E2SHB 1152 - S COMM AMD
By Committee on Ways & Means

NOT ADOPTED 04/11/2021

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** The legislature finds that everyone in Washington state, no matter what community they live in, should be able to rely on a public health system that is able to support a standard level of public health service. Like public safety, there is a foundational level of public health delivery that must exist everywhere for services to work. A strong public health system is only possible with intentional investments into our state's public health system. Services should be delivered efficiently, equitably, and effectively, in ways that make the best use of technology, science, expertise, and leveraged resources and in a manner that is responsive to local communities.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The department shall convene a foundational public health services steering committee. The steering committee must include members representing the department, the state board of health, federally recognized Indian tribes, and a state association representing local health jurisdictions. The department, state board of health, federally recognized Indian tribes, and a state association representing local health jurisdictions may each select the members to represent their agency or organization and each may select a cochair. The department, federally recognized Indian tribes, and a state association representing local health jurisdictions must have an equal number of members represented on the steering committee. The maximum number of voting steering committee members is 24.

(2) The foundational public health services steering committee shall make recommendations to the public health advisory board to:

(a) Define the purpose and functions of the regional shared service centers, including:

(i) The duties and role of the regional shared service centers;

(ii) The potential services the regional shared service centers may provide;

(iii) The process for establishing regional shared service centers; and

(iv) How regional shared service centers should coordinate between other regional centers, local health jurisdictions and staff, tribes, and the department in planning and implementing shared services;

(b) Recommend the role and duties of the foundational public health services regional coordinator;

(c) Identify the range of potential shared services coordinated or delivered through regional shared service centers;

(d) Determine the location of the four regional shared service centers, splitting the regional shared service centers evenly east and west of the Cascades;

(e) Identify and develop foundational public health services funding recommendations that promote new service delivery models which consider burden of disease and population measures and leverage technical expertise to support local capacity building and centralized infrastructure;

(f) Develop standards and performance measures that the governmental public health system should meet; and

(g) Identify, if necessary, other personnel needed for regional shared service centers.

(3) Staff support for the foundational public health services steering committee must be provided by the department.

(4) Members of the foundational public health services steering committee that represent local health jurisdictions and federally recognized Indian tribes must be reimbursed for travel expenses as provided in RCW 43.03.050 and 43.03.060. However, members that represent local health jurisdictions and federally recognized Indian tribes who travel fewer than 100 miles to attend a meeting are not eligible for state reimbursement under this section.

NEW SECTION. **Sec. 3.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The public health advisory board is established within the department. The advisory board shall:

(a) Advise and provide feedback to the governmental public health system and provide formal public recommendations on public health;

(b) Monitor the performance of the governmental public health system;

(c) Develop goals and a direction for public health in Washington and provide recommendations to improve public health performance and to achieve the identified goals and direction;

(d) Advise and report to the secretary;

(e) Coordinate with the governor's office, department, state board of health, and the secretary;

(f) Monitor the foundational public health services steering committee's performance and provide recommendations to the steering committee;

(g) Evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response;

(h) Approve funding prioritization recommendations from the steering committee;

(i) Evaluate the use of foundational public health services funding by the governmental public health system;

(j) Apply the standards and performance measures developed by the foundational public health services steering committee to the governmental public health system; and

(k) Review and approve recommendations from the foundational public health services steering committee.

(2) The public health advisory board shall consist of a representative from each of the following appointed by the governor:

(a) The governor's office;

(b) The director of the state board of health or the director's designee;

(c) The secretary of the department or the secretary's designee;

(d) The chair of the governor's interagency council on health disparities;

(e) Two representatives from the tribal government public health sector selected by the American Indian health commission;

(f) One eastern Washington county commissioner selected by a statewide association representing counties;

(g) One western Washington county commissioner selected by a statewide association representing counties;

(h) An organization representing businesses in a region of the state;

(i) A statewide association representing community and migrant health centers;

(j) A statewide association representing Washington cities;

(k) A local health official selected by a statewide association representing Washington local public health officials;

(l) A statewide association representing Washington hospitals;

(m) A statewide association representing Washington physicians;

(n) A statewide association representing Washington nurses;

(o) A statewide association representing Washington public health or public health professionals; and

(p) A consumer nonprofit organization representing marginalized populations.

(3) In addition to the members of the public health advisory board listed in subsection (2) of this section, there must be four nonvoting ex officio members from the legislature consisting of one legislator from each of the two largest caucuses in both the house of representatives and the senate.

(4) Staff support for the public health advisory board, including arranging meetings, must be provided by the department.

