(2) The governor shall appoint the initial members of the board to staggered terms not to exceed four years. Initial appointments shall be made on or before June 1, 2007. Members appointed thereafter shall serve two-year terms. Members of the board shall be compensated in accordance with RCW 43.03.250 and shall be reimbursed for their travel expenses while on official business in accordance with RCW 43.03.050 and 43.03.060. The board shall prescribe rules for the conduct of its business. The administrator shall be chair of the board. Meetings of the board shall be at the call of the chair.

(3) The board may establish technical advisory committees or seek the advice of technical experts when necessary to execute the powers and duties included in this section.

(4) The board and employees of the board shall not be civilly or criminally liable and shall not have any penalty or cause of action of any nature arise against them for any action taken or not taken, including any discretionary decision or failure to make a discretionary decision, when the action or inaction is done in good faith and in the performance of the powers and duties under this chapter. Nothing in this section prohibits legal actions against the board to enforce the board's statutory or contractual duties or obligations.

*Sec. 59 was vetoed. See message at end of chapter.*

PUBLIC HEALTH

NEW SECTION. Sec. 60. A new section is added to chapter 43.70 RCW to read as follows:

(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.

NEW SECTION. Sec. 61. A new section is added to chapter 43.70 RCW
to read as follows:

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.

NEW SECTION. Sec. 62. A new section is added to chapter 43.70 RCW to read as follows:

(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 section 60 of this act. 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 section 61 of this act; 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.

NEW SECTION. Sec. 63. A new section is added to chapter 43.70 RCW to read as follows:
Beginning November 15, 2009, the department shall report to the legislature and the governor annually on the distribution of funds to local health jurisdictions under sections 60 through 65 of this act and the use of those funds. The initial report must discuss the performance measures adopted by the secretary and any impact the funding in this act has had on local health jurisdiction performance and health status indicators. Future reports shall evaluate trends in performance over time and the effects of expenditures on performance over time.
Sec. 64. RCW 43.70.520 and 1993 c 492 s 467 are each amended to read as follows:

(1) The legislature finds that the public health functions of community assessment, policy development, and assurance of service delivery are essential elements in achieving the objectives of health reform in Washington state. The legislature further finds that the population-based services provided by state and local health departments are cost-effective and are a critical strategy for the long-term containment of health care costs. The legislature further finds that the public health system in the state lacks the capacity to fulfill these functions consistent with the needs of a reformed health care system. The legislature further finds that public health nurses and nursing services are an essential part of our public health system, delivering evidence-based care and providing core services including prevention of illness, injury, or disability; the promotion of health; and maintenance of the health of populations.

(2) The department of health shall develop, in consultation with local health departments and districts, the state board of health, the health services commission, area Indian health service, and other state agencies, health services providers, and citizens concerned about public health, a public health services improvement plan. The plan shall provide a detailed accounting of deficits in the core functions of assessment, policy development, assurance of the current public health system, how additional public health funding would be used, and describe the benefits expected from expanded expenditures.

(3) The plan shall include:

(a) Definition of minimum standards for public health protection through assessment, policy development, and assurances:

   (i) Enumeration of communities not meeting those standards;

   (ii) A budget and staffing plan for bringing all communities up to minimum standards;

   (iii) An analysis of the costs and benefits expected from adopting minimum public health standards for assessment, policy development, and assurances;

(b) Recommended strategies and a schedule for improving public health programs throughout the state, including:

   (i) Strategies for transferring personal health care services from
the public health system, into the uniform benefits package where feasible; and

(ii) ((Timing of increased funding for public health services linked to specific objectives for improving public health)) Linking funding for public health services to performance measures that relate to achieving improved health outcomes; and

(c) A recommended level of dedicated funding for public health services to be expressed in terms of a percentage of total health service expenditures in the state or a set per person amount; such recommendation shall also include methods to ensure that such funding does not supplant existing federal, state, and local funds received by local health departments, and methods of distributing funds among local health departments.

(4) The department shall coordinate this planning process with the study activities required in section 258, chapter 492, Laws of 1993.

(5) By March 1, 1994, the department shall provide initial recommendations of the public health services improvement plan to the legislature regarding minimum public health standards, and public health programs needed to address urgent needs, such as those cited in subsection (7) of this section.

(6) By December 1, 1994, the department shall present the public health services improvement plan to the legislature, with specific recommendations for each element of the plan to be implemented over the period from 1995 through 1997.

(7) Thereafter, the department shall update the public health services improvement plan for presentation to the legislature prior to the beginning of a new biennium.

(8) Among the specific population-based public health activities to be considered in the public health services improvement plan are: Health data assessment and chronic and infectious disease surveillance; rapid response to outbreaks of communicable disease; efforts to prevent and control specific communicable diseases, such as tuberculosis and acquired immune deficiency syndrome; health education to promote healthy behaviors and to reduce the prevalence of chronic disease, such as those linked to the use of tobacco; access to primary care in coordination with existing community and migrant health clinics and other not for profit health care organizations; programs to ensure children are born as healthy as possible and they receive immunizations.
and adequate nutrition; efforts to prevent intentional and
unintentional injury; programs to ensure the safety of drinking water
and food supplies; poison control; trauma services; and other
activities that have the potential to improve the health of the
population or special populations and reduce the need for or cost of
health services.

NEW SECTION. Sec. 65. A new section is added to chapter 43.70 RCW
to read as follows:

(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
section 62 of this act.

(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.

Sec. 66. RCW 70.48.130 and 1993 c 409 s 1 are each amended to read
as follows:

It is the intent of the legislature that all jail inmates receive
appropriate and cost-effective emergency and necessary medical care.
Governing units, the department of social and health services, and
medical care providers shall cooperate to achieve the best rates
consistent with adequate care.

Payment for emergency or necessary health care shall be by the
governing unit, except that the department of social and health
services shall directly reimburse the provider pursuant to chapter
74.09 RCW, in accordance with the rates and benefits established by the
department, if the confined person is eligible under the department's
medical care programs as authorized under chapter 74.09 RCW. After
payment by the department, the financial responsibility for any
remaining balance, including unpaid client liabilities that are a
condition of eligibility or participation under chapter 74.09 RCW,
shall be borne by the medical care provider and the governing unit as
may be mutually agreed upon between the medical care provider and the
governing unit. In the absence of mutual agreement between the medical
care provider and the governing unit, the financial responsibility for
any remaining balance shall be borne equally between the medical care
provider and the governing unit. Total payments from all sources to
providers for care rendered to confined persons eligible under chapter
74.09 RCW shall not exceed the amounts that would be paid by the
department for similar services provided under Title XIX medicaid,
unless additional resources are obtained from the confined person.

As part of the screening process upon booking or preparation of an
inmate into jail, general information concerning the inmate's ability
to pay for medical care shall be identified, including insurance or
other medical benefits or resources to which an inmate is entitled.
This information shall be made available to the department, the
governing unit, and any provider of health care services.

The governing unit or provider may obtain reimbursement from the
confined person for the cost of health care services not provided under

p. 75
E2SSB 5930.SL