

## State Assistance

<b>Title</b>	County Public Health Assistance
<b>RCW</b>	N/A
<b>Year Enacted</b>	1993
<b>Description</b>	The state provides funding for public health services to local public health departments and districts each fiscal year.
<b>Purpose</b>	To provide local public health jurisdictions more flexible funding.
<b>Use of Funds</b>	To support local public health services, including public health nursing.
<b>Recipients/ Eligibility</b>	Funding is subject to appropriation; however, traditionally funds are distributed to each county health department, combined city-county health department, or health district designated under Chapter 70.05 RCW.
<b>Current Distribution Methodology</b>	Funds are distributed by appropriation through omnibus operating budget.

**Recent  
Distributions  
Total**

Fiscal Year	Total Distribution	% Change
2023	\$36,386,000	0.00%
2022	\$36,386,000	0.00%
2021	\$36,386,000	0.00%
2020	\$36,386,000	0.00%
2019	\$36,386,000	0.00%
2018	\$36,386,000	0.00%
2017	\$36,386,000	0.00%
2016	\$36,386,000	0.00%
2015	\$36,386,000	0.00%
2014*	\$36,386,000	51.61%
2013	\$24,000,000	0.00%
2012	\$24,000,000	7.61%
2011	\$22,303,000	-7.07%
2010	\$24,000,000	0.00%
2009	\$24,000,000	--

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\*In 2014, the Legislature combined three distributions into one distribution through the State Treasurer:

- County Public Health Assistance that historically was appropriated in the omnibus operating budget - \$24 million each fiscal year;
- Local Capacity Development Funds (LCFD) that were distributed to county health departments/districts through the Department of Health budget - \$7.386 million each fiscal year; and
- Blue Ribbon Local Health Funds that were distributed to county health departments/districts through the Department of Health budget - \$5 million each fiscal year

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<b>Method of Receipt</b>	Distributed by the Office of State Treasurer semi-annually with one-half distributed in January and one-half distributed in July
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<b>Administration</b>	Office of State Treasurer
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<b>History</b>	<p>Since 1939, counties were authorized to levy a property tax to support public health services. By 1975, the levy rate had increased to 4.5 cents for each \$1,000 of assessed value. In addition, each county was required to levy a property tax for the control of tuberculosis and other communicable diseases. By 1975, the levy rate had increased to 6.25 cents for each \$1,000 of assessed value.</p>
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As part of a local public health development program reform, the Legislature increased the general property tax levy rate for public health services to 9 cents for each \$1,000 assessed value for a 2 year period. Effective January 1, 1997, this property tax was repealed along with the property tax levy for control of tuberculosis and other communicable diseases. Thereafter, all counties were required to annually budget and appropriate a sum for public health work to improve local health department management, community health responsiveness, and fiscal health. (Chapter 291, Laws of 1975 ex. sess. and Legislative Budget Notes 1975-77).

In 1990, the Washington Health Care Cost Control and Access Commission was formed to recommend changes to ensure universal access to health services for the state's residents. The Commission considered population-based services provide by state and local health departments were cost-effective and a critical strategy for the long-term containment of health care costs. The Commission's final report recommended increasing state and local public health funding from \$233 million to \$480 million annually by fiscal year 2000.

In 1993, the Legislature enacted many of the Commission's recommendations including increasing public health funding. The Commission's report recommended a variety of revenue sources to fund public health. The legislature chose to fund local public health services by redirecting 2.95 percent of Motor Vehicle Excise Tax (MVET) collections to counties to be used exclusively for local public health services.

At the same time, an MVET distribution to cities and towns for police, fire, and public health protection was reduced from 8.83 percent to 5.88 percent. Public health funds were distributed to individual counties based on population.

In addition to MVET funds, the legislature created the Public Health Services Account (RCW 43.72.902) from which funds appropriated into the account would be distributed to counties based on population. Fund from the account could be used only for maintaining and improving the health of Washington residents through the public health system. In the 1993-95 biennium, \$10 million was appropriated to the account for distribution to counties. (Chapter 492, Laws of 1993)

Initiative 695, passed in 1999, limited the MVET to a flat \$30 per vehicle per year causing local public health to lose its distribution from this tax source. To offset the loss of MVET funds, the Legislature began to appropriate funds in specific amounts to local public health departments and districts to restore 90 percent of prior MVET distributions. Total distributions was approximately \$24 million each fiscal year. That amount remained unchanged since its original enactment. (Section 730, Chapter 1, Laws of 2000).

In 2007, the Legislature increased public health funding based on recommendations by the Blue Ribbon Commission on Health Care Costs and Access. A total of \$20 million in state funds distributed through the Department of Health to local health departments and districts and were provided to support five primary local public health functions. Each year local health jurisdictions will receive the greater of \$100,000 or:

- For jurisdictions with  $\leq 400,000$ , \$75,000, plus a per capita amount
- For jurisdictions with  $> 400,000$ , \$25,000, plus a per capita amount

(Chapter 259, Laws of 2007 and Section 222, Chapter 522, Laws of 2007)

In 2011, total funding for Blue Ribbon Local Health Funds was reduced by \$10 million. (Section 219, Chapter 50, Laws of 2011 1<sup>st</sup> sp. sess.)

In 2014, County Public Health Assistance, Local Capacity Development Funds, and Blue Ribbon Local Health Funds were combined into a single distribution through the Office of State Treasurer to local public health departments and districts. (Section 710, Chapter 4, Laws of 2013 2<sup>nd</sup> sp. sess.)