(5) Legislative members of the public health advisory board may be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(6) The public health advisory board is a class one group under chapter 43.03 RCW.

Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

(1) With any state funding of foundational public health services, the state expects that measurable benefits will be realized to the health of communities in Washington as a result of the improved capacity of the governmental public health system. Close

coordination and sharing of services are integral to increasing system capacity.

(2)(a) ((~~Funding~~)) Except as provided in (c) of this subsection, funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter 43.376 RCW, jointly certifies with a state association representing local health jurisdictions and the state board of health, to the office of financial management that they are in agreement on the distribution and uses of state foundational public health services funding across the public health system.

(b) If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.

(c) For the 2021-2023 biennium, of amounts appropriated for foundational public health services funding that exceeds $60,000,000 per biennium, the governmental public health systems must allocate 65 percent to new service delivery models. All federal money received by the state to support the COVID-19 pandemic response and allocated to support new service delivery models must be included when calculating the required funding for new service delivery models.

(3) By October 1, 2020, the department, in partnership with sovereign tribal nations, local health jurisdictions, and the state board of health, shall report on:

(a) Service delivery models, and a plan for further implementation of successful models;

(b) Changes in capacity of the governmental public health system; and

(c) Progress made to improve health outcomes.

(4) For purposes of this section:

(a) "Foundational public health services" means a limited statewide set of defined public health services within the following areas:

(i) Control of communicable diseases and other notifiable conditions;

(ii) Chronic disease and injury prevention;

(iii) Environmental public health;

(iv) Maternal, child, and family health;

(v) Access to and linkage with medical, oral, and behavioral health services;

(vi) Vital records; and

(vii) Cross-cutting capabilities, including:

(A) Assessing the health of populations;

(B) Public health emergency planning;

(C) Communications;

(D) Policy development and support;

(E) Community partnership development; and

(F) Business competencies.

(b) "Governmental public health system" means the state department of health, state board of health, local health jurisdictions, regional comprehensive public health district centers, sovereign tribal nations, and Indian health programs located within Washington.

(c) "Indian health programs" means tribally operated health programs, urban Indian health programs, tribal epidemiology centers, the American Indian health commission for Washington state, and the Northwest Portland area Indian health board.

(d) "Local health jurisdictions" means a public health agency organized under chapter 70.05, 70.08, or 70.46 RCW.

(e) "Regional comprehensive public health district centers" or "regional shared service centers" means a center established under section 6 of this act to provide coordination and the delivery of shared public health services across the state in order to support the governmental public health system.

(f) "Service delivery models" means a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

NEW SECTION. **Sec. 5.** A new section is added to chapter 43.70 RCW to read as follows:

(1) Beginning October 1, 2023, and annually thereafter, the department, in consultation with federally recognized Indian tribes, local health jurisdictions, and the state board of health, shall submit to the appropriate committees of the legislature, the governor, and the public health advisory board a report of the distribution of foundational public health services funding as provided in RCW 43.70.515. The report must contain:

(a) A statement of the funds provided to the governmental public health system for the purpose of funding foundational public health services under RCW 43.70.515;

(b) A description of how the funds received by the governmental public health system were distributed and used; and

(c) The level of work funded for each foundational public health service and the progress of the governmental public health system in meeting standards and performance measures developed by the foundational public health services steering committee.

(2) The public health advisory board shall, each October 1st, make recommendations to the department, the foundational public health services steering committee, the legislature, and governor on the priorities for the governmental public health system and foundational public health services funding.

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Four regional comprehensive public health district centers are established to coordinate shared services for the governmental public health system. The four regional comprehensive public health district centers must be split evenly between the east side of the Cascades and the west side of the Cascades and administered as determined by the foundational public health services steering committee established in section 2 of this act.

(2) In addition to the duties and role of the regional comprehensive public health district centers determined by the foundational public health services steering committee authorized in section 2 of this act, the district centers may:

(a) Coordinate shared services across the governmental public health system;

(b) Provide public health services;

(c) Conduct an inventory of all current shared service agreements, both formal and informal, in the region;

(d) Identify potential shared services for the region; and

(e) Analyze options and alternatives for the implementation of shared service delivery across the region.

(3) Each regional comprehensive public health district center must have a foundational public health services regional coordinator. The regional coordinator must be an employee of the department. To the extent feasible, the department must give preference to

candidates for the regional coordinator that are able to work out of the regional comprehensive public health district center that the coordinator will be assigned.

