

**2SHB 1152** - H AMD TO H AMD (H-1219.1/21) **434**  
By Representative Riccelli

**ADOPTED 03/08/2021**

1 Beginning on page 8, line 26, strike all of sections 8 through 11  
2 and insert the following:

3 "Sec. 8. RCW 70.05.030 and 1995 c 43 s 6 are each amended to  
4 read as follows:

5 ~~((1))~~ (1) Except as provided in subsection (2) of this section,  
6 in counties without a home rule charter, the board of county  
7 commissioners shall constitute the local board of health, unless the  
8 county is part of a health district pursuant to chapter 70.46 RCW.  
9 The jurisdiction of the local board of health shall be coextensive  
10 with the boundaries of said county. The board of county commissioners  
11 may, at its discretion, adopt an ordinance expanding the size and  
12 composition of the board of health to include elected officials from  
13 cities and towns and persons other than elected officials as members  
14 so long as persons other than elected officials do not constitute a  
15 majority. An ordinance adopted under this section shall include  
16 provisions for the appointment, term, and compensation, or  
17 reimbursement of expenses.

18 (2) For counties without a home rule charter that have a  
19 population under 800,000, the board of county commissioners and the  
20 members selected under (a) and (e) of this subsection, shall  
21 constitute the local board of health, unless the county is part of a  
22 health district pursuant to chapter 70.46 RCW. The jurisdiction of  
23 the local board of health shall be coextensive with the boundaries of  
24 the county.

25 (a) The remaining board members must be persons who are not  
26 elected officials and must be selected from the following categories  
27 consistent with the requirements of this section and the rules  
28 adopted by the state board of health under section 12 of this act:

29 (i) Public health, health care facilities, and providers. This  
30 category consists of persons practicing or employed in the county who  
31 are:

32 (A) Medical ethicists;

- 1       (B) Epidemiologists;  
2       (C) Experienced in environmental public health, such as a  
3 registered sanitarian;  
4       (D) Community health workers;  
5       (E) Holders of master's degrees or higher in public health or the  
6 equivalent;  
7       (F) Employees of a hospital located in the county; or  
8       (G) Any of the following providers holding an active or retired  
9 license in good standing under Title 18 RCW:  
10       (I) Physicians or osteopathic physicians;  
11       (II) Advanced registered nurse practitioners;  
12       (III) Physician assistants or osteopathic physician assistants;  
13       (IV) Registered nurses;  
14       (V) Dentists;  
15       (VI) Naturopaths; or  
16       (VII) Pharmacists;  
17       (ii) Consumers of public health. This category consists of county  
18 residents who have self-identified as having faced significant health  
19 inequities or as having lived experiences with public health-related  
20 programs such as: The special supplemental nutrition program for  
21 women, infants, and children; the supplemental nutrition program;  
22 home visiting; or treatment services. It is strongly encouraged that  
23 individuals from historically marginalized and underrepresented  
24 communities are given preference. These individuals may not be  
25 elected officials and may not have any fiduciary obligation to a  
26 health facility or other health agency, and may not have a material  
27 financial interest in the rendering of health services; and  
28       (iii) Other community stakeholders. This category consists of  
29 persons representing the following types of organizations located in  
30 the county:  
31       (A) Community-based organizations or nonprofits that work with  
32 populations experiencing health inequities in the county;  
33       (B) The business community; or  
34       (C) The environmental public health regulated community.  
35       (b) The board members selected under (a) of this subsection must  
36 be approved by a majority vote of the board of county commissioners.  
37       (c) If the number of board members selected under (a) of this  
38 subsection is evenly divisible by three, there must be an equal  
39 number of members selected from each of the three categories. If  
40 there are one or two members over the nearest multiple of three,

1 those members may be selected from any of the three categories.  
2 However, if the board of health demonstrates that it attempted to  
3 recruit members from all three categories and was unable to do so,  
4 the board may select members only from the other two categories.

5 (d) There may be no more than one member selected under (a) of  
6 this subsection from one type of background or position.

