Washington State Department of Health

Tier 2 Transition Document

October, 2004

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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Washington State Department of Health

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Health Consumer Assistance Line:
1-800-525-0127

Web Site:
http://www.doh.wa.gov

Division Office Contacts

Community and Family Health
(360) 236-3703

Environmental Health
(360) 236-3000

Epidemiology, Health Statistics and Public Health Laboratories
(360) 236-4203

Health Systems Quality Assurance
(360) 236-4601

Management Services
(360) 236-4502

Public Health Laboratories (Shoreline)
(206) 361-2800

State Board of Health

Craig McLaughlin,
Acting Executive Director

Tom Locke, Chair

Telephone: (360) 236-4110

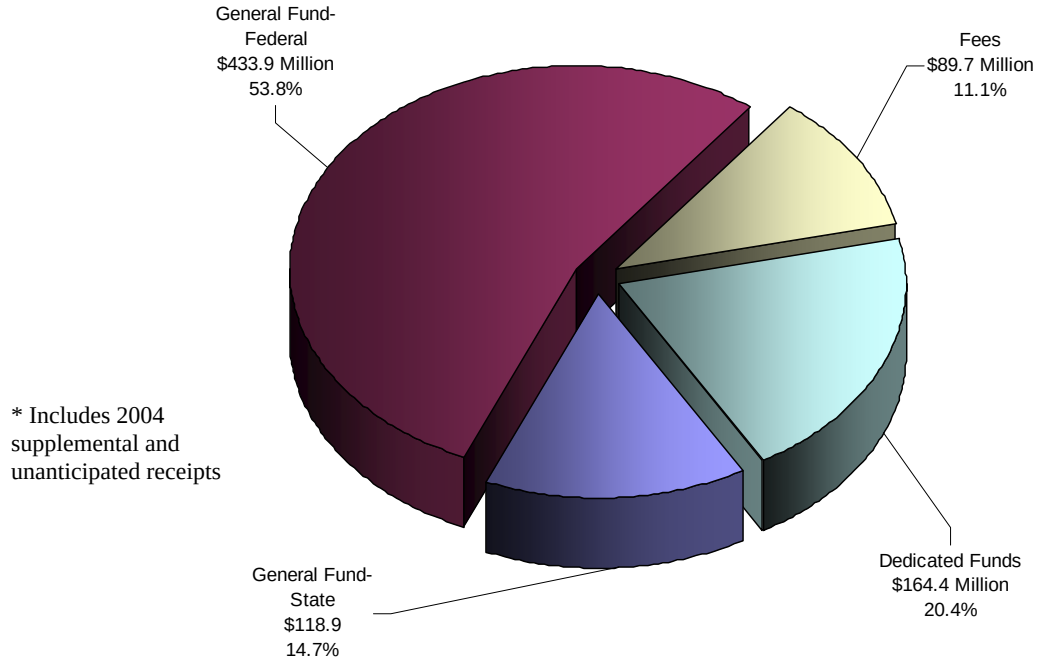
Web Site: http://www.sboh.wa.gov

Local Public Health Jurisdictions

Washington's 35 county-based local public health departments/districts are vital components of the state/local health system. To contact local public health visit http://www.doh.wa.gov/LHJMap/LHJMap.htm

Washington State Department of Health

Total Agency Budget (as of 10/15/04): $806,612,529*



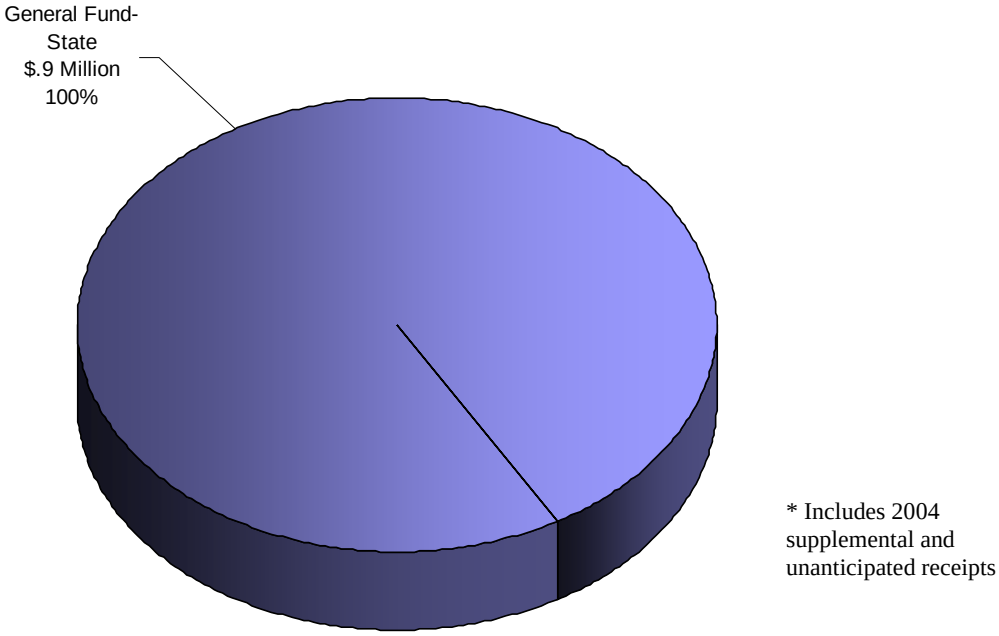
* Includes 2004 supplemental and unanticipated receipts

The Washington State Department of Health works with a wide assortment of federal, state and local partners to protect and improve the health of the people in this state. Activities include:

- Administration: Operations, planning and policy development, human resource and information technology management and internal and external communications.
- Chronic Disease Prevention and Health Promotion: Activities designed to prevent disease and promote the health of Washington residents.
- Drinking Water Protection: Activities designed to ensure Washington residents have a safe and reliable supply of drinking water.
- Emergency Preparedness and Response: Activities designed to protect Washington residents in the event of a public health emergency.
- Community Environmental Health: Activities designed to ensure the safety of the places Washington residents work, live and play.
- Identify and Track Disease and Risks to the Public: Monitoring and tracking disease and health trends.
- Shellfish and Food Safety: Activities geared toward assuring the food we purchase and the marine animals we harvest are safe to eat.
- Strengthening the Public Health Network: Activities designed to strengthen the department's partnerships with local public health entities.
- Communicable and Infectious Disease: Agency works with local partners and other health agencies to protect the public from communicable diseases.
- Family and Child Health: Activities designed to promote health in infants, children and families.
- Public Health Laboratories: Activities serve the public health by providing accurate and timely laboratory results.
- Safety and Quality of Health Care Services: Programs designed to ensure Washington residents have access to safe and reliable health care.

Washington State Board of Health

Total Division Budget (as of 10/15/04): $907,832*



* Includes 2004 supplemental and unanticipated receipts

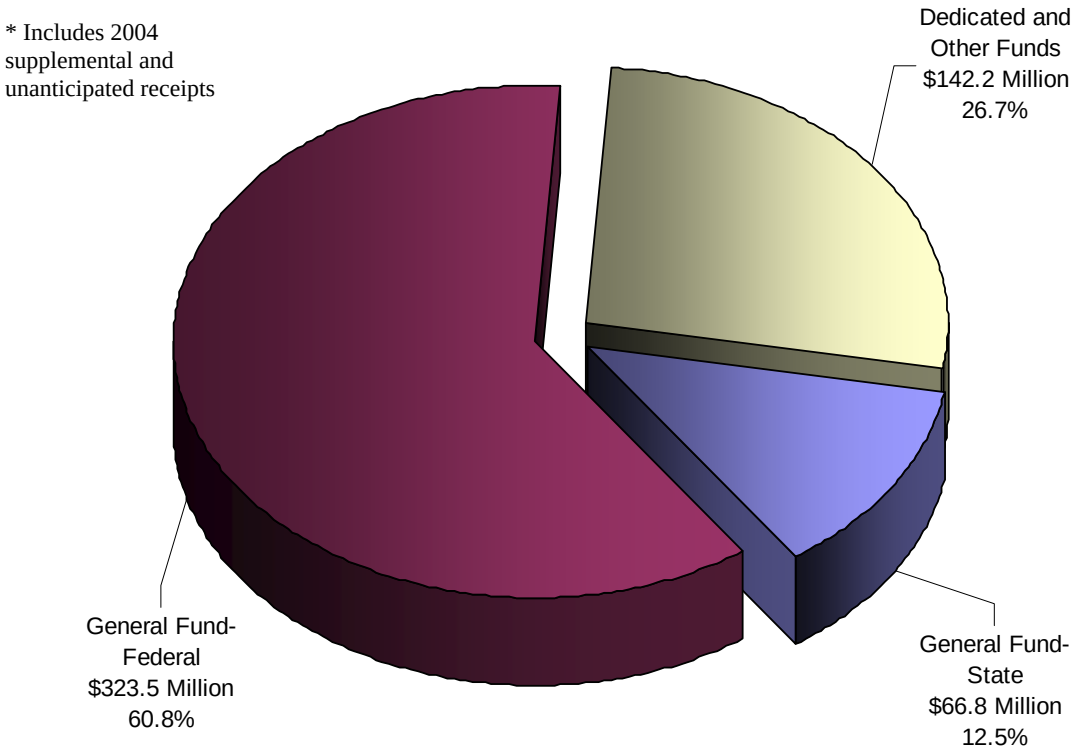
The Washington State Board of Health is an independent constitutional agency. Its budget is contained within the Department of Health's total agency budget. The board contains nine members that represent consumers, city elected officials, county elected officials, local health officers and health and sanitation, and are appointed by the Governor to three-year terms. The Secretary of Health or designee serves as a tenth member. The Governor selects the chair from the nine appointed members.

