

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

NOT ADOPTED 04/11/2021

1 Strike everything after the enacting clause and insert the
2 following:

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

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

16 (1) The department shall convene a foundational public health
17 services steering committee. The steering committee must include
18 members representing the department, the state board of health,
19 federally recognized Indian tribes, and a state association
20 representing local health jurisdictions. The department, state board
21 of health, federally recognized Indian tribes, and a state
22 association representing local health jurisdictions may each select
23 the members to represent their agency or organization and each may
24 select a cochair. The department, federally recognized Indian tribes,
25 and a state association representing local health jurisdictions must
26 have an equal number of members represented on the steering
27 committee. The maximum number of voting steering committee members is
28 24.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10 (d) Advise and report to the secretary;

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

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

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

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

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

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

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

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

31 (a) The governor's office;

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

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

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

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

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

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

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

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

7 (j) A statewide association representing Washington cities;

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

10 (l) A statewide association representing Washington hospitals;

11 (m) A statewide association representing Washington physicians;

12 (n) A statewide association representing Washington nurses;

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

15 (p) A consumer nonprofit organization representing marginalized
16 populations.

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

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

24 (5) Legislative members of the public health advisory board may
25 be reimbursed for travel expenses in accordance with RCW 44.04.120.
26 Nonlegislative members are not entitled to be reimbursed for travel
27 expenses if they are elected officials or are participating on behalf
28 of an employer, governmental entity, or other organization. Any
29 reimbursement for other nonlegislative members is subject to chapter
30 43.03 RCW.

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

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

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

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

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

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

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

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

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

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

31 (c) Progress made to improve health outcomes.

32 (4) For purposes of this section:

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

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

38 (ii) Chronic disease and injury prevention;

39 (iii) Environmental public health;

40 (iv) Maternal, child, and family health;

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

3 (vi) Vital records; and

4 (vii) Cross-cutting capabilities, including:

5 (A) Assessing the health of populations;

6 (B) Public health emergency planning;

7 (C) Communications;

8 (D) Policy development and support;

9 (E) Community partnership development; and

10 (F) Business competencies.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 (b) Provide public health services;

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

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

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

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

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

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

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

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

25 (2) Regional health officers may:

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

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

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

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

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

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

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

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

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

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

25 (A) Medical ethicists;

26 (B) Epidemiologists;

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

29 (D) Community health workers;

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

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

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

35 (I) Physicians or osteopathic physicians;

36 (II) Advanced registered nurse practitioners;

37 (III) Physician assistants or osteopathic physician assistants;

38 (IV) Registered nurses;

39 (V) Dentists;

40 (VI) Naturopaths; or

1 (VII) Pharmacists;

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

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

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

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

19 (C) The business community; or

20 (D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 ~~specify the appointment, term, and compensation or reimbursement of~~
2 ~~expenses. The jurisdiction of the local board of health shall be~~
3 ~~coextensive with the boundaries of the county. The local health~~
4 ~~officer, as described in RCW 70.05.050, shall be appointed by the~~
5 ~~official designated under the provisions of the county charter. The~~
6 ~~same official designated under the provisions of the county charter~~
7 ~~may appoint an administrative officer, as described in RCW~~
8 ~~70.05.045.)~~)

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

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

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

22 (A) Medical ethicists;

23 (B) Epidemiologists;

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

26 (D) Community health workers;

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

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

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

32 (I) Physicians or osteopathic physicians;

33 (II) Advanced registered nurse practitioners;

34 (III) Physician assistants or osteopathic physician assistants;

35 (IV) Registered nurses;

36 (V) Dentists;

37 (VI) Naturopaths; or

38 (VII) Pharmacists;

