
ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1152

State of Washington

67th Legislature

2021 Regular Session

By House Appropriations (originally sponsored by Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske, and Bateman; by request of Office of the Governor)

READ FIRST TIME 02/22/21.

1 AN ACT Relating to supporting measures to create comprehensive
2 public health districts; amending RCW 43.70.515, 70.05.030,
3 70.05.035, 70.46.020, 70.46.031, 70.05.130, 70.08.100, and 70.46.090;
4 adding new sections to chapter 43.70 RCW; adding a new section to
5 chapter 70.05 RCW; adding a new section to chapter 43.20 RCW;
6 creating new sections; repealing RCW 43.70.060, 43.70.064, 43.70.066,
7 43.70.068, and 43.70.070; and providing an effective date.

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

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

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

3 (1) The department shall convene a foundational public health
4 services steering committee. The steering committee must include
5 members representing the department, the state board of health,
6 federally recognized Indian tribes, and a state association
7 representing local health jurisdictions. The department, state board
8 of health, federally recognized Indian tribes, and a state
9 association representing local health jurisdictions may each select
10 the members to represent their agency or organization and each may
11 select a cochair. The department, federally recognized Indian tribes,
12 and a state association representing local health jurisdictions must
13 have an equal number of members represented on the steering
14 committee. The maximum number of voting steering committee members is
15 24.

16 (2) The foundational public health services steering committee
17 shall:

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

- 20 (i) The duties and role of the regional shared service centers;
21 (ii) The potential services the regional shared service centers
22 may provide;
23 (iii) The process for establishing regional shared service
24 centers; and
25 (iv) How regional shared service centers should coordinate
26 between other regional centers, local health jurisdictions and staff,
27 tribes, and the department in planning and implementing shared
28 services;

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

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

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

36 (e) Identify and develop foundational public health services
37 funding recommendations that promote new service delivery models
38 which leverage technical expertise to support local capacity building
39 and centralized infrastructure;

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

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

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

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

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

16 (1) The public health advisory board is established within the
17 department. The advisory board may:

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

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

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

25 (d) Advise the secretary as requested;

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

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

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

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

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

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

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

6 (a) The governor's office;

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

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

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

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

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

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

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

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

22 (j) A statewide association representing Washington cities;

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

25 (l) A statewide association representing Washington hospitals,
26 physicians, or nurses;

27 (m) A statewide association representing Washington public health
28 or public health professionals; and

29 (n) A consumer nonprofit organization representing marginalized
30 populations.

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

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

38 (5) Legislative members of the public health advisory board may
39 be reimbursed for travel expenses in accordance with RCW 44.04.120.
40 Nonlegislative members are not entitled to be reimbursed for travel

1 expenses if they are elected officials or are participating on behalf
2 of an employer, governmental entity, or other organization. Any
3 reimbursement for other nonlegislative members is subject to chapter
4 43.03 RCW.

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

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

9 (1) With any state funding of foundational public health
10 services, the state expects that measurable benefits will be realized
11 to the health of communities in Washington as a result of the
12 improved capacity of the governmental public health system. Close
13 coordination and sharing of services are integral to increasing
14 system capacity.

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

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

29 (c) For fiscal years 2021 through 2023, of amounts appropriated
30 for foundational public health services funding that exceeds
31 \$30,000,000 per biennium, the department must allocate 65 percent to
32 shared services, including establishing and operating the regional
33 comprehensive public health district centers, the regional health
34 officers, and the foundational public health services regional
35 coordinators, unless the appropriations act specifies otherwise.

36 (d) Beginning fiscal year 2024, of amounts appropriated for
37 foundational public health services funding, the department must
38 allocate funding for shared services as recommended by the
39 foundational public health steering committee under section 2 of this

1 act and approved by the public health advisory board under section 3
2 of this act.

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

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

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

10 (c) Progress made to improve health outcomes.

