

NOTE: This is a discussion draft developed by Board staff; it has not been adopted by the Board.

PRELIMINARY DISCUSSION DRAFT
Washington State Board of Health
STATEMENT OF POLICY ON POSSIBLE 2008 LEGISLATIVE ISSUES

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on legislative proposals that alter the Board's statutory authority, run counter to a policy direction 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 following statement represents the sense of the Board on some significant issues and will guide staff and members in their communications. This document is neither an exhaustive nor a prescriptive list of issues. Staff, as always, will review a wide variety of bills.

- **Access to Health Care:** The Board encourages the Legislature to improve access to health care. It is particularly concerned about access for children, and about how inequities in care contribute to health disparities. The Board supports an evidence- and population-based approach, such as its "Menu of Critical Health Services," to the design of safety net programs and benefit packages. This approach would emphasize stable and adequate funding for 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 weight to evidence-based dental care, substance abuse treatment, and mental health services. The Board believes stable funding is necessary to achieve universal access to a core set of services, and achieving stable funding would require broad-based agreement on the menu of core services; prioritization of these core services; establishment and tracking of measurable outcomes; and reform of basic financing mechanisms.
- **Children's Preventive Services:** The Board encourages policy makers to place a priority on delivery of children's clinical preventive services. It supports public insurance for low-income children, including immigrant children, to ensure access to these services (though coverage alone is not sufficient). It believes the state should encourage enrollment in public programs that insure low-income children and eliminate disincentives. It would support a range of incentives, including financial incentives to parents, to assure that all children—regardless of race, ethnicity, socioeconomic status, geography, and their parents' insurance coverage—receive proven clinical preventive health services.
- **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.
- **Genetics and Privacy:** The Board reaffirms the Genetics Task Force recommendations.
- **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.

- **Immunizations:** The Board has established criteria for including a vaccine-preventable disease on the list of diseases that children entering school or child care must be immunized against, and a process for evaluating vaccines against those criteria. Authority to mandate vaccines should continue to reside with the Board, which should continue to follow the established processes. The Board supports the current practice of purchasing vaccines recommended by the Advisory Committee on Immunization Practices for all children.
- **Mandated Benefits:** The state has an interest in encouraging utilization of proven preventive practices. The Board would prefer a system that provides universal access to such services. Under the current health care financing system, though, underinsurance is a barrier to utilization. While it is important to reduce insurance costs, removing requirements that insurers cover preventive practices will not significantly lower premium costs, and will likely impose significant long-term health and social costs on individuals and the state.
- **Medical Home:** A medical home is a system for delivering health care in an accessible and continuous, coordinated and comprehensive, family-centered, and compassionate and culturally sensitive manner. Benefits of a medical home include cost savings and better health outcomes. The Board supports efforts to encourage a medical home for everyone—especially children. Such efforts may include reducing the number of uninsured children, increasing outreach to families where languages other than English are spoken at home, and infusing the Chronic Care Model into the operations of the medical practices.
- **Mental Health:** The lack of adequate resources needed to address behavioral problems and mental illness is a major public health problem. Mental health issues that go unaddressed place huge demands on the health care delivery system, public health, and the criminal justice system. The Board encourages support of mental health programs that promote a preventive, population-based, and public health approach.
- **Nutrition and Physical Activity:** The Board believes public policy should encourage physical activity and improve opportunities for healthy nutrition, particularly in underserved communities (those without access to parks, for example, or affordable fruits and vegetables). It supports efforts to integrate public health into land use, transportation, and community development to ensure that the social and physical environments promote healthy behaviors.
- **Onsite Sewage:** The Board would support legislation that applies science to onsite regulation and is consistent with Resolution 04-04 and existing Board rules. Such efforts would include programs to determine the condition of existing septic tanks at the time of property transfer, strengthen local enforcement capacity, and help homeowners repair failing systems.
- **Oral Health:** The Board is concerned about the poor levels of access to children’s oral health care, and supports such solutions as maintaining Medicaid and SCHIP dental coverage and expanding the use of fluoridation as a population-based approach to preventing tooth decay.
- **Persistent Bioaccumulative Toxins:** The Board supports the Department of Ecology’s *Proposed Strategy to Continually Reduce Persistent Bioaccumulative Toxins (PBTs) in Washington State* and its chemical action plans.
- **Public Health Funding:** The Board supports stable, secure funding for public health that would enable state and local agencies to meet the standards developed by the Public Health Improvement Partnership as required by RCW 43.70.

- **Regulatory Reform:** The Board supports less burdensome and less intrusive models of regulation as long as those models do not deny vulnerable citizens the protection of the state.
- **School Environmental Health:** The Board, with the Department of Health, is engaged in rule making to establish standards for environmental health and safety in schools. The goals are 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 this process should continue, but is prepared to support legislation consistent with these goals, such as those that would provide funding for school renovation, operations and maintenance, health and safety committees, and related programs.
- **School Health:** The Board supports using science and public health best practice models to improve physical activity and nutrition policies and practices in schools. This would include improving the quality and availability of school meal programs (a primary source of nutrition for many children), promoting effective implementation of strong nutrition and physical activity plans, and ensuring compliance with standards for physical activity during the school day. It also supports school-associated programs that improve children's access to comprehensive primary and preventive services, either through school-linked care or provider referrals (including programs to address chronic diseases such as asthma and diabetes). It would support proposals that would assure adequate school nurse staffing.
- **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 any actions, such as further securitization of funds from the Master Tobacco Settlement Agreement, that would undermine these proven, successful efforts.