personal objection to immunizing the child.

27 (2) The administrator shall grant to parents and guardians of  
28 children enrolled in the plan on or before January 1, 1995, ninety days  
29 to comply with the requirements of this section.

1 (3) The administrator shall decide the manner in which certificates  
2 and waivers required by this section shall be prepared and made  
3 available.

4 (4) The administrator may establish by rule a procedure to  
5 periodically check whether children are making satisfactory progress in  
6 complying with the appropriate immunization schedules. Such monitoring  
7 shall, to the extent possible, be conducted when the parent or guardian  
8 of the child has routine contact with the plan or health care  
9 contractors authorized to provide services under the plan.

10 NEW SECTION. **Sec. 28.** STATE EMPLOYEE BENEFIT RECIPIENTS--STATE  
11 HEALTH CARE AUTHORITY. (1) Effective January 1, 1995, the parent or  
12 guardian of a child who is enrolled as a dependent in the plan shall be  
13 responsible for providing to the administrator within ninety days of  
14 enrollment:

15 (a) A certificate showing that the child has completed the state  
16 board of health recommended infectious disease immunization schedule or  
17 is making satisfactory progress in complying with the schedule;

18 (b) A waiver signed by a physician licensed under chapter 18.71 or  
19 18.57 RCW stating that a particular vaccine is not medically advisable  
20 for the child. When it is determined by the physician that a  
21 particular vaccine is not contraindicated, the child will be required  
22 to receive the immunization;

23 (c) A written certification signed by a parent or legal guardian of  
24 the child stating that the signer has objections to the required  
25 immunizations based upon religious beliefs; or

26 (d) A written certification signed by a parent or legal guardian of  
27 the child stating that the signer has either a philosophical or  
28 personal objection to immunizing the child.

1 (2) The administrator shall grant to parents and guardians of  
2 children enrolled in the plan on or before January 1, 1995, ninety days  
3 to comply with the requirements of this section.

4 (3) The administrator shall decide the manner in which certificates  
5 and waivers required by this section shall be prepared and made  
6 available.

7 (4) The administrator may establish by rule a procedure to  
8 periodically check whether children are making satisfactory progress in  
9 complying with the appropriate immunization schedules. Such monitoring  
10 shall, to the extent possible, be conducted when the parent or guardian  
11 of the child has any routine contact with the plan or health care  
12 contractors authorized to provide services under the plan.

13 NEW SECTION. **Sec. 29.** IMMUNIZATION ASSESSMENT AND ENHANCEMENT

14 PROPOSALS. (1) The department shall require that each local health  
15 jurisdiction submit an immunization assessment and enhancement proposal  
16 as part of the local population-based health services plan required in  
17 section 18 of this act. The proposal shall meet the requirements of  
18 this section. It shall include a description of how the local health  
19 jurisdictions will consult and involve existing health care providers  
20 that have previously been involved in the administration of state-  
21 supplied immunizations or have shown an interest to become involved.

22 (2) A local health jurisdiction must include at least the following  
23 in the proposal:

24 (a) A description of the population groups in the jurisdiction that  
25 are in greatest need for immunizations;

26 (b) A description of providers in the jurisdiction that are capable  
27 and willing to administer immunizations and how the providers will be  
28 utilized in enhancing immunization compliance with established target  
29 rates;

1 (c) A description of steps to meet immunization compliance target  
2 rates set forth in the state population-based health services plan  
3 authorized by this chapter;

4 (d) A description of current fees charged to patients used to  
5 support local immunization efforts;

6 (e) An analysis of financial and nonfinancial barriers that are  
7 preventing children from receiving immunizations and a description of  
8 how the jurisdiction will remove such barriers; and

9 (f) A description of strategies to use outreach, volunteer, and  
10 other local educational resources to enhance immunization rates.

11 (3) The secretary shall approve the immunization assessment and  
12 enhancement proposal as part of the approval of the local population-  
13 based health services plan.

14 (4) This section shall be implemented consistent with available  
15 funding.

16 (5) The funding authorized under this act shall be used to  
17 supplement but not replace current fees used to support local  
18 immunization efforts that are charged to patients.

19 (6) The secretary shall report biennially to the health care and  
20 fiscal committees of the house of representatives and senate on the  
21 status of the program and progress made toward meeting the target  
22 immunization target rates.

