

# HOUSE BILL REPORT

## 2SHB 1497

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**As Passed House:**  
March 5, 2019

**Title:** An act relating to foundational public health services.

**Brief Description:** Concerning foundational public health services.

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Robinson, Harris, Cody, Jinkins, DeBolt, Macri, Stonier, Corry, Riccelli, Thai, Kilduff, Stanford and Kloba; by request of Department of Health).

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/8/19, 2/13/19 [DPS];  
Appropriations: 2/25/19, 2/26/19 [DP2S(w/o sub HCW)].

**Floor Activity:**

Passed House: 3/5/19, 94-4.

**Brief Summary of Second Substitute Bill**

- Requires the Department of Health, federally recognized Indian tribes, a state association representing local health jurisdictions, and the State Board of Health to agree to the distribution and use of funds appropriated for foundational public health services in order for the funds to be distributed.
- Defines foundational public health services.
- Repeals statutes related to the public health services improvement plan.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Chambers, Davis, DeBolt, Harris, Jinkins, Maycumber, Riccelli, Robinson, Stonier, Thai and Tharinger.

**Staff:** Kim Weidenaar (786-7120).

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

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 32 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Schmick, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger, Volz and Ybarra.

**Minority Report:** Do not pass. Signed by 1 member: Representative Kraft.

**Staff:** Linda Merelle (786-7092).

### **Background:**

#### Structure of the Public Health System.

"Public health" is defined by statute as the activities that society does collectively to assure the conditions in which people can be healthy. The public health system in Washington includes the Department of Health (DOH), the State Board of Health (Board), 35 local health jurisdictions, and tribal governments. The DOH is charged with: performing duties related to vital statistics; studying factors related to health improvement, the causes of morbidity and mortality, and the effects of the environment on public health; investigating and advising local health officers; performing health inspections; regulating public water systems; and maintaining a public health laboratory. The 10-member Board provides a public forum for the development of public health policy. Rules adopted by the Board cover issues such as newborn screening, childhood immunizations, disease prevention and control, cleanliness of facilities, drinking water quality, food service, and vital statistics. Local health jurisdictions (county health departments, multi-county health districts, and city-county health departments) enforce public health statutes, as well as rules adopted by the Board, the DOH, and local governments.

The state, tribes, and urban Indian health clinics address public health issues through a government-to-government relationship. Protecting the public's health across the state is recognized in statute as a fundamental responsibility of the state. Distributions to local health jurisdictions must deliver certain outcomes, such as a reduction in vaccine preventable diseases and creation of a disease response system capable of responding at all times.

#### Public Health Services Improvement Plan.

The DOH is required to submit a biennial public health services improvement plan developed in coordination with the Board, local health jurisdictions, and others. The plan addresses minimum standards for public health protection, strategies and a schedule for improving public health programs throughout the state, and a recommended level of dedicated funding.

#### Core Public Health Functions of Statewide Significance.

In 2008 the DOH was required to develop a prioritized list of activities and services performed by local health jurisdictions that qualify as "core public health functions of

statewide significance" and to adopt performance measures. The DOH and local health jurisdictions must abide by the list and performance measures.

The DOH provides local jurisdictions with financial incentives to encourage local investments in core public health functions. Local jurisdictions may not supplant existing local funding with those state resources. "Core public health functions of statewide significance" are health services that: (1) promote uniformity in public health activities, increase the system's strength, or apply to broad public health efforts; (2) if inadequately addressed, are likely to have a significant adverse impact beyond the borders of the local health jurisdiction; and (3) address communicable diseases, public health emergencies, chronic diseases and disabilities, promotion of healthy families and the development of children, environmental health concerns, and assessment of local health risks and trends.

#### Funding for Foundational Public Health.

The 2016 Supplemental Operating Budget directed the DOH and local health jurisdictions to provide a proposal outlining a plan for implementing foundational public health services statewide to modernize, streamline, and fund a 21st century public health system. In the 2017-2019 Operating Budget, the Legislature appropriated one-time funding of \$12 million for foundational public health services.

