



**Final Minutes of the State Board of Health
Wednesday, November 13, 2013**

Red Lion Hotel Seattle Airport, 18220 International Blvd, Seattle, WA 98188

State Board of Health members present:

The Honorable John Austin, PhD, Chair
Fran Bessermin
Keith Grellner, RS, Vice-Chair
Stephen Kutz, BSN, MPH
Donald Oliver

Thomas Pendergrass, MD, MSPH
James Sledge, DDS, FACD, FICD
John Wiesman, DrPH, MPH
The Honorable Donna Wright
Diana T. Yu, MD, MSPH

State Board of Health members absent:

State Board of Health staff present:

Michelle Davis, Executive Director
Desiree Robinson, Executive Assistant
Christy Hoff, Health Policy Analyst
Sierra Rotakhina, Health Policy Analyst

Timothy Grisham, Communications Consultant
Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst
Lilia Lopez, Assistant Attorney General

Guests and other participants:

Audrey Adams, Washington Action for Safe Water
Nancy Alleman, Public
Linda Barnhart, Department of Health
Tera Bianchi, Children's Alliance
Sarah Borgida, Washington Dental Service
Foundation
Brad Boswell, Boswell Consulting
Drew Bowton, Department of Health
Jesse Eller, Aging and Disability Services
Emily Firman, Washington Dental Service
Foundation
Ashleigh Fleischman, Department of Health

Mike Glass, Department of Health
Jeff Newgard, Pac/West Communications
Monica Richter, M.D., American Academy of
Pediatrics
Michele Roberts, Department of Health
Joel Ryan, Head Start & ECEAP
Andrew Sardella, Department of Health
John Schlatter, Takeda Pharmaceuticals
Margaret Shield, Public Health-Seattle & King
County
Lin Watson, Department of Health
Norma Wells, Public

John Austin, Board Chair, called the public meeting to order at 9:00 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve November 13, 2013 agenda

Motion/Second: Oliver/Pendergrass. Approved unanimously

2. ADOPTION OF OCTOBER 9, 2013 MEETING MINUTES

Motion: Approve the October 9, 2013 minutes

Motion/Second: Kutz/Bessermin. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, announced Sierra Rotakhina had joined the Board's staff and will be conducting health impact reviews. She pointed out Ms. Rotakhina's biography under Tab 3 in member packets. Ms. Davis also pointed out a copy of Governor Inslee's proclamation under Tab 3 convening a special session on November 7. The purpose of this session was to help ensure that new aerospace projects are located in Washington State. It included legislation relating to workforce education and development, permitting requirements, tax policy, and critical transportation development.

Ms. Davis said she would be attending the meeting of the Washington State Association of Public Health Officials in Vancouver November 19-20. She said Ned Therien would be headed to Yakima on November 20 to hold a workshop on the Board's keeping of animals rule. He will be holding a second workshop in Tumwater on December 3. She said the Board already has received some written comments regarding the rule revision draft and a public disclosure request. She said Mr. Therien also would be attending blood lead level rule revision workshops on November 18 in Tumwater and November 20 in Yakima.

Ms. Davis said the Legislature will be back in Olympia for committee assembly the week of November 18-22. Staff would monitor several work sessions. On November 19, the Joint Administrative Rules Review Committee (JARRC) would be holding a work session in which it will discuss the 2013 budget proviso regarding the Board's school environmental health and safety rules. She said Mr. Therien and she would attend that meeting to be available to respond to questions regarding the rules. She said the JARRC's agenda does not show time for public comments. She said that also during Legislative Assembly week Christy Hoff, Ms. Rotakhina, and she hope to be able to meet with several legislators and legislative staff to provide information about health impact reviews.

Ms. Davis commented on correspondence all State Board of Health members, local boards of health, the governor, state legislators, and other officials were sent by Ms. Karen Nold of Means for Change regarding wireless utility meters and other wireless transmitters. Ms. Davis said she is trying to learn how other agencies will be responding to this inquiry. She said the nature of this topic appears to be beyond the Board's authority. She asked Board members to notify staff when they receive such direct correspondence from the public because staff is not always included in such distributions.

Fran Besserman, Board Member, commented on former Secretary of Health Mary Selecky doing well while recovering from surgery. Diana Yu, Board Member, commented on the newborn screening presentation this afternoon.

