

Washington State Board of Health STATEMENT OF POLICY ON POSSIBLE 2010 LEGISLATIVE ISSUES

Staff Preliminary Discussion Draft: November 4, 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 supported the Governor's original budget recommendation to maintain current levels for state funding streams that support local public health. The Legislature cut \$4 million from the \$20 million in new local public health enhancement funds provided during 2007-09. The Board opposes supplemental cuts to these funds, local capacity development funds, or funds provided through the Department of Commerce (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. Local health jurisdictions have experienced funding and staffing cuts in the 20% to 30% range. 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 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 emphasizes a strong public health infrastructure. In terms of personal medical care, it would emphasize primary and preventive care and it would give equal standing to evidence-based dental care, substance abuse treatment, and mental health services. 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. The Board encourages preservation of Basic Health unless the needs of that population can be met through expanded federal programs and policies.

- **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. 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 believes the state should continue efforts to ensure that the move away from government-funded purchasing of vaccines for all children is minimally disruptive and does not worsen immunization rates. It would support pooled purchasing funded in part through insurer contributions as recommended by the Vaccine Congress. Immunizations should be a mandated insurance benefit. Purchasing 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 legislation to discourage overuse of personal and philosophical 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. That support extends to current efforts by DSHS/HRSA to encourage medical homes.
- **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. It supports integration of mental health and primary care delivery as proposed by DSHS/HRSA.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and supports such solutions as providing Medicaid and SCHIP dental coverage, increasing access to providers that accept such coverage, and in the absence of comprehensive access to children's dental care, 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). In the context of basic education financing reform, it would support 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 such as those identified in *Research Review: School-based Health Interventions and Academic Achievement* (SBOH, OSPI & DOH, 2009). It is particularly supportive of policies and programs 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:** The Board supports using science-based policies and promising practices described in *Recommended Community Strategies and Measurements to Prevent Obesity in the United States* (CDC, 2009) to improve physical activity and nutrition in school, workplace, and community settings.
- **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 or their reallocation to other activities that would undermine proven, successful efforts.
- **Substance Abuse:** The Board is particularly concerned about the growing epidemic of 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 human exposure to persistent bioaccumulative toxins. It looks forward to working with lead agencies on initiatives addressing climate change, Puget Sound restoration, and the possible reorganization of natural resource responsibilities.

- **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.
- **On-site Sewage:** The Board would support legislation that applies science to on-site regulation and is consistent with Resolution 04-04 and existing Board rules. It would support funding to expedite rule making related to drainfield remediation technologies. It would support legislation that would enhance wastewater management programs in a manner that emphasizes environmental public health protections.
- **Children’s Environmental Health:** The Board is concerned about protecting children from exposure to environmental health hazards, especially those that could have long-lasting health impacts. It would support legislation and educational initiatives to address environmental health hazards such as lead exposure that pose special risks to children.
- **School Environmental Health and Safety:** The Board has adopted but is not able to implement an updated rule for environmental health and safety in schools. The Board would support legislation consistent with the goals of the rule, such as funding for school renovation, operations and maintenance, health and safety committees, and related programs, as well as funding for local health jurisdictions to undertake school health and safety programs, conduct inspections, and implement the Board’s rules. It would support basic education reform funding models that provide sufficient resources for school operations and maintenance so that it would be reasonable to hold schools accountable for meeting the basic, science-based environmental health and safety standards contained in the revised rule.
- **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 would support legislation that maintains a regulatory framework for local Group B programs. It supports maintaining the technical assistance and regulatory programs of the Department of Health for public drinking water systems. It would oppose legislation that weakens requirements that purveyors supply consumers with safe and sanitary drinking water.