The board's funding comes from the General State Fund and is $907,832 in the current 2003-05 biennium. The State Board of Health's responsibilities include adopting rules to govern traditional public health activities (food safety, drinking water standards, communicable disease control, septic system regulation, vital statistics, etc.). It proposes the State Health report every two years as a strategic guide for health-related agencies to use when preparing budgets and requesting legislation. It also provides policy recommendations to the Secretary of Health and serves as a public forum to gather citizen input and expert advice on health policy.

Some of the most pressing issues facing the board at this time include: the revision of rules for sexually transmitted diseases and HIV/AIDS (adoption expected March 2005); drafting new regulations for on-site sewage systems (action scheduled early 2005); and revising environmental health and safety standards for schools, including air quality and lead in school drinking water (process should be completed late 2005). Of major concern to the board are funding cuts that have forced the board to cut staff and reduce meetings from one per month to seven or eight a year, making it difficult to perform work that is not only required but necessary to protect and preserve the health of the people of Washington.

Community and Family Health Division

Total Division Budget (as of 10/15/04): $532,515,656*



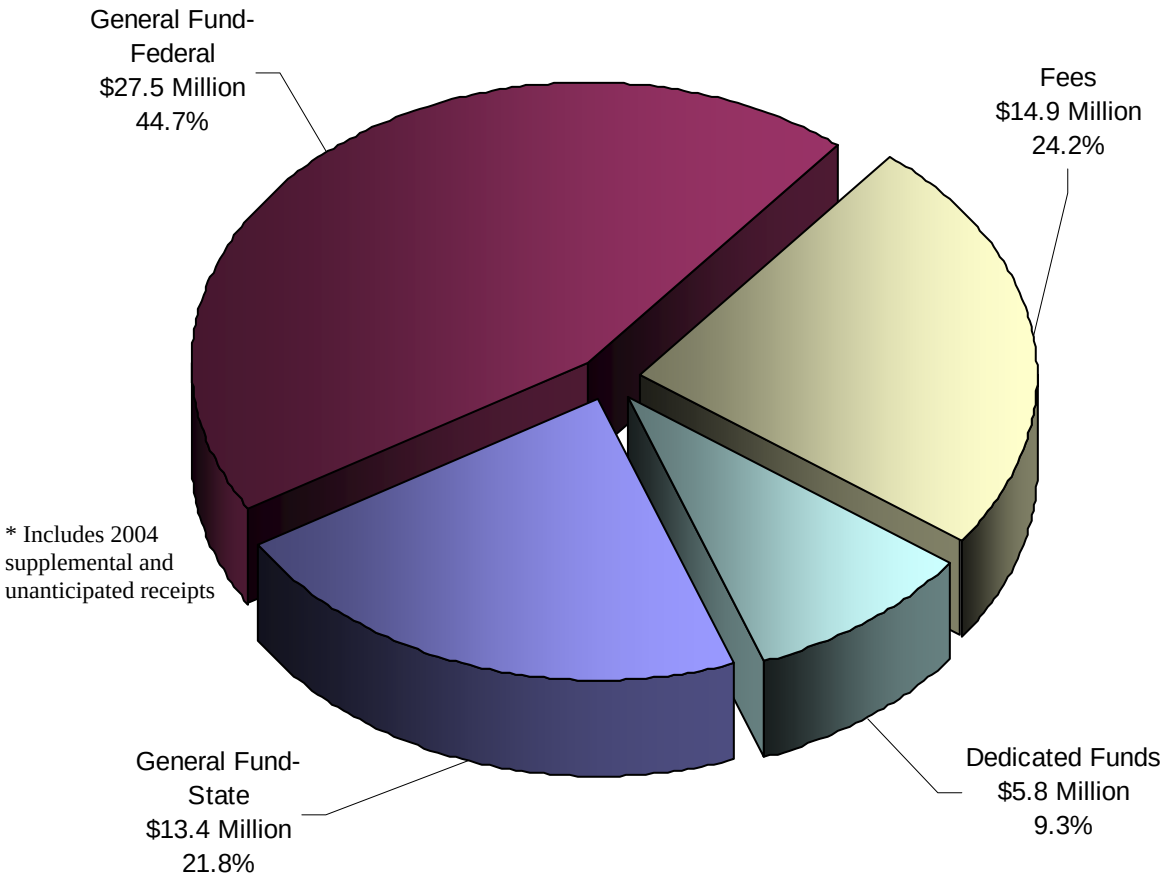
The Community and Family Health Division's mission is to enhance the health of communities through culturally sensitive programs that promote a healthy start, healthy choices and access to services. The Community and Family Health Division promotes the health and well-being of families and communities by providing leadership, financial support and technical assistance for local communities. The division includes programs to reduce chronic diseases and injury, prevent infectious and sexually transmitted diseases, support reproductive health services, promote maternal and child health (including children with special health care needs), provide Women, Infant and Children (WIC) nutritional services, work to prevent teen pregnancy, reduce youth tobacco use, and develop and disseminate public health information. The division also provides critical support during public health emergencies.

Key Issues

- Dedicated fund sources make up 16.8 percent of the division budget. The largest portion of these funds include the Tobacco Prevention & Control Account and the Health Services Account. These two accounts face substantial revenue challenges in the future.
- Increased reliance on federal funds.
- Fragility of the Public Health System.
- Improving testing for, and surveillance of, infectious disease such as tuberculosis, hepatitis C and others.

Environmental Health Division

Total Division Budget (as of 10/15/04): $61,591,210*



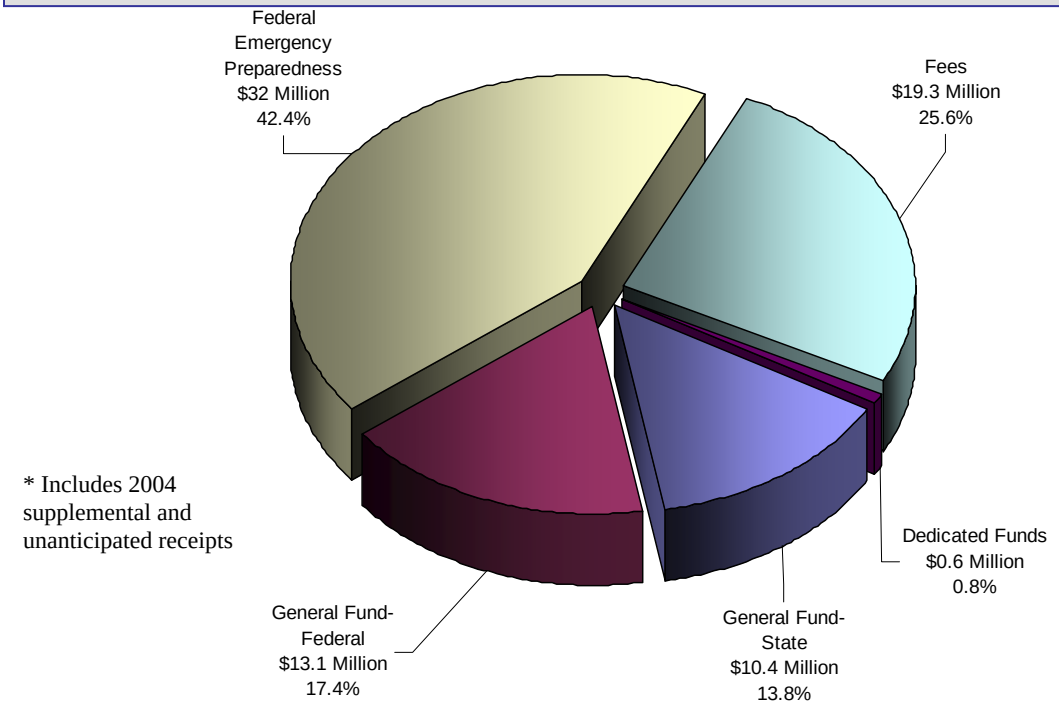
The Division of Environmental Health works with local health jurisdictions to protect and improve the public's health by reducing or eliminating human exposure to health hazards in the environment. These health hazards include bacteria, viruses, and toxins in food, shellfish, drinking water, recreational waters, soil and indoor air. The division also regulates exposure to radiation and nuclear air emissions. The division's programs for retail food safety, shellfish safety, and clandestine drug lab cleanup are nationally recognized. Its work to monitor pesticide exposures in farm workers and the general population has also received national recognition.

Nearly 83% of the division's budget is comprised of restricted use funds. The bulk of these funds, nearly $22 million, come from the Environmental Protection Agency for implementation of federally mandated requirements for larger public water systems.