Ms. Davis said the Board's next meeting is scheduled for January 8, 2014 in Olympia. Thomas Pendergrass, Board Member, asked for clarification about whether the January 2014 Board meeting will be held in Olympia or Tumwater. Ms. Davis said Tumwater.

4. DEPARTMENT OF HEALTH UPDATE

John Wiesman, Secretary of Health & Board Member, introduced Drew Bouton, the Department's new Director of Policy, Legislative, and Constituent Relations. Mr. Bouton said he spent the last five years with the Insurance Commissioner's Office, where he worked with legislators to promote the adoption of the state's Health Insurance Exchange. Secretary Wiesman announced he has appointed Dennis Worsham from King County as Deputy Secretary for Public Health Operations. He will be starting January 2. Secretary Wiesman also commented about being in the process of recruiting a replacement for Dr. Maxine Hayes, the State Health Officer.

Secretary Wiesman said the Department has decided to wait until the 2015 legislative session to try to get the law changed about vaccines containing the preservative thimerosal. He said he is still working on the healthiest generation/obesity prevention bill with the Governor's office and should be able to report to the Board in January. He also commented about Governor Inslee issuing a two-part executive order for agencies to help improve employee health and wellness. The first part is about worksite wellness and the other relates to obesity and diabetes prevention incentives in the employee benefits package. He said Dorothy Teeter, Director of the Health Care Authority, and he will be co-chairing the steering committee for implementation.

5. 2014 MEETING SCHEDULE

Desiree Day Robinson, Board Staff, asked Board members to refer to the proposed meeting schedule for 2014. It lists six meeting dates, including one in August.

***Motion:** Approve the 2014 meeting schedule proposed this day.*

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

6. BRIEFING – HEALTH IMPACT REVIEWS

Stephen Kutz, Board Member, reminded the Board of its authority to prepare health impact reviews. He introduced Christy Hoff and Sierra Rotakhina, Board Staff. Ms. Hoff said a health impact review is an analysis of a legislative or budgetary proposal to determine if the proposal might have an impact on health disparities. She provided a broad overview of health impact reviews and the types of reviews completed in the past. Ms. Rotakhina shared plans for outreach and strategies for improving future reviews. She shared a revised, more streamlined form that omitted duplicative information. She also discussed ways that Board members have been involved in the past. Their presentation is on file under Tab 6.

Member Yu commented that the old form provided helpful information on the scope of a health impact review for people who are unfamiliar with the process. Ms. Davis suggested that the examples provided on the previous form could be placed on the website. Secretary Wiesman asked if it would be beneficial to share information at a meeting he is having with legislative leaders the next day. Ms. Hoff expressed appreciation for that offer. Member Pendergrass said somewhere in the process the requester and/or the staff completing the review need to specify the scope of the review. Chair Austin suggested that the Secretary of Health could encourage the Governor to request a review if a bill might have a significant impact on health. Keith Grellner, Board Member, asked about staff capacity to conduct reviews, particularly if we received many at once. Ms. Hoff said that there was language in statute allowing the Board to deny a request if needed. Board members discussed whether to approve the form separately from the process. Member Yu suggested the revised form should be approved as submitted as long as the more detailed information on the types of topics that health impact reviews could be requested for was included on the web site.

***Motion:** The Board approves the revised form and process for requesting a health impact review as submitted on November 13, 2013.*

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

7. REVIEW – STATEMENT OF POLICY ON 2013 LEGISLATIVE ISSUES

Ms. Davis explained the primary purpose of the 60 day long 2014 session is to develop a supplemental state budget for the second half of the 2013-15 biennium. She said the Legislature would be discussing other policy issues and that all bills that did not pass during the 2013 session

become alive again at the beginning of the 2014 session. This includes the approximately 60 bills that staff tracked during the 2013 session. She said she would flag new bills likely of interest for members on a weekly basis. This would largely be driven by the Board's 2014 Statement of Likely Legislative Issues. She asked the Board to review the 2013 statement under Tab 7 of member packets and provide her input for changes. She asked the members to consider the Board's strategic plan goals when reviewing the Statement of Likely Legislative Issues. She said she would be asking for approval of a final statement for 2014 at the Board's January meeting. She said during session staff would contact Chair Austin or committee chairs for direction on bills. She said staff looks at introduced bills every day to decide whether to put them on a tracking list. Once a bill is scheduled for hearing, it gets priority.

