SENATE BILL REPORT
E2SHB 1152

As Passed Senate - Amended, April 11, 2021

Title: An act relating to supporting measures to create comprehensive public health districts.

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).

Brief History: Passed House: 3/8/21, 56-41.
Committee Activity: Health & Long Term Care: 3/24/21, 3/26/21 [DPA-WM, DNP]. Ways & Means: 3/31/21, 4/02/21 [DPA, DNP, w/oRec].
Floor Activity: Passed Senate - Amended: 4/11/21, 26-22.

Brief Summary of Amended Bill

- Creates a Public Health Advisory Board.
- Modifies the composition of local boards of health.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.
Signed by Senators Cleveland, Chair; Frockt, Vice Chair; Conway, Keiser, Randall, Robinson and Van De Wege.

Minority Report: Do not pass.
Signed by Senators Muzzall, Ranking Member; Holy, Padden, Rivers and Wilson, J.

Staff: Greg Attanasio (786-7410)

SENATE COMMITTEE ON WAYS & MEANS

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

Majority Report: Do pass as amended.

Signed by Senators Frockt, Vice Chair, Capital; Robinson, Vice Chair, Operating & Revenue; Carlyle, Conway, Darneille, Dhingra, Hasegawa, Hunt, Keiser, Liias, Mullet, Pedersen, Van De Wege and Wellman.

Minority Report: Do not pass.

Signed by Senators Wilson, L., Ranking Member; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Schoesler, Assistant Ranking Member, Capital; Braun, Gildon, Muzzall, Rivers, Wagoner and Warnick.

Minority Report: That it be referred without recommendation.

Signed by Senator Rolfes, Chair.

Staff: Corban Nemeth (786-7736)

Background: 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 can take various forms and include a single county health department or district, a combined city and county health department, or several counties can join a 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. 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 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 Department of Health (DOH), the State Board of Health (BOH), local health jurisdictions, sovereign tribal nations, and Indian health programs located in Washington. "Service delivery models" means 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.

Foundational Public Health Services Funding. Funding for foundational public health services must be appropriated to the Office of Financial Management (OFM). OFM may only allocate funding to DOH if 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 BOH, to OFM that there is an agreement on the distribution and uses of state foundational public health services funding. If joint certification is provided, 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 lapses.

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

- a representative from the Governor's Office;
- the Director of BOH or the director's designee;
- the Secretary of DOH 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 Eastern Washington county commissioner selected by a statewide association representing counties;
- one Western Washington county commissioner selected by a statewide association representing counties;
- one 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, including a large and small jurisdiction from each side of the Cascades,selected by a statewide association representing Washington 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 shall:
- 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 of DOH;
- coordinate with the Governor's Office, DOH, BOH, local health jurisdictions, and the Secretary of Health;
- 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 use of foundational public health services funding by the governmental public health system.

Local Boards of Health. Beginning July 1, 2022, in addition to existing members of the board, each board must include unelected members from the following three categories that must be approved by a majority vote of the board of county commissioners:
- public health practitioners, employees of health care facilities, and health care providers, which includes 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 any of the following providers holding an active or retired license in good standing: physicians or osteopathic physicians, advanced registered nurse practitioners, physician assistants, nurses, dentists, naturopaths, or pharmacists;
- consumers of public health, which includes 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 consists of persons representing the following types of organizations: active, reserve, or retired armed services members, community-based or nonprofit organizations that work with populations experiencing health inequities in the county; 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. If the board demonstrates 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(c)(3) 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 must equal the number of city and county elected officials on the board.

Any decision by the board related to setting or modifying 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 current 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 bill. Any future changes to local board of health composition must meet the requirements for elected and unelected membership.

A local board of health comprised solely of elected officials and made up of three counties east of the Cascade mountains may retain their current composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in the bill 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 bill. Any future changes to local board of health composition must also meet the requirements for elected and unelected membership.

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

Community Health Advisory Boards. Community health advisory boards 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 public health policies and priorities;
- evaluate the impact of proposed policies and programs;
- promote public participation in identification of public health needs;
- provide community forums 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
- review and advise on the jurisdiction's progress in achieving performance measures;

The advisory board must consist of 9 to 21 members appointed by the local board of health.

The membership must be diverse and include:

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

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Engrossed Second Substitute House Bill (Health & Long Term Care): *The committee recommended a different version of the bill than what was heard.* PRO: Anyone anywhere in the state should be able to rely on the same level of public health services. This bill will allow for more consistent and equitable delivery of public health services and build on existing work. Many of the changes to the public health system only go into effect with a significant increase in funding. There would be no hierarchy between regional centers and local health jurisdictions, it would be a cooperative partnership. The bill would bring in needed expertise to local health boards.

CON: This bill would diminish the public's ability to engage in policy decisions at the local level.

OTHER: Insulating public health from politics is needed, but this bill does not achieve that. There has not been enough time for stakeholder engagement. The bill would be another administrative layer without helping to deliver services. The bill does not address lack of funding. There should be a facilitated discussion among all stakeholders on improving the public health system after the pandemic has ended. There should be assurance that a regional approach will not stop local decision making. The provisions of the bill can be implemented without legislation if it is determined that they are needed.

Persons Testifying (Health & Long Term Care): PRO: Representative Marcus Riccelli, Prime Sponsor; Ashlin Mountjoy, Washington Academy of Family Physicians; Dr. Pam Kohlmeier, PHACTS; Priyanka Bushana, Health Sciences Student Advocacy Association; Joe McDermott, Councilmember, King County,; Michael Dunn, NEWESD 101; Justin Gill, Washington State Nurses Association; Kate White Tudor, Washington Association for Community Health; Umair Shah, Secretary, Department of Health; Maria Courogen, Washington State Department of Health; Deb Harper, MD, PHACTS, Washington State Medical Association.

CON: Betsy Howe, Citizens Optimizing OSS Management Washington.

OTHER: Councilmember Derek Young, Washington State Association of Counties and Pierce County; Councilor Temple Lentz, Washington State Association of Counties and Clark County; Commissioner Kate Dean, Washington State Association of Counties and Jefferson County; Dr. Mark Larson, Washington State Association of Local Public Health Officials and Kittitas County; Keith Grellner, Washington State Association of Local Public Health Officials and Kitsap Public Health District.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): PRO: Kelly Cooper, Washington State Department of Health.

Staff Summary of Public Testimony on Bill as Amended by Health & Long Term Care (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: I have served on a Board of Health for eight years. I have seen how well boards do or do not do the work. One of the most important aspects of this bill is the balance of elected officials with public health experts. Of the 34 boards of health, eight have a person with experience in health on their board. You would not expect to have other professional boards without those who have expertise in those areas. This bill strengthens and enhances the public health system. This goes hand in hand with the significant public health resources in the Senate budget, and we urge you to maintain those investments. Nurses depend on public health, especially evident with the COVID-19 pandemic. We must set our public health system up for success. The four regional districts included in the bill will help communication and coordination.

OTHER: Public health officers have mixed opinions on this bill and it is not a priority. We need to work to leverage federal funds in the system to address foundational public health needs.

Persons Testifying (Ways & Means): PRO: James Sledge, PHACTS; Amy Brackenbury, Public Health Roundtable; Lynnette Vehrs, Washington State Nurses Association; Dr. Pam Kohlmeier, PHACTS; Sean Graham, WA State Medical Assn.

OTHER: Jaime Bodden, WSALPHO.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.