Over the past several years, environmental health issues have gained public importance, whether it's contamination in fish, West Nile Virus prevention and control, proper management of septic systems, or possible contaminants in school drinking water. The challenge for the Division of Environmental Health is to find ways for state and local environmental health programs to responsibly meet public health needs with limited general use funds.

Epidemiology, Health Statistics and Public Health Laboratories Division

Total Division Budget (as of 10/15/04): $75,371,034*



* Includes 2004 supplemental and unanticipated receipts

The Epidemiology, Health Statistics and Public Health Laboratories Division provides quality health data and analytical and laboratory services for public health response, policy development and assessment activities.

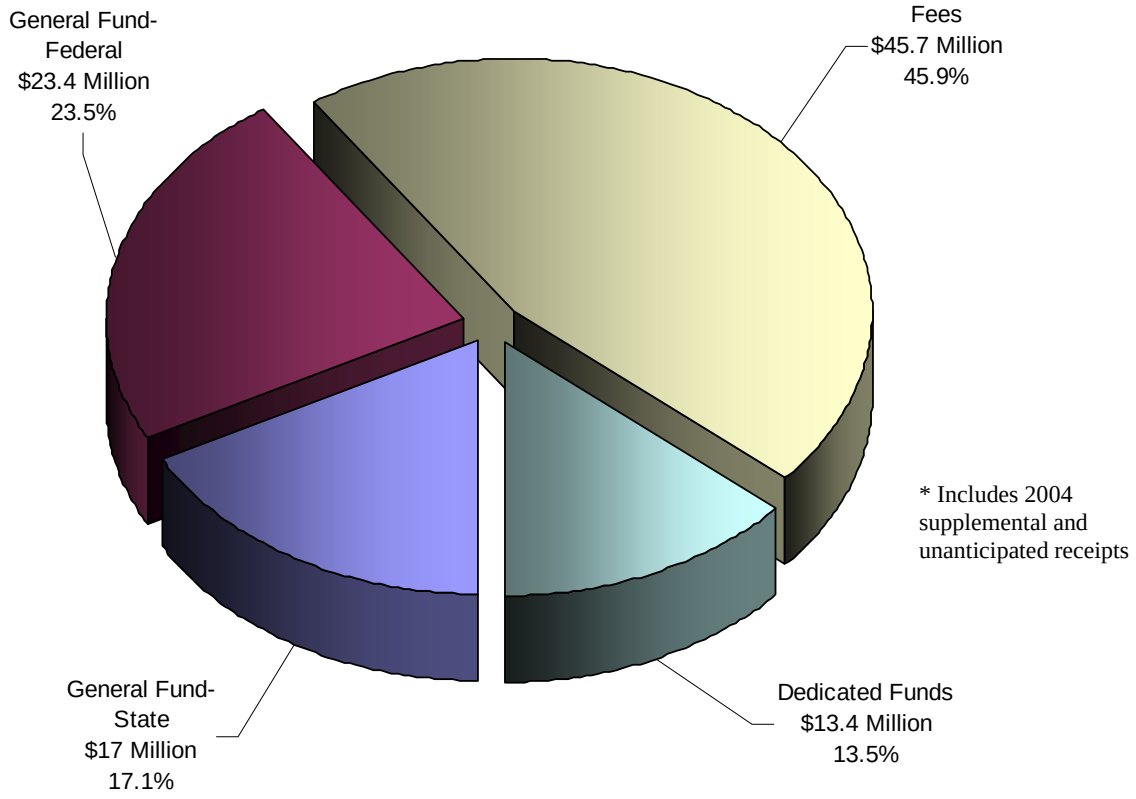
Epidemiology: The Communicable Disease Epidemiology office works with state and local partners to protect the public from communicable diseases including zoonotic diseases, food borne diseases and respiratory illness. The Non-Infectious Conditions Epidemiology office investigates chronic diseases and diseases related to environmental exposures. Both offices conduct ongoing disease surveillance and analysis to identify factors influencing disease and provide technical assistance on data collection, analysis and interpretation. In conjunction with the laboratories and other agency programs, both offices coordinate efforts to prepare for and respond to public health emergencies.

Center for Health Statistics (CHS): Collects and publishes critical information needed to evaluate statewide population health status. CHS provides access to current, high quality health data regarding deaths, births, pregnancy rates, abortion rates, hospital use and behavioral risk factors. Policy makers, health professionals, community-based organizations and researchers utilize this data to understand trends, identify high risk populations and geographic areas, set prevention priorities and plan targeted health promotion strategies.

Public Health Laboratories: Provides a wide range of diagnostic and analytical services for the assessment and surveillance of communicable, genetic and chronic diseases and environmental health exposures. The Newborn Screening Program conducts screening and follow-up management for genetic disorders. The laboratories also coordinate and promote quality assurance programs for private clinical and environmental laboratories.

Health Systems Quality Assurance Division

Total Division Budget (as of 10/15/04): $99,603,998*



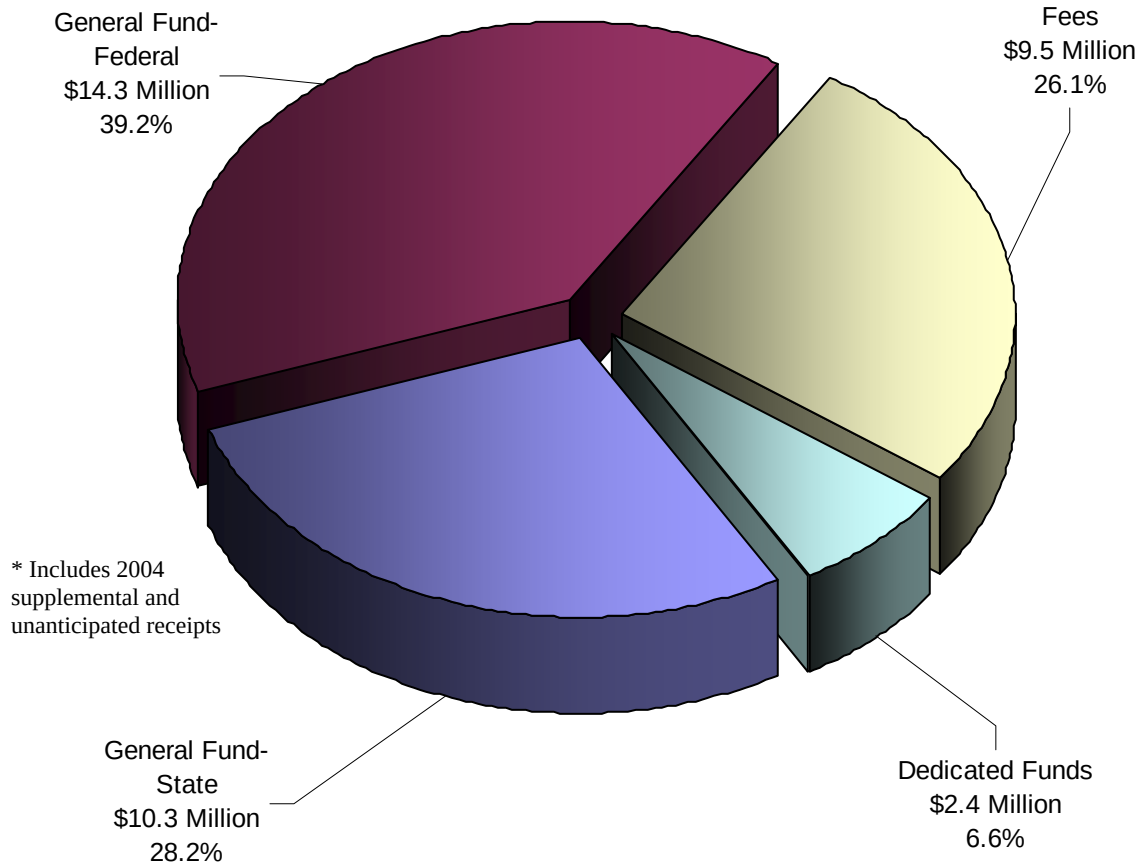
The Health Systems Quality Assurance Division in the Department of Health assures that people and businesses delivering health care to Washington residents provide safe health services. The division regulates the emergency medical services and trauma system, health care professions, facilities and services, medical laboratories, state institutions and residential treatment facilities. It also assists rural communities in addressing health care access issues.

Key focus areas for the current 03-05 biennium:

- Replacement of the automated systems for licensing and disciplinary activities to regulate health providers, facilities and services. The new system will eliminate redundant data, increase consistency, improve report capability, link data in different systems, and improve public access to information and services via the Web.
- Increase the number of providers assisted through the Volunteer Retired Provider Malpractice Program by contracting with the Western Washington Area Health Education Center. The center will conduct a variety of outreach activities with a goal to triple the number of retired volunteer providers to approximately 300 per year. In addition, the number of clinical sites participating in the program will be increased.
- In an attempt to meet the steady increase in work, several process improvements and efficiency measures have been recently implemented, or are in progress, to maximize the use of Health Professions Account funds:
    - A new customer service center handles all routine public inquiries related to licensing requirements for health care professionals (900-1000 calls per day).
    - A new public records center processes all public disclosure requests.
    - Plans are underway to centralize separate investigative and legal service units.

