

**E2SSB 5052** - H COMM AMD

By Committee on Health Care & Wellness

**ADOPTED 04/07/2021**

1 Strike everything after the enacting clause and insert the  
2 following:

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

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

21 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70  
22 RCW to read as follows:

23 (1) Subject to the availability of amounts appropriated for this  
24 specific purpose, the department, in coordination with the governor's  
25 interagency council on health disparities, local health  
26 jurisdictions, and accountable communities of health, must share and  
27 review population health data, which may be related to chronic and  
28 infectious diseases, maternal birth complications, preterm births and  
29 other newborn health complications, and any other relevant health  
30 data, including hospital community health needs assessments, to  
31 identify, or allow communities to self-identify, potential health

1 equity zones in the state and develop projects to meet the unique  
2 needs of each zone. The department must provide technical support to  
3 communities in the use of data to facilitate self-identification of  
4 health equity zones.

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

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

12 (4) Communities that self-identify zones or the department must  
13 notify relevant community organizations in the zones of the health  
14 equity zone designation and allow those organizations to identify  
15 projects to address the zone's most urgent needs related to health  
16 disparities. Community organizations may include, but are not limited  
17 to:

- 18 (a) Community health clinics;
- 19 (b) Local health providers;
- 20 (c) Federally qualified health centers;
- 21 (d) Health systems;
- 22 (e) Local government;
- 23 (f) Public school districts;
- 24 (g) Recognized American Indian organizations and Indian health  
25 organizations;
- 26 (h) Local health jurisdictions; and
- 27 (i) Any other nonprofit organization working to address health  
28 disparities in the zone.

29 (5) Local organizations working within zones may form coalitions  
30 to identify the needs of the zone, design projects to address those  
31 needs, and develop an action plan to implement the projects. Local  
32 organizations may partner with state or national organizations  
33 outside the specific zone designation. Projects may include, but are  
34 not limited to:

- 35 (a) Addressing health care provider access and health service  
36 delivery;
- 37 (b) Improving information sharing and community trust in  
38 providers and services;
- 39 (c) Conducting outreach and education efforts; and

1 (d) Recommending systems and policy changes that will improve  
2 population health.

3 (6) The department must provide:

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

6 (b) Technical assistance related to project management and  
7 developing health outcome and other measures to evaluate project  
8 success; and

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

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

16 (8) For the purposes of this section "health equity zone" or  
17 "zone" means a contiguous geographic area that demonstrates  
18 measurable and documented health disparities and poor health  
19 outcomes, which may include but are not limited to high rates of  
20 maternal complications, newborn health complications, and chronic and  
21 infectious disease, is populated by communities of color, Indian  
22 communities, communities experiencing poverty, or immigrant  
23 communities, and is small enough for targeted interventions to have a  
24 significant impact on health outcomes and health disparities.  
25 Documented health disparities must be documented or identified by the  
26 department or the centers for disease control and prevention."

27 Correct the title.

EFFECT: Adds persons and communities experiencing poverty to the groups of individuals who may populate a health equity zone. Requires the Department of Health to share and review hospital community needs assessments when identifying, or allowing communities to self-identify as, health equity zones. Makes the bill applicable to Indian communities in general, instead of only urban Indian communities.

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