



**Final Minutes of the State Board of Health  
June 13, 2012**

Department of Health, Point Plaza East, 310 Israel Road SE, Tumwater, WA 98501

**State Board of Health members present:**

The Honorable John Austin, PhD, Chair  
Keith Grellner  
Maria Hernandez-Peck, PhD  
Stephen Kutz  
Donald Oliver

Patricia Ortiz, MD  
Deputy Secretary Gregg Grunenfelder  
James Sledge, DDS  
The Honorable Donna Wright  
Diana T. Yu, MD, MSPH

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Desiree Robinson, Executive Assistant  
Gordon MacCracken, Communications Consultant

Ned Therien, Health Policy Analyst  
Tara Wolff, Health Policy Analyst  
Lilia Lopez, Assistant Attorney General

**Guests and other participants:**

Ann Clifton, Mercury Awareness Team of Washington  
Gina Legaz, March of Dimes  
Jennifer Tebaldi, Department of Health  
Jodine Sorrell, Department of Health  
Diana McMaster, Department of Health  
Michele Roberts, Department of Health  
John Thompson, Department of Health  
Chas DeBolt, Department of Health  
Lin Watson, Department of Health  
Alli Larkin, Washington Action for Safe Water  
David Christensen, Department of Health  
Emma Dixon, Woodinville

Marilyn Brown, Spanaway  
Pamela Lovinger, Department of Health  
Brenda M. Asterino, Public Access TV  
Michelle L. Harper, Department of Health  
Jeff Wise, Department of Health  
Drew Noble, Shelton  
Janelle Hall, NVIC and TACA  
Janna Bardi, Department of Health  
Audrey Adams, Washington Action for Safe Water  
Denise Clifford, Department of Health  
Dr. Beatrice Gandara, University of Washington  
Michael Glass, Department of Health

John Austin, Board Chair, called the public meeting to order at 9:43 a.m. and read from a prepared statement (on file).

**1. APPROVAL OF AGENDA**

*Motion: Approve June 13, 2012 agenda*

*Motion/Second: Yu/Sledge. Approved unanimously*

**2. ADOPTION OF MARCH 14, 2012 MEETING MINUTES**

*Motion: Approve the March 14, 2012 minutes*

*Motion/Second: Yu/Kutz. Approved unanimously*

**3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director, reported that three members whose terms are concluding have applied for reappointment, but there is no news from the Governor's office yet. She also reported on some upcoming meetings and potential topics for future Board meetings. Diana Yu,

Board Member gave an update on a meeting she attended with Department of Corrections (DOC) staff to discuss its draft policy related to employee protection for blood borne pathogen exposure. RCW 70.24.370 requires DOC to consult with the Board as they define the term “possible risk.” Dr. Yu represented the Board at the meeting, and provided suggestions for clarifying the definition. DOC plans to finalize its policy by mid-July. Stephen Kutz, Board Member, provided an update on the Governor’s Interagency Council on Health Disparities. He noted the Environmental Toxic Exposures committee has completed its recommendations and the Behavioral Health committee is in the process of completing its final recommendations to the Council. James Sledge, Board Member, gave an update on the Featherstone Reid Award. He said the Board recruits and screens applicants for the award every year so it can make recommendations to Secretary Selecky, who then makes recommendations to the Governor. The award recognizes individual health care providers and health care facilities that have demonstrated exceptional quality and value in the delivery of health services. This year the application deadline was extended to June 30 and, so far, six applications have been received. Keith Grellner, Board Vice Chair, reported that the Board’s Environmental Health Committee met several times since the last Board meeting to discuss rules for Group B drinking water systems, food service establishments, and water recreation facilities.

#### 4. DEPARTMENT OF HEALTH UPDATE

Gregg Grunenfelder, Deputy Secretary of Health and Board Designee, reported on the continuing whooping cough (pertussis) outbreak. The case count is 2,325 at the end of last week this year compared to 171 at the same time last year. He reported that thanks to new legislation passed last year, the immunization opt-out rate for students has been decreasing. The opt-out rate decreased to 4.5 percent this school year, compared to 6 percent the previous school year. He reported that Thurston County has helped the Department clean up the Henderson Inlet shellfish growing area. He reported that the Department had closed Penn Cove to harvesting after a recent boat sinking resulted in leakage of fuel. Most of the area has now been reopened. He noted the Department is working to try to change the labeling on “no pest strips” because of human illnesses. He reported that the prescription monitoring program, which is funded by federal grants and has been active since last November, has already demonstrated \$400,000 savings to the Medicaid program. The Department intends to use this information to try to get State funding to continue the prescription-monitoring program after the federal grant ends. He mentioned that the Behavioral Risk Factor Surveillance System (BRFSS) has been adding cell phone numbers because more people are opting for a cell phone only these days and no land-line. He mentioned a tobacco-prevention education event June 14 in Seattle, which will be streamed on the web. He also reported that the Department’s website changed this month to a new topic-driven format, rather than being organizationally driven. Because the Board’s website is hosted by the Department, expect some changes to the Board’s site.