Member Yu suggested bills about marijuana or electronic cigarettes should be of interest to the Board. Ms. She said a bill that failed in the 2013 session would have banned sale of electronic cigarettes to minors. Member Kutz also expressed concern about electronic cigarettes and would like something added about access to care that is more than insurance coverage, such as including transportation and restrictive provider networks. Member Pendergrass said he also would like to see a broader statement about access to care. He wanted the document to make positive statements. He recommended substituting "smoking" or "smoke" where the word "tobacco" is used in the 2013 statement. He said he was pleased with most of the other statements, except he recommended revising the statement about school health to be more positive by shortening it. He said he would be going through the document and providing more word-smithing. Ms. Davis said she would like to get comments by the middle of December. Member Kutz recommended including preventive care in an access to care statement. Member Yu said she would also like a statement to encourage individuals to use available preventive services.

Because the Board was ahead on the agenda it then considered Item 14 out of published agenda order.

The Board took a break at 10:20 a.m. and reconvened at 10:50 a.m.

8. BRIEFING – PUBLIC HEALTH – SEATTLE & KING COUNTY SECURE MEDICINE RETURN REGULATIONS

Chair Austin introduced this agenda item and Joe McDermott, King County Council Member and Board of Health Chair. Ned Therien, Board Staff directed members to materials behind Tab 8. He also referred members to handouts brought by Margaret Shield, King County Local Hazardous Waste Program Policy Liaison. Mr. Therien said the work to get this ordinance in place was recognized with an award.

Mr. McDermott started the presentation. He said this was one of the King County (KC) Board of Health's efforts to address preventable death. He said KC drug overdose deaths now surpass car crash deaths. The county had lacked a comprehensive take-back system to dispose of prescription drugs from homes. The KC Board of Health formed a sub-committee to address the problem. They used an open and transparent process. They knew it would be controversial. They worked with partners from all sides. They looked at other programs already in existence (public and private) and lessons learned from those programs. They specifically focused on human health not environmental health. Mr. McDermott said the rule change was years in the making.

Dr. Margaret Shield provided more specific information on KC's secure medicine return regulations. She referred members to handouts. The regulations allow all retail pharmacies and law enforcement agencies to volunteer to receive unused pharmaceuticals. The primary disposal option would be through secure drop boxes. The rules do not cover over the counter cosmetics. Controlled substances are not currently allowed to be included but would be when federal rules allow. She said the Drug Enforcement Agency (DEA) is in the process of changing its regulations in a way that should make the KC stewardship program able to include controlled substances. The KC regulations require the drug manufacturers to develop and pay for the drug stewardship program. The drugs will be destroyed by incineration. County government will have an oversight role in the program. Specific deadlines are in the regulations. By Dec 20, 2013, the drug manufacturers must tell KC of their intent to participate in a stewardship plan. Implementation of the plans must start in early 2015.

Mr. McDermott shared some lessons learned in adopting such regulations. He said misuse of medicines is a growing epidemic that must be addressed. Jurisdictions will face opposition from pharmaceutical companies. He said there is an active coalition of public health and community groups who are prepared to help elected bodies impose programs. He said compelling stories can be told about the need for action. He shared a video of the story of a firefighter whose son died of an overdose of prescription drugs. He said this is a non-partisan issue. The rule proposal garnered unanimous support from the KC Board of Health.

Chair Austin asked about other jurisdictions. Mr. McDermott said parts of Canada and other countries have adopted programs. He said Alameda County is the only other jurisdiction in the US that has adopted a similar stewardship program. He implored the state and other counties to take up the issue and suggested that other counties make sure the programs are designed to work for their specific local communities. He encouraged other counties to adopt programs different from KC's because it might lead to the drug companies supporting a consistent statewide rule. Donna Wright, Board Member, asked what were the objections KC heard. Mr. McDermott said objections from pharmaceutical companies ranged from constitutional issues about interstate commerce, requiring them to pay for a program that serves only one jurisdiction and socializing the costs for the one-county program across the country. They also said the program would not address environmental concerns. Mr. McDermott commented that the environmental argument is not as valid as the public health argument because the majority of drugs get into the environment from passing through the body and not from discarded medicines. Member Yu commented there is a drug take back program in Thurston County, but it is done by local law enforcement agencies. She said she would like to get the pharmaceutical industry to pay for it rather than local law enforcement. Mr. McDermott said he believes in the product stewardship model. He said the argument that the products are made to be consumed is inaccurate, because 30% go unused. He used the example of getting a pain-killer prescription after oral surgery, just in case needed.

