AN ACT Relating to health impact assessments; amending RCW 43.20.025; adding a new section to chapter 43.20 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The legislature finds that people of color experience significant disparities from the general population in education, employment, healthy living conditions, access to health care, and other social determinants of health. The legislature intends that state government policy leaders, program managers, and staff increase their awareness of actions they take or that they contemplate taking that contribute to health disparities. It shall be the policy of the state of Washington to address health disparities in communities of color by creating an action plan and statewide policy to include health impact assessments that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition.
Sec. 2. RCW 43.20.025 and 1989 1st ex.s. c 9 s 208 are each amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Commissions" means the Washington state commission on African-American affairs established in chapter 43.113 RCW, the Washington state commission on Asian Pacific American affairs established in chapter 43.117 RCW, the Washington state commission on Hispanic affairs established in chapter 43.115 RCW, and the governor's office of Indian affairs.

(2) "Consumer representative" means any person who is not an elected official, who has no fiduciary obligation to a health facility or other health agency, and who has no material financial interest in the rendering of health services.

(3) "Council" means the governor's interagency coordinating council on health disparities.

(4) "Department" means the department of health.

(5) "Health disparities" means the difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions, including lack of access to proven health care services that exists between specific population groups in Washington state.

(6) "Health impact assessment" means a systematic review of a legislative or budgetary proposal or other public policy, program, or practice completed according to the terms of this chapter that determines the extent to which such proposal, policy, program, or practice improves or exacerbates health disparities.

(7) "Secretary" means the secretary of health, or the secretary's designee.

(8) "Local health board" means a health board created pursuant to chapter 70.05, 70.08, or 70.46 RCW.

(9) "Local health officer" means the legally qualified physician appointed as a health officer pursuant to chapter 70.05, 70.08, or 70.46 RCW.

(10) "Social determinants of health" means those elements of social structure most closely shown to affect health and illness, including at a minimum, early learning, education, socioeconomic standing, safe housing, sanitary environmental conditions, gender,
incidence of violence, convenient and affordable access to safe opportunities for physical activity, healthy diet, clean water, clean air, toxin-free environments, and appropriate health care services.

(11) "State board" means the state board of health created under chapter 43.20 RCW.

NEW SECTION. Sec. 3. A new section is added to chapter 43.20 RCW to read as follows:

The state board, in collaboration with the council, shall complete health impact assessments, in collaboration with the council, and with assistance that shall be provided by any state agency of which the board makes a request. The state board may limit the number of health impact assessments it produces to retain quality while operating within its available resources.

(1) A health impact assessment may be initiated by any council member or by any state legislator by written request submitted according to forms and procedures proposed by the council and approved by the state board.

(2) The subject of the assessment may be any state government program, policy, practice, or proposal for state legislative or budgetary change that the requesting party believes may have a significant impact on health disparities.

(3) Upon receiving a request for a health impact assessment from a member of the legislature during a legislative session, the state board shall deliver the health impact assessment to the requesting party in no more than ten days. Requests made in the normal course of business shall receive an assessment from the state board no later than ninety days after a request is made.

(4) Upon delivery of the assessment to the requesting party, it shall be a public document, and shall be available on the state board's web site.

(5) The assessment shall be based on the best available empirical information and professional assumptions available to the state board regarding the most likely health impact of the subject program, practice, or proposal. Such impacts may include changes in health disparities or in the social determinants of health experienced by racial or ethnic minorities.
(6) In fulfilling their responsibilities under this subsection, the state board and the council may create ad hoc committees or other such committees of limited duration as necessary.

(7) The state board and the department shall collaborate to obtain any federal or private funding that may become available to implement the state board's duties under this chapter. If the department receives such funding, the department shall allocate it to the state board to implement its duties under this chapter, and any state general funds that may have been appropriated but are no longer needed by the state board shall lapse to the state general fund.

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