

1 purposes of sections 60 through 65 of this act, distributions to local
2 health jurisdictions shall deliver the following outcomes:

3 (a) Create a disease response system capable of responding at all
4 times;

5 (b) Stop the increase in, and reduce, sexually transmitted disease
6 rates;

7 (c) Reduce vaccine preventable diseases;

8 (d) Build capacity to quickly contain disease outbreaks;

9 (e) Decrease childhood and adult obesity and types I and II
10 diabetes rates, and resulting kidney failure and dialysis;

11 (f) Increase childhood immunization rates;

12 (g) Improve birth outcomes and decrease child abuse;

13 (h) Reduce animal-to-human disease rates; and

14 (i) Monitor and protect drinking water across jurisdictional
15 boundaries.

16 (3) Benchmarks for these outcomes shall be drawn from the national
17 healthy people 2010 goals, other reliable data sets, and any subsequent
18 national goals.

19 NEW SECTION. **Sec. 61.** A new section is added to chapter 43.70 RCW
20 to read as follows:

21 The definitions in this section apply throughout sections 60
22 through 65 of this act unless the context clearly requires otherwise.

23 (1) "Core public health functions of statewide significance" or
24 "public health functions" means health services that:

25 (a) Address: Communicable disease prevention and response;
26 preparation for, and response to, public health emergencies caused by
27 pandemic disease, earthquake, flood, or terrorism; prevention and
28 management of chronic diseases and disabilities; promotion of healthy
29 families and the development of children; assessment of local health
30 conditions, risks, and trends, and evaluation of the effectiveness of
31 intervention efforts; and environmental health concerns;

32 (b) Promote uniformity in the public health activities conducted by
33 all local health jurisdictions in the public health system, increase
34 the overall strength of the public health system, or apply to broad
35 public health efforts; and

36 (c) If left neglected or inadequately addressed, are reasonably

1 likely to have a significant adverse impact on counties beyond the
2 borders of the local health jurisdiction.

3 (2) "Local health jurisdiction" or "jurisdiction" means a county
4 board of health organized under chapter 70.05 RCW, a health district
5 organized under chapter 70.46 RCW, or a combined city and county health
6 department organized under chapter 70.08 RCW.

7 NEW SECTION. **Sec. 62.** A new section is added to chapter 43.70 RCW
8 to read as follows:

9 (1) The department shall accomplish the tasks included in
10 subsection (2) of this section by utilizing the expertise of varied
11 interests, as provided in this subsection.

12 (a) In addition to the perspectives of local health jurisdictions,
13 the state board of health, the Washington health foundation, and
14 department staff that are currently engaged in development of the
15 public health services improvement plan under RCW 43.70.520, the
16 secretary shall actively engage:

17 (i) Individuals or entities with expertise in the development of
18 performance measures, accountability and systems management, such as
19 the University of Washington school of public health and community
20 medicine, and experts in the development of evidence-based medical
21 guidelines or public health practice guidelines; and

22 (ii) Individuals or entities who will be impacted by performance
23 measures developed under this section and have relevant expertise, such
24 as community clinics, public health nurses, large employers, tribal
25 health providers, family planning providers, and physicians.

26 (b) In developing the performance measures, consideration shall be
27 given to levels of performance necessary to promote uniformity in core
28 public health functions of statewide significance among all local
29 health jurisdictions, best scientific evidence, national standards of
30 performance, and innovations in public health practice. The
31 performance measures shall be developed to meet the goals and outcomes
32 in section 60 of this act. The office of the state auditor shall
33 provide advice and consultation to the committee to assist in the
34 development of effective performance measures and health status
35 indicators.

36 (c) On or before November 1, 2007, the experts assembled under this
37 section shall provide recommendations to the secretary related to the

1 activities and services that qualify as core public health functions of
2 statewide significance and performance measures. The secretary shall
3 provide written justification for any departure from the
4 recommendations.

5 (2) By January 1, 2008, the department shall:

6 (a) Adopt a prioritized list of activities and services performed
7 by local health jurisdictions that qualify as core public health
8 functions of statewide significance as defined in section 61 of this
9 act; and

10 (b) Adopt appropriate performance measures with the intent of
11 improving health status indicators applicable to the core public health
12 functions of statewide significance that local health jurisdictions
13 must provide.

