

HOUSE BILL REPORT

2SSB 6197

As Reported by House Committee On: Health Care

Title: An act relating to the creation of the governor's interagency coordinating council on health disparities.

Brief Description: Creating the governor's interagency coordinating council on health disparities.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Franklin, Regala, Eide, Prentice, Fraser, Brown, Kline, Kohl-Welles and Shin).

Brief History:

Committee Activity:

Health Care: 2/21/06, 2/23/06 [DPA].

Brief Summary of Second Substitute Bill (As Amended by House Committee)

- Creates the Governor's Interagency Coordinating Council on Health Disparities to develop an action plan for eliminating health disparities and conduct health impact reviews.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: Do pass as amended. Signed by 9 members: Representatives Cody, Chair; Campbell, Vice Chair; Morrell, Vice Chair; Appleton, Clibborn, Green, Lantz, Moeller and Schual-Berke.

Minority Report: Do not pass. Signed by 5 members: Representatives Hinkle, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Bailey, Condotta and Skinner.

Staff: Chris Blake (786-7392).

Background:

The National Institutes of Health have defined "health disparities" as the "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups." According to the Centers for Disease Control and Prevention (CDC), there are several health areas where different racial and ethnic populations experience health disparities as exhibited through poorer health and a higher

frequency of premature death than other populations. The CDC attributes these differences to a combination of genetic variations, environmental factors, language and cultural barriers, unequal access to health care, discrimination, and specific health behaviors. The Department of Health and Human Services has identified six health areas where it has established near-term goals for reducing health disparities. These six health areas include: cancer screening, cardiovascular disease, diabetes, Human Immunodeficiency Virus (HIV) infection/Acquired Immunodeficiency Syndrome (AIDS), immunizations, and infant mortality.

In 2004, the Legislature created the Joint Select Committee on Health Disparities (Committee) through the adoption of Senate Concurrent Resolution 8419. The Committee issued a report on health disparities in Washington on November 1, 2005. The report contained several recommendations and findings for the Legislature's consideration. Among the Committee's recommendations was to create an "interagency coordinating council under the direction of the Governor to promote and facilitate communication, collaboration, and cooperation among state agencies and programs in the communities." In addition, the report recommended the creation of an action plan that includes health impact reviews that measure and address how social determinants of health can lead to disparities in the health of different populations.

Summary of Amended Bill:

The Governor's Interagency Coordinating Council on Health Disparities (Council) is established to promote and facilitate communication, coordination, and collaboration among state agencies, communities of color, and the public and private sector with respect to addressing health disparities. The Governor or the Governor's designee shall serve as the chair of the Council. In addition to the Governor, the Council shall consist of 23 other members including representatives of state government entities with jurisdiction over minority affairs, health care, higher education, the workforce, and the environment, as well as two public members representing health care consumers. The State Board of Health (Board) is to provide assistance to the Governor by convening and assisting the Council.

By 2012, the Council must create an action plan for eliminating health disparities. The action plan must include plans to address diabetes, asthma, infant mortality, HIV/AIDS, heart disease, stroke, breast cancer, cervical cancer, prostate cancer, women's health issues, chronic kidney disease, Sudden Infant Death Syndrome, mental health, smoking cessation, oral disease, and immunization rates. The action plan must be updated every two years.

The Board must publish health impact reviews in collaboration with the Council and relevant state agencies. A "health impact review" is defined as a review of the effect that a legislative or budgetary proposal has on improving or worsening health disparities. The health impact reviews must be based upon the best empirical information and professional assumptions available to the Board. "Health disparities" are defined as differences in the incidence, prevalence, mortality, or burden of disease and other adverse health conditions that exist between specific population groups in Washington.

A health impact review may be initiated by any state legislator or the Governor by written request. The Board shall respond to requests during the legislative session within 10 days. The Board may limit the number of health impact reviews that it conducts to maintain quality within available resources. Health impact reviews become public documents upon delivery to the requestor.

Beginning January 15, 2008, the Council shall report its progress to the Governor and the Legislature every two to four years. The Joint Legislative Audit and Review Committee shall review the Council and its functions and present findings to the Legislature by December 1, 2016.

Amended Bill Compared to Second Substitute Bill:

The amended bill requires that the Board conduct health impact reviews in collaboration with the Council. Health impact reviews are reviews of the impact on health disparities of legislative or budgetary proposals according to best available empirical information. Health impact reviews may be requested by any legislator or the Governor.

The action plan must address women's health issues, chronic kidney disease, and oral disease.

Representatives of the Office of the Insurance Commissioner, the Office of the Superintendent of Public Instruction, and the Department of Early Learning are added to the Council.

Appropriation: None.

Fiscal Note: Available.

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

Testimony For: There are many good things happening in the communities and they must coordinate their efforts better. A lot is happening in state agencies to address health disparities and this will help coordinate planning.

Testimony Against: None.

Persons Testifying: Senator Franklin, prime sponsor; and Craig McLaughlin, State Board of Health.

Persons Signed In To Testify But Not Testifying: None.