



**Final Minutes of the State Board of Health  
April 8, 2015**

Department of Health, Point Plaza East, Rooms 152/153, 310 Israel Road S.E., Tumwater, WA 98501

**State Board of Health members present:**

Fran Bessermin  
Keith Grellner, RS, Chair  
The Honorable James Jeffords  
Thomas Pendergrass, MD, MSPH  
Angel Reyna  
James Sledge, DDS, FACD, FICD

John Wiesman, DrPH, MPH  
The Honorable Donna Wright  
Diana T. Yu, MD, MSPH  
Dennis Worsham, DOH Secretary designee

**