Administration

Total Division Budget (as of 10/15/04): $36,622,799*



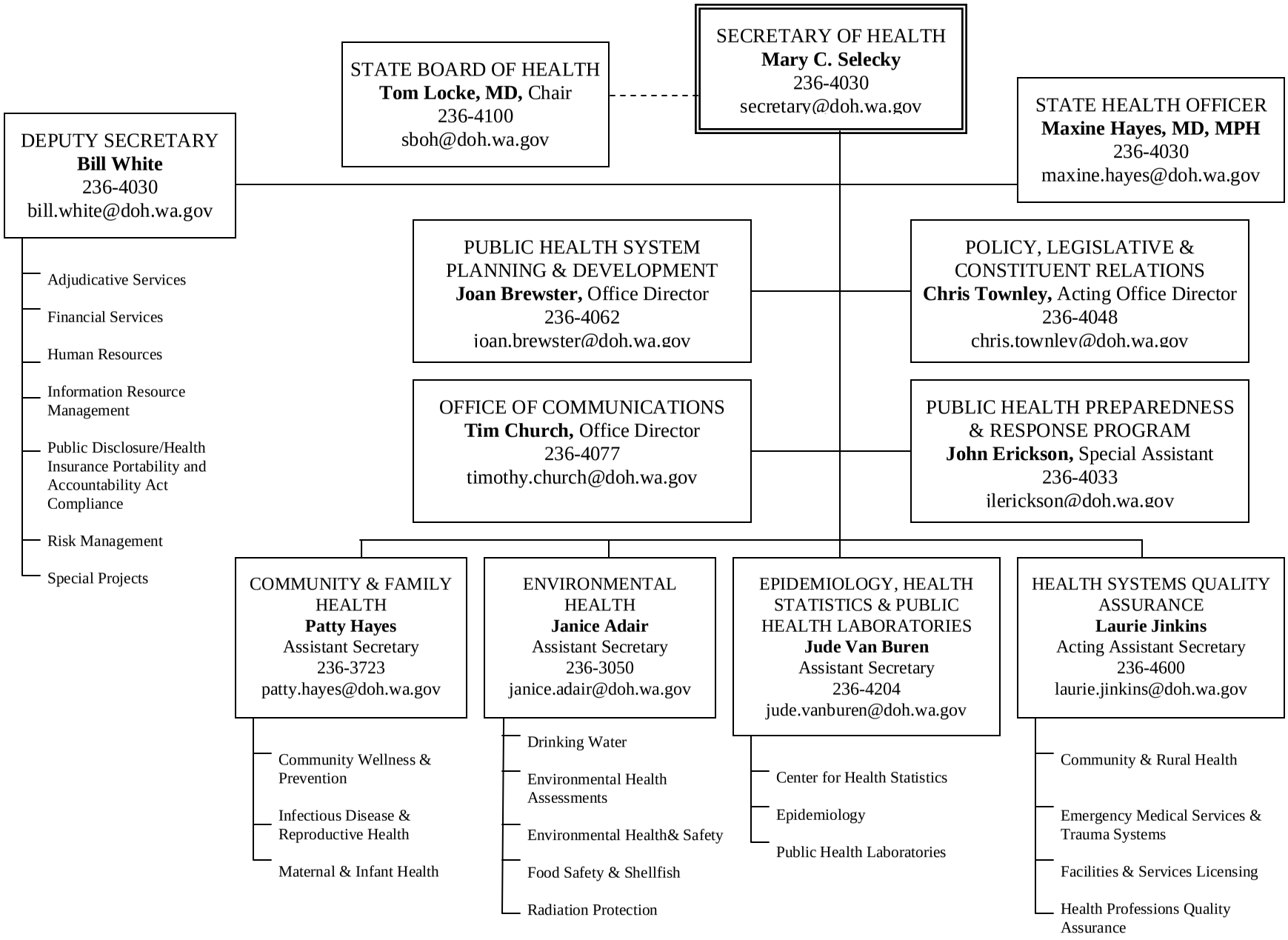
* Includes 2004 supplemental and unanticipated receipts

The Department of Health's Administrative Services makes up a diverse group of activities and functions that support the overall management of the agency. Organizational units include executive leadership provided by the Office of the Secretary and the offices of Communications, Legislative Relations, Public Health System Planning, Finance and Budget, Safety and Risk Management, Human Resources and Information Resource Management. Offices also encompass functional areas such as Facilities Management and accountability functions such as Contracts Management, public records and internal audit. These functions are covered by the agency indirect cost pool or are directly charged to grants, programs or divisions. Every agency program and fund source contributes to cover these functional costs.

Challenges and priorities include:

- Implementation of the Personnel System Reform Act (PSRA)
- Disaster recovery and emergency planning capability for critical health systems
- Secure public health infrastructure, reporting, and communications technologies
- Timely and accurate information to the general public and the public health system on emerging or critical issues.

Washington State Department of Health Organizational Chart · October 2004



Bios of Agency Management Team and Secretary's Immediate Staff

Mary C. Selecky: Secretary of the Washington State Department of Health. Mary was appointed in March 1999. Her top priorities include tobacco prevention and control, nutrition and physical activity, and public health emergency preparedness. She also has more than 20 years' experience in local health, serving as administrator of the Northeast Tri-County Health District in Colville.

Bill White: Deputy Secretary of Health. Bill has been deputy since August 2003. He has more than 25 years in public health and has been with the department since 1995, serving as assistant secretary, Environmental Health Programs and Director of the Office of Community and Environmental Health. Previously Bill was the Director of the Clallam County Department of Community Development.

Maxine Hayes, MD, MPH: State Health Officer. Dr. Hayes has been health officer since February 2000. She has been with the agency since 1990, also serving as assistant secretary of Community and Family Health. She is a pediatrician, clinical professor of pediatrics at the University of Washington School of Medicine and is a fellow of the American Academy of Pediatrics.

Assistant Secretaries

Janice Adair: Assistant Secretary, Environmental Health Division. Janice has been in her current position since August 2003. She also served as chief administrator of Environmental Health Programs from January to August 2003. Before coming to the department Janice worked with Alaska's Department of Environmental Conservation as their Director of the Division of Environmental Health.

Patty L. Hayes: Assistant Secretary, Division of Community and Family Health. Patty has served as assistant secretary since August 2003. From 1997 to 2003 she was the department's director of Policy, Legislative and Constituent Relations. Previously Patty held government relations positions for several professional associations. In 2002, Patty was inducted to the Nursing Hall of Fame for Washington.

Laurie Jinkins: Acting Assistant Secretary, Health Systems Quality Assurance. Laurie has been with the department for 10 years, previously working as chief administrator, Community and Family Health; executive director of the boards of psychology and hearing and speech; and first staff attorney for the Dental Quality Assurance Commission.

Lois Speelman: Assistant Secretary, Financial Services. Lois has been with the agency since December 2001. She has 18 years' experience in Washington state government, working in the budget, accounting and finance field for several agencies.

Jude Van Buren: Assistant Secretary, Epidemiology, Health Statistics and Public Health Laboratories. Jude has been in public health for 20 years at the local, state and international level. During her time with the agency she has also served as director of Environmental Health Assessments, and section manager for Maternal Child Health Assessment.

Directors

Joan Brewster: Director, Public Health Systems Planning and Development. Joan has been the local health liaison between the department and Washington's 35 local health jurisdictions since 1994. She has been with the agency for 14 years, also serving as assistant director of the legislative office in the Office of the Secretary.

Tim Church: Director, Office of Communications. Tim has been with the department since October 1999. He oversees media relations, Web content, internal communications and risk communications. Prior to working for the agency, he served as a public information officer for the Washington State Senate and spent 15 years as a television news writer, reporter, producer and managing editor.

Katherine C. Deuel: Director, Office of Human Resources. Katherine has held this position since May 2001 and has more than 22 years of state service. Katherine holds a BA in Communications, specialization in Journalism, from Washington State University and worked for the university for nine years.

John L. Erickson: Director, Public Health Emergency Preparedness and Response program. John has served in his current role since March 2002. He started with the department in 1982 as an environmental health physicist and became director of the Division of Radiation Protection in 1996. He holds an MS degree in nuclear chemistry.

Chris Townley: Acting Director, Policy, Legislative and Constituent Relations. She joined the department February 1998. Most recently, Chris implemented the department's federal relations program and helped develop key components of the agency strategic plan. Chris has 25 years of experience in the legislative and communication arenas.

Frank Westrum: Chief Information Officer, Division of Information Management. Frank has served in his current position since December 2001. He has been with the department for more than 15 years and is an environmental epidemiologist with a Masters of Public Health from the University of Washington. He is a past president of the Washington Public Health Association.

Staff

Wendy Holden: Special Assistant, Special Projects. Wendy has been with the department since May 2004. She has served three agencies as deputy director (Community, Trade, Economic Development; Employment Security; Port of Olympia) and also as director of the Washington General Administration Department. She holds an MPA from the University of Washington's Evans School.