11 (4) For purposes of this section:

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

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

17 (ii) Chronic disease and injury prevention;

18 (iii) Environmental public health;

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

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

22 (vi) Vital records; and

23 (vii) Cross-cutting capabilities, including:

24 (A) Assessing the health of populations;

25 (B) Public health emergency planning;

26 (C) Communications;

27 (D) Policy development and support;

28 (E) Community partnership development; and

29 (F) Business competencies.

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

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

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

1 (e) "Regional comprehensive public health district centers" or
2 "regional shared service centers" means a center established under
3 section 6 of this act to provide coordination of shared public health
4 services across the state in order to support local health
5 jurisdictions.

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

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

12 (1) Beginning October 1, 2022, and annually thereafter, the
13 department, in consultation with federally recognized Indian tribes,
14 local health jurisdictions, and the state board of health, shall
15 submit to the appropriate committees of the legislature, the
16 governor, and the public health advisory board a report of the
17 distribution of foundational public health services funding as
18 provided in RCW 43.70.515. The report must contain:

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

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

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

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

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

35 (1) Four regional comprehensive public health district centers
36 are established to coordinate shared services across local health
37 jurisdictions and the state. The four regional comprehensive public
38 health district centers must be split evenly between the east side of

1 the Cascades and the west side of the Cascades and located as
2 determined by the foundational public health services steering
3 committee established in section 2 of this act.

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

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

10 (b) Provide public health services;

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

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

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

16 (3) Each regional comprehensive public health district center
17 must have a foundational public health services regional coordinator.
18 The regional coordinator must be an employee of the department. To
19 the extent feasible, the department must give preference to
20 candidates for the regional coordinator that are able to work out of
21 the regional comprehensive public health district center that the
22 coordinator will be assigned.

23 (4) By January 1, 2023, counties must establish a formal
24 contractual relationship with one primary regional comprehensive
25 public health district center that is on the same side of the
26 Cascades as the county. A county may enter into formal or informal
27 relationships with other regional comprehensive public health
28 district centers. Federally recognized Indian tribes and 501(c)(3)
29 organizations registered in Washington that serve American Indian and
30 Alaska Native people within Washington may enter into formal or
31 informal relationships with regional comprehensive public health
32 district centers.

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

35 (1) The position of regional health officer is created within the
36 department. The regional health officers are deputies of the state
37 health officer. The secretary shall appoint four regional health
38 officers. One regional health officer west of the Cascades and one
39 regional health officer east of the Cascades must be appointed by

1 January 1, 2022. To the extent feasible, the secretary must give
2 preference to candidates for the regional health officer who are able
3 to work out of the regional comprehensive public health district
4 center that the candidate will be assigned.

5 (2) Regional health officers may:

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

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

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

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

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

17 ~~((1))~~ (1) Except as provided in subsection (2) of this section,
18 in counties without a home rule charter, the board of county
19 commissioners shall constitute the local board of health, unless the
20 county is part of a health district pursuant to chapter 70.46 RCW.
21 The jurisdiction of the local board of health shall be coextensive
22 with the boundaries of said county. The board of county commissioners
23 may, at its discretion, adopt an ordinance expanding the size and
24 composition of the board of health to include elected officials from
25 cities and towns and persons other than elected officials as members
26 so long as persons other than elected officials do not constitute a
27 majority. An ordinance adopted under this section shall include
28 provisions for the appointment, term, and compensation, or
29 reimbursement of expenses.

30 (2) For counties without a home rule charter that have a
31 population under 800,000, the board of county commissioners and the
32 members selected under (a) and (e) of this subsection, shall
33 constitute the local board of health, unless the county is part of a
34 health district pursuant to chapter 70.46 RCW. The jurisdiction of
35 the local board of health shall be coextensive with the boundaries of
36 the county.