23 **Sec. 30.** RCW 28A.210.070 and 1990 c 33 s 191 are each amended to  
24 read as follows:

25 As used in RCW 28A.210.060 through 28A.210.170:

26 (1) "Chief administrator" shall mean the person with the authority  
27 and responsibility for the immediate supervision of the operation of a  
28 school or day care center as defined in this section or, in the  
29 alternative, such other person as may hereafter be designated in

1 writing for the purposes of RCW 28A.210.060 through 28A.210.170 by the  
2 statutory or corporate board of directors of the school district,  
3 school, or day care center or, if none, such other persons or person  
4 with the authority and responsibility for the general supervision of  
5 the operation of the school district, school or day care center.

6 (2) "Full immunization" shall mean immunization against certain  
7 vaccine-preventable diseases in accordance with schedules and with  
8 immunizing agents approved by the state board of health.

9 (3) "Local health department" shall mean the city, town, county,  
10 district or combined city-county health department, board of health, or  
11 health officer which provides public health services.

12 (4) "School" shall mean and include each building, facility, and  
13 location at or within which any or all portions of a preschool,  
14 kindergarten and grades one through twelve program of education and  
15 related activities are conducted for two or more children by or in  
16 behalf of any public school district and by or in behalf of any private  
17 school or private institution subject to approval by the state board of  
18 education pursuant to RCW 28A.305.130(6), 28A.195.010 through  
19 28A.195.050, and 28A.410.120.

20 (5) "Day care center" shall mean an agency which regularly provides  
21 care (~~for a group of thirteen or more~~) to children for periods of  
22 less than twenty-four hours and is licensed pursuant to chapter 74.15  
23 RCW.

24 (6) "Child" shall mean any person, regardless of age, in attendance  
25 at a public or private school or a licensed day care center.

26 **PART IV - REGIONAL HEALTH PROMOTION**

27 NEW SECTION. **Sec. 31.** LEGISLATIVE FINDINGS. The legislature  
28 finds that:

1 (1) The current system of health care and public health has been  
2 remarkably successful in identifying and reducing or eradicating many  
3 contagious or infectious diseases that were major public health threats  
4 in years past.

5 (2) Chronic diseases account for three out of four deaths in  
6 Washington every year. Diseases such as heart disease, cancer,  
7 intentional and unintentional injuries, perinatal conditions, and other  
8 conditions can be prevented if individuals receive early detection of  
9 disease and periodic screening, and modify their personal behaviors and  
10 life styles.

11 (3) State, local, and private agencies have been established to  
12 plan and deliver social and health services. Many of these services  
13 are designed to arrest, treat, or cure illnesses and injuries, not to  
14 prevent them.

15 (4) While certain state agencies have responsibility for prevention  
16 of particular illnesses or injuries, such as the Washington traffic  
17 safety commission for prevention of traffic injuries and the department  
18 of social and health services for prevention of substance abuse, no  
19 single entity in state or local government is presently charged with  
20 the authority to oversee and coordinate all public and private efforts  
21 to address the factors which will promote health and prevent illness  
22 and injury, both intentional and unintentional. Of particular concern  
23 is the need to coordinate and lead existing public and private efforts  
24 to deal with chronic disease and its causes including tobacco use,  
25 misuse of alcohol and other drugs, intentional and unintentional  
26 injuries, diet, or other personal behaviors.

27 (5) These activities are essential to the protection and promotion  
28 of public health and should be pursued by individual citizens,  
29 communities, local governments, businesses, and public and private

1 agencies with leadership from local health departments, the department  
2 of health, and the board of health through the state health report.

3 The purpose of sections 32 through 34 of this act is to provide  
4 health promotion and disease and injury prevention efforts within the  
5 public health system to empower individuals, voluntary community  
6 associations, health organizations, and others by providing information  
7 and resources to protect and promote health.

8 NEW SECTION. **Sec. 32.** CENTER FOR HEALTH PROMOTION ESTABLISHED.

9 There is established within the department of health a center for  
10 health promotion and disease and injury prevention whose principal  
11 administrator shall report to the secretary. The center shall contain  
12 departmental functions that the secretary determines are most directly  
13 related to the promotion of health and the prevention of diseases and  
14 intentional and unintentional injuries, consistent with the  
15 organizational principles set forth in RCW 43.70.020.