Member Pendergrass applauded the work. He said it is a complex issue. In his practice, he uses a central pharmacy. He said there are other products (needles, syringes) that need a return program too. Dr. Shield responded the manufacturers who have drugs sold in KC, regardless of how they are sold, are responsible for paying their share of the take back program. She acknowledged medical sharps are a big problem and cannot be accepted in the same bin as medicines. She said there could be other stewardship proposals for sharps disposal. Member Kutz asked about compounding pharmacies. Dr. Shield responded the compounding pharmacy becomes the producer in those cases.

Dr. Shield responded a compounding pharmacy making something for an individual patient is not considered a producer under the KC rules. She said this mirrors state definitions.

Fran Bessermin, Board Member, commented if drop boxes become prevalent across the state there could be concern about security. Dr. Shield responded the KC regulations require the drop boxes to be steel, bolted to the floor, have a mailbox-style slot, and have a two key system so two individuals have to work together. This all helps make sure there is no diversion. She said the state Board of Pharmacy helped determine the designs. She said these protocols also match what the DEA is going to require. Member Grellner echoed congratulations and asked about enforcement remedies. Dr. Shield said KC could assess civil penalties of up to \$2000 per day for noncompliance. She said at this point they are focused on education and outreach and hope it will be effective so there would not be compliance problems. James Sledge, Board Member, asked about the definition of producer regarding retailers. Dr. Shield responded the retailer would not be responsible as long as the manufacturer is participating. Member Yu asked Secretary Wiesman if the Department has had discussions to make this a statewide program rather than possibly 39 county programs. Secretary Wiesman said legislators had introduced bills, but they had not passed. He said there could be opportunities to bring it back to the Legislature. Dr. Shield said such bills have passed through committees but always gotten stuck at floor votes.

Member Kutz wondered whether, for drugs in short supply, might manufacturers not authorize their drugs be sold in KC. Mr. McDermott commented he is not concerned about that for KC because it has two million residents and a thriving biotech and health care industry. He said no manufacturers have indicated an intent to not distribute in KC. Chair Austin asked if KC was facing a current lawsuit. Mr. McDermott said no. There was a positive initial verdict from a lawsuit for a similar program in Alameda County. He said that is probably why KC has not seen a lawsuit against KC. Member Sledge asked where Alameda County is in the process. Dr. Shield said Alameda County passed a similar regulation in July 2012 and is now moving forward after the lawsuit. She said Alameda County required manufacturers to submit plans by May 2013. Mr. McDermott finished by saying there is a long way to go to solve this serious public health crisis and a secure drug take back program is a missing statewide response.

Because the Board still was ahead of schedule it then took Item 15 out of published agenda order.

The Board recessed for lunch at 11:45 p.m. and reconvened at 1:00 p.m.

9. BRIEFING – REVIEW OF ON-SITE SEWAGE SYSTEMS RULE—CHAPTER 246-272A WAC

Member Grellner introduced this agenda item saying the Board's on-site sewage rules require the Department to periodically review the rules. Mr. Therien pointed out materials in members' packets under Tab 9. He introduced Jerrod Davis, Director of the Office of Shellfish and Water Protection, who gave the presentation.

Mr. Davis said one in four homes in the state are served by on-site sewage systems. The rules protect public health and also the environment. The rules are implemented by multiple partners, particularly local health agencies. Special attention along waterways has resulted in upgrades of shellfish beds, which is one indicator of success. He said the rules relate to on-site sewage systems from beginning to end including location, installation, design, maintenance and operation. He said local jurisdiction have three options: incorporate these rules into local code, adopt by reference into local code, or just enforce state rules without adopting their own rules. He said the Department

reviews the rules every four years for effectiveness. He said the last rule updates were adopted in 2005 with an effective date of 2007. The Department did its first review in 2009. He described the review process as including an online survey of local health jurisdictions (the same survey used in 2009), a meeting of the Technical Advisory Group (TAG), setting up a special on-site rule review panel with broader representation than the TAG, and Department staff review. The conclusions were the rule is effective at protecting public health, but a few issues need to be addressed. The key issues identified are the need to clarify: (1) proprietary treatment product testing requirements and field performance, (2) the matrix for determining treatment levels, and (3) minimum land area (lot size) requirements. He noted that some of these things can be dealt with outside of a rule change. He said the Department's recommendations are that the Board should retain the existing rule and the Department should take some action steps around the three key issues. He said the Department would continue to monitor and track issues that come up, be engaged in national efforts to create standards, and stay informed on developing technologies.