(4) By January 1, 2024, counties must establish a formal contractual relationship with one primary regional comprehensive public health district center that is on the same side of the Cascades as the county. A county may enter into formal or informal relationships with other regional comprehensive public health district centers. Federally recognized Indian tribes and 501(c)(3) organizations registered in Washington that serve American Indian and Alaska Native people within Washington may enter into formal or informal relationships with regional comprehensive public health district centers.

NEW SECTION. **Sec. 7.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The position of regional health officer is created within the department. The regional health officers are deputies of the state health officer. The secretary shall appoint four regional health officers. One regional health officer west of the Cascades and one regional health officer east of the Cascades must be appointed by January 1, 2023. To the extent feasible, the secretary must give preference to candidates for the regional health officer who are able to work out of the regional comprehensive public health district center that the candidate will be assigned.

(2) Regional health officers may:

(a) Work in partnership with local health jurisdictions, the department, the state board of health, and federally recognized Indian tribes to provide coordination across counties;

(b) Provide support to local health officers and serve as an alternative for local health officers during vacations, emergencies, and vacancies; and

(c) Provide mentorship and training to new local health officers.

(3) A regional health officer must meet the same qualifications as local health officers provided in RCW 70.05.050.

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

((~~In counties without a home rule charter, the board of county commissioners shall constitute the local board of health, unless the~~

~~county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of said county. The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of health to include elected officials from cities and towns and persons other than elected officials as members so long as persons other than elected officials do not constitute a majority. An ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.~~))

(1) Except as provided in subsection (2) of this section, for counties without a home rule charter, the board of county commissioners and the members selected under (a) and (e) of this subsection, shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of the county.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists;

(VI) Naturopaths; or

(VII) Pharmacists;

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

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

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

(B) Active, reserve, or retired armed services members;

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

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

(f) The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of

health to include elected officials from cities and towns and persons other than elected officials as members so long as the city and county elected officials do not constitute a majority of the total membership of the board.

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

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

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

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

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in section 12 of this act for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

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

((~~In counties with a home rule charter, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board. The county legislative authority may appoint to the board of health elected officials from cities and towns and persons other than elected officials as members so long as persons other than elected officials do not constitute a majority. The county legislative authority shall~~

~~specify the appointment, term, and compensation or reimbursement of expenses. The jurisdiction of the local board of health shall be coextensive with the boundaries of the county. The local health officer, as described in RCW 70.05.050, shall be appointed by the official designated under the provisions of the county charter. The same official designated under the provisions of the county charter may appoint an administrative officer, as described in RCW 70.05.045.~~))

(1) Except as provided in subsection (2) of this section, for home rule charter counties, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board. The membership of the local board of health must also include the members selected under (a) and (e) of this subsection.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists;

(VI) Naturopaths; or

(VII) Pharmacists;

(ii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health

inequities or as having lived experiences with public health-related programs such as: The special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) Active, reserve, or retired armed services members;

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in section 12 of this act for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

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

((~~Health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties. The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district, and shall have a jurisdiction coextensive with the combined boundaries. The boards of county commissioners may~~

~~by resolution or ordinance provide for elected officials from cities and towns and persons other than elected officials as members of the district board of health so long as persons other than elected officials do not constitute a majority. A resolution or ordinance adopted under this section must specify the provisions for the appointment, term, and compensation, or reimbursement of expenses. Any multicounty health district existing on the effective date of this act shall continue in existence unless and until changed by affirmative action of all boards of county commissioners or one or more counties withdraws [withdraw] pursuant to RCW 70.46.090.~~

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

(1) Except as provided in subsection (2) of this section, health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties. The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district, and members selected under (a) and (e) of this subsection, and shall have a jurisdiction coextensive with the combined boundaries.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists;

(VI) Naturopaths; or

(VII) Pharmacists;

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

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

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

(B) Active, reserve, or retired armed services members;

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

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

(f) The boards of county commissioners may by resolution or ordinance provide for elected officials from cities and towns and persons other than elected officials as members of the district board of health so long as the city and county elected officials do not constitute a majority of the total membership of the board.

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

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

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

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

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in section 12 of this act for community health advisory boards. Any

future changes to local board of health composition must meet the requirements of subsection (1) of this section.

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

((~~A health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter.~~

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

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

(1) Except as provided in subsection (2) of this section, a health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter. The resolution or ordinance may specify the membership, representation on the district health board, or other matters relative to the formation or operation of the health district. In addition to the membership of the district health board determined through resolution or ordinance, the district health board must also include the members selected under (a) and (e) of this subsection.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists;

(VI) Naturopaths; or

(VII) Pharmacists;

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

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under (a) of this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. If

there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

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

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

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

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

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

(i) The local health officer, as described in RCW 70.05.050, shall be appointed by the official designated under the provisions of the resolution or ordinance. The same official designated under the provisions of the resolution or ordinance may appoint an administrative officer, as described in RCW 70.05.045.