Member Kutz commented that the prescription monitoring program has the potential for a great benefit to controlling prescription drug abuse, as well as savings to Medicaid for the cost of drugs. He said that in many communities prescription drugs are replacing street drugs in the abuse problem. Member Yu asked whether the prescription monitoring program was voluntary for providers. Deputy Secretary Grunenfelder said he was not sure and would get back to her with the answer. Chair Austin commented that Jefferson County recently started a collection program for unused pharmaceuticals.

#### 5. REVIEW AND APPROVAL OF SBOH ADMINISTRATIVE POLICIES

Ms. Davis said, soon after she started with the Board, she attended training with the Public Disclosure Commission that gave her concern about the Board’s legislative policy. The policy specified that Board positions on bills be posted on the web. The web postings might be considered

lobbying. This started her looking at all the Board's policies with staff and developing recommended updates. She described the policy changes staff is recommending, including rescinding two unneeded policies. A summary of changes recommended and specific language recommended for each policy are included in materials under Tab 5 in member packets.

Member Yu suggested that the policies, where appropriate, say that the Chair will report to the other Board members actions he or she independently takes on behalf of the Board. Chair Austin agreed. Member Kutz asked for clarification how members would be notified about legislative issues, if not on the web. Ms. Davis said she would notify members by e-mail about legislative issues, rather than posting on the web. Member Kutz said he would not go to the Legislature to testify as a representative of the Board unless he thought he knew the Board's position. Member Kutz commented it is difficult for the Board to reach consensus on a position during a fast-moving legislative session. Member Yu said her experience checking with the Chair or staff seemed to work. Ms. Davis said calling a special Board meeting to discuss a bill was not an option. Ned Therien, Board Staff, commented the EH Committee had conference calls about bills in past sessions to help guide staff and the Chair without calling a meeting of the Board. Chair Austin commented it makes sense to remember the Board's partners include more than traditional public health agencies.

***Motion 1:*** *The Board adopts the revisions to the following Board policies and procedures as recommended by staff in the attached matrix submitted on June 13, 2012, with appropriate edits discussed by the Board this day:*

- 2000-001 Considering Delegation of Rules to Department of Health
- 2001-001 Monitoring and Communicating with the Legislature
- 2001-002 Payment By SBOH for Professional Development
- 2001-004 Letters of Support

***Motion/Second:*** *Yu/Ortiz. Approved unanimously*

***Motion 2:*** *The Board rescinds the following Board policy and procedure as recommended by staff in the attached matrix submitted on June 13, 2012:*

- 2001-003 Travel and Transportation Policy

***Motion/Second:*** *Grellner/Kutz. Approved unanimously*

Chair Austin closed this agenda item after the vote on the second motion regarding this item. This allowed the Board to proceed with agenda items 6 and 7 according to the announced time schedule. The Board resumed considering agenda item 5 after completing agenda item 7 and before the lunch break.

***Motion 3:*** *The Board adopts the revisions to the following Board policies and procedures as recommended by staff in the attached matrix submitted on June 13, 2012, with appropriate edits discussed by the Board this day:*

- 2002-001 Publications Policy
- 2005-001 Responding to Petitions for Rule Making
- 2005-002 Media Guidelines

***Motion/Second:*** *Kutz/Grellner. Approved unanimously*

***Motion 4:*** *The Board rescinds the following Board policy and procedure as recommended by staff in the attached matrix submitted on June 13, 2012:*

- 2002-005 SBOH Health Staff Member Participation in Committee or Working Group Partnerships

***Motion/Second:*** *Ortiz/Yu. Approved unanimously*

## 6. REVIEW AND APPROVAL OF STATE HEALTH REPORT

Chair Austin introduced this agenda item and said he appreciated the format of multiple essays from senior officials. Ms. Davis described the draft state health report under Tab 6. It contains essays from other agencies highlighting certain of their programs they selected that benefit public health. She said, in the past, the Board traveled around the state to hold public forums; however, budget restrictions have prevented that in recent years. The report is due July 1. The late timing of this draft is because Secretary Selecky advised waiting until after the legislative session to request the essays from the agencies. Ms. Davis requested the Board focus on the first essay in the report and the member information at the end if providing editing suggestions. Member Yu said she liked the approach taken in the report and that public health is everyone's business. She commented there had been many health initiatives under Governor Gregoire's tenure. Member Kutz said, next time around, it would be nice to have something from the newly formed health exchange board. Member Grellner said he considered the first essay represented the Board well.