14 (3) The secretary may revise the list of activities and the
15 performance measures in future years as appropriate. Prior to
16 modifying either the list or the performance measures, the secretary
17 must provide a written explanation of the rationale for such changes.

18 (4) The department and the local health jurisdictions shall abide
19 by the prioritized list of activities and services and the performance
20 measures developed pursuant to this section.

21 (5) The department, in consultation with representatives of county
22 governments, shall provide local jurisdictions with financial
23 incentives to encourage and increase local investments in core public
24 health functions. The local jurisdictions shall not supplant existing
25 local funding with such state-incented resources.

26 NEW SECTION. **Sec. 63.** A new section is added to chapter 43.70 RCW
27 to read as follows:

28 Beginning November 15, 2009, the department shall report to the
29 legislature and the governor annually on the distribution of funds to
30 local health jurisdictions under sections 60 through 65 of this act and
31 the use of those funds. The initial report must discuss the
32 performance measures adopted by the secretary and any impact the
33 funding in this act has had on local health jurisdiction performance
34 and health status indicators. Future reports shall evaluate trends in
35 performance over time and the effects of expenditures on performance
36 over time.

1 **Sec. 64.** RCW 43.70.520 and 1993 c 492 s 467 are each amended to
2 read as follows:

3 (1) The legislature finds that the public health functions of
4 community assessment, policy development, and assurance of service
5 delivery are essential elements in achieving the objectives of health
6 reform in Washington state. The legislature further finds that the
7 population-based services provided by state and local health
8 departments are cost-effective and are a critical strategy for the
9 long-term containment of health care costs. The legislature further
10 finds that the public health system in the state lacks the capacity to
11 fulfill these functions consistent with the needs of a reformed health
12 care system. The legislature further finds that public health nurses
13 and nursing services are an essential part of our public health system,
14 delivering evidence-based care and providing core services including
15 prevention of illness, injury, or disability; the promotion of health;
16 and maintenance of the health of populations.

17 (2) The department of health shall develop, in consultation with
18 local health departments and districts, the state board of health, the
19 health services commission, area Indian health service, and other state
20 agencies, health services providers, and citizens concerned about
21 public health, a public health services improvement plan. The plan
22 shall provide a detailed accounting of deficits in the core functions
23 of assessment, policy development, assurance of the current public
24 health system, how additional public health funding would be used, and
25 describe the benefits expected from expanded expenditures.

26 (3) The plan shall include:

27 (a) Definition of minimum standards for public health protection
28 through assessment, policy development, and assurances:

29 (i) Enumeration of communities not meeting those standards;

30 (ii) A budget and staffing plan for bringing all communities up to
31 minimum standards;

32 (iii) An analysis of the costs and benefits expected from adopting
33 minimum public health standards for assessment, policy development, and
34 assurances;

35 (b) Recommended strategies and a schedule for improving public
36 health programs throughout the state, including:

37 (i) Strategies for transferring personal health care services from

1 the public health system, into the uniform benefits package where
2 feasible; and

3 ~~(ii) ((Timing of increased funding for public health services~~
4 ~~linked to specific objectives for improving public health))~~ Linking
5 funding for public health services to performance measures that relate
6 to achieving improved health outcomes; and

7 (c) A recommended level of dedicated funding for public health
8 services to be expressed in terms of a percentage of total health
9 service expenditures in the state or a set per person amount; such
10 recommendation shall also include methods to ensure that such funding
11 does not supplant existing federal, state, and local funds received by
12 local health departments, and methods of distributing funds among local
13 health departments.

14 (4) The department shall coordinate this planning process with the
15 study activities required in section 258, chapter 492, Laws of 1993.

16 (5) By March 1, 1994, the department shall provide initial
17 recommendations of the public health services improvement plan to the
18 legislature regarding minimum public health standards, and public
19 health programs needed to address urgent needs, such as those cited in
20 subsection (7) of this section.

21 (6) By December 1, 1994, the department shall present the public
22 health services improvement plan to the legislature, with specific
23 recommendations for each element of the plan to be implemented over the
24 period from 1995 through 1997.

25 (7) Thereafter, the department shall update the public health
26 services improvement plan for presentation to the legislature prior to
27 the beginning of a new biennium.