16 (1) Included as part of the state-wide population-based health  
17 services plan, the center shall assist the department to:

18 (a) Identify the leading causes of death, disease, and injury to  
19 Washington citizens;

20 (b) Isolate the causes and risk factors for these illnesses and  
21 injuries, both intentional and unintentional;

22 (c) Identify geographic areas and population groups at risk for  
23 these illnesses and intentional and unintentional injuries;

24 (d) Identify strategies that have been demonstrated to be effective  
25 in reducing these illnesses, intentional and unintentional injuries,  
26 causes, or risk factors.

27 (2) Biennially the center shall establish health promotion and  
28 disease and injury prevention state-wide objectives. It shall consult  
29 with the local health jurisdictions and state board of health and shall

1 consider such appropriate objectives as may be found in the state  
2 health report and United States public health service year 2000  
3 objectives. Using data on Washington residents, the department shall  
4 adopt state-wide objectives in a manner that addresses at least the  
5 following national objectives to be achieved by the year 2000:

6 (a) Reduce cigarette smoking among people twenty years and over  
7 from 29.1 percent to no more than fifteen percent;

8 (b) Reduce cigarette smoking among people less than twenty years  
9 from 29.5 percent to no more than fifteen percent;

10 (c) Reduce breast cancer deaths from 27.2 per one hundred thousand  
11 women to no more than 25.2 per one hundred thousand;

12 (d) Reduce prevalence of cholesterol levels of two hundred forty  
13 milligrams per deciliter among people twenty and older from 26.8  
14 percent to no more than twenty percent;

15 (e) Reduce deaths from cancer of the uterine cervix from 3.2 per  
16 one hundred thousand women to no more than 1.5 per one hundred thousand  
17 women;

18 (f) Reduce serious nonfatal head injuries from one hundred eleven  
19 per one hundred thousand people to no more than eighty-three per one  
20 hundred thousand;

21 (g) Reduce drowning deaths from 2.6 per one hundred thousand  
22 persons to no more than 1.7 per one hundred thousand persons;

23 (h) Improve control of diabetes, as measured by a reduction in  
24 hospitalization from 13.8 per one thousand people with diabetes to 6.9  
25 per one thousand people with diabetes;

26 (i) Reverse the rising incidence of physical abuse of children  
27 under age eighteen from 10.7 per one thousand children to no more than  
28 10 per one thousand children;



1 (j) Reduce assault injuries among people age twelve and older from  
2 1841.8 per one hundred thousand people to no more than 1650 per one  
3 hundred thousand people;

4 (k) Reduce alcohol-related motor vehicle crash deaths from 9.7 per  
5 one hundred thousand people to 8.5 per one hundred thousand people;

6 (l) Reduce by fifty percent the use of alcohol, marijuana, and  
7 cocaine among young people ages twelve to seventeen years from 25.2  
8 percent for alcohol, 6.4 percent for marijuana, and 1.1 percent for  
9 cocaine;

10 (m) Reduce annual average alcohol consumption by people age  
11 fourteen and older by twenty-three percent from 2.6 gallons of ethanol  
12 per year to 2 gallons of ethanol per year;

13 (n) Reduce by twenty-five percent the number of infants born to  
14 chemical abusing women; and

15 (o) Reduce the incidence of gonorrhoea from 297 cases per one  
16 hundred thousand people to 225 cases per one hundred thousand people.

17 (3) The center shall also:

18 (a) Act as a clearinghouse and consultive resource for local health  
19 departments, other public and private groups, and voluntary community  
20 associations that wish to implement these strategies; and

21 (b) Request and receive funds, gifts, grants, or appropriations  
22 from the legislature, the federal government, or private sources to  
23 pursue the department's duties under this section.

24 NEW SECTION. **Sec. 33.** HEALTH PROMOTION AND DISEASE PREVENTION  
25 REGIONS. The department shall establish a state-wide system of health  
26 promotion and disease prevention regions as follows:

27 (1) The department, in collaboration with local health  
28 jurisdictions, shall designate regions and assist these regions in  
29 establishing local health promotion and disease and intentional and

1 unintentional injury prevention priority objectives based on analysis  
2 of the information in section 32 of this act. Regions shall be  
3 consistent with the organizational principles in this chapter, except  
4 as necessary to promote efficiency and responsiveness in programs, and,  
5 to the extent possible, reflect unique grouping of disease or injury  
6 incidence or populations identified at risk.

