
SUBSTITUTE SENATE BILL 5292

State of Washington

67th Legislature

2021 Regular Session

By Senate Health & Long Term Care (originally sponsored by Senators Nobles, Cleveland, Das, Keiser, Lovelett, Nguyen, Randall, Salomon, Stanford, Van De Wege, and Wilson, C.)

1 AN ACT Relating to the use of parks and recreation spaces,
2 trails, and facilities in the design of parks Rx pilot program
3 collaboratively designed with the health care and insurance industry
4 sectors; creating new sections; and providing an expiration date.

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

6 NEW SECTION. **Sec. 1.** (1) The legislature finds that one of the
7 best and most cost-effective ways for the residents of Washington
8 state to achieve physical and mental health, and to prevent costly
9 diseases and conditions such as diabetes, obesity, heart disease, and
10 other coronary conditions is to get regular exercise and physical
11 activity. In fact, as part of a study done for the recreation and
12 conservation office on the benefits of trail-based activities, the
13 University of Washington conducted a literature review of over 100
14 studies that identify evidence of a close linkage between health
15 benefits and being outdoors. The literature review further found that
16 the health benefits of nature "may be particularly impactful for the
17 12.2 percent who have incomes below the poverty level."

18 (2) The legislature further finds that for all residents, public
19 parks and trails, recreation programs, and open spaces offer
20 equitable, no-cost, or low-cost options for all people to be active

1 and healthy, with these spaces receiving record levels of use during
2 the COVID-19 pandemic.

3 (3) The legislature finds that it can harness the equitable and
4 low-cost or no-cost opportunities provided by parks and recreation
5 spaces, and build upon successful programs established in areas such
6 as the East Bay of California and the state of Tennessee, by
7 establishing a pilot program in Washington state through which parks
8 and recreation officials, health care providers, public and community
9 health advocates, and insurance company representatives can work
10 collaboratively to design a program that will incentivize residents,
11 particularly those from communities experiencing inequities or
12 without ready access to physical fitness facilities, to regularly use
13 public parks and recreation sites, facilities and programs to enable
14 better physical and mental health outcomes, decrease visits to
15 hospitals and clinics, and lower overall insurance costs.

16 (4) It is the legislature's intent to establish a task force to
17 work on designing a pilot program that can be implemented in the
18 Puget Sound area, in eastern Washington, and in southwest Washington.

19 NEW SECTION. **Sec. 2.** (1) Subject to the availability of amounts
20 appropriated for this specific purpose and not to exceed \$200,000,
21 the secretary of health shall convene a task force by August 1, 2021,
22 to assist with the development of a "parks Rx" health and wellness
23 pilot program that can be implemented in the Puget Sound, eastern
24 Washington, and southwest Washington regions of Washington state. The
25 members of the task force must include:

26 (a) The secretary of health, or the secretary's designee;

27 (b) Two representatives from each of the following groups:

28 (i) Two representatives of local parks and recreation agencies,
29 from recommendations by the Washington recreation and park
30 association;

31 (ii) Two representatives of health care providers and community
32 health workers, from recommendations by the department of health
33 community health worker training program;

34 (iii) Two representatives from drug-free health care professions,
35 one representing chiropractors and one representing physical
36 therapists, from recommendations by the respective state professional
37 associations;

38 (iv) Two representatives from hospital and health systems, from
39 recommendations by the Washington state hospital association;

1 (v) Two representatives of local public health agencies, from
2 recommendations by the Washington state association of local public
3 health officials; and

4 (vi) Two representatives representing health carriers, from
5 recommendations from the association of Washington healthcare plans;
6 and

7 (c) A representative from the Washington state parks and
8 recreation commission, as designated by the Washington state parks
9 and recreation commission.

10 (2) The secretary of health or the secretary's designee must
11 chair the task force created in subsection (1) of this section. Staff
12 support for the task force must be provided by the department of
13 health.

14 (3)(a) The task force shall establish an ad hoc advisory
15 committee in each of the three pilot regions for purposes of
16 soliciting input on the design and scope of the parks Rx pilot
17 program. Advisory committee membership may not exceed 16 people and
18 must include diverse representation from the pilot regions,
19 particularly those experiencing significant health disparities.

20 (b) The task force must consult with the advisory committee when
21 designing the "parks Rx" health and wellness pilot program.

22 (4) The task force must meet at least bimonthly through June
23 2022.

24 (5) The duties of the task force are to advise the department of
25 health on issues including, but not limited to, developing:

26 (a) A process to establish a pilot program described in
27 subsection (1) of this section around the state with a focused
28 emphasis on diverse communities and where systematic inequities and
29 discrimination have negatively affected health outcomes;

30 (b) Model agreements that would enable insurers to offer
31 incentives to public, nonprofit, and private employers to create
32 wellness programs that offer employees a discount on health insurance
33 in exchange for a certain usage level of outdoor parks and trails for
34 recreation and physical activity; and

35 (c) Recommendations on ways in which a public-private partnership
36 approach may be utilized to fund the implementation of the pilot
37 program described in subsection (1) of this section.

38 (6) The members of the task force are encouraged to consider
39 grant funding and outside funding options that can be used toward the
40 pilot program.

1 (7) The department of health must report findings and
2 recommendations of the task force to the governor and relevant
3 committees of the legislature in compliance with RCW 43.01.036 by
4 September 1, 2022.

5 (8) Participation on the task force created in subsection (1) of
6 this section is strictly voluntary and without compensation.

7 (9) This section expires December 31, 2022.

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