
SUBSTITUTE HOUSE BILL 1946

State of Washington

69th Legislature

2025 Regular Session

By House Local Government (originally sponsored by Representatives Hill, Lekanoff, Reed, Parshley, Pollet, Obras, Nance, Ormsby, and Macri)

READ FIRST TIME 02/21/25.

1 AN ACT Relating to clarifying tribal membership on local boards
2 of health; and amending RCW 70.05.030, 70.05.035, 70.46.020, and
3 70.46.031.

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

5 **Sec. 1.** RCW 70.05.030 and 2024 c 37 s 1 are each amended to read
6 as follows:

7 (1) Except as provided in subsection (2) of this section, for
8 counties without a home rule charter, the board of county
9 commissioners and the members selected under (a) and (e) of this
10 subsection, shall constitute the local board of health, unless the
11 county is part of a health district pursuant to chapter 70.46 RCW.
12 For counties without a home rule charter where the board of county
13 commissioners is comprised of five commissioners, the board of county
14 commissioners may adopt an ordinance reducing the number of county
15 commissioners that are members of the local board of health, provided
16 that the board of health includes at least one county commissioner.
17 The jurisdiction of the local board of health shall be coextensive
18 with the boundaries of the county.

19 (a) The remaining board members must be persons who are not
20 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 RCW 43.20.300:

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 practice registered (~~nurse practitioners~~) nurses;

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) Active, reserve, or retired armed services members;

40 (C) The business community; or

1 (D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

6 (2) A local board of health comprised solely of elected officials
7 may retain this composition if the local health jurisdiction had a
8 public health advisory committee or board with its own bylaws
9 established on January 1, 2021. By January 1, 2022, the public health
10 advisory committee or board must meet the requirements established in
11 RCW 70.46.140 for community health advisory boards. Any future
12 changes to local board of health composition must meet the
13 requirements of subsection (1) of this section.

14 **Sec. 2.** RCW 70.05.035 and 2021 c 205 s 4 are each amended to
15 read as follows:

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

22 (a) The remaining board members must be persons who are not
23 elected officials and must be selected from the following categories
24 consistent with the requirements of this section and the rules
25 adopted by the state board of health under RCW 43.20.300:

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

29 (A) Medical ethicists;

30 (B) Epidemiologists;

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

33 (D) Community health workers;

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

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

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

39 (I) Physicians or osteopathic physicians;

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

1 service or a 501(c)(3) organization registered in Washington that
2 serves American Indian and Alaska Native people (~~and~~) provides
3 services within the county, the board of health must include a tribal
4 representative (~~selected by~~) from each tribe and each organization
5 and must notify the American Indian health commission.

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

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

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

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

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

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

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

29 (2) A local board of health comprised solely of elected officials
30 may retain this composition if the local health jurisdiction had a
31 public health advisory committee or board with its own bylaws
32 established on January 1, 2021. By January 1, 2022, the public health
33 advisory committee or board must meet the requirements established in
34 RCW 70.46.140 for community health advisory boards. Any future
35 changes to local board of health composition must meet the
36 requirements of subsection (1) of this section.

37 **Sec. 3.** RCW 70.46.020 and 2021 c 205 s 5 are each amended to
38 read as follows:

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

14 (a) The remaining board members must be persons who are not
15 elected officials and must be selected from the following categories
16 consistent with the requirements of this section and the rules
17 adopted by the state board of health under RCW 43.20.300:

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

21 (A) Medical ethicists;

22 (B) Epidemiologists;

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

25 (D) Community health workers;

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

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

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

31 (I) Physicians or osteopathic physicians;

32 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

33 (III) Physician assistants or osteopathic physician assistants;

34 (IV) Registered nurses;

35 (V) Dentists;

36 (VI) Naturopaths; or

37 (VII) Pharmacists;

38 (ii) Consumers of public health. This category consists of health
39 district residents who have self-identified as having faced
40 significant health inequities or as having lived experiences with

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

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

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

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 health
32 district, or if an urban Indian organization recognized by the Indian
33 health service or a 501(c)(3) organization registered in Washington
34 that serves American Indian and Alaska Native people (~~and~~) provides
35 services within the health district, the board of health must include
36 a tribal representative (~~selected by~~) from each tribe and each
37 organization and must notify the American Indian health commission.

38 (f) The boards of county commissioners may by resolution or
39 ordinance provide for elected officials from cities and towns and
40 persons other than elected officials as members of the district board

1 of health so long as the city and county elected officials do not
2 constitute a majority of the total membership of the board.

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

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

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

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

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

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

22 (2) A local board of health comprised solely of elected officials
23 may retain this composition if the local health jurisdiction had a
24 public health advisory committee or board with its own bylaws
25 established on January 1, 2021. By January 1, 2022, the public health
26 advisory committee or board must meet the requirements established in
27 RCW 70.46.140 for community health advisory boards. Any future
28 changes to local board of health composition must meet the
29 requirements of subsection (1) of this section.

30 (3) A local board of health comprised solely of elected officials
31 and made up of three counties east of the Cascade mountains may
32 retain their current composition if the local health jurisdiction has
33 a public health advisory committee or board that meets the
34 requirements established in RCW 70.46.140 for community health
35 advisory boards by July 1, 2022. If such a local board of health does
36 not establish the required community health advisory board by July 1,
37 2022, it must comply with the requirements of subsection (1) of this
38 section. Any future changes to local board of health composition must
39 meet the requirements of subsection (1) of this section.

1 **Sec. 4.** RCW 70.46.031 and 2021 c 205 s 6 are each amended to
2 read as follows:

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

14 (a) The remaining board members must be persons who are not
15 elected officials and must be selected from the following categories
16 consistent with the requirements of this section and the rules
17 adopted by the state board of health under RCW 43.20.300:

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

21 (A) Medical ethicists;

22 (B) Epidemiologists;

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

25 (D) Community health workers;

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

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

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

31 (I) Physicians or osteopathic physicians;

32 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

33 (III) Physician assistants or osteopathic physician assistants;

34 (IV) Registered nurses;

35 (V) Dentists;

36 (VI) Naturopaths; or

37 (VII) Pharmacists;

38 (ii) Consumers of public health. This category consists of county
39 residents who have self-identified as having faced significant health
40 inequities or as having lived experiences with public health-related

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

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

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

14 (B) The business community; or

15 (C) The environmental public health regulated community.

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

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

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

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

39 (f) The county legislative authority may appoint elected
40 officials from cities and towns and persons other than elected

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

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

8 (h) 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 resolution or ordinance. The same official designated under the
13 provisions of the resolution or ordinance may appoint an
14 administrative officer, as described in RCW 70.05.045.

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

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

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 RCW 70.46.140 for community health advisory boards. Any future
29 changes to local board of health composition must meet the
30 requirements of subsection (1) of this section.

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