7 (2) The department, in consultation with the state board of health,  
8 shall designate regions incorporating the entire state by October 1,  
9 1992, and shall identify such regions in the state population-based  
10 health services plan.

11 (3) By June 1, 1993, each region shall prepare, through a  
12 cooperative effort of local health jurisdictions, other health care  
13 providers, schools, community, business, and health organizations  
14 within the region, a regional health promotion and disease and  
15 intentional and unintentional injury prevention proposal that addresses  
16 the objectives established under subsection (1) of this section. The  
17 proposal shall be incorporated into the local population-based health  
18 services plan required by section 18 of this act. It shall place  
19 emphasis on collaboration with local voluntary organizations within the  
20 region.

21 (4) Health promotion and disease and intentional and unintentional  
22 injury prevention interventions under sections 32 through 34 of this  
23 act shall include measures with demonstrated effectiveness in meeting  
24 regional health promotion and disease and intentional and unintentional  
25 injury prevention objectives. Interventions may include at least  
26 health screening services and assessments, public education campaigns,  
27 and targeted education efforts. In no case may interventions under  
28 sections 32 through 34 of this act include the delivery of primary  
29 health or social services.

1 (5) In developing intervention strategies regarding the health of  
2 children and adolescents, the region shall cooperate with all local  
3 school districts within the region. It is the region's obligation to  
4 involve local school districts in planning these interventions for  
5 children and adolescents. If a local school district declines to  
6 participate, the school district shall submit a written statement to  
7 this effect to the region. This statement must be included in the  
8 regional health promotion and disease and intentional and unintentional  
9 injury prevention proposal.

10 (6) The regional health promotion and disease and intentional and  
11 unintentional injury prevention proposal shall be developed and  
12 administered by the local public health jurisdiction within the region.  
13 If a region encompasses more than one local public health jurisdiction,  
14 those jurisdictions shall select a jurisdiction to develop and  
15 administer the regional proposal. In the event agreement cannot be  
16 reached, the department shall determine the lead jurisdiction.

17 (7) Authorized funding for health promotion and disease and  
18 intentional and unintentional injury prevention regions shall be  
19 allocated in grants based on priorities established under subsection  
20 (1) of this section and the cost efficiencies of interventions  
21 associated with those priorities.

22 NEW SECTION. **Sec. 34.** The state board of health shall review  
23 the health promotion and disease and intentional and unintentional  
24 injury prevention objectives established in section 32 of this act and  
25 recommend modification as part of the state health report.

26 **Sec. 35.** RCW 43.59.030 and 1991 c 3 s 298 are each amended to read  
27 as follows:

1 The governor shall be assisted in his or her duties and  
2 responsibilities by the Washington state traffic safety commission.  
3 The Washington traffic safety commission shall be composed of the  
4 governor as ((~~chairman~~)) chair, the superintendent of public  
5 instruction, the director of licensing, the secretary of  
6 transportation, the chief of the state patrol, the secretary of health,  
7 the secretary of social and health services, a representative of the  
8 association of Washington cities to be appointed by the governor, a  
9 member of the association of counties to be appointed by the governor,  
10 and a representative of the judiciary to be appointed by the governor.  
11 Appointments to any vacancies among appointee members shall be as in  
12 the case of original appointment.

13 The governor may designate an employee of the governor's office to  
14 act on behalf of the governor during the absence of the governor at one  
15 or more of the meetings of the commission. The vote of the designee  
16 shall have the same effect as if cast by the governor if the  
17 designation is in writing and is presented to the person presiding at  
18 the meetings included within the designation.

19 The governor may designate a member to preside during the  
20 governor's absence.

21 **PART V - COMMUNITY OUTREACH FOR HEALTH**

22 NEW SECTION. **Sec. 36.** LEGISLATIVE INTENT. The legislature finds  
23 that current health and social service outreach programs focus  
24 primarily on multimedia campaigns, telephone hotlines, and professional  
25 case finding and referrals. These programs may fail to address the  
26 access barriers experienced by high-risk pregnant and parenting women  
27 and their families. The legislature finds that active outreach  
28 programs using indigenous, nonprofessional community members and

1 resources offer unique credibility and supports that cannot be  
2 duplicated by professional efforts or multimedia campaigns. The  
3 legislature further finds that indigenous community outreach programs  
4 achieve health improvements comparable or superior to professional or  
5 educational outreach programs.

