

**DISCUSSION DRAFT**  
**Washington State Board of Health**  
**STATEMENT OF POLICY ON POSSIBLE 2009 LEGISLATIVE ISSUES**

January 14, 2009

It is the policy of the State Board of Health (Policy 01-001) to comment on legislative proposals that alter the Board's statutory authority, run counter to policy directions established in rule, or relate directly to activities in the Board's strategic plan. The Board also discusses major issues likely to appear on the Legislature's agenda and attempts to reach agreement on the sense of the Board on these issues prior to session. This statement represents the sense of the Board and will guide staff and members in their communications. It is neither exhaustive nor prescriptive. Staff, as always, will review a wide variety of bills.

**Strategic Goal 1: Strengthen the public health system**

The Board has long supported stable, secure public health funding that would enable state and local agencies to meet standards developed by the Public Health Improvement Partnership.

- **Preservation of Existing Funding:** The Board supports the recommendations in the Governor's budget to maintain current levels for state funding streams that support local public health. This includes \$20 million in new state funds provided during 2007-09, local capacity development funds, and funds provided through the Department of Community, Trade and Economic Development (sometimes referred to as the I-695 backfill).
- **Consideration of Additional Funding Sources:** The Board is very concerned about the dismantling of the local public health infrastructure because of county-level budget cuts. Funding and staffing cuts in the 20% to 30% range are slated for many local health jurisdictions. Particularly devastating are the cuts to an already decimated workforce of public health nurses. Although these are difficult times for the state as well, consideration must be given to stable, secure, and dedicated funding sources that keep up with inflation and population growth (including but not limited to local discretionary taxing authority).

**Strategic Goal 2: Increase access to preventive services**

The Board encourages the Legislature to maintain its efforts to improve access to health care. It is particularly concerned about access for children and the elderly, and about ways that inequities in care contribute to health disparities.

- **Access to Critical Health Services:** The Board supports an evidence- and population-based approach to the design of safety net programs and benefit packages, as described in its *Menu of Critical Health Services*. This approach would emphasize a strong public health infrastructure. In terms of personal medical care, it would emphasize primary and preventive care, as well as disease management for chronic conditions, and it would give equal standing to evidence-based dental care, substance abuse treatment, and mental health services. Any redesign of the Basic Health benefits package, as well as any effort to institute universal catastrophic health insurance, should prioritize coverage for preventive health services. The Board supports aggressive efforts to control medical inflation with the goal of redirecting some of the savings toward public health, wellness, and prevention.

- **Children’s Preventive Services:** The Board encourages policy makers to assure delivery of children’s clinical preventive services. It believes efforts to cover all children should be sustained even in these difficult times, and appreciates the Governor’s proposal to preserve eligibility levels for Apple Care. It would support incentives to assure all children—regardless of race, ethnicity, geography, socioeconomic status, and their parents’ insurance—receive proven clinical preventive health services.
- **Immunizations:** The Board has been a proponent of using state and federal funds to buy recommended vaccines for all children. It recognizes that “universal purchasing” is expensive, and that the growing number of costly vaccines means the policy may not be sustainable. Given the economic crisis, it understands the Governor’s decision to provide vaccines only for children eligible under federal programs. Moving to another system would be disruptive even in the best of times, however, it will be even more disruptive at a time like this when public health is being cut back, provider reimbursements will be reduced, and people will be losing both insurance coverage and the ability to pay out of pocket. The transition may lead to a decline in immunization rates unless carefully managed. It can be expected to have unintended consequences, including increased costs in other areas of the health care system, such as community clinics and local public health. The Board believes the state should convene policy makers, provider associations and other stakeholders to guide us through the transition with the goal of making sure all children receive recommended immunizations regardless of their circumstances. Immunizations should be a mandated insurance benefit and the state should consider ways it can promote purchasing pools. Policies should strengthen providers’ commitment to immunizations by delivering adequate reimbursement and technical support and by making the vaccine purchase and distribution system as seamless as possible.

The Board has established criteria for including diseases on the list of vaccine-preventable illnesses children entering school or child care must be immunized against. Authority to mandate vaccines should continue to reside with the Board. It encourages policies that increase schools’, child care centers’, and local health jurisdictions’ capacity to pursue full immunization of all children, and would support carefully considered efforts to discourage overuse of exemptions. The Board would support efforts to increase the accessibility, affordability, and utilization of adult immunizations, particularly for health care workers. It would also support efforts to educate the public about the importance of immunizations and to correct misinformation about their safety.