#### **Summary of Second Substitute Bill:**

##### Foundational Public Health Services Funding.

Funding for foundational public health services must be appropriated to the Office of Financial Management (OFM). The OFM may only allocate funding to the Department of Health (DOH) if the DOH, after consultation with federally recognized Indian tribes pursuant to the statutory consultation process, jointly certifies with a state association representing local health jurisdictions and the State Board of Health (Board), to the OFM that there has been an agreement on the distribution and uses of state foundational public health services funding across the public health system. If joint certification is provided, the DOH must distribute the funding according to the agreed-upon distribution and uses. If joint certification is not provided, the appropriation for foundational public health services lapse.

By October 1, 2020, the DOH, in partnership with local health jurisdictions, sovereign tribal nations, and the Board must report on:

- service delivery models, and a plan for further implementation of successful models;
- changes in capacity of the governmental public health system; and
- progress made to improve health outcomes.

##### Foundational Public Health Services.

"Foundational public health services" means a limited statewide set of defined public health services within the following areas: control of communicable diseases and other notifiable conditions; chronic disease and injury prevention; environmental public health; maternal, child, and family health; access to and linkage with medical, oral, and behavioral health services; vital records; and cross-cutting capabilities including assessing the health of populations, public health emergency planning, communications, policy development and support, community partnership development, and business competencies.

"Governmental public health system" means the state DOH, Board, local health jurisdictions, sovereign tribal nations, and Indian health programs located in Washington. "Service delivery models" mean a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

The definitions of "core public health functions of statewide significance" and "local health jurisdictions" are repealed. The statutory provisions related to the public health services improvement plan, including the duties of the DOH and local health jurisdictions, performance measures, distribution of funds, performance based contracts, and evaluation are repealed.

**Appropriation:** None.

**Fiscal Note:** Available.

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

**Staff Summary of Public Testimony (Health Care & Wellness):**

(In support) Washington cannot have an effective or cost efficient health care system without a strong public health system. People across the state, regardless of where they live, should be protected by a strong public health system, but the data shows that this is not the case. This bill will put core services back in place and allow for an efficient and effective public health system. It represents a shared commitment to protect the public's health and ensure everyone across the state receives this protection.

Diseases and outbreaks do not pay attention to jurisdictional borders, so this bill is important in that it includes tribes as one of the four components of the state's public health system. Public health issues have no boundaries, and so we must work together. Public health funding is limited and tribes do not have the revenue structures to provide public health services. Additionally, American Indians and Alaska Natives are disproportionately impacted by health conditions and public health outbreaks. We can only rebuild the foundations of public health together.

Limited funding requires that the public health system deliver services in a way that maximizes the efficiency of the system, and that counties work together to share resources and expertise to respond to outbreaks. The public health system has been working on creative ways to share services when unique outbreaks occur or there are unusual circumstance that we do not all have experience in. This bill gives rural jurisdictions a fair chance to respond to public health issues. Quickly addressing and preventing outbreaks in an efficient manner saves the health care system significant amounts of money.

There are still concerns about having enough funding. Health departments and health jurisdictions are not adequately resourced to fulfill their mandates due to funding cuts during the recessions. As populations grow and demands for services have grown, resources have

not. We do not have the resources to maintain the public health system. The current public health system is not the system our communities deserve.

(Opposed) None.

**Staff Summary of Public Testimony (Appropriations):**

(In support) Washington's governmental public health system has a critical and unique public safety role for protecting and improving the health of families and communities. This bill represents the commitment to ensure healthy and thriving communities by working collectively across the governmental system. People across the state should be protected by the public health system, but the public health infrastructure has eroded. The proposed changes to the law clearly define public health and its core responsibilities.

(Opposed) None.

**Persons Testifying (Health Care & Wellness):** Representative Robinson, prime sponsor; John Wiesman, Department of Health; Michelle Davis, Washington State Board of Health; Vicki Lowe, American Indian Health Commission; Patty Hayes, Public Health Seattle and King County; Jeff Ketchel, Snohomish County Health District; Theresa Adkinson, Grant County Health District; and John Blom, Clark County Health Department.

**Persons Testifying (Appropriations):** Jaime Bodden, Washington State Association of Local Public Health Officials; and Maria Courogen, Washington State Department of Health.

**Persons Signed In To Testify But Not Testifying (Health Care & Wellness):** None.

**Persons Signed In To Testify But Not Testifying (Appropriations):** None.