Terry Bergener: Executive Assistant to the Secretary of Health. Terry has been in her current position since January 2003 and has been with the department since October 1989. During that time she has also served as executive assistant to the State Health Officer and principal assistant to the Assistant Secretary for Environmental Health Programs and the Administrator of that division.

Statutory Authority

Link to specific RCWs: http://wsl.leg.wa.gov/wsladm/rcw.htm
Search RCWs: http://search.leg.wa.gov/pub/textsearch/default.asp

Title 18 Businesses and Professions:

Gives the department specific regulatory authority over 57 different health professions. Responsibilities under this title include rule making, disciplinary actions, complaint investigation and licensure activities.

Title 26 Domestic Relations:

Chapters outline the department's role in keeping vital records, including adoption, birth, divorce and marriage records.

Title 41 Public Employment, Civil Service, and Pensions:

Supplies the framework for the relationship between the department and the State Health Care Authority. Specifically addresses such issues as access to health care in rural and other "underserved" areas and prescription drug matters.

Title 43 State Government Executive:

Chapter 43.70 creates the Department of Health, describes the legislature's intent in creating the department, describes the power of the Secretary of Health and creates the State Board of Health.

Chapter 43.20 establishes the State Board of Health. The board has statutory authority to adopt many regulations that are implemented and enforced by the department (as well as by other entities, including local health jurisdictions, private health care providers, police, private businesses, and citizens), and there are instances where the department and the board share overlapping rule making authority. The board makes recommendations to the Secretary of Health on how to involve the public and professional community in the department's public health policy formulation. The Board also provides an important public forum for the development of public health policy in Washington State.

Title 69 Food, Drugs, Cosmetics and Poisons:

Covers many of the agency's activities dealing with the control of pharmaceuticals, food and shellfish safety programs, and the control of precursor drugs used in the manufacture of methamphetamines.

Title 70 Public Health and Safety:

Describes the specific duties of state and local health agencies, their organization and areas of authority.

Major Partner, Supplier and Customer Groups

Partnerships

Private Sector Partners

Health Care Facilities
Health Care Providers
Laboratories
Nuclear Power Plant
Real Estate Developers
Retail Food Industry
Septic System Installers and Manufacturers
Shellfish Industry
X-Ray Machine Owners
Public Water Suppliers

Local/County Level Partners

City, County Governments
County Commissioners
Fire, Police, Emergency Response
Local Boards of Health
Local Health Jurisdictions
Public and Private Schools
Community-Based Organizations

Partner Associations

Washington State Hospital, Medical, and Nurses Associations
Washington State Association of Counties
Washington State Association of Local Public Health Officials
Environmental Associations

Washington State Department of Health

State Level Partners

State Board of Health
Dept. of Ecology
Attorney General
Dept. of Community, Trade and Economic Development
Dept. of Social and Health Services
Dept. of Labor & Industries
Office of the Superintendent of Public Instruction
Office of Financial Management
Dept. of Agriculture
Puget Sound Action Team
WSU, UW

Tribal Partners

Individual Tribes
American Indian Health Commission
NW Portland Indian Health Board
Seattle Indian Health Board
NW Indian Fisheries Commission

National/Federal Partners

Department of Health and Human Services
Homeland Security
Centers for Disease Control and Prevention
Health Resources and Services Administration
Nuclear Regulatory Agency
Food and Drug Administration
Association of State and Territorial Health Officials
National Association of County and City Health Officials
Environmental Protection Agency

Partnership breakdown: The Department of Health's partnerships with entities across the state and country can be broken down into four types:

1. **Collaborative: Working together on activities, projects, etc.**
2. **Regulatory: The department establishes regulations that affect partners and implements regulations adopted by the State Board of Health.**
3. **Funding: Partners receive funding from the department or supply funds to the department.**
4. **Suppliers: Partners supply information, etc., to the department.**

Local/County: Washington's 35 local health jurisdictions are critical to the public health system. Local health jurisdictions and county governments are a crucial link in the state's emergency preparedness program, and the department relies on them to deliver many of the public health services in communities.

State Level: The department works with many state agencies and a number of regulatory health care boards and commissions on a wide variety of programs, from emergency preparedness to educational efforts aimed at the general public. Some of these relationships are based on specific statutes or state orders to work together to develop regulations and programs to improve and protect the health of the people of Washington.

Tribes: The department's relationship with tribes is based on the Centennial Accord. The department offers educational materials and programs specifically targeted to the health needs of Native Americans, supports Tribal health infrastructure through funding and education, maintains a cooperative regulatory program with the Tribes to protect the public from shellfish-borne illnesses.

Private Sector: The department shares collaborative and regulatory relationships with the private entities listed above. The department works with certain industries to make sure the products they develop or services they offer are safe for Washington residents, and that health care is safe and accessible to the people of this state. Other private sector partners include the motel industry and ambulance services.

Associations: The associations listed above - and others - work with the department to advocate for the interests of health care facilities and providers, and to ensure important health information reaches those who need it. Some other associations this agency partners with include the American Lung Association, American Heart Association, Children's Alliance, Health Mothers Healthy Babies, Washington Alliance of WIC Agencies, American Academy of Pediatrics, Planned Parenthood, Lifelong AIDS Alliance, and Heart of Washington.

National/Federal: These partners supply funding for programs and information from nationwide public health sources nationwide. Other partners include Medicare, the Department of Energy and the Department of Agriculture.

Customer Groups

General Public:
Today's consumers believe they are entitled to high quality services. Government agencies, including the Department of Health, are responding by placing greater importance on customer service. There is conflict between the public's desire for more services and a desire to limit the cost of government. The public wants complete information about health issues, while at the same time placing high value on privacy and a less intrusive government.

Special Populations:
With an increasingly diverse population, state and local public health agencies need to understand the needs of a broad range of groups and be aware of cultural factors affecting health

care needs and trends. Increasing competence to understand the needs of special populations will make environmental and public health services more effective in achieving health outcomes. Fish consumption advisories are an example of an activity targeted specifically toward special populations. These advisories are designed for specific populations (young children, nursing and pregnant women, minority populations) to minimize exposure to toxic contaminants, especially mercury, while still encouraging fish consumption as part of a healthy diet.

External Environmental Scan Recap

Major trends and issues that present challenges for the department and must be taken into account as we determine our direction for the future.

Global and National Trends with Health Implications

Changing Our Approach to Public Health: The Institutes of Medicine (IOM) has labeled public health a field in "disarray" on the national level. The IOM cites the pressure of population growth, globalization, and a complete policy failure to adequately plan for and fund this essential service. They note the futility of spending increasing amounts on medical care and decreasing amounts on preventing costly health care problems. Less than 2 percent of our health dollar goes toward public health and prevention, while more than 98 percent is spent on expensive illness care.

Globalization: The focus on public health is shifting from primarily local to global. Recently, SARS and measles have been spread by people who travel by plane from country to country, and there have also been large scale outbreaks of illness traced to international shipments of food. The public health system must be strengthened to ensure swift and well-prepared response to these new and increasing threats.

Preparation for Response to Terrorism and Emergencies: Bacteria, chemicals or radiation could be used by terrorists as weapons against us. Public health emergency response plans must be practiced, improved, and practiced again. Hospitals, public health workers, clinic staff, law enforcement and emergency responders must be prepared to function as a team in the event of a community-wide emergency.

Population Growth: About 6 million people live in this state, and projections indicate the population will increase by 42 percent by 2030. Washington's population of people age 65 and older is expected to double by 2020. A growing population puts pressure on resources like drinking water, and there will be increased demand for basic health services in communities. An aging population means a larger number of people more susceptible to illness, which leads to increased strains on health care resources.

Increased Diversity: The number of Latinos in Washington will more than double by 2030. Populations of Asian/Pacific Islanders are expected to increase by 75 percent, African Americans by 36 percent, and American/Alaska Natives by 14 percent. Health officials must respond to increasing diversity and related disparities in the delivery of health services. Providing culturally sensitive services will require training of the current workforce and recruitment to build an equally diverse workforce.

Emerging Health Issues

Tobacco Use: Tobacco remains the number one cause of premature death in Americans, and the number one factor in avoidable health care costs. Every year 8,000 Washingtonians die from tobacco related causes. While Washington has made progress in lowering the rate of adults and teens who smoke, the numbers remain too high: 1 in 5 adults smoke, 1 in 6 teens smoke, and about 55 are taking up the habit every day.

Obesity, Physical Activity and Nutrition: Obesity now rivals tobacco in terms of premature death and health care costs. Between 1990 and 2000, the percentage of Washington adults who were obese doubled. About 10 percent of Washington's children are overweight, and 12 to 13 percent are obese. These are children who, without intervention, are destined to suffer lifelong health consequences caused by obesity.

Establishing a Prevention Agenda: About half of all deaths in Washington are preventable. Increasingly, public health is shifting attention from outcomes, such as heart disease, to causes – social determinants (education level, income level, etc.), tobacco use, physical activity and diet. This will require greater investment in community-level prevention strategies to reduce the high cost of preventable injury and disease.

Trends Affecting the Public Health System

Washington's public health system is comprised of the Department of Health and 35 local health jurisdictions, calling upon the expertise and resources of the Centers for Disease Control and Prevention (CDC) and other federal agencies. Partners include 95 hospitals, 116 community clinics, hundreds of community-based organizations, thousands of independent health care providers and emergency response organizations.

