

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 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 following statement represents the sense of the Board and will guide staff and members in their communications. This document is neither exhaustive nor prescriptive. 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 the elderly, and about how inequities in care contribute to health disparities. The Board supports an evidence- and population-based approach, as described in 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 standing to evidence-based dental care, substance abuse treatment, and mental health services. The Board believes stable funding is necessary to achieve universal access to core services, and achieving stable funding would require broad-based agreement on the menu of core services; prioritization of these 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 ongoing efforts to expand public coverage for low-income children, including immigrant children, to ensure access (though coverage alone is not sufficient). It supports current efforts to encourage enrollment in such programs and would support a range of incentives to assure all children—regardless of race, ethnicity, geography, socioeconomic status, and their parents' insurance—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. It supports the practice of purchasing vaccines recommended by the Advisory Committee on Immunization Practices for all children. It would support policies designed to ensure children receive immunizations at the recommended ages, expand the use of CHLD profile as an immunization registry, strengthen alliances with health care providers, and increase schools' and child care centers' capacity to pursue full immunization. It also would support efforts to increase the accessibility, affordability, and utilization of adult immunizations, particularly for health care workers.

- **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 delivers health care in an accessible and continuous, coordinated and comprehensive, family-centered, and compassionate and culturally sensitive manner. Benefits 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, infusing the Chronic Care Model into medical practices, and raising reimbursement rates for providers who meet specific outcomes measures.
- **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 fresh fruits and vegetables). It supports integrating public health into land use, transportation, and community development so that social and physical environments promote healthy behaviors. It would oppose state regulations that preempt local authority to develop and implement promising policies intended to reduce the disturbing prevalence of overweight and obesity.
- **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 septic tanks at the time of property transfer and help homeowners repair failing systems. It would also support increased funding to expedite rule making related to drainfield remediation technologies.
- **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.
- **School Health—Environmental Health and Safety:** 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, as well as funding to health jurisdictions to establish local school health and safety programs, conduct inspections, and implement the Board's rules.
- **School Health—Physical Activity and Nutrition:** 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 (including universal breakfast), promoting effective implementation of strong nutrition and physical activity plans, establishing school health advisory committees, and ensuring compliance with standards for physical activity during the school day. The Board also encourages replication and dissemination of the coordinate school health model, as well as school-based health clinics and other school-associated programs that improve children's access to comprehensive primary and preventive services through either direct care provision or referrals (including programs to address chronic diseases). It would support proposals that would assure adequate staffing levels for school nurses and mental health counselors.
- **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.