6 The purpose of this section and section 37 of this act is to  
7 empower individuals, businesses, voluntary community organizations, and  
8 others to promote health and prevent illness and injury among high-risk  
9 pregnant and parenting women and their families in their local  
10 community through active outreach programs using indigenous,  
11 nonprofessional community members and resources.

12 NEW SECTION. **Sec. 37.** COMMUNITY OUTREACH PILOT PROGRAMS. The  
13 secretary shall assist local health jurisdictions in establishing ten  
14 pilot local community outreach for health programs using indigenous,  
15 nonprofessional community volunteers. Local health jurisdictions shall  
16 as part of the local population-based health services plan authorized  
17 by section 18 of this act: (1) Identify geographic areas and  
18 population groups experiencing substantial health risks among pregnant  
19 and parenting women and their families; and (2) develop and coordinate  
20 community outreach for health programs targeted toward at-risk  
21 geographic areas or population groups identified according to this  
22 section.

23 Community outreach programs shall focus on direct contact and may  
24 provide support, education, referral, or other activities that  
25 facilitate access to public and private community resources according  
26 to individual or family need.

27 Authorized funding for community outreach for health programs shall  
28 be allocated based on broad community participation, potential for  
29 health improvements and community empowerment. Applications for grants

1 must provide a fifty percent match of funds or in-kind resources from  
2 local government, community organizations, or other private sources.  
3 Volunteer hours may be counted against this match at the rate of five  
4 dollars per hour.

5 **PART VI - HEALTH SERVICES FOR SCHOOL CHILDREN**

6 NEW SECTION. **Sec. 38.** LEGISLATIVE INTENT. The legislature finds  
7 that: (1) The availability of health care services in our schools  
8 promotes improved health of children in the state of Washington; (2)  
9 local health jurisdictions provide excellent health services and that  
10 collaboration between the local health jurisdictions and schools  
11 enhances the health of all children in the state; (3) the promotion of  
12 health services in the schools enhances the education of the students;  
13 and (4) in many districts school health services are not sufficient.

14 The legislature declares that the availability of health services  
15 in the schools should be increased. It is the legislative intent to  
16 provide for the greatest degree of flexibility and cooperation between  
17 the school districts and local health departments in designing  
18 proposals for delivering health services that will respect the  
19 uniqueness of schools and local communities.

20 NEW SECTION. **Sec. 39.** (1) As part of the local population-  
21 based health services plan authorized under this chapter, each local  
22 health jurisdiction may assess the health services needs of children in  
23 grades K-8 in public and private schools. The purpose of the  
24 assessment is to identify needed school health services in grades K-8  
25 in public and private schools as an enhancement to the current level of  
26 school health services. Funding authorized under this chapter shall

1 not be used to supplant programs currently providing school health  
2 services.

3 (2) School districts may enter into contracts through interlocal  
4 agreements with local health jurisdictions for the provision of school  
5 health services upon approval by the department and having met the  
6 provisions of subsection (1) of this section. The interlocal  
7 agreements shall include but not be limited to: The type of services  
8 to be provided, the use of school facilities when school is not in  
9 session, supervision of health personnel while on school premises, the  
10 location of student health records, and the availability of student and  
11 parent education.

12 (3) The department shall provide funds, to the extent funds are  
13 appropriated by the legislature, to reimburse local health  
14 jurisdictions for school health services provided to school districts  
15 under subsection (2) of this section and based on the allocation model  
16 outlined in section 7 of this act. Neither the department nor the  
17 superintendent of public instruction may establish rules that will  
18 determine or forbid the services or level of services that are to be  
19 established in the interlocal agreements under subsection (2) of this  
20 section.

21 (4) The department shall submit a report to the legislature by  
22 December 1, 1993, describing the number of students served, the  
23 profiles of the schools and local health departments that have entered  
24 into interlocal agreements, benefits from the program, and any  
25 recommendations for improving the program.