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

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

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

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

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

16 (C) The business community; or

17 (D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

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

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

29 ~~((Health districts consisting of two or more counties may be~~
30 ~~created whenever two or more boards of county commissioners shall by~~
31 ~~resolution establish a district for such purpose. Such a district~~
32 ~~shall consist of all the area of the combined counties. The district~~
33 ~~board of health of such a district shall consist of not less than~~
34 ~~five members for districts of two counties and seven members for~~
35 ~~districts of more than two counties, including two representatives~~
36 ~~from each county who are members of the board of county commissioners~~
37 ~~and who are appointed by the board of county commissioners of each~~
38 ~~county within the district, and shall have a jurisdiction coextensive~~
39 ~~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

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

3 (I) Physicians or osteopathic physicians;

4 (II) Advanced registered nurse practitioners;

5 (III) Physician assistants or osteopathic physician assistants;

6 (IV) Registered nurses;

7 (V) Dentists;

8 (VI) Naturopaths; or

9 (VII) Pharmacists;

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

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

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

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

28 (C) The business community; or

29 (D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

37 (A) Medical ethicists;

38 (B) Epidemiologists;

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

3 (D) Community health workers;

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

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

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

9 (I) Physicians or osteopathic physicians;

10 (II) Advanced registered nurse practitioners;

11 (III) Physician assistants or osteopathic physician assistants;

12 (IV) Registered nurses;

13 (V) Dentists;

14 (VI) Naturopaths; or

15 (VII) Pharmacists;

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

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

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

32 (B) The business community; or

33 (C) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 (1) A community health advisory board shall:

10 (a) Provide input to the local board of health in the recruitment
11 and selection of an administrative officer, pursuant to RCW
12 70.05.045, and local health officer, pursuant to RCW 70.05.050;

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

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

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

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

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

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

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

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

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

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

5 (a) Members with expertise in and experience with:

6 (i) Health care access and quality;

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

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

11 (iv) Business and philanthropy;

12 (v) Communities that experience health inequities;

13 (vi) Government; and

14 (vii) Tribal communities and tribal government.

15 (b) Consumers of public health services;

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

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

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

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

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

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

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

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

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

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

7 (a) Be fair and unbiased; and

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

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

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

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

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

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

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

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

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

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

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

9 (1) Any county may withdraw from membership in said health
10 district any time after it has been within the district for a period
11 of two years, but no withdrawal shall be effective except at the end
12 of the calendar year in which the county gives at least ((six)) 12
13 months' notice of its intention to withdraw at the end of the
14 calendar year. No withdrawal shall entitle any member to a refund of
15 any moneys paid to the district nor relieve it of any obligations to
16 pay to the district all sums for which it obligated itself due and
17 owing by it to the district for the year at the end of which the
18 withdrawal is to be effective. Any county which withdraws from
19 membership in said health district shall immediately establish a
20 health department or provide health services which shall meet the
21 standards for health services promulgated by the state board of
22 health. No local health department may be deemed to provide adequate
23 public health services unless there is at least one full time
24 professionally trained and qualified physician as set forth in RCW
25 70.05.050.

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

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

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

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

38 The department may adopt rules necessary to implement this act.

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

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

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

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

11 (4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and
12 1997 c 274 s 4 & 1995 c 267 s 5; and

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

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

17 NEW SECTION. **Sec. 20.** If at least \$60,000,000 is not
18 appropriated for the purposes of foundational public health services
19 by June 30, 2021, in the omnibus appropriations act, sections 2, 4
20 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

21 On page 1, line 2 of the title, after "districts;" strike the
22 remainder of the title and insert "amending RCW 43.70.515, 70.05.030,
23 70.05.035, 70.46.020, 70.46.031, 70.05.130, 70.08.100, and 70.46.090;
24 adding new sections to chapter 43.70 RCW; adding a new section to
25 chapter 70.05 RCW; adding a new section to chapter 70.46 RCW; adding
26 a new section to chapter 43.20 RCW; creating new sections; repealing
27 RCW 43.70.060, 43.70.064, 43.70.066, 43.70.068, and 43.70.070; and
28 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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