

BLUE RIBBON COMMISSION/  
5930 SECTIONS 60-65  
RCW 43.70.512, 514, 516, 522

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## RCW 43.70.512

### Public health — Required measurable outcomes

- (1) Protecting the public's health across the state is a fundamental responsibility of the state. With any new state funding of the public health system as appropriated for the purposes of \*sections 60 through 65 of this act, the state expects that measurable benefits will be realized to the health of the residents of Washington. A transparent process that shows the impact of increased public health spending on performance measures related to the health outcomes in subsection (2) of this section is of great value to the state and its residents. In addition, a well-funded public health system is expected to become a more integral part of the state's emergency preparedness system.
- (2) Subject to the availability of amounts appropriated for the purposes of \*sections 60 through 65 of this act, distributions to local health jurisdictions shall deliver the following outcomes:
  - (a) Create a disease response system capable of responding at all times;
  - (b) Stop the increase in, and reduce, sexually transmitted disease rates;
  - (c) Reduce vaccine preventable diseases;
  - (d) Build capacity to quickly contain disease outbreaks;
  - (e) Decrease childhood and adult obesity and types I and II diabetes rates, and resulting kidney failure and dialysis;
  - (f) Increase childhood immunization rates;
  - (g) Improve birth outcomes and decrease child abuse;
  - (h) Reduce animal-to-human disease rates; and
  - (i) Monitor and protect drinking water across jurisdictional boundaries.
- (3) Benchmarks for these outcomes shall be drawn from the national healthy people 2010 goals, other reliable data sets, and any subsequent national goals.

[2007 c 259 § 60.]

#### Notes:

\*Reviser's note: 'Sections 60 through 65 of this act' include this section, RCW 43.70.514 through 43.70.518, and 43.70.522, and the 2007 c 259 amendments to RCW 43.70.520. RCW 43.70.518 was repealed by 2009 c 518 § 10.

Severability - Subheadings not law - 2007 c 259: See notes following RCW 41.05.033

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## RCW 43.70.514

### Public health — Definitions

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

- (1) 'Core public health functions of statewide significance' or 'public health functions' means health services that:
  - (a) Address: Communicable disease prevention and response; preparation for, and response to, public health emergencies caused by pandemic disease, earthquake, flood, or terrorism; prevention and management of chronic diseases and disabilities; promotion of healthy families and the development of children; assessment of local health conditions, risks, and trends, and evaluation of the effectiveness of intervention efforts; and environmental health concerns;
  - (b) Promote uniformity in the public health activities conducted by all local health jurisdictions in the public health system, increase the overall strength of the public health system, or apply to broad public health efforts; and
  - (c) If left neglected or inadequately addressed, are reasonably likely to have a significant adverse impact on counties beyond the borders of the local health jurisdiction.
- (2) 'Local health jurisdiction' or 'jurisdiction' means a county board of health organized under chapter 70.05 RCW, a health district organized under chapter 70.46 RCW, or a combined city and county health department organized under chapter 70.08 RCW.

[2007 c 259 § 61.]

#### Notes:

\***Reviser's note:** 'Sections 60 through 65 of this act' include this section, RCW 43.70.512, 43.70.516, 43.70.518, and 43.70.522, and the 2007 c 259 amendments to RCW 43.70.520. RCW 43.70.518 was repealed by 2009 c 518 § 10.