Member Kutz asked whether the Department was monitoring the waivers given by local health jurisdictions and whether special conditions required in the waivers were being followed. Mr. Davis said the Department does not monitor the waivers for compliance. Member Grellner said each local jurisdiction is required to submit to the Department a list of all the waivers they issue. Member Kutz commented a lot of times waivers establish conditions that need to be maintained by the homeowner, but are not. Member Yu said when a lot of similar waivers are given for the same issue maybe a change in the rules should be considered. Mr. Davis said those were two important issues for the Department to consider in terms of monitoring and following up on waivers. Member Grellner said the existing rules require maintenance and monitoring of the systems by local health. This could provide information for review. Chair Austin asked how many local health jurisdictions were included in the survey. Mr. Davis said all 35 responded. Member Grellner asked if the Department would be going back to the stakeholder groups to explain the findings. Mr. Davis said yes, the Department would send out the report and have those conversations.

10. REPORT – NEWBORN SCREENING PROGRAM

Member Yu introduced this item and explained that according to WAC 246-650-040 the Department must make annual reports on the newborn screening program to the Board. Tara Wolff, Board Staff noted that the report meets the provisions of the rule but even goes further and also provides detailed information on newborn screening during 2012, summary information of test results from 2008-2011, a brief history of the program, and a summary of dates when conditions were added to the screening panel. Mike Glass, Department of Health, presented the annual report. His presentation included: costs of tests, test category results, follow up procedures, and outcomes. He also touched on progress that the Department has made implementing SCID screening. (For more detail please refer to the power point in Tab 10.)

Chair Austin asked who the Department contacts when a severe condition is identified. Mr. Glass said the primary physician is contacted unless it is impossible to contact him/her then the parent is contacted. Chair Austin asked if the cost for SCID screening is likely to go up or down in the future. Mr. Glass said it will probably go up with inflation, but they are trying to develop efficiencies and manage costs for expensive chemicals needed for testing. Member Pendergrass complemented the program for the extensive information they have available and the comprehensive systems approach beyond the testing itself. He explained how physicians use the information from the program to work with families to make sure they understand the implications of the conditions and how to best

care for their child. Member Weisman invited Board members to take a lab tour. Member Yu expressed amazement at how much information about the newborn can be determined from a very small drop of blood. Mr. Glass described techniques for interpreting the test results to avoid reporting false positives or missing true positives. He explained how the Department works closely with the hospitals to insure good follow up and described some of the reports provided to hospitals for quality assurance purposes. Member Yu asked whether babies born outside of hospitals are also tested. Mr. Glass said the law does not require midwives to submit specimens, but they are encouraged to do so voluntarily. He said 12 years ago about 1000 babies annually were born outside of hospitals. By last year, the number had doubled. Member Wiesman wondered if this issue could be addressed with a change in law, or if the department could work with midwives as part of licensing to help promote newborn screening. Member Kutz asked if the proportion of newborns with conditions was increasing or if there were trend changes. Mr. Glass said that there has been an increase in congenital hypothyroidism but it is hard to tell the cause of this because of changes in threshold for treatment and test procedures.

The Board took a break at 1:50 p.m. and reconvened at 2:12 p.m.

11. PUBLIC TESTIMONY

Audrey Adams, Washington Action for Safe Water, testified her organization is opposed to fluoridation without consent. She said studies should be done of overall health affects in fluoridated areas compared to non-fluoridated areas. She said a study between Republic of Ireland (fluoridated) and Northern Ireland (not fluoridated) show increased disease and death rates in the country where water is fluoridated.

Joel Ryan, Executive Director of the Association of Head Start ECEAP, said he association supports the oral health proposal and immunization of young children. He said education of parents is important for these programs and Head Start/ECEAP programs do a good job at educating parents, as well as screening children.

Nancy Alleman, Licensed Dental Hygienist, testified support for all parts of the oral health strategy except the work force strategies. For workforce strategies, she asked the Board to support the findings of the University of Washington Workforce Task Force report on oral health. This included expanding the pool of oral health providers.