Local Government Funding Crisis

Thirty five public health agencies provide public health protection at the local level in Washington. Collectively, their budgets are $322 million per year. About half of their funding is derived from a patchwork of state and federal funds from various agencies. Most of these funds are "categorical" and can only be used for specific services. The remaining funds come from local sources including taxes, fees and permit revenue. Overall, the system is regarded as seriously under-funded and extremely fragile. County budgets are under terrific pressure, and many core public health services are being reduced.

Federal Influence

Categorical federal funding can create instability, with year-to-year fluctuations and tight requirements for specific programs. Basic state and local services can erode while communities scramble to meet the administrative demands of new or changing federal programs.

Changing Technology

All health institutions, offices and public health agencies are increasingly dependent on technology to deliver basic services. New tools come with costs for purchase, maintenance, coordination and training.

Washington State Department of Health Mission:

The Department of Health works to protect and improve the health of people in Washington State

Major Goals

Value and Benefit

Goal 1: Improve the health of people in Washington State

- Demonstrate improvement of health status for the people in Washington State.
- Improve the quality of public health and health care services.
- Assure reasonable, rational, and well-founded health regulations, standards and practices.

Goal 2: Strengthen the public health system to better serve the public, including preparing for emergencies and everyday threats.

- Assess and respond as necessary to public health threats and emergencies.
- Assure system/network provides for basic public health capacity.

Financial and Social Costs

Goal 3: Responsibly and effectively manage public health resources.

- Focus agency resources on public health priorities.
- Demonstrate accountability.
- Promote efficiency and flexibility in management of agency resources.

Customer / Constituent

Goal 4: Enhance strategic partnerships and collaborative relationships.

- Use collaborative and strategic relationships to promote innovative and effective public health programs.
- Support partners in meeting community health goals.
- Partner with diverse communities to address health disparities.

Internal Process

Goal 5: Improve external and internal communications and customer service.

- Improve degree of agency compliance with key administrative standards and practices.
- Use customer feedback to improve internal and external service delivery.
- Promote understanding of agency strategic plan.

Learning and Growth

Goal 6: Assure a competent and healthy workforce committed to the public's health.

- Promote learning and development for agency staff.
- Promote recruitment and retention of qualified and diverse staff.
- Promote wellness among department employees.

Goal 7: Enhance data management and use of public health information.

- Improve the use of data and information in assessment activities supporting decision processes.
- Effectively manage public health data.
- Support strategic business needs.

SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis

Strengths

· **Leadership:** The Department of Health has a national reputation for quality programs and is often looked to for innovative and cutting edge applications of public health science. A particular strength is building relationships and collaborating not only with public health partners but well beyond to include other national, statewide and community organizations. The department is generally well-regarded as a reliable partner rather than a heavy-handed state agency.
· **Inclusiveness:** The Department of Health's approach ensures the inclusion of stakeholders, affected parties, communities and the general public in its work. This approach extends to diverse communities and can be seen in publications like the Health of Washington State, the agency's collaborative partnerships, and our work with Tribes and other unique or special population groups.
· **Disease Surveillance:** The department has a nationally-recognized disease surveillance and response system. Department staff have been deeply involved in enhancing the state's capacity to respond to changing health threats and bioterrorism events.
· **All Hazard Response:** The agency has created and maintains a regional network to respond to any public health emergency, from natural disasters to acts of biological, chemical and radiological terrorism. Planning regions link public health to first responders, hospitals, Tribes, law enforcement and health care service providers.
· **Planning:** The Department of Health has received national attention for the planning and development of workforce competencies and performance standards contained in the Public Health Improvement Partnership (PHIP), a collaborative initiative of state and local health partners led by the Department of Health**.** This continually-evolving effort allows state and local health agencies to address workforce development, internal capacity, financial management, and performance related to key areas of public health service, all in a collaborative way.
· **Communication:** This agency would not be as successful in the above areas without its strong commitment to communication, including support for effective state/local electronic links, a Web site for public access, internal and inter-agency information sharing, and relevant and timely health education messages routinely delivered through the media.

Weaknesses

· **Clarity of Authority:** There are three primary entities that comprise the public health system in Washington: the State Department of Health (DOH), the State Board of Health (SBOH), and Local Health Jurisdictions (LHJ). Each of these entities has various authorities to develop, administer, or implement policy. Roles and responsibilities are diffused, and much accountability decentralized. DOH does not exercise command and control authority over the LHJs, although it has some authority for rulemaking in specific areas. SBOH adopts rules, but does not have an implementation role. In some programs DOH administers and provides oversight, while the actual work is performed at the LHJ level. Confusion by the public and policy makers about the differences in roles as the issue or topic changes may lead to calls for action that any of the three partners may lack specific authority to take. As the public's awareness of current and emerging public health threats increases, it becomes increasingly likely that the state will be expected to step in and "fix" public health problems, and be criticized when that does not happen.

· **Communication:** Two factors have complicated improvements in communications: growth in the types of business in which the agency is engaged, and exponential growth in the information sources and technology available. The business has grown as a result of new science, emerging or re-emerging diseases, global terrorism, federal mandates, expansion of caseloads, and public expectations. Communicating about and integrating such constant and exponential change has been taxing for the organization. Information technology has allowed access by millions to massive amounts of information from all over the world. Providing timely and accurate health information that is thoughtfully developed with attention to both science and policy implications to staff, partners and the public is a constant challenge for the agency.

Opportunities:

· **The Fragility of the Public Health Network:** The public health network we rely on is very fragile, supported in piecemeal fashion by local, state and federal funds without a reliable support for overall protection. The net result is that basic public health services have diminished in recent years and most programs are only marginally funded. The Department of Health relies on local government to carry out a broad range of essential public health services. County government budgets are under terrific pressure, and many core services are being reduced. The amount of funding per capita varies radically from one county to the next. Categorical funding creates instability in the system with year to year fluctuations in funding, in addition to the tight requirements often tied to funding. In public health, the level of public protection is only as strong as what the weakest local organization can deliver. The concern is that a disease outbreak or public health emergency will happen in a resource-poor locality which lacks the capacity to fully contain it. The challenge is to determine how to establish stable and sufficient funding and delivery of services across all Washington communities so that this does not occur.

· **Meeting Public Expectations for Health Professions Oversight:** The department oversees 57 health professions which are licensed, registered or certified (16 professions have separate boards with specific and separate statutory authority over practitioners, while the rest are governed by the secretary of health). The authority to sanction providers for problems in their practice rests with the disciplinary authority and relies on careful investigation of the allegations and evidence in each case. The public demands a high level of accountability for health care practice in order to be confident that the health care they receive is safe. The role of the disciplinary authority is to protect the public by removing unsafe practitioners from practice and assuring they do not return to practice until they can safely and appropriately provide care. Our disciplinary issues have become increasingly litigious, time-consuming, staff-intensive and costly. This creates a serious challenge for the agency in assuring the public is protected.

· **Adapting to Population Shifts:** As the population becomes more diverse, the health system must adapt to meet the needs of the people it serves. Translation services will be needed for more products and services in a variety of new languages. Attention must be paid to identifying health disparities and developing efforts that will close the gap. Recruitment of health professionals needs to be geared to creating greater diversity in the workforce.

· **Prevention Strategies to Improve Health:** Half of all premature deaths in Washington are caused by preventable diseases. Smoking, poor nutrition, and physical inactivity cause diseases that can be prevented. Disease prevention eliminates both human suffering and the high cost of medical care associated with these diseases. The challenge is to develop and sustain a commitment to prevention strategies. While the payoff is potentially great, it takes time, consistent effort and resources to bring about changes in knowledge, behavior and policy.

· **Environmental Threats:** West Nile Virus and other zoonotic diseases (those transmitted from animals to humans), global trade in food, treatment-resistant microbes and neurological toxins in the environment, and the potential for chemical and biological terrorism, all present major challenges for environmental health. Too often local level environmental health has become narrowly focused on fee-based regulatory and permitting programs and the ensuing debate about regulatory requirements. Underlying public health concerns are often addressed last if at all. According to the U.S. Centers for Disease Control and Prevention, basic traditional environmental health programs – monitoring and regulation of public water supplies, sewage systems and food quality – directly contributed to the 30-year increase in life expectancy that occurred between 1900 and 1998. As demographics continue to change, as science continues to monitor for more toxins in smaller amounts, and as society continues to expect basic environmental health protection, the capacity of environmental health professionals at the local and state level will continue to be challenged to respond to environmental health concerns.

Threats

· **Shared Authority in Washington's Public Health Network:** Washington State has a long tradition of decentralized authority and delivery of government services, and public health is no exception. The Secretary of the Department of Health can provide "general direction" to local public health agencies, but the authority to intervene to deal directly with many local public health issues is generally limited to emergency situations. As the public's awareness of emerging public health threats increases, it becomes increasingly likely the state will be expected to step in and "fix" public health problems, and be criticized when that does not happen. This is sometimes articulated as a failure of the department to take advantage of its policy development authority. On the other hand, any discussion of strengthening the state's policy or operational authority and thereby diminishing local autonomy raises significant local opposition and concern. This dynamic is exascerbated by the absence of agreed to and required system-wide performance standards.

