

FINAL BILL REPORT

E2SHB 1152

C 205 L 21
Synopsis as Enacted

Brief Description: Establishing comprehensive health services districts.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske and Bateman; by request of Office of the Governor).

House Committee on Health Care & Wellness
House Committee on Appropriations
Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means

Background:

Department of Health.

The Department of Health (DOH) administers various programs and services that promote public health through disease and injury prevention, immunization, newborn screening, professional licensing, and public education. Public health services are provided primarily by a decentralized system of 35 local health jurisdictions, the DOH, and the Washington State Board of Health (State Board).

Local Health Department or District.

Counties' legislative authorities are charged with establishing either a county health department or a health district to assure the public's health. Local health departments and health districts may take various forms and include a single county health department or district, a combined city and county health department, or a multi-county health district.

Each local public health jurisdiction is governed by a local board of health (board), the membership of which depends on whether the county is a home rule county or part of a local health district. For example, in home rule counties, the membership of the board is governed by the county charter. Elected officials from cities and towns in the county may be appointed to the board. The board may also include individuals who are not elected

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officials, but such individuals may not constitute a majority of the board. In non-home rule counties that are not part of a local health district, the county's board of commissioners constitutes the board. The county may expand the membership of the board to include elected officials from cities or towns. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

Each local health jurisdiction must appoint a local health officer, who must be an experienced physician or osteopathic physician who has a Master of Public Health degree or equivalent.

Foundational Public Health Services.

"Foundational public health services" is defined as 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 DOH, the State Board, local health jurisdictions, sovereign tribal nations, and Indian health programs located in Washington.

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

Summary:

Public Health Advisory Board.

The Public Health Advisory Board (Advisory Board) is established within the Department of Health (DOH). The Advisory Board consists the following members appointed by the Governor, in addition to four nonvoting, ex officio legislative members:

- the Governor's Office;
- the Director of the State Board of Health (State Board) or the Director's designee;
- the Secretary of Health (Secretary) or the Secretary's designee;
- the chair of the Governor's Interagency Council on Health Disparities;
- two representatives from the tribal government public health sector selected by the American Indian Health Commission;
- one member of the legislative county authority from an Eastern Washington selected by a statewide association representing counties;
- one member of the legislative county authority from a Western Washington selected

- by a statewide association representing counties;
- on organization representing businesses in a region of the state;
- a statewide association representing community and migrant health centers;
- a statewide association representing Washington cities;
- four representatives from local health jurisdictions representation counties of a certain size and location selected by a statewide association representation local public health officials;
- a statewide association representing Washington hospitals;
- a statewide association representing Washington physicians;
- a statewide association representing Washington nurses;
- a statewide association representing Washington public health or public health professionals; and
- a consumer nonprofit organization representing marginalized populations.

The Advisory Board must:

- advise and provide feedback to the governmental public health system and provide formal public recommendations on public health;
- monitor the performance of the governmental public health system;
- develop goals and a direction for public health and provide recommendations to improve public health performance and to achieve the identified goals and direction;
- advise and report to the Secretary;
- coordinate with the Governor's Office, DOH, State Board, local health jurisdictions, and the Secretary;
- evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response; and
- evaluate the use of foundational public health services funding by the governmental public health system.

The DOH must provide staff support for the Advisory Board.

Local Boards of Health.

In addition to existing members of the local board of health (board), each board must include members from the following three categories (who may not be elected) that are selected consistent with State Board rules:

- public health practitioners, employees of health care facilities, and health care providers, which include: medical ethicists; epidemiologists; individuals experienced in environmental public health, such as a registered sanitarian; community health workers; holders of master's degrees or higher in public health or its equivalent; employees of a hospital located in the county; and physicians or osteopathic physicians, advanced registered nurse practitioners, physician assistants, nurses, dentists, naturopaths, or pharmacists, holding an active or retired state-issued license in good standing;
- consumers of public health, which include residents who have self-identified as

- having faced significant health inequities or as having lived experiences with public health-related programs; and
- other community stakeholders, which consist of persons representing the following types of organizations: community-based organizations or nonprofits that work with populations experiencing health inequities in the county; active, reserve, or retired armed service members; the business community; or the environmental public health regulated community.

If the number of board members selected from these three categories is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories. There may be no more than one member selected from one type of background or position.

If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501 organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board must include a tribal representative selected by the American Indian health commission. The number of members selected from the three categories and the tribal representative (if required) must equal the number city and county elected officials on the board. At the first meeting of the board of health, the members must select a chair to serve for a period of one year.

Any decision by the board related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

A local board of health comprised solely of elected officials may retain its composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements for community health advisory boards established in the act. A local board of health comprised solely of elected officials and made up of three counties east of the Cascade Mountains may retain its composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in the act for community health advisory boards by July 1, 2022. If such a local board of health does not establish the required community health advisory board by July 1, 2022, it must comply with the requirements for elected and unelected membership established in the act. Any future changes to local board of health composition must also meet the requirements for elected and unelected membership.

The State Board must adopt rules establishing the appointment process for members of the board who are not elected officials.

Community Health Advisory Boards.

A community health advisory board must:

- provide input to the local board of health on the selection of administrative officers and local health officers;
- use a health equity framework to assess community health needs and review and recommend public health policies and priorities;
- evaluate the impact of proposed public health policies and programs;
- promote public participation in and identification of public health needs;
- provide community forums and hearings as assigned by the local board of health;
- establish community task forces as assigned by the local board of health;
- review and make recommendations on the annual budget and fees; and
- review and advise on the jurisdiction's progress in achieving performance measures.

An advisory board must consist of nine to 21 members appointed by the local board of health. The membership must be diverse and include:

- members with expertise in and experience with health care access and quality; physical environment; housing, education, and employment; business and philanthropy; communities that experience inequities; and government and tribal government;
- community members with lived experience in the above areas;
- consumers of public health services; and
- community stakeholders including nonprofit organizations, the business community, and those regulated by public health.

The jurisdiction's local health officer and a member of the local board of health must serve as ex officio members of the board. At the first meeting each year, the advisory board must select a chair and vice chair. Staffing for the advisory board must be provided by the local health jurisdiction.

Votes on Final Passage:

House	56	41	
Senate	26	22	(Senate amended)
House	60	37	(House concurred)

Effective: July 25, 2021

July 1, 2022 (Sections 3-6)