37 (a) The remaining board members must be persons who are not
38 elected officials and must be selected from the following categories

1 consistent with the requirements of this section and the rules
2 adopted by the state board of health under section 12 of this act:

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

6 (A) Medical ethicists;

7 (B) Epidemiologists;

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

10 (D) Community health workers;

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

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

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

16 (I) Physicians or osteopathic physicians;

17 (II) Advanced registered nurse practitioners;

18 (III) Physician assistants or osteopathic physician assistants;

19 (IV) Registered nurses;

20 (V) Dentists;

21 (VI) Naturopaths; or

22 (VII) Pharmacists;

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

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

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

39 (B) The business community; or

40 (C) The environmental public health regulated community.

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

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

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

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

19 (f) The board of county commissioners may, at its discretion,
20 adopt an ordinance expanding the size and composition of the board of
21 health to include elected officials from cities and towns and persons
22 other than elected officials as members so long as the city and
23 county elected officials do not constitute a majority of the total
24 membership of the board.

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

28 (h) 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 (i) 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 **Sec. 9.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read
35 as follows:

36 ~~((1))~~ (1) Except as provided in subsection (2) of this section,
37 in counties with a home rule charter, the county legislative
38 authority shall establish a local board of health and may prescribe
39 the membership and selection process for the board. The county

1 legislative authority may appoint to the board of health elected
2 officials from cities and towns and persons other than elected
3 officials as members so long as persons other than elected officials
4 do not constitute a majority. The county legislative authority shall
5 specify the appointment, term, and compensation or reimbursement of
6 expenses. The jurisdiction of the local board of health shall be
7 coextensive with the boundaries of the county. The local health
8 officer, as described in RCW 70.05.050, shall be appointed by the
9 official designated under the provisions of the county charter. The
10 same official designated under the provisions of the county charter
11 may appoint an administrative officer, as described in RCW 70.05.045.

12 (2) For home rule charter counties with a population under
13 800,000, the county legislative authority shall establish a local
14 board of health and may prescribe the membership and selection
15 process for the board. The membership of the local board of health
16 must also include the members selected under (a) and (e) of this
17 subsection.

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 12 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) The business community; or

19 (C) The environmental public health regulated community.

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

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

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

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

38 (f) The county legislative authority may appoint to the board of
39 health elected officials from cities and towns and persons other than
40 elected officials as members so long as the city and county elected

1 officials do not constitute a majority of the total membership of the
2 board.

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

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

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

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

16 (k) 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 **Sec. 10.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to
20 read as follows:

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

1 this act shall continue in existence unless and until changed by
2 affirmative action of all boards of county commissioners or one or
3 more counties (~~withdraws~~ ~~[withdraw]~~) withdraw pursuant to RCW
4 70.46.090.

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

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

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

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

27 (A) Medical ethicists;

28 (B) Epidemiologists;

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

31 (D) Community health workers;

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

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

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

37 (I) Physicians or osteopathic physicians;

38 (II) Advanced registered nurse practitioners;

39 (III) Physician assistants or osteopathic physician assistants;

40 (IV) Registered nurses;

1 (V) Dentists;
2 (VI) Naturopaths; or
3 (VII) Pharmacists;
4 (ii) Consumers of public health. This category consists of health
5 district residents who have self-identified as having faced
6 significant health inequities or as having lived experiences with
7 public health-related programs such as: The special supplemental
8 nutrition program for women, infants, and children; the supplemental
9 nutrition program; home visiting; or treatment services. It is
10 strongly encouraged that individuals from historically marginalized
11 and underrepresented communities are given preference. These
12 individuals may not be elected officials, and may not have any
13 fiduciary obligation to a health facility or other health agency, and
14 may not have a material financial interest in the rendering of health
15 services; and
16 (iii) Other community stakeholders. This category consists of
17 persons representing the following types of organizations located in
18 the health district:
19 (A) Community-based organizations or nonprofits that work with
20 populations experiencing health inequities in the health district;
21 (B) The business community; or
22 (C) The environmental public health regulated community.
23 (b) The board members selected under (a) of this subsection must
24 be approved by a majority vote of the board of county commissioners.
25 (c) If the number of board members selected under (a) of this
26 subsection is evenly divisible by three, there must be an equal
27 number of members selected from each of the three categories. If
28 there are one or two members over the nearest multiple of three,
29 those members may be selected from any of the three categories.
30 However, if the board of health demonstrates that it attempted to
31 recruit members from all three categories and was unable to do so,
32 the board may select members only from the other two categories.
33 (d) There may be no more than one member selected under (a) of
34 this subsection from one type of background or position.
35 (e) If a federally recognized Indian tribe holds reservation,
36 trust lands, or has usual and accustomed areas within the health
37 district, or if a 501(c)(3) organization registered in Washington
38 that serves American Indian and Alaska Native people and provides
39 services within the health district, the board of health must include