***Motion:** The Board directs staff to develop a final 2012 State Health Report in close consultation with the Chair. The Chair is authorized to approve a final report for transmittal to the Governor by June 30, 2012.*

***Motion/Second:** Kutz/Sledge. Approved unanimously*

## 7. POSSIBLE ACCEPTANCE OF ADVISORY COMMITTEE RECOMMENDATIONS CONCERNING SEVERE COMBINED IMMUNODEFICIENCY DISEASE

Member Yu introduced Tara Wolff, Board Staff, and Mike Glass and Pamela Lovinger, Department of Health. Member Yu reminded Board members that this item was in front of them in March and that today they would have a chance to take action on a motion. Ms. Wolff explained the materials in Board member packets under Tab 7, which included letters from the Washington State Hospital Association and Immune Deficiency Foundation. Mr. Glass reviewed the effects of severe combined immunodeficiency disease (SCID), also known as "bubble boy disease" and treatment of this condition. He said that an effective screening test has been developed to detect the disease in newborns. Based on a report from an advisory panel of national experts, the U.S. Department of Health and Human Services recommended in 2010, that this condition be included in the panel of tests given all newborns. Mr. Glass reviewed which states currently screen for SCID (refer to PowerPoint under tab 7 for more detail). After considering the Board's five criteria the SCID Advisory Committee, which was co-chaired by Doctors Yu and Hayes, recommended adding this test to the newborn screening panel. Ms. Lovinger reported that the cost of adding this test could not be absorbed in the Department's budget without a fee increase. Adding SCID to the newborn screening (NBS) panel would require raising the fee for newborn screening by \$7 to \$9 per birth to cover the additional costs of screening. She explained that agencies must get approval from the Governor and the Legislature to raise a fee. The Department has obtained preliminary agreement from Medicaid to reimburse for screening, which is important as Medicaid covers more than half of the babies born in Washington. Ms. Lovinger described the steps that would be needed to add SCID to the NBS screening panel. Member Yu mentioned the Department had applied for a CDC grant for funding SCID screening. There were two awards but the Department came in third. She said having a rule in place might have helped. She said, although this is a challenging fiscal time for a fee increase, the SCID Advisory Committee thinks this testing is well worth the cost. Member Kutz asked which hospitals would bear the treatment costs. Mr. Glass explained that SCID patients would most likely be treated at Children's hospital. Patricia Ortiz, Board Member, commented that an additional benefit might be fewer side effects from immunizations for children with immunity problems and the resulting bad press for the immunizations. Member Kutz wondered about the response of private insurers to this condition. Mr. Glass explained that they were sent the meeting

materials and they currently reimburse for NBS screening. Member Grellner asked if parents could voluntarily order this test for their newborn. Mr. Glass said not through the state, but a private company will do it for about \$100.

Chair Austin invited members of the audience to give testimony on this topic.

*Public Testimony:*

Marilyn Brown told the story of losing her brother and two sons to SCID. She said one of her grandchildren also has the condition, but through a bone marrow transplant from his healthy non-affected older brother has survived. It was important the grandchild with the condition be caught early.

Gina Legaz, March of Dimes, encouraged the Board to approve adding testing for SCID on behalf of her organization.

***Motion:** The Board accepts the recommendations of the Severe Combined Immunodeficiency (SCID) Advisory Committee with the understanding that implementation will be contingent on obtaining sustainable funding.*

***Motion/Second:** Grellner/Grünenfelder. Approved unanimously*

*The Board recessed for lunch at 11:55 a.m. and reconvened at 1:31 p.m.*

## **8. PUBLIC HEARING – IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE PREVENTABLE DISEASES, CHAPTER 246-105 WAC**

Member Ortiz introduced this rule hearing. She explained that the rule update being considered is intended to make the Board's rules consistent with the most current national recommendations. She introduced the speakers and explained that the Board had a motion to consider for this agenda item. Ms. Wolff explained that the reference to the national recommendations sets the ages, intervals and doses for the childhood immunizations required in the Board's rules. The current rule references the 2010 national recommendations. The update would reference the 2012 recommendations of the Advisory Committee on Immunization Practices (ACIP). The changes primarily relate to pertussis (whooping cough) vaccinations. She described materials behind Tab 8 in Board member packets. Janna Bardi, Department of Health, explained how the rule would update the requirements for pertussis-combination vaccinations to match the 2012 recommendations of the ACIP. She also described a summary of public comments received about the rule revision proposal and the Department's responses. For more detail on Ms. Bardi's presentation please refer to the power point under Tab 8.