7 (e) If a federally recognized Indian tribe holds reservation,  
8 trust lands, or has usual and accustomed areas within the county, or  
9 if a 501(c)(3) organization registered in Washington that serves  
10 American Indian and Alaska Native people and provides services within  
11 the county, the board of health must include a tribal representative  
12 selected by the American Indian health commission.

13 (f) The board of county commissioners may, at its discretion,  
14 adopt an ordinance expanding the size and composition of the board of  
15 health to include elected officials from cities and towns and persons  
16 other than elected officials as members so long as the city and  
17 county elected officials do not constitute a majority of the total  
18 membership of the board.

19 (g) Except as provided in (a) and (e) of this subsection, an  
20 ordinance adopted under this section shall include provisions for the  
21 appointment, term, and compensation, or reimbursement of expenses.

22 (h) The number of members selected under (a) and (e) of this  
23 subsection must equal the number of city and county elected officials  
24 on the board of health.

25 (i) Any decision by the board of health related to the setting or  
26 modification of permit, licensing, and application fees may only be  
27 determined by the city and county elected officials on the board.

28 **Sec. 9.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read  
29 as follows:

30 ((~~FN~~)) (1) Except as provided in subsection (2) of this section,  
31 in counties with a home rule charter, the county legislative  
32 authority shall establish a local board of health and may prescribe  
33 the membership and selection process for the board. The county  
34 legislative authority may appoint to the board of health elected  
35 officials from cities and towns and persons other than elected  
36 officials as members so long as persons other than elected officials  
37 do not constitute a majority. The county legislative authority shall  
38 specify the appointment, term, and compensation or reimbursement of  
39 expenses. The jurisdiction of the local board of health shall be

1 coextensive with the boundaries of the county. The local health  
2 officer, as described in RCW 70.05.050, shall be appointed by the  
3 official designated under the provisions of the county charter. The  
4 same official designated under the provisions of the county charter  
5 may appoint an administrative officer, as described in RCW 70.05.045.

6 (2) For home rule charter counties with a population under  
7 800,000, the county legislative authority shall establish a local  
8 board of health and may prescribe the membership and selection  
9 process for the board. The membership of the local board of health  
10 must also include the members selected under (a) and (e) of this  
11 subsection.

12 (a) The remaining board members must be persons who are not  
13 elected officials and must be selected from the following categories  
14 consistent with the requirements of this section and the rules  
15 adopted by the state board of health under section 12 of this act:

16 (i) Public health, health care facilities, and providers. This  
17 category consists of persons practicing or employed in the county who  
18 are:

19 (A) Medical ethicists;

20 (B) Epidemiologists;

21 (C) Experienced in environmental public health, such as a  
22 registered sanitarian;

23 (D) Community health workers;

24 (E) Holders of master's degrees or higher in public health or the  
25 equivalent;

26 (F) Employees of a hospital located in the county; or

27 (G) Any of the following providers holding an active or retired  
28 license in good standing under Title 18 RCW:

29 (I) Physicians or osteopathic physicians;

30 (II) Advanced registered nurse practitioners;

31 (III) Physician assistants or osteopathic physician assistants;

32 (IV) Registered nurses;

33 (V) Dentists;

34 (VI) Naturopaths; or

35 (VII) Pharmacists;

36 (ii) Consumers of public health. This category consists of county  
37 residents who have self-identified as having faced significant health  
38 inequities or as having lived experiences with public health-related  
39 programs such as: The special supplemental nutrition program for  
40 women, infants, and children; the supplemental nutrition program;

1 home visiting; or treatment services. It is strongly encouraged that  
2 individuals from historically marginalized and underrepresented  
3 communities are given preference. These individuals may not be  
4 elected officials and may not have any fiduciary obligation to a  
5 health facility or other health agency, and may not have a material  
6 financial interest in the rendering of health services; and

7 (iii) Other community stakeholders. This category consists of  
8 persons representing the following types of organizations located in  
9 the county:

10 (A) Community-based organizations or nonprofits that work with  
11 populations experiencing health inequities in the county;

12 (B) The business community; or

13 (C) The environmental public health regulated community.

14 (b) The board members selected under (a) of this subsection must  
15 be approved by a majority vote of the board of county commissioners.