28 (8) Among the specific population-based public health activities to
29 be considered in the public health services improvement plan are:
30 Health data assessment and chronic and infectious disease surveillance;
31 rapid response to outbreaks of communicable disease; efforts to prevent
32 and control specific communicable diseases, such as tuberculosis and
33 acquired immune deficiency syndrome; health education to promote
34 healthy behaviors and to reduce the prevalence of chronic disease, such
35 as those linked to the use of tobacco; access to primary care in
36 coordination with existing community and migrant health clinics and
37 other not for profit health care organizations; programs to ensure
38 children are born as healthy as possible and they receive immunizations

1 and adequate nutrition; efforts to prevent intentional and
2 unintentional injury; programs to ensure the safety of drinking water
3 and food supplies; poison control; trauma services; and other
4 activities that have the potential to improve the health of the
5 population or special populations and reduce the need for or cost of
6 health services.

7 NEW SECTION. **Sec. 65.** A new section is added to chapter 43.70 RCW
8 to read as follows:

9 (1) Each local health jurisdiction shall submit to the secretary
10 such data as the secretary determines is necessary to allow the
11 secretary to assess whether the local health jurisdiction has used the
12 funds in a manner consistent with achieving the performance measures in
13 section 62 of this act.

14 (2) If the secretary determines that the data submitted
15 demonstrates that the local health jurisdiction is not spending the
16 funds in a manner consistent with achieving the performance measures,
17 the secretary shall:

18 (a) Provide a report to the governor identifying the local health
19 jurisdiction and the specific items that the secretary identified as
20 inconsistent with achieving the performance measures; and

21 (b) Require that the local health jurisdiction submit a plan of
22 correction to the secretary within sixty days of receiving notice from
23 the secretary, which explains the measures that the jurisdiction will
24 take to resume spending funds in a manner consistent with achieving the
25 performance measures. The secretary shall provide technical assistance
26 to the local health jurisdiction to support the jurisdiction in
27 successfully completing the activities included in the plan of
28 correction.

29 (3) Upon a determination by the secretary that a local health
30 jurisdiction that had previously been identified as not spending the
31 funds in a manner consistent with achieving the performance measures
32 has resumed consistency, the secretary shall notify the governor that
33 the jurisdiction has returned to consistent status.

34 (4) Any local health jurisdiction that has not resumed spending
35 funds in a manner consistent with achieving the performance measures
36 within one year of the secretary reporting the jurisdiction to the
37 governor shall be precluded from receiving any funds appropriated for

1 the purposes of sections 60 through 65 of this act. Funds may resume
2 once the local health jurisdiction has demonstrated to the satisfaction
3 of the secretary that it has returned to consistent status.

4 **Sec. 66.** RCW 70.48.130 and 1993 c 409 s 1 are each amended to read
5 as follows:

6 It is the intent of the legislature that all jail inmates receive
7 appropriate and cost-effective emergency and necessary medical care.
8 Governing units, the department of social and health services, and
9 medical care providers shall cooperate to achieve the best rates
10 consistent with adequate care.

11 Payment for emergency or necessary health care shall be by the
12 governing unit, except that the department of social and health
13 services shall directly reimburse the provider pursuant to chapter
14 74.09 RCW, in accordance with the rates and benefits established by the
15 department, if the confined person is eligible under the department's
16 medical care programs as authorized under chapter 74.09 RCW. After
17 payment by the department, the financial responsibility for any
18 remaining balance, including unpaid client liabilities that are a
19 condition of eligibility or participation under chapter 74.09 RCW,
20 shall be borne by the medical care provider and the governing unit as
21 may be mutually agreed upon between the medical care provider and the
22 governing unit. In the absence of mutual agreement between the medical
23 care provider and the governing unit, the financial responsibility for
24 any remaining balance shall be borne equally between the medical care
25 provider and the governing unit. Total payments from all sources to
26 providers for care rendered to confined persons eligible under chapter
27 74.09 RCW shall not exceed the amounts that would be paid by the
28 department for similar services provided under Title XIX medicaid,
29 unless additional resources are obtained from the confined person.

30 As part of the screening process upon booking or preparation of an
31 inmate into jail, general information concerning the inmate's ability
32 to pay for medical care shall be identified, including insurance or
33 other medical benefits or resources to which an inmate is entitled.
34 This information shall be made available to the department, the
35 governing unit, and any provider of health care services.

36 The governing unit or provider may obtain reimbursement from the
37 confined person for the cost of health care services not provided under