*Public Testimony:*

Janelle Hall told about her son's deteriorated health after receiving multiple childhood vaccinations. Her family's history of autoimmune diseases was not taken into account by her son's pediatrician. She said the one-size-fits-all national vaccination policy is not safe for all children. She expressed concern that safety studies are not done by independent third parties, but by the vaccine manufacturers. She urged the Board to consider revising its policy on vaccinations.

Audrey Adams stated she does not believe more and more vaccines will improve our children's health. She said there have been no studies comparing total health of completely unvaccinated children with that of those who have received all recommended vaccines.

Anne Clifton, Mercury Awareness Team of Washington, stated the pertussis vaccine is very dangerous. She said vaccinations for children under 2 years of age are a huge insult to their immune systems. She expressed concern about the many ingredients in vaccines. She provided more detailed testimony in written form.

Emma Dixon stated there is a disconnect between the vaccination recommendations and the actual data on cases. She said that the number of cases of pertussis typically peaks in August and September, which is the time of year children are getting vaccinated for school entry. She said that studies show the pertussis vaccine might actually increase the cases of parapertussis.

***Motion:** The Board approves the amendments to revise WAC 246-105-040 as published in WSR 12-10-011 and asks that a CR-103 be filed to adopt the amendments.*

***Motion/Second:** Yu/Sledge. Approved unanimously*

## 9. BRIEFING – ORAL HEALTH RISK FACTORS AND SYSTEMIC CONNECTIONS

Member Sledge introduced this briefing on oral health and its systemic health connections. He introduced Bea Gandara, DDS, University of Washington, who gave the presentation (which is included under Tab 9). Her presentation concentrated on caries and periodontal disease, which are both infections and the most prevalent oral health problem. Dental caries can lead to severe infections, and to health and development problems. Periodontal disease can lead to many health issues including diabetes, stroke, pneumonia, premature births, and atherosclerotic vascular disease. According to the research, preventive dental care saves money in total dental and medical costs. She talked about the protective effect of saliva and how certain medications and medical conditions can reduce saliva. Preventive measures include good diet, oral hygiene, access to preventive dental care, and water fluoridation. She said reaching out to diverse communities and increasing the numbers of people from diverse backgrounds serving in the field of oral health is an important part of effective strategies to improve oral health for all.

Chair Austin noted that Clallam County used to have a clinic serving lower income individuals, but closed recently. He asked about the “Smile Mobile.” Dr. Gandara explained that the vans serve children in high need areas using volunteer dental providers. Member Yu commented that oral health is an important issue for total health. She said just reducing unnecessary prescription of drugs with negative effects on oral health (such as dry mouth) might produce significant health benefits. Member Sledge asked Dr. Gandara to comment on the high consumption of soda pop among teenagers and its effect on caries and other health issues. Dr. Gandara said that regular soda pop is very high in sugar, and very acidic as well. Such drinks also substitute for more healthy beverages such as milk, which builds tooth and bone health.

Member Sledge said that the Board would have a presentation in October about the epidemiology of oral disease in Washington and different types of preventive strategies.

## 10. BRIEFING – PERTUSSIS OUTBREAKS

Member Yu introduced Janna Bardi and Chas DeBolt, Department of Health. Member Yu said that this year there are very large pertussis outbreaks in Washington. We generally have some cases of pertussis (whooping cough) every year and it is always a challenge to manage, but in the last few years there has been a significant increase in the number of infant cases. Ms. DeBolt briefly described the epidemiology of pertussis in Washington since 1985. There has been a sustained increase in number of cases in the cycles of this disease since the mid-nineties. Part of the increased reporting might be due to the advent of new technology, Polymerase Chain Reaction, for identifying