· **Surge Capacity:** The demands on the public health system increased substantially after 9/11 with the public and policy makers paying increased attention to our capacity and performance. The ability to respond quickly to a crisis has become more important than ever, and as public health partners we find ourselves increasingly under the control of federal directives. Even with the infusion of substantial federal funds to develop response plans and equip ourselves for emergencies, there is a dearth of basic capacity that pre-dates this recent attention to emergency public health services. Several recent non-public health events have highlighted just how little response, or surge capacity, we have. During Christmas of 2003, local public health, this agency and other state agencies responded to the identification of one cow that tested positive for Bovine Spongiform Encephalopathy (BSE). In the fall of 2004, this agency and local public health responded to a severe shortage of flu vaccine. There was no real or imminent threat to the public's health in either case, yet this agency's ability to respond to media attention and the needs of both local and federal partners was severely challenged. Should a real emergency exist for an extended period, or multiple emergencies exist for even a short time, the agency and local public health agencies may lack sufficient surge capacity to maintain the required response.

Emergent/Hot Issues

Certificate of Need, Kidney Dialysis Center Process: Any organization wishing to provide kidney dialysis services must obtain a Certificate of Need from the department prior to opening a new facility or adding stations to an existing facility. Several of the major providers in the state have registered concern regarding the department's interpretation of current rules and use of market diversity as a decision criteria. The department has opened the rules governing kidney dialysis centers for review and revision. There has been a request by some providers that a moratorium be placed on the granting of certificates of need pending the outcome of the rule making process. The department is working with the provider community to determine the support for this approach; however, it is likely that there will continue to be a high level of interest in this area pending the outcome of the rule making process.
Contact: Laurie Jinkins, 236-4600 laurie.jinkins@doh.wa.gov

Cholinesterase (ChE) Testing in Farm Workers: The department's Public Health Laboratories (PHL) are working with the Department of Labor and Industries (L&I) to test farm workers for excessive exposure to ChE-inhibiting pesticides. Overexposure to such pesticides can result in headaches, blurred vision, diarrhea, and in severe cases, breathing difficulties and even death. L&I began a ChE monitoring program in 2004 in response to a Washington State Supreme Court decision directing L&I to begin the monitoring project. A report from L&I and the ChE Scientific Committee is due to the Legislature in January, 2005. In 2005, L&I and DOH will need to make decisions about testing and additional workplace actions based on the data to date.
Contact: Jude Van Buren, 236-4204 jude.vanburen@doh.wa.gov

Emergency Preparedness: With terrorist activities occurring throughout the world and biologic agents knowing no geopolitical boundaries, international and domestic preparedness is vital. Bioterrorism and the emergence of new diseases such as West Nile virus and SARS have made it more important than ever to be prepared to handle large-scale public health emergencies. With assistance of grants from the federal Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), we are diligently working to build a public health system equipped with new tools and fortified by a strong network of health partners that is capable of responding effectively to all-hazards emergencies requiring a public health response.
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Emerging and Re-Emerging Diseases: New communicable diseases are being discovered in increasing numbers. Some diseases originally thought to be diseases occurring only in animals are now seen as zoonotic diseases, occurring in animal and human populations. Many do not have human vaccines and therefore most of the mobilized world's population is at risk. The emergence of SARS in China and Toronto in 2003 highlighted the need for strong public health systems that are vigilant, prepared and able to track exposed individuals to control the spread of a communicable disease. Diseases such as tuberculosis (TB) and pandemic flu, that were though to be under control, are reoccurring because of changes in exposure situations or populations. TB outbreaks could continue as exposure among the homeless increase due to clustering within shelters. Additional resources will be needed to respond to these new and re-emerging diseases.

The state public health laboratory will experience increased testing requests to support local health jurisdictions and more staff will be needed to investigate and control the spread of these diseases.
Contact: Jude Van Buren, 236-4204 jude.vanburen@doh.wa.gov

Fragility of the Public Health Network: Public health services are essential for safe and healthy communities. Like fire and police services, people expect that 24 hours a day, seven days a week, Washington's state and local public health agencies will protect them from diseases and other threats that emerge in the environment. This can involve stopping the spread of a new disease like SARS, keeping old diseases like tuberculosis from re-emerging, and making certain that food and drinking water are safe to consume. Unfortunately, the public health network we rely on is very fragile. The network is supported in piecemeal fashion by local, state and federal funds, without reliable support. There are no minimum funding levels established for basic public health services. Tight federal categorical restrictions make it impossible to put funding where it is most needed. And, as county government revenues shrink, services are being reduced throughout the state. The net result of this marginal funding of most programs is that basic public health services have diminished in recent years. The threat to public health is that old diseases will re-emerge, new diseases will go unchecked, and we will fail to realize the gains that prevention offers, all because we have allowed our public health system to erode. This is likely to be a topic of discussion in the early days of the legislature.
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Health Care Access/Health Services Project: There is an increasing concern about whether people in Washington, both insured and uninsured, have access to care and what the government's role or responsibility is in addressing this issue. The department is undertaking a limited project to identify the data and information it has concerning where health care services, providers and facilities are located, as well as identifying what we know about the service and what information is needed to create a comprehensive understanding of access to health services. An additional goal of this project is to identify what is not currently available but necessary to understand health care access issues. The department will pilot this project by examining access in Yakima County, a mid-sized county with a mix of services and providers. We hope to complete this project by early 2005 and evaluate our findings.
Contact: Laurie Jinkins, 236-4600 laurie.jinkins@doh.wa.gov

HIV Policy Collaborative: The HIV Policy Collaborative is made up of statewide HIV/AIDS professionals, stakeholders and staff from the Washington State Department of Health and State Board of Health. The collaborative is reviewing policy issues that have arisen since the 1988 AIDS Omnibus law was enacted. Since that time there have been significant changes in HIV testing, treatment, care and prevention that affect public health practices around this disease. AIDS-related illness and death has decreased because of the introduction of anti-retroviral treatment regimens in the mid-1990s. The HIV Policy Collaborative is charged with identifying, recommending and advancing preferred public policy solutions to reduce the barriers to testing and further interventions that will reduce disease. The collaborative anticipates that it will finish its review in 2005.
Contact: Patty Hayes, 236-3723 patty.hayes@doh.wa.gov

Initiative 297: The Department of Health is the state's radiation control agency and administers regulatory and licensing laws concerning radioactive materials, including radioactive wastes. This agency regulates the commercial low level radioactive waste site on the Hanford reservation. This site accepts commercial low level radioactive waste, including medical wastes, from other western states that are part of the Northwest Interstate Compact on Low Level Radioactive Waste Management. The concept behind the congressionally-allowed compact is to encourage regional waste disposal sites. Because this commercial waste site was in operation when the compact was created, the state of Washington is the host state for the Northwest Compact and is obligated to maintain a viable, safe site for the disposal of low level radioactive waste. Although I-297 states it will not interfere with obligations to the Northwest Compact, the initiative may delay the partial site closure scheduled for 2005 because of the new cleanup requirements I-297 would impose. Passage is expected to generate litigation over state-federal jurisdictional issues, which would take the focus away from present priorities. There may be two other ramifications if this Initiative passes. First, naturally-occurring radioactive material waste (from mineral extraction, some medical procedures, etc) is currently disposed of in the low level radioactive waste site but it is not covered by the Northwest Compact. Passage of I-297 could result in this waste no longer being allowed at the waste site, leaving no other viable alternative for disposal. Second, passage may limit Washington's ability to move the most dangerous wastes from Hanford for disposal at another state's waste site. Any delay in this scheduled closure, losing the ability to properly dispose of naturally occurring radioactive waste, or losing the ability to remove the most dangerous Hanford wastes from the state would increase the potential for long-term health impacts.
Contact: Janice Adair, 236-3050 janice.adair@doh.wa.gov

Lake Roosevelt: Lake Roosevelt has been significantly impacted by 100 years of slag releases coming from the Teck Cominco (Teck) facility in Trail, British Columbia. Past fish sampling showed elevated levels of contaminants in fish, which prompted the department to issue fish consumption advisories. More sampling is needed to ensure fish consumption advisories are based on the best possible science. The Environmental Protection Agency (EPA) placed the lake on its Superfund National Priorities List in 2002. The department is supportive of any effort undertaken by the Environmental Protection Agency (EPA) to conduct a comprehensive investigation of contaminants in the lake, with our primary concern being fish consumption, especially by pregnant or nursing women, young children and populations that traditionally consume more fish than others. The state of Washington joined a lawsuit initiated by the Colville Tribe in July, 2004, asking Teck to comply with an EPA order from December, 2003 to begin an investigation with EPA oversight.
Contact: Janice Adair, 236-3050 janice.adair@doh.wa.gov