16 (c) If the number of board members selected under (a) of this  
17 subsection is evenly divisible by three, there must be an equal  
18 number of members selected from each of the three categories. If  
19 there are one or two members over the nearest multiple of three,  
20 those members may be selected from any of the three categories.  
21 However, if the board of health demonstrates that it attempted to  
22 recruit members from all three categories and was unable to do so,  
23 the board may select members only from the other two categories.

24 (d) There may be no more than one member selected under (a) of  
25 this subsection from one type of background or position.

26 (e) If a federally recognized Indian tribe holds reservation,  
27 trust lands, or has usual and accustomed areas within the county, or  
28 if a 501(c)(3) organization registered in Washington that serves  
29 American Indian and Alaska Native people and provides services within  
30 the county, the board of health must include a tribal representative  
31 selected by the American Indian health commission.

32 (f) The county legislative authority may appoint to the board of  
33 health elected officials from cities and towns and persons other than  
34 elected officials as members so long as the city and county elected  
35 officials do not constitute a majority of the total membership of the  
36 board.

37 (g) Except as provided in (a) and (e) of this subsection, the  
38 county legislative authority shall specify the appointment, term, and  
39 compensation or reimbursement of expenses.

1 (h) The jurisdiction of the local board of health shall be  
2 coextensive with the boundaries of the county.

3 (i) The local health officer, as described in RCW 70.05.050,  
4 shall be appointed by the official designated under the provisions of  
5 the county charter. The same official designated under the provisions  
6 of the county charter may appoint an administrative officer, as  
7 described in RCW 70.05.045.

8 (j) The number of members selected under (a) and (e) of this  
9 subsection must equal the number of city and county elected officials  
10 on the board of health.

11 (k) Any decision by the board of health related to the setting or  
12 modification of permit, licensing, and application fees may only be  
13 determined by the city and county elected officials on the board.

14 **Sec. 10.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to  
15 read as follows:

16 ((Health)) (1) Except as provided in subsection (2) of this  
17 section, health districts consisting of two or more counties may be  
18 created whenever two or more boards of county commissioners shall by  
19 resolution establish a district for such purpose. Such a district  
20 shall consist of all the area of the combined counties. The district  
21 board of health of such a district shall consist of not less than  
22 five members for districts of two counties and seven members for  
23 districts of more than two counties, including two representatives  
24 from each county who are members of the board of county commissioners  
25 and who are appointed by the board of county commissioners of each  
26 county within the district, and shall have a jurisdiction coextensive  
27 with the combined boundaries. The boards of county commissioners may  
28 by resolution or ordinance provide for elected officials from cities  
29 and towns and persons other than elected officials as members of the  
30 district board of health so long as persons other than elected  
31 officials do not constitute a majority. A resolution or ordinance  
32 adopted under this section must specify the provisions for the  
33 appointment, term, and compensation, or reimbursement of expenses.  
34 Any multicounty health district existing on the effective date of  
35 this act shall continue in existence unless and until changed by  
36 affirmative action of all boards of county commissioners or one or  
37 more counties ((~~withdraws~~—[~~withdraw~~])) withdraw pursuant to RCW  
38 70.46.090.

1 At the first meeting of a district board of health the members  
2 shall elect a chair to serve for a period of one year.

3 (2) For counties with a population under 800,000, health  
4 districts consisting of two or more counties may be created whenever  
5 two or more boards of county commissioners shall by resolution  
6 establish a district for such purpose. Such a district shall consist  
7 of all the area of the combined counties. The district board of  
8 health of such a district shall consist of not less than five members  
9 for districts of two counties and seven members for districts of more  
10 than two counties, including two representatives from each county who  
11 are members of the board of county commissioners and who are  
12 appointed by the board of county commissioners of each county within  
13 the district, and members selected under (a) and (e) of this  
14 subsection, and shall have a jurisdiction coextensive with the  
15 combined boundaries.