cases. Even so, Washington has a 13-fold increase in the number of cases this year compared to the same time period last year. She noted that many of the cases of pertussis infections in adolescents and adults go unreported because the disease is milder in those age groups. The median age of Washington pertussis cases over the past two years is 11 years. Infants are most at risk of severe disease. There have been two infant deaths in Washington in each of the past two years (2010 and 2011). She explained the protection from the vaccination wanes over time and that some children are not fully immunized, which makes them vulnerable to the disease. Ms. Bardi said, during this outbreak, the Department has been promoting vaccination and collaborating with businesses to increase access to vaccinations. The Department has been using mailings to parents, media ads, billboards, and notices in health profession licensing renewals encouraging vaccination. The Department has also been participating in educational opportunities (such as webinars) for health care providers. She said pertussis vaccination rates are above 80 percent for both toddlers and sixth graders, but that booster immunization rates still lag for adults. The Give Immunity Fight Transmission (GIFT) program has provided supplies to non-profits for 19,000 adult individuals lacking insurance to be vaccinated. For more information and statistics used in this presentation, please refer to the PowerPoint under tab 10.

Member Kutz said it costs his agency about \$40 per dose of vaccine. It is hard to find out which insurance carriers cover the cost of vaccinations. Medicaid will reimburse only for vaccinations at pharmacies, not his clinics. He requested that insurance carriers be more proactive about informing consumers about the vaccine. Member Wright said Snohomish Health District sent out notices to encourage people to get a vaccination. Member Yu said she is encouraged by the reception the vaccine messages have been receiving in her community. She also highlighted hygiene measures (such as covering coughs) to help control the spread of the disease. She thanked the Department for giving out great information and collaborating with local health. Chair Austin asked if there have been any studies to determine the incidence of adult carriers. Ms. DeBolt responded that such data is not available. Member Yu emphasized that even if a person had the disease as a child, he or she can get it as an adult because of waning immunity.

*The Board took a break at 3:12 p.m. and reconvened at 3:22 p.m.*

## **11. PUBLIC TESTIMONY**

Audrey Adams, Washington Action for Safe Water, testified she would like the Board to act immediately on the U.S. Department of Health and Human Services (HHS) preliminary recommendation to reduce the water fluoridation concentration to 0.7 ppm and not wait for HHS to finalize its recommendation. She asked the Board to adopt rules that do not set a minimum concentration for fluoridation, just a maximum of 0.7 ppm. She said she would like someone, such as Dr. Gandara, to point her to epidemiologic studies done in Washington, county by county, by socio-economic group, and by access to dental care, comparing the oral health of persons receiving fluoridated water and those not.

Ali Larkin, Vice-President of Washington Action for Safe Water and a water district commissioner, testified that the book “Fluoride Deception” convinced her that recommendations to fluoridate water are based on politics, rather than science. She asked the Board to hold hearings to evaluate the science related to the safety of water fluoridation. She believes science does not support water fluoridation.

Drew Noble, H2O water systems management, testified about the Group B rule revision proposal. He expressed concern about relying on local health agencies as the last line of protection for Group B water systems. He recommended the Board give satellite management agencies a more active role, or authority, to manage and monitor Group B systems. He expressed concern that Group B water facilities are frequently left to deteriorate without management. He recommended requiring seasonal sampling for bacteria and annual for nitrate to really protect consumers.

Rachel Wood, Health Officer for Lewis County, expressed concern for consumers of Group B water if the state rule changes to eliminate ongoing monitoring for water quality. She said problems are discovered in her county due to monitoring that otherwise would not be. The changes will not help her protect public health and will provide less support to her from the State. She is particularly concerned that consumers are not aware of this change in rule focus. She asked the Board to delay the effective date of the rule changes to allow time for local health to work with satellite management agencies and system owners to educate consumers.

## **12. BRIEFING – GROUP B PUBLIC WATER SYSTEMS, CHAPTER 246-291 WAC**

Member Grellner introduced this agenda item. He explained that the Environmental Health Committee of the Board has been working with staff and the Department to revise Group B drinking water rules for several years. He said that revisions are intended to address cuts to State funding for the regulatory program and make the best of a tough situation. Ned Therien, Board Staff explained the contents of tab 12 and introduced the two speakers Denise Clifford and David Christensen, Department of Health. Ms. Clifford presented background about the rule revision development process, a summary of major changes recommended, and concerns that could surface at a public hearing. She said there are about 13, 000 Group B drinking water systems in Washington serving less than 2 percent of the population. Existing rules had historically been implemented through State and local health partnerships. In 2009, the Legislature eliminated all State funding for implementation and shifted the Board's rule authority to focus on requirements for initial system design. The Department is recommending rule revisions that strengthen design and construction standards and eliminate ongoing monitoring requirements overseen by the State. It includes clear authority for local jurisdictions to adopt local rules that could include ongoing monitoring requirements. She said, even before funding was eliminated by the Legislature, it was not possible for the Department properly to oversee the monitoring requirements in the existing rules. She said the Department is creating more consumer education materials for the web about Group B systems, similar to what is available for private well owners. She said she hopes to have a rule revision proposal ready for a Board hearing in October of this year. For more details about Ms. Clifford's presentation, please see Board members packets under Tab 12.