1 a tribal representative selected by the American Indian health
2 commission.

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

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

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

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

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

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

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

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

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

37 (2) For counties with a population under 800,000, a health
38 district to consist of one county may be created whenever the county
39 legislative authority of the county shall pass a resolution or

1 ordinance to organize such a health district under chapter 70.05 RCW
2 and this chapter. The resolution or ordinance may specify the
3 membership, representation on the district health board, or other
4 matters relative to the formation or operation of the health
5 district. In addition to the membership of the district health board
6 determined through resolution or ordinance, the district health board
7 must also include the members selected under (a) and (e) of this
8 subsection.

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

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

16 (A) Medical ethicists;

17 (B) Epidemiologists;

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

20 (D) Community health workers;

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

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

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

26 (I) Physicians or osteopathic physicians;

27 (II) Advanced registered nurse practitioners;

28 (III) Physician assistants or osteopathic physician assistants;

29 (IV) Registered nurses;

30 (V) Dentists;

31 (VI) Naturopaths; or

32 (VII) Pharmacists;

33 (ii) Consumers of public health. This category consists of county
34 residents who have self-identified as having faced significant health
35 inequities or as having lived experiences with public health-related
36 programs such as: The special supplemental nutrition program for
37 women, infants, and children; the supplemental nutrition program;
38 home visiting; or treatment services. It is strongly encouraged that
39 individuals from historically marginalized and underrepresented
40 communities are given preference. These individuals may not be

1 elected officials and may not have any fiduciary obligation to a
2 health facility or other health agency, and may not have a material
3 financial interest in the rendering of health services; and

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

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

9 (B) The business community; or

10 (C) The environmental public health regulated community.

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

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

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

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

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

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

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

4 NEW SECTION. **Sec. 12.** A new section is added to chapter 43.20
5 RCW to read as follows:

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

10 (a) Be fair and unbiased; and

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

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

17 **Sec. 13.** RCW 70.05.130 and 1993 c 492 s 242 are each amended to
18 read as follows:

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

27 **Sec. 14.** RCW 70.08.100 and 1949 c 46 s 10 are each amended to
28 read as follows:

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

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

1 (a) Provide 12 months' notice and a meaningful opportunity for
2 the public to comment on the termination including, but not limited
3 to, at least two public meetings held at different locations within
4 the county and the county and city must jointly conduct a third
5 public meeting within the boundaries of the partner city; and

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

10 **Sec. 15.** RCW 70.46.090 and 1993 c 492 s 251 are each amended to
11 read as follows:

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

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

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

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

1 NEW SECTION. **Sec. 16.** A new section is added to chapter 43.70
2 RCW to read as follows:

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

4 NEW SECTION. **Sec. 17.** The following acts or parts of acts are
5 each repealed:

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

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

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

14 (4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and
15 1997 c 274 s 4 & 1995 c 267 s 5; and

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

18 NEW SECTION. **Sec. 18.** Sections 8 through 11 of this act take
19 effect July 1, 2022.

20 NEW SECTION. **Sec. 19.** If at least \$60,000,000 is not
21 appropriated for the purposes of foundational public health services
22 by June 30, 2021, in the omnibus appropriations act, sections 2, 4
23 through 7, and 16 of this act are null and void.

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