16 (a) The remaining board members must be persons who are not  
17 elected officials and must be selected from the following categories  
18 consistent with the requirements of this section and the rules  
19 adopted by the state board of health under section 12 of this act:

20 (i) Public health, health care facilities, and providers. This  
21 category consists of persons practicing or employed in the health  
22 district who are:

23 (A) Medical ethicists;

24 (B) Epidemiologists;

25 (C) Experienced in environmental public health, such as a  
26 registered sanitarian;

27 (D) Community health workers;

28 (E) Holders of master's degrees or higher in public health or the  
29 equivalent;

30 (F) Employees of a hospital located in the health district; or

31 (G) Any of the following providers holding an active or retired  
32 license in good standing under Title 18 RCW:

33 (I) Physicians or osteopathic physicians;

34 (II) Advanced registered nurse practitioners;

35 (III) Physician assistants or osteopathic physician assistants;

36 (IV) Registered nurses;

37 (V) Dentists;

38 (VI) Naturopaths; or

39 (VII) Pharmacists;

1 (ii) Consumers of public health. This category consists of health  
2 district residents who have self-identified as having faced  
3 significant health inequities or as having lived experiences with  
4 public health-related programs such as: The special supplemental  
5 nutrition program for women, infants, and children; the supplemental  
6 nutrition program; home visiting; or treatment services. It is  
7 strongly encouraged that individuals from historically marginalized  
8 and underrepresented communities are given preference. These  
9 individuals may not be elected officials, and may not have any  
10 fiduciary obligation to a health facility or other health agency, and  
11 may not have a material financial interest in the rendering of health  
12 services; and

13 (iii) Other community stakeholders. This category consists of  
14 persons representing the following types of organizations located in  
15 the health district:

16 (A) Community-based organizations or nonprofits that work with  
17 populations experiencing health inequities in the health district;

18 (B) The business community; or

19 (C) The environmental public health regulated community.

20 (b) The board members selected under (a) of this subsection must  
21 be approved by a majority vote of the board of county commissioners.

22 (c) If the number of board members selected under (a) of this  
23 subsection is evenly divisible by three, there must be an equal  
24 number of members selected from each of the three categories. If  
25 there are one or two members over the nearest multiple of three,  
26 those members may be selected from any of the three categories.  
27 However, if the board of health demonstrates that it attempted to  
28 recruit members from all three categories and was unable to do so,  
29 the board may select members only from the other two categories.

30 (d) There may be no more than one member selected under (a) of  
31 this subsection from one type of background or position.

32 (e) If a federally recognized Indian tribe holds reservation,  
33 trust lands, or has usual and accustomed areas within the health  
34 district, or if a 501(c)(3) organization registered in Washington  
35 that serves American Indian and Alaska Native people and provides  
36 services within the health district, the board of health must include  
37 a tribal representative selected by the American Indian health  
38 commission.

39 (f) The boards of county commissioners may by resolution or  
40 ordinance provide for elected officials from cities and towns and



1 persons other than elected officials as members of the district board  
2 of health so long as the city and county elected officials do not  
3 constitute a majority of the total membership of the board.

4 (g) Except as provided in (a) and (e) of this subsection, a  
5 resolution or ordinance adopted under this section must specify the  
6 provisions for the appointment, term, and compensation, or  
7 reimbursement of expenses.

8 (h) At the first meeting of a district board of health the  
9 members shall elect a chair to serve for a period of one year.

10 (i) The number of members selected under (a) and (e) of this  
11 subsection must equal the number of city and county elected officials  
12 on the board of health.

13 (j) Any decision by the board of health related to the setting or  
14 modification of permit, licensing, and application fees may only be  
15 determined by the city and county elected officials on the board.

16 **Sec. 11.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to  
17 read as follows:

18 ((A)) (1) Except as provided in subsection (2) of this section, a  
19 health district to consist of one county may be created whenever the  
20 county legislative authority of the county shall pass a resolution or  
21 ordinance to organize such a health district under chapter 70.05 RCW  
22 and this chapter.

23 The resolution or ordinance may specify the membership,  
24 representation on the district health board, or other matters  
25 relative to the formation or operation of the health district. The  
26 county legislative authority may appoint elected officials from  
27 cities and towns and persons other than elected officials as members  
28 of the health district board so long as persons other than elected  
29 officials do not constitute a majority.

30 Any single county health district existing on the effective date  
31 of this act shall continue in existence unless and until changed by  
32 affirmative action of the county legislative authority.