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

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a

public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in section 12 of this act for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

NEW SECTION. **Sec. 12.** A new section is added to chapter 70.46 RCW to read as follows:

(1) A community health advisory board shall:

(a) Provide input to the local board of health in the recruitment and selection of an administrative officer, pursuant to RCW 70.05.045, and local health officer, pursuant to RCW 70.05.050;

(b) Use a health equity framework to conduct, assess, and identify the community health needs of the jurisdiction, and review and recommend public health policies and priorities for the local health jurisdiction and advisory board to address community health needs;

(c) Evaluate the impact of proposed public health policies and programs, and assure identified health needs and concerns are being met;

(d) Promote public participation in and identification of local public health needs;

(e) Provide community forums and hearings as assigned by the local board of health;

(f) Establish community task forces as assigned by the local board of health;

(g) Review and make recommendations to the local health jurisdiction and local board of health for an annual budget and fees; and

(h) Review and advise on local health jurisdiction progress in achieving performance measures and outcomes to ensure continuous quality improvement and accountability.

(2) The advisory board shall consist of nine to 21 members appointed by the local board of health. The local health officer and a member of the local board of health shall serve as ex officio members of the board.

(3) The advisory board must be broadly representative of the character of the community. Membership preference shall be given to tribal, racial, ethnic, and other minorities. The advisory board must

consist of a balance of members with expertise, career experience, and consumer experience in areas impacting public health and with populations served by the health department. The board's composition shall include:

(a) Members with expertise in and experience with:

(i) Health care access and quality;

(ii) Physical environment, including built and natural environments;

(iii) Social and economic sectors, including housing, basic needs, education, and employment;

(iv) Business and philanthropy;

(v) Communities that experience health inequities;

(vi) Government; and

(vii) Tribal communities and tribal government.

(b) Consumers of public health services;

(c) Community members with lived experience in any of the areas listed in (a) of this subsection; and

(d) Community stakeholders, including nonprofit organizations, the business community, and those regulated by public health.

(4) The local health jurisdiction and local board of health must actively recruit advisory board members in a manner that solicits broad diversity to assure representation from marginalized communities including tribal, racial, ethnic, and other minorities.

(5) Advisory board members shall serve for staggered three-year terms. This does not preclude any member from being reappointed.

(6) The advisory board shall, at the first meeting of each year, select a chair and vice chair. The chair shall preside over all advisory board meetings and work with the local health jurisdiction administrator, or their designee, to establish board meeting agendas.

(7) Staffing for the advisory board shall be provided by the local health jurisdiction.

(8) The advisory board shall hold meetings monthly, or as otherwise determined by the advisory board at a place and time to be decided by the advisory board. Special meetings may be held on call of the local board of health or the chairperson of the advisory board.

(9) Meetings of the advisory board are subject to the open public meetings act, chapter 42.30 RCW, and meeting minutes must be submitted to the local board of health.

NEW SECTION. **Sec. 13.** A new section is added to chapter 43.20 RCW to read as follows:

(1) The state board of health shall adopt rules establishing the appointment process for the members of local boards of health who are not elected officials. The selection process established by the rules must:

(a) Be fair and unbiased; and

(b) Ensure, to the extent practicable, that the membership of local boards of health include a balanced representation of elected officials and nonelected people with a diversity of expertise and lived experience.

(2) The rules adopted under this section must go into effect no later than one year after the effective date of this section.

Sec. 14. RCW 70.05.130 and 1993 c 492 s 242 are each amended to read as follows:

All expenses incurred by the state, health district, or county in carrying out the provisions of ((~~chapters 70.05 and~~)) this chapter and chapter 70.46 RCW or any other public health law, ((~~or~~)) the rules of the department of health enacted under such laws, or enforcing proclamations of the governor during a public health emergency, shall be paid by the county and such expenses shall constitute a claim against the general fund as provided in this section.

Sec. 15. RCW 70.08.100 and 1949 c 46 s 10 are each amended to read as follows:

(1) Agreement to operate a combined city and county health department made under this chapter may after two years from the date of such agreement, be terminated by either party at the end of any calendar year upon notice in writing given at least ((~~six~~)) 12 months prior thereto. The termination of such agreement shall not relieve either party of any obligations to which it has been previously committed.