**Severability - Subheadings not law - 2007 c 259:** See notes following RCW 41.05.033

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## RCW 43.70.516

### Public health — Department's duties

- (1) The department shall accomplish the tasks included in subsection (2) of this section by utilizing the expertise of varied interests, as provided in this subsection:
  - (a) In addition to the perspectives of local health jurisdictions, the state board of health, the Washington health foundation, and department staff that are currently engaged in development of the public health services improvement plan under RCW 43.70.520, the secretary shall actively engage:
    - (i) Individuals or entities with expertise in the development of performance measures, accountability and systems management, such as the University of Washington school of public health and community medicine, and experts in the development of evidence-based medical guidelines or public health practice guidelines; and
    - (ii) Individuals or entities who will be impacted by performance measures developed under this section and have relevant expertise, such as community clinics, public health nurses, large employers, tribal health providers, family planning providers, and physicians.
  - (b) In developing the performance measures, consideration shall be given to levels of performance necessary to promote uniformity in core public health functions of statewide significance among all local health jurisdictions, best scientific evidence, national standards of performance, and innovations in public health practice. The performance measures shall be developed to meet the goals and outcomes in RCW 43.70.512. The office of the state auditor shall provide advice and consultation to the committee to assist in the development of effective performance measures and health status indicators.
  - (c) On or before November 1, 2007, the experts assembled under this section shall provide recommendations to the secretary related to the activities and services that qualify as core public health functions of statewide significance and performance measures. The secretary shall provide written justification for any departure from the recommendations.
- (2) By January 1, 2008, the department shall:
  - (a) Adopt a prioritized list of activities and services performed by local health jurisdictions that qualify as core public health functions of statewide significance as defined in RCW 43.70.514; and
  - (b) Adopt appropriate performance measures with the intent of improving health status indicators applicable to the core public health functions of statewide significance that local health jurisdictions must provide.
- (3) The secretary may revise the list of activities and the performance measures in future years as appropriate. Prior to modifying either the list or the performance measures, the secretary must provide a written explanation of the rationale for such changes.
- (4) The department and the local health jurisdictions shall abide by the prioritized list of activities and services and the performance measures developed pursuant to this section.
- (5) The department, in consultation with representatives of county governments, shall provide local jurisdictions with financial incentives to encourage and increase local investments in core public health functions. The local jurisdictions shall not supplant existing local funding with such state-incented resources.

[2007 c 259 § 62.]

#### Notes:

**Severability - Subheadings not law - 2007 c 259:** See notes following RCW 41.05.033

# PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

## RCW 43.70.522

### Public health performance measures — Assessing the use of funds — Secretary's duties

- (1) Each local health jurisdiction shall submit to the secretary such data as the secretary determines is necessary to allow the secretary to assess whether the local health jurisdiction has used the funds in a manner consistent with achieving the performance measures in RCW 43.70.516.
- (2) If the secretary determines that the data submitted demonstrates that the local health jurisdiction is not spending the funds in a manner consistent with achieving the performance measures, the secretary shall:
  - (a) Provide a report to the governor identifying the local health jurisdiction and the specific items that the secretary identified as inconsistent with achieving the performance measures; and
  - (b) Require that the local health jurisdiction submit a plan of correction to the secretary within sixty days of receiving notice from the secretary, which explains the measures that the jurisdiction will take to resume spending funds in a manner consistent with achieving the performance measures. The secretary shall provide technical assistance to the local health jurisdiction to support the jurisdiction in successfully completing the activities included in the plan of correction.
- (3) Upon a determination by the secretary that a local health jurisdiction that had previously been identified as not spending the funds in a manner consistent with achieving the performance measures has resumed consistency, the secretary shall notify the governor that the jurisdiction has returned to consistent status.
- (4) Any local health jurisdiction that has not resumed spending funds in a manner consistent with achieving the performance measures within one year of the secretary reporting the jurisdiction to the governor shall be precluded from receiving any funds appropriated for the purposes of \*sections 60 through 65 of this act. Funds may resume once the local health jurisdiction has demonstrated to the satisfaction of the secretary that it has returned to consistent status.

[2007 c 259 § 65.]

#### Notes:

\*Reviser's note: 'Sections 60 through 65 of this act' include this section, RCW 43.70.512, 43.70.514, 43.70.516, 43.70.518, and 43.70.522, and the 2007 c 259 amendments to RCW 43.70.520. RCW 43.70.518 was repealed by 2009 c 518 § 10.

**Severability - Subheadings not law - 2007 c 259:** See notes following RCW 41.05.033