Member Yu asked how many counties have Group B water system programs. Mr. Christensen explained that what constitutes a Group B water system program varies greatly from county to county – ranging from full oversight and regulation to nothing. He estimated that a dozen programs have full oversight. Member Yu asked how many counties would be eligible to give waivers. Mr. Christensen responded that locals would become eligible as Joint Plans of Responsibility (JPR) agreements were updated. Don Oliver, Board Member, asked who developed the criteria to determine whether a local health department has an adequate program to provide waivers. Mr. Christensen said the draft rule contains such criteria. He said the criteria are intended to assure public health protections would not be lost because of a waiver. Member Oliver asked whether the Department would need to give approval for a waiver. Ms. Clifford explained that the Department would not review and approve waivers. It would be up to authorized local programs meeting the criteria. In response to a question from Member Yu, Ms. Clifford further clarified the Department's

recommendations regarding waivers in draft language not yet provided to the Board. Deputy Secretary Grunenfelder further explained how the JPRs work, using Spokane as an example of a local jurisdiction that does not want to have a Group B program. He said the challenge of this Board is to consider how to match policy with the realities of resource limitations. Some local jurisdictions have been able to find resources for local programs.

Member Grellner explained that in light of the lack of resources available to the Department, the goal has been to build in flexibility to empower local health jurisdictions to operate programs. He said it would be difficult for most jurisdictions to start new programs. It would be a challenge for Kitsap (his county) because it has 900 Group B systems. He pointed out Washington is one of the few states in the country that has ever regulated Group B water systems. He said it is uncomfortable considering reducing the State regulations, but giving locals some tools appears to be the best that can be done.

Member Ortiz asked if it was possible to combine Group B systems so that they became Group A systems. Ms. Clifford responded that the Department promotes consolidation. Member Yu commented that a regional regulatory approach might be possible through local contracts. Member Yu said legal questions might be needed to determine if JPRs would allow a regional approach. Ms. Davis said the regional approach concept could be discussed with the Washington Association of Local Public Health Officials. She said the concept probably should be explored in a general manner, but be sure this rule does not prevent such agreements. Member Kutz expressed concern for how consumers would know that the reliability of their drinking water system depends on themselves, rather than someone else. He said consumers should be notified if these revisions are adopted. He questioned whether there should be a requirement for some kind of notification to new homeowners. He also said the revisions would result in inconsistencies across the state. Member Oliver commented that when the Safe Drinking Water Act went into effect, this State made a decision to consider public water systems to include those with fewer than 15 connections. He said maybe the whole concept should be reconsidered. Ms. Clifford responded that some local health jurisdictions are doing a good job with Group B water systems now, but education would be needed to help consumers understand they have a role in making sure their water is safe. Deputy Secretary Grunenfelder commented that revision of the Group B water system rules has been a long process. He said the Department considered approaching the Legislature about reconsidering the whole concept of regulating Group B systems. The decision was to try to maintain some public health protections. He said stronger initial construction standards provide greater benefit than relying on infrequent monitoring water from an inferior source. Member Oliver expressed concerns by saying the new approach is akin to buying a new car and deciding not to maintain it. Chair Austin asked whether ongoing communication with homeowners had been tried before. Member Oliver said he remembered this had been done to some degree in the past when the State had money to fund such efforts. Member Grellner made a concluding comment that the Board's Environmental Health Committee will meet again soon and discuss the rule issues raised this day.

### **13. BOARD MEMBER COMMENTS**

Member Yu challenged all Board members over 50 years old to participate in their local senior games in July. Member Oliver commented on the quandary of reaching decisions that do not appear to be good for public health based on the realities of smaller budgets. Member Kutz advised educating medical providers about water-borne diseases and encouraging them to keep in mind that small water systems are a risk factor when trying to determine the cause of some diseases.

### **ADJOURNMENT**

John Austin, Board Chair, adjourned the meeting at 4:31 p.m.

**WASHINGTON STATE BOARD OF HEALTH**

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John Austin, Chair