Norma Wells, Registered Dental Hygienist, testified in support of transparency. She said the Board's proposed oral health policy addresses many of the same issues addressed by the Washington State Oral Health Commission in a recent report.

Emily Firman, Washington Dental Service Foundation, testified support for the oral health strategies being proposed to the Board in Item 13 of the agenda today. She said she wished to focus on community water fluoridation, which can prevent up to 20% of cavities.

Tera Bianchi, Children's Alliance, testified about oral health workforce development. She said she supported the workforce models described in the University of Washington Workforce Task Force report. She recommended the Alaska program as a model.

Jesse Eller, Director of City of Seattle Aging and Disability Services, testified about the importance of oral health strategies for seniors. He said medications commonly used by seniors cause dry mouth and contribute to dental health problems. Loss of teeth discourages choosing healthy foods that are hard to chew. He said lack of access to dental care and education about the importance of dental care are problems for seniors. He provided copies of educational flyers in English, Russian, and Chinese.

Monica Richter, MD, PhD, American Academy of Pediatrics, testified in support of water fluoridation. She described seeing a four-year old patient this week with complications from local anesthetic who would need dental work completed under general anesthetic.

12. BRIEFING – CHAPTER 246-105 WAC IMMUNIZATION OF CHILD CARE AND SCHOOL CHILDREN AGAINST CERTAIN VACCINE-PREVENTABLE DISEASES

Member Yu introduced this briefing concerning a proposed rule revision to match a 2011 change in law for immunization exemptions. Tara Wolff, Board Staff, listed the three exemptions specified in law – medical, personal, or religious. She said the 2011 legislation basically does three things, it: (a) ensures parents or legal guardians claiming exemptions receive information on the benefits and risks of vaccination; (b) makes provision to verify that they have received this information; and (c) excuses parents or legal guardians who demonstrate membership in a religious body that precludes provision of medical treatment from having this information provided to them. She said while updating the rule to match the law, the Board may consider updating the immunization rule to reflect the 2013 ACIP schedule for ages and dose intervals but that updating the ACIP date reference would not introduce any substantive changes. However, it would bring the rule in synch with current medical practice. Ms. Wolff said that the rule language could be clarified in places and that Jeff's presentation would describe those more fully. A CR 101 was filed on September 4, 2013 to initiate these potential changes to the rule. Jeff Wise, Department of Health, gave a presentation on the rule change proposal. His presentation is included in materials under Tab 12 of member packets and contains slides describing the proposed rule changes, areas of potential clarification, and the timeline. Mr. Wise said the CR-102 would be filed in early December for a Board hearing in January.

Chair Austin asked Mr. Wise if he expected other types of medical providers, such as chiropractors, to request inclusion. Mr. Wise responded that the types of medical practitioners was limited by law.

13. RECOMMENDED STRATEGIES TO IMPROVE THE ORAL HEALTH OF WASHINGTON RESIDENTS

Member Sledge commented that the proposed oral health strategy he was presenting represents a year and a half of work. He gave a presentation, which is included in materials under Tab 13 of member packets. The presentation contains information on the project background, the project goal and purpose, the rationale for the project, the project methods, and the seven strategies and associated data for each strategy. (For more detail, please refer to the power point presentation under tab 13.) He said the seven strategies are not listed in any particular order of priority, but are all considered important. They are: health systems, community water fluoridation, sealant programs, inter-professional collaboration, oral health literacy, surveillance, and work force development.

Chair Austin said he was stunned by the ranking of dental emergencies as part of emergency room visits. Member Pendergrass, said medical education is fundamental but that it has a hard time

actually changing behavior. We need more training for physician and dentists but we also need to find ways to actually change their thinking and behavior in their practices. Secretary Wiesman asked to who the recommendations are directed at and wondered if the report would be strengthened if the recommendations were sorted by who could carry them out (such as legislators or educators, etc.). Member Sledge said that the idea was considered, but the decision was to leave it up to organizations and other entities to decide themselves what part of the strategies they wished to take forward. Member Wiesman asked if the *Washington State Collaborative Oral Health Improvement Plan 2009-2014* report was considered when creating the seven strategies. Member Sledge explained that an analysis comparing the two documents was conducted and that there is some commonality between them. However, the Board's strategy takes new research and developments into account that were not available when the work plan was created. Member Wiesman asked if there was objection to including the work force recommendations from the UW study. Member Sledge said in fact the UW study had only two authors associated with UW and one was involved in doing training and heavily promoting the Alaska program. He said the Alaska program seems to work well for Alaska, but it is unknown how well it would fit for Washington or anywhere else. Member Yu said she appreciated that the Board's discussion about oral health has become broader than just focusing on fluoridation. She said she was not sure exactly how the strategies could be most effectively implemented but sees them as a good first step in calling attention to the importance of oral health.