33 (2) For counties with a population under 800,000, a health  
34 district to consist of one county may be created whenever the county  
35 legislative authority of the county shall pass a resolution or  
36 ordinance to organize such a health district under chapter 70.05 RCW  
37 and this chapter. The resolution or ordinance may specify the  
38 membership, representation on the district health board, or other  
39 matters relative to the formation or operation of the health

1 district. In addition to the membership of the district health board  
2 determined through resolution or ordinance, the district health board  
3 must also include the members selected under (a) and (e) of this  
4 subsection.

5 (a) The remaining board members must be persons who are not  
6 elected officials and must be selected from the following categories  
7 consistent with the requirements of this section and the rules  
8 adopted by the state board of health under section 12 of this act:

9 (i) Public health, health care facilities, and providers. This  
10 category consists of persons practicing or employed in the county who  
11 are:

12 (A) Medical ethicists;

13 (B) Epidemiologists;

14 (C) Experienced in environmental public health, such as a  
15 registered sanitarian;

16 (D) Community health workers;

17 (E) Holders of master's degrees or higher in public health or the  
18 equivalent;

19 (F) Employees of a hospital located in the county; or

20 (G) Any of the following providers holding an active or retired  
21 license in good standing under Title 18 RCW:

22 (I) Physicians or osteopathic physicians;

23 (II) Advanced registered nurse practitioners;

24 (III) Physician assistants or osteopathic physician assistants;

25 (IV) Registered nurses;

26 (V) Dentists;

27 (VI) Naturopaths; or

28 (VII) Pharmacists;

29 (ii) Consumers of public health. This category consists of county  
30 residents who have self-identified as having faced significant health  
31 inequities or as having lived experiences with public health-related  
32 programs such as: The special supplemental nutrition program for  
33 women, infants, and children; the supplemental nutrition program;  
34 home visiting; or treatment services. It is strongly encouraged that  
35 individuals from historically marginalized and underrepresented  
36 communities are given preference. These individuals may not be  
37 elected officials and may not have any fiduciary obligation to a  
38 health facility or other health agency, and may not have a material  
39 financial interest in the rendering of health services; and

1 (iii) Other community stakeholders. This category consists of  
2 persons representing the following types of organizations located in  
3 the county:

4 (A) Community-based organizations or nonprofits that work with  
5 populations experiencing health inequities in the county;

6 (B) The business community; or

7 (C) The environmental public health regulated community.

8 (b) The board members selected under (a) of this subsection must  
9 be approved by a majority vote of the board of county commissioners.

10 (c) If the number of board members selected under (a) of this  
11 subsection is evenly divisible by three, there must be an equal  
12 number of members selected from each of the three categories. If  
13 there are one or two members over the nearest multiple of three,  
14 those members may be selected from any of the three categories. If  
15 there are two members over the nearest multiple of three, each member  
16 over the nearest multiple of three must be selected from a different  
17 category. However, if the board of health demonstrates that it  
18 attempted to recruit members from all three categories and was unable  
19 to do so, the board may select members only from the other two  
20 categories.

21 (d) There may be no more than one member selected under (a) of  
22 this subsection from one type of background or position.

23 (e) If a federally recognized Indian tribe holds reservation,  
24 trust lands, or has usual and accustomed areas within the county, or  
25 if a 501(c)(3) organization registered in Washington that serves  
26 American Indian and Alaska Native people and provides services within  
27 the county, the board of health must include a tribal representative  
28 selected by the American Indian health commission.

29 (f) The county legislative authority may appoint elected  
30 officials from cities and towns and persons other than elected  
31 officials as members of the health district board so long as the city  
32 and county elected officials do not constitute a majority of the  
33 total membership of the board.

34 (g) The number of members selected under (a) and (e) of this  
35 subsection must equal the number of city and county elected officials  
36 on the board of health.

37 (h) Any decision by the board of health related to the setting or  
38 modification of permit, licensing, and application fees may only be  
39 determined by the city and county elected officials on the board."

EFFECT: Limits the requirements that local boards of health include certain nonelected members on their boards of health to apply only to counties with a population under 800,000.

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