- **Medical Home:** A medical home delivers health care in an accessible and continuous, coordinated and comprehensive, family-centered, and compassionate and culturally sensitive manner. Benefits include savings and better health outcomes. The Board supports efforts to encourage medical homes—especially children. Efforts may include reducing the number of uninsured children, increasing outreach to families where languages other than English are spoken, infusing the Chronic Care Model into medical practices, and raising reimbursement rates for providers who meet specific outcomes measures.
- **Mandated Benefits:** The Board believes the state has an interest in promoting preventive services and underinsurance can be a barrier to access and utilization. The Board supports

mandated insurance benefits for evidence-based, cost-effective preventive care. Adding or removing such mandates typically has not been shown to change premiums appreciably.

- **Mental Health:** The lack of adequate resources needed to address behavioral problems and mental illness is a major public health problem. Unaddressed mental health issues place huge demands on the health care, public health, social services, and criminal justice systems. The Board encourages support for programs and policies that promote a preventive, population-based, and coordinated public health approach to mental health.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and supports such solutions as maintaining or improving Medicaid and SCHIP dental coverage, increasing access to providers that accept such coverage, and expanding the use of fluoridation as a population-based approach to preventing tooth decay.
- **School Health:** The Board encourages implementation of the coordinated school health model, as well as school-based health clinics and other school-associated programs that improve children's access to primary and preventive services through either direct care provision or referrals (including programs to address chronic diseases). It would support proposals to assure adequate staffing levels for school nurses and mental health counselors.

### Strategic Goal 3: Reduce health disparities

The Board staffs the Governor's Interagency Council on Health Disparities, which is developing an action plan for eliminating disparities. The plan is due in 2012 and may be ready by 2010. The Board supports enhanced efforts to address disparities and does not believe state efforts to address disparities should wait until the plan is complete.

- **Early Learning:** The Board supports early learning programs that provide health literacy, prevention, and promotion. Such programs have the potential to reduce health disparities and prepare a larger, more diverse group of students to pursue health careers.
- **Academic Achievement:** The Board has done extensive work on the connection between academic achievement gaps and health disparities. Education is a major social determinant of health. The Board would support programs and policies that would simultaneously improve academic performance for students of color and increase health equity.

### Strategic Goal 4: Encourage healthy behaviors

The Board believes policy should encourage physical activity, improve opportunities for healthy nutrition, and promote healthy behaviors, particularly in underserved communities.

- **Physical Activity and Nutrition in Schools:** The Board supports using science and public health best practice models to improve physical activity and nutrition in schools. This would include improving the quality and availability of school meal programs, promoting effective implementation of strong nutrition and physical activity plans, establishing school health advisory committees, providing safe routes to school, and requiring that adequate time be set aside for recess and physical education during the school day.

- **Tobacco:** The Board supports implementation of the Department of Health's *Tobacco Prevention and Control Plan*, including efforts aimed at minority communities with disproportionate tobacco use. It discourages actions, such as securitization of Master Tobacco Settlement Agreement funds, that would undermine proven, successful efforts.
- **Substance Abuse:** The Board is particularly concerned about the growing epidemic narcotic misuse and abuse. It would like to see sustainable programs to take back unused narcotics in order to prevent their diversion for non-medicinal use.

## Strategic Goal 5: Promote Healthy and Safe Environments

The Board provides up-to-date and science-driven rules on a wide variety of environmental health issues, and it supports environmental health initiatives by other agencies that have the potential to improve human health—for example, the Department of Ecology's and Department of Health's efforts to reduce persistent bioaccumulative toxins. It looks forward to working with lead agencies on climate change and Puget Sound restoration.

- **Built Environments:** The Board supports integrating public health into land use, transportation, and community development planning so that social and physical environments promote healthy behavioral choices.
- **Onsite Sewage:** The Board would support legislation that applies science to onsite regulation and is consistent with Resolution 04-04 and existing Board rules. It would also support increased funding to expedite rule making related to drainfield remediation technologies. It is pleased to see the Governor's budget proposal includes continued funding for local onsite operation and management plans.
- **School Environmental Health and Safety:** The Board has proposed an updated rule for environmental health and safety in schools. Its goals have been to develop rules that proactively protect children's health; are based on the best available science; ensure accountability between school districts, local health jurisdictions, and their communities; support and promote current school health and safety programs that work; have the least burdensome regulatory structure; are compatible and consistent with existing related regulations; and are realistic about resource limitations of schools and local health jurisdictions. The Board believes the proposed rule meets these goals. It would support legislation consistent with these goals, such as funding for school renovation, operations and maintenance, health and safety committees, and related programs, as well as funding for health jurisdictions to establish local school health and safety programs, conduct inspections, and implement the Board's rules.
- **Drinking Water Systems:** The Board believes that all people who obtain drinking water from public water systems should be entitled to the same level of protection regardless of the number of connections. It recognizes that the budget crisis requires that some programs must be cut and agrees that regulation of Group B water systems is not a top priority for public environmental health. Nevertheless, the state should continue to provide a regulatory framework for local jurisdictions that want to maintain Group B programs, and it should consider restoring funding for Group B when state funds become available.