Public Health Improvement Partnership Standards Implementation and Assessments: In recent years, Washington's public health leaders have used a collaborative process to create a framework for public health and set measurable standards that can be applied in every community. The Standards for Public Health in Washington can provide accountability for the performance of the public health system at both the state and local level. This work is frequently cited as a national model. Baseline findings for the Standards indicate that the public health system has significant weaknesses to address. Across the public health system, we are able to meet the Standards only about half the time. By using the baseline findings in a coordinated

process such as the Public Health Improvement Partnership, public health officials can begin to address those weaknesses in a systematic manner, and will be able to demonstrate improvements in public health protection over time. Putting the Standards into practice and achieving them, however, will take resources beyond what is in the system today. One practical first step could be to tie the state's current investments in public health to performance standards and to ensure that any new resources are linked to improved public health services. Funds have been allocated to each local health jurisdiction to partially offset the reductions of I-695 in the Motor Vehicle Excise Tax. Tying those funds to any kind of performance or standard would be very controversial and actively resisted by most local health jurisdictions.
Contact: Joan Brewster, 236-4062 joan.brewster@doh.wa.gov

IT Projects:

Comprehensive Hospital Abstract Reporting System (CHARS): CHARS collects inpatient health care usage data from hospitals as patients are discharged. The yearly data is provided to the public health community and hospitals to assist in resource management or public health decisions. The current system is being upgraded and will be pilot tested in November, 2004. The Washington State Hospital Association is a partner with the department in evaluating the data and collecting comments from hospitals statewide on the usability, value and results of this data system.
Contact: Jude Van Buren, 236-4204 jude.vanburen@doh.wa.gov

Electronic Death Registration System (EDRS): EDRS is designed to move death certificates through the certification and filing process electronically and to create a database, which can provide public health information/data on death events in Washington. The system, which will allow for web-based reporting of deaths by providers and funeral directors, will be extremely efficient and user-friendly. It will provide both state agencies and the federal Social Security Agency with electronic data that will result in large savings by timely curtailment of benefits of the deceased. The project is in the detail design phase with pilot testing in counties planned for late Spring 2005 with continued rollout over the next few years.
Contact: Jude Van Buren, 236-4204 jude.vanburen@doh.wa.gov

Integrated Licensing and Regulatory System (ILRS): The agency is pursuing an off-the-shelf licensing and regulatory system for the programs in its Health Systems Quality Assurance Division. The new system will replace three outdated legacy licensing systems that support the program activities in Health Professions Quality Assurance, Facilities Services Licensing and the Office of Emergency Management Services and Trauma Systems. The new system will consolidate and improve separate systems to provide: consistency and the ability to track with system wide rules and edits; report capability; communication and data links between separate regulatory programs; electronic interfaces with federal systems; financial reconciliation and product accountability; and public access with web interactive processes. Additionally it will eliminate redundant data collection and entry. The total project cost, funded primarily through license fees, is about $5 million. The system is to be fully implemented by June 2007, when there will be more than 300 daily concurrent users.
Contact: Laurie Jinkins, 236-4600 laurie.jinkins@doh.wa.gov

State Board of Health (SBOH)/Department of Health (DOH) Issues:

Communicable Diseases/Notifiable Conditions: In 1988, the state enacted legislation that made it a national leader in policy responses to Acquired Immune Deficiency Syndrome (AIDS). Several sections of his statute require rule making by SBOH. Rule language adopted in the early days of the epidemic, however, may not make sense now that HIV infection is becoming a chronic condition for many people. For example, detailed counseling and testing requirements run counter to national recommendations and may discourage health care providers from ordering tests. While the HIV Collaborative has been discussing possible statutory changes, this agency has been working on language that would simplify and update the existing rules. This language will be considered by SBOH in March.
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State Board of Health Contact: Craig McLaughlin, 236-4106 craig.mclaughlin@doh.wa.gov

Immunization of Child Care and School Children Against Certain Vaccine-Preventable Diseases: WAC 246-100-166 is currently undergoing a revision to clarify the language. This will benefit school and child care administrators as well as parents who must comply with the rule. The revision will also update references to national recommendations for the schedule of vaccinations. The Board determines which types of vaccines children must receive before entering school, but defers to a national advisory group when it comes to specifying the ages and intervals at which doses should be administered. This cleanup and update should be completed in early 2004. In addition, SBOH and DOH are convening an advisory committee that will establish criteria for evaluating which vaccines should be required. These criteria will be used to re-evaluate vaccines that are currently required, but will be especially important for evaluating the many new vaccines that have recently become available or are under development. Rulemaking stemming from the advisory committee's work would take effect in Fall, 2006.
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State Board of Health Contact: Craig McLaughlin, 236-4106 craig.mclaughlin@doh.wa.gov

Newborn screening: The number of genetic disorders that can be detected at birth is increasing dramatically, but not all of the disorders are treatable. In 2001, SBOH and DOH convened a Newborn Screening Advisory Committee that established criteria for determining which of the many available tests should be mandated. Based on those criteria, the Board added six new disorders for which screening is required, bringing the total to ten effective in 2004. The Newborn Screening Advisory Committee will reconvene during 2005 to evaluate the most current information on cystic fibrosis, early hearing loss and other disorders.
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State Board of Health Contact: Craig McLaughlin, 236-4106 craig.mclaughlin@doh.wa.gov

Primary and secondary schools: SBOH and DOH have assembled a rule development committee to propose revisions to the environmental health and safety standards for schools. Although the committee will look at many issues, including such things as playground safety and pesticide exposure, the current review was prompted by concerns about poor air quality in several schools around the state. The rule review will also take up the issue of lead and other contaminants in school drinking water.
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Agency Legislative Proposals 2005

Descriptions of the Washington State Department of Health's potential proposals to the 2005 legislative session.

Hepatitis C:

Proposed legislation calls for amending the language of RCW 70.54.360(3), which required the Department of Health to develop a state plan for the prevention and management of hepatitis C, to clarify initial legislative intent regarding the use of state funds.

RCW 70.54.360(3) prohibited the use of state funds for either the entire implementation of the act, or just the planning efforts required by the act. Proposed legislation would clarify that state funds can be used for hepatitis C prevention, education and management activities as described and prioritized in the plan, which was signed by the Secretary of Health in January, 2004, and that the prohibition was limited to the implementation of the act.

Broadening newborn screening clinical support:

In October, 2003, the Board of Health, acting under the authority of RCW 70.83.020, added five additional disorders to the newborn screening panel, and the department recently implemented screening for those disorders. RCW 70.83.040 allows the department to collect a fee, known as a "specialty clinic fee," for the screening. These fees are used to fund specialty clinics that treat the disorders detected by the newborn screening.

Current language allows for use of the specialty clinic fee only for clinics specializing in the disorders that were on the original screening panel. Proposed language would allow use of the fee for clinics specializing in the newly added disorders.

Hospital licensing survey frequency:

Proposed bill would amend the frequency of hospital inspections to be made at least once every 18 months. Currently the department is unable to accomplish the existing 12-month survey cycle with existing funds. In 2003 the state auditor found that survey frequency did not comply with state law and directed the department to seek legislative changes and/or budgeting enhancements to address this issue. Funds needed to achieve the 18-month cycle would be obtained through an increase in current annual license fees, which all hospitals pay based on the number of beds in a facility.

Currently both the Joint Committee on Accreditation of Healthcare Organizations (JCAHO)/American Osteopathic Commission and the department deem each others' surveys to be acceptable for one another. This change will enable the department to synchronize its schedule with the JCAHO/American Osteopathic Commission such that the department conducts a survey of each hospital 18 months before or after a JCAHO/American Osteopathic Commission survey.

Volunteer retired provider program:

Proposal would allow the state to pay malpractice insurance for volunteer specialists who provide non-invasive specialty care in clinics serving low-income patients. The types of specialists would be limited to those specialists whose insurance premiums would be equivalent to what the department pays for non-invasive primary care providers.

Enhance hospital reporting:

Proposal will improve public protection by encouraging hospital reporting. Current laws limit reporting of privilege restrictions as follows:

- RCW 70.41.210 requires hospitals to report to Medical Quality Assurance Commission (MQAC) when a physician'***s*** privileges are restricted or terminated, but there is no reporting requirement for other health professionals.
- The reporting must be "in accordance with an institution's bylaws." This condition gives hospitals great latitude in determining what constitutes a reportable restriction, and gives hospitals the opportunity to avoid reporting.

The proposal would expand hospital reporting to:

- Require reporting for other direct care providers, in addition to physicians.
- Require reporting to the department rather than to MQAC.
- Require hospitals to report to the department any time they report privilege restrictions to the Health Integrity Protection Data Bank.
- Strike the reference to "an institution's bylaws."
- Increase the penalty for non-compliance.
- Add an immunity provision to protect hospitals from liability for good faith reporting.
- Add department rulemaking authority for hospital reporting.

Granting authority:

Proposal would provide the department with additional options in the award and management of funds. The department is involved in numerous capacity and infrastructure building contracts. For instance, the Tobacco Prevention and Control Program contracts with community-based, non-profit organizations to administer prevention activities to target groups, and the Public Health Emergency Preparedness and Response Program issues contracts that provide money to hospitals to purchase decontamination tents in the event of a radiation or chemical crisis. A large number of these contracts are defined as personal service contracts over $20,000 and are thus subject to formal competition in according with OFM guidelines. Granting authority could provide a legitimate alternative to personal service contracting, when appropriate.

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