26 **PART VII - GATEKEEPER OUTREACH PROGRAM**

27 NEW SECTION. **Sec. 40.** LEGISLATIVE FINDING. The legislature finds  
28 that moderately to severely impaired elderly who live in their own

1 homes have traditionally been underserved by community-based agencies  
2 providing personal support services. Most moderately to severely  
3 impaired elderly do not self-refer for community-based services. The  
4 legislature further finds that health and social service agencies do  
5 not necessarily understand the community organization effort needed to  
6 identify and locate this large subpopulation of isolated, high-risk  
7 elderly. The legislature declares that active outreach programs using  
8 individuals who may have regular contact with the most isolated elderly  
9 living in their communities are highly successful in reaching this  
10 population.

11 **Sec. 41.** RCW 74.38.020 and 1989 1st ex.s. c 9 s 817 are each  
12 amended to read as follows:

13 As used in this chapter, the following words and phrases shall have  
14 the following meaning unless the content clearly requires otherwise:

15 (1) "Area agency" means an agency, other than a state agency,  
16 designated by the department to carry out programs or services approved  
17 by the department in a designated geographical area of the state.

18 (2) "Area plan" means the document submitted annually by an area  
19 agency to the department for approval which sets forth (a) goals and  
20 measurable objectives, (b) review of past expenditures and accounting  
21 of revenue for the previous year, (c) estimated revenue and  
22 expenditures for the ensuing year, and (d) the planning, coordination,  
23 administration, social services, and evaluation activities to be  
24 undertaken to carry out the purposes of the Older Americans Act of 1965  
25 (42 U.S.C. Sec. 3024 et. seq.), as now or hereafter amended.

26 (3) "Department" means the department of social and health  
27 services.



1 (4) "Office" shall mean the office on aging which is the  
2 organizational unit within the department responsible for coordinating  
3 and administering aging problems.

4 (5) "Eligible persons" means senior citizens who are:

5 (a) Sixty-five years of age or more; or

6 (b) Sixty years of age or more and are either (i) nonemployed, or  
7 (ii) employed for twenty hours per week or less; and

8 (c) In need of services to enable them to remain in their customary  
9 homes because of physical, mental, or other debilitating impairments.

10 (6) "Low income" means initial resources or subsequent income at or  
11 below forty percent of the state median income as promulgated by the  
12 secretary of the United States department of health, education and  
13 welfare for Title XX of the Social Security Act, or, in the  
14 alternative, a level determined by the department and approved by the  
15 legislature.

16 (7) "Income" shall have the same meaning as in chapter 74.04 RCW,  
17 as now or hereafter amended; except, that money received from RCW  
18 74.38.060 shall be excluded from this definition.

19 (8) "Resource" shall have the same meaning as in chapter 74.04 RCW,  
20 as now or hereafter amended.

21 (9) "Need" shall have the same meaning as in chapter 74.04 RCW, as  
22 now or hereafter amended.

23 (10) "Gatekeeper" means an employee of a federal, state, or local  
24 agency, corporation, business, or other entities that, in the course of  
25 his or her regular activities, have contact with the isolated elderly  
26 in the community. Gatekeepers include, but are not limited to, meter  
27 readers, repair personnel from the electrical and gas utilities, bank  
28 personnel, postal carriers, pharmacists, and emergency medical  
29 technicians.



1        NEW SECTION.    **Sec. 46.**    CODIFICATION.    Section 25 of this act is  
2 added to chapter 43.20A RCW.

3        NEW SECTION.    **Sec. 47.**    CODIFICATION.    Section 27 of this act is  
4 added to chapter 70.47 RCW.

5        NEW SECTION.    **Sec. 48.**    CODIFICATION.    Section 28 of this act is  
6 added to chapter 41.05 RCW.

7        NEW SECTION.    **Sec. 49.**    CODIFICATION.    Sections 40 and 42 of this  
8 act are each added to chapter 74.38 RCW.

9        NEW SECTION.    **Sec. 50.**    SEVERABILITY.    If any provision of this act  
10 or its application to any person or circumstance is held invalid, the  
11 remainder of the act or the application of the provision to other  
12 persons or circumstances is not affected.

13        NEW SECTION.    **Sec. 51.**    CAPTIONS NOT LAW.    Section captions and  
14 part headings as used in this act do not constitute any part of the  
15 law.

16        NEW SECTION.    **Sec. 52.**        This act is necessary for the immediate  
17 preservation of the public peace, health, or safety, or support of the  
18 state government and its existing public institutions, and shall take  
19 effect immediately.