HOUSE BILL REPORT HB 2346

As Reported by House Committee On:

State Government & Tribal Relations

Title: An act relating to updating the name, authority, membership, and duties of the governor's interagency coordinating council on health disparities.

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

Sponsors: Representatives Santos, Riccelli, Gregerson and Macri; by request of Governor's Interagency Council on Health Disparities.

Brief History:

Committee Activity:

State Government & Tribal Relations: 1/23/24, 1/26/24 [DP].

Brief Summary of Bill

- Renames the Interagency Coordinating Council on Health Disparities as the Council for Health Justice and Equity.
- Revises the Council for Health Justice and Equity's responsibilities, including requiring the Council for Health Justice and Equity to create a statewide vision, universal goals, and policy recommendations for health and well-being.

HOUSE COMMITTEE ON STATE GOVERNMENT & TRIBAL RELATIONS

Majority Report: Do pass. Signed by 4 members: Representatives Ramos, Chair; Stearns, Vice Chair; Gregerson and Mena.

Minority Report: Without recommendation. Signed by 2 members: Representatives Cheney, Ranking Minority Member; Christian, Assistant Ranking Minority Member.

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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 part of the legislation nor does it constitute a statement of legislative intent.

Staff: Connor Schiff (786-7093).

Background:

In 2006 legislation was enacted to create the Governor's Interagency Coordinating Council on Health Disparities (ICCHD) to address health disparities in people of color and between men and women.

Interagency Coordinating Council on Health Disparities Membership.

The ICCHD is comprised of one representative from each of the following groups: the Commission on African American Affairs; the Commission on Asian Pacific American Affairs; the Commission on Hispanic Affairs; the Governor's Office of Indian Affairs; the State Board of Health; the Department of Health; the Department of Social and Health Services; the Department of Commerce; the Health Care Authority; the Department of Agriculture; the Department of Ecology; the Office of the Superintendent of Public Instruction; the Department of Children, Youth, and Families; the Workforce Training and Education Coordinating Board; and two members of the public who represent the interests of health care consumers.

The ICCHD is a class one group. Any part-time council established by the legislative branch to participate in state government and which primarily functions in an advisory, coordinating, or planning capacity is classified as a class one group. Classification of a group relates to the stipends received by members of the group.

<u>Interagency Coordinating Council on Health Disparities Duties.</u> The ICCHD must:

- create an action plan and statewide policy that includes health impact reviews that
 measure and address determinants of health that lead to health disparities for women
 and people of color;
- promote and facilitate communication and collaboration among state agencies and communities of color and the public and private sectors to address health disparities;
- recommend initiatives for improving the availability of health literature and interpretive services; and
- establish advisory committees to assist in plan development for specific issues.

The action plan must be created by 2012 and updated biannually. The action plan must address certain diseases and health indicators, including diabetes, asthma, infant mortality, HIV and AIDS, heart disease, certain cancers, and women's health issues. The ICCHD must report on its progress with the action plan to the Governor and Legislature at certain times. The Joint Legislative Audit and Review Committee must conduct a review of the ICCHD and its functions and present its findings to the appropriate legislative committees.

Summary of Bill:

The Governor's Interagency Coordinating Council on Health Disparities is renamed the Council for Health Justice and Equity (HJE Council).

Council for Health Justice and Equity Membership.

The HJE Council membership is expanded to include one representative from the LGBTQ Commission and five additional members of the public, for a total of seven members of the public. At least two of the members of the public must be 26 years old or younger and have direct lived experience with health inequities. Council members must be committed to principles of health justice and equity and, to the greatest extent possible, reflect diversity in race, ethnicity, age, disability status, gender, sexual orientation, military status, and location.

Nongovernmental members are appointed by the Governor with guidance from the Office of Equity. The Governor must also appoint cochairs who have expertise or experience with health justice and equity. At least one cochair must be a representative from a commission.

When representing the HJE Council, HJE Council members may communicate policy recommendations and positions on behalf of the HJE Council instead of the member's respective agency or organization.

Council for Health Justice and Equity Duties.

The HJE Council's responsibilities are revised. The HJE Council is directed to establish its decision making and voting procedures within council bylaws. The HJE Council is also directed to work with governmental and nongovernmental partners to create a statewide vision, universal goals, and policy recommendations for health and well-being. The HJE Council must engage communities disproportionately impacted by inequities in development of the vision, goals, and policy recommendations. The policy recommendations must:

- provide a framework to support communities and state government in advancing health justice and equity;
- recognize racism as a public health crisis;
- recognize how climate change exacerbates inequities;
- incorporate the diversity of communities across the state and recognize the intersecting forms of oppression;
- provide guidance to state agencies in fulfilling environmental justice and Office of Equity requirements; and
- work toward resolving negative determinants of health and promoting positive determinants of health.

The HJE Council must also facilitate communication and information sharing among state agencies, organizations established for and by people most impacted by health disparities, communities of color and other marginalized communities, and the public and private sector to support health justice and equity. The HJE Council must conduct public hearings and information gathering to understand how state government actions ameliorate or contribute

to health inequities and recommend initiatives for improving the availability of culturally and linguistically appropriate information and services within public and private health-related agencies.

The HJE Council may use findings from the health impact reviews to inform their priorities and recommendations, use disaggregated data to inform its work, develop policy positions, and form advisory committees to support in information gathering and policy development.

The HJE Council must submit an initial report that includes the statewide vision and universal goals to the Governor and Legislature by October 31, 2026. Beginning in 2028, the HJE Council must provide an update every two years until 2038.

The Joint Legislative Audit and Review Committee is no longer required to conduct a review of the HJE Council and present its findings to the appropriate legislative committees.

Appropriation: None.

Fiscal Note: Preliminary 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:

(In support) The update would enable the council to operate in a more impactful and efficient manner that aligns with community priorities and current health strategies. The revisions provide important and timely updates by providing a health justice framework. The state needs a more holistic strategy. The update would be an important step toward mitigating health inequities and empowering communities. The new structure would assist the state in addressing current health issues, including eliminating racism and discrimination, responding to climate change, and recognizing health as a basic human right. The update supports the Department of Ecology's commitment and obligations to environmental justice, especially with the inclusion of climate change and racism as health impacts. Health inequities cause significant and immeasurable loss to communities. The reorganization came out of a collaborative process involving member agencies and key partners, including community partners. The update would assist the council in providing critical expertise and partnership with agencies covered by the Healthy Environment for All Act. The bill seeks funding for additional staff, studies, and research in recognition of the changing public landscape. The council would address health inequities in a proactive and comprehensive manner. The COVID-19 pandemic underscored health inequities and the need to address system issues. The update allows the council to address systemic issues. There is a need for impactful solutions now more than ever. The council would facilitate

joint efforts to achieve health and well-being and foster collaboration with state agencies, enabling people to reach their full health potential. The update allows the council to focus on social determinants and community voices.

(Opposed) None.

Persons Testifying: Linh Huynh, Governor's Interagency Coordinating Council on Health Disparities; Courtney Cecale, Washington State Department of Ecology; Lydia Faitalia, Washington State Commission on Asian Pacific American Affairs; Sili Savusa, Pacific Islander Community Association of Washington; and Fa'aluaina Pritchard, Asia Pacific Cultural Center.

Persons Signed In To Testify But Not Testifying: None.

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