Member Wiesman asked Ms. Davis if the Board had staff capacity to move the strategies forward. She replied a work plan had not been developed. She said opportunities could include the State Health Report and possibly help inform the Board's input during the legislative session. Member Pendergrass said the oral health strategies policy will serve more like a vision document than a work plan. Member Kutz commented there might be some opportunities to develop partnerships. He applauds the legislature reinstating adult dental Medicaid benefits but is concerned about capacity. He surveyed dentists in one county and found there was no capacity to handle additional patients. Chair Austin wondered how common it is for local boards of health to address oral health. Member Sledge said that local boards of health tend to limit their focus to fluoridation issues but it is clear that the discussion needs to be broader.

***Motion:** The Board amends the proposed oral health strategies to add "Support policies for the exploration and feasibility of new and emerging evidence based dental workforce models to increase access to and efficiency of dental treatment." as bullet under the "Work Force" strategy.*

***Motion/Second: Wiesman/Pendergrass.** Approved unanimously*

***Motion:** The Board endorses Recommended Strategies to Improve the Oral Health of Washington Residents as amended on November 13, 2013.*

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

14. RESCINDING DELEGATION FOR RULEMAKING FOR DRINKING WATER CHAPTER 246-290 WAC (Taken out of order)

Member Grellner introduced this agenda item with a brief summary. Mr. Therien referred Board members to two memos in their packets under Tab 14. One is from Member Grellner and the other from Marianne Guichard, Department of Health Assistant Secretary for Environmental Public Health. The memos explain a delay on proceeding with rulemaking requested in June to update the Group A drinking water supply rules with federal rules for total coliform. The memos also explain a recommendation from the Department to include additional issues in rulemaking for this chapter of rules without much delay. Mr. Therien said the Board's Environmental Health (EH) Committee

reviewed the Department's new request in October and agreed. Mr. Therien explained the additional issues recommended be included in rulemaking do not fit the Board's delegation policy. Instead of doing a delegated rule and a non-delegated rule, the simplest thing would be for the Board to rescind the delegation it made in June to the Department for this chapter of rules. The EH Committee is recommending this action.

There was no discussion on the motion from Board members.

***Motion:** The Board rescinds its delegation of authority for rulemaking to the Department of Health made on June 13, 2013 to adopt revisions to chapter 246-290 WAC, Group A Public Water Supplies.*

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

15. BOARD MEMBER COMMENTS (Taken out of order)

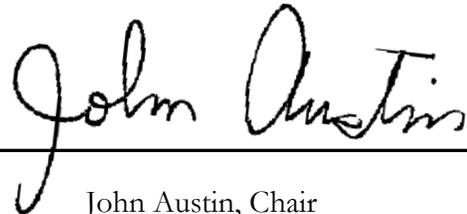
Member Pendergrass commented on implementation of the state's healthplanfinder and that 50K/60K people have been enrolled already. He said this truly is an opportunity to create a culture that healthcare affects us all and should be sought. It's a first step, but does not necessarily imply access is assured. Chair Austin said Jefferson County is the number two county in the state in meeting its goal of getting people enrolled. Secretary Wiesman said part of the reason more children aren't getting enrolled is because this state had already done a good job of getting children enrolled.

Member Yu said if folks are interested in helping their Filipino neighbors, she suggested the Filipino Red Cross is a legitimate organization to quickly provide assistance. She said sending money is better than trying to collect clothes and other supplies. She said there is also an opportunity for us all to think about how prepared we are. She said for the first 72 hours it is up to you, yourself, and you. She reminded all there is a lot of suffering in our own communities and local food banks are in need particularly this time of year. She said another opportunity to engage is to work with the medical reserve corps (medical and nonmedical volunteers). She said they help assure basic public health such as water sanitation and protection of the food supply.

ADJOURNMENT

John Austin, Board Chair, adjourned the meeting at 3:51 p.m.

WASHINGTON STATE BOARD OF HEALTH



John Austin, Chair