(2) Before terminating such an agreement, the terminating party shall:

(a) Provide 12 months' notice and a meaningful opportunity for the public to comment on the termination including, but not limited to, at least two public meetings held at different locations within

the county and the county and city must jointly conduct a third public meeting within the boundaries of the partner city; and

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the termination. The mediator must be appointed by the state board of health and be paid for by the party seeking termination.

Sec. 16. RCW 70.46.090 and 1993 c 492 s 251 are each amended to read as follows:

(1) Any county may withdraw from membership in said health district any time after it has been within the district for a period of two years, but no withdrawal shall be effective except at the end of the calendar year in which the county gives at least ((~~six~~)) 12 months' notice of its intention to withdraw at the end of the calendar year. No withdrawal shall entitle any member to a refund of any moneys paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective. Any county which withdraws from membership in said health district shall immediately establish a health department or provide health services which shall meet the standards for health services promulgated by the state board of health. No local health department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050.

(2) Before terminating such an agreement, the terminating party shall:

(a) Provide 12 months' notice and a meaningful opportunity for the public to comment on the termination including, but not limited to, at least two public meetings held at different locations within the health district; and

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the termination. The mediator must be appointed by the state board of health and be paid for by the party seeking termination.

NEW SECTION. **Sec. 17.** A new section is added to chapter 43.70 RCW to read as follows:

The department may adopt rules necessary to implement this act.

NEW SECTION. **Sec. 18.** The following acts or parts of acts are each repealed:

(1) RCW 43.70.060 (Duties of department—Promotion of health care cost-effectiveness) and 1989 1st ex.s. c 9 s 108;

(2) RCW 43.70.064 (Health care quality—Findings and intent—Requirements for conducting study under RCW 43.70.066) and 1995 c 267 s 3;

(3) RCW 43.70.066 (Study—Uniform quality assurance and improvement program—Reports to legislature—Limitation on rule making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;

(4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and 1997 c 274 s 4 & 1995 c 267 s 5; and

(5) RCW 43.70.070 (Duties of department—Analysis of health services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

NEW SECTION. **Sec. 19.** Sections 8 through 11 of this act take effect July 1, 2023.

NEW SECTION. **Sec. 20.** If at least $60,000,000 is not appropriated for the purposes of foundational public health services by June 30, 2021, in the omnibus appropriations act, sections 2, 4 through 7, and 17 of this act are null and void."

E2SHB 1152 - S COMM AMD
By Committee on Ways & Means

NOT ADOPTED 04/11/2021

On page 1, line 2 of the title, after "districts;" strike the remainder of the title and insert "amending RCW 43.70.515, 70.05.030, 70.05.035, 70.46.020, 70.46.031, 70.05.130, 70.08.100, and 70.46.090; adding new sections to chapter 43.70 RCW; adding a new section to chapter 70.05 RCW; adding a new section to chapter 70.46 RCW; adding a new section to chapter 43.20 RCW; creating new sections; repealing RCW 43.70.060, 43.70.064, 43.70.066, 43.70.068, and 43.70.070; and providing an effective date."

EFFECT: (1) Clarifies that the advisory board shall review and approve recommendations from the steering committee.

(2) Adds armed services members to the list of other community stakeholders who can serve as unelected members of a local health board.

(3) Creates separate seats on the advisory board for associations representing physicians, nurses, and hospitals.

(4) Adds disease burden and population measures to the factors the steering committee should consider when recommending new service delivery models for public health services.

(5) Changes the threshold of public health funding from $30 million to $60 million, above which 65 percent of funding must be allocated to new service delivery models. Removes operating regional centers and funding regional health officers and coordinators from what may be considered shared services. Requires that all federal funding directed toward shared services must be included in the total funding required to be allocated to new service delivery models.

(6) Standardizes language in the statutes regulating the composition of local health boards so they all contain the same language concerning appointment of a local health officer, electing a board chair, and establishing the jurisdiction of the board.

(7) Removes the population threshold for requiring changes to the composition of local boards of health and applies the composition requirements to all local health jurisdictions, unless a jurisdiction with all elected board members had a public health advisory committee or board in place on January 1, 2021. Those jurisdictions may maintain their current board composition, but the jurisdiction's advisory board must meet requirements established in the bill by January 1, 2022.

(8) Establishes community health advisory board requirements, including duties, membership, and governing structure.

(9) Delays implementation dates for forming contractual relationships with regional centers, appointing regional health officers, submitting reports on public health funding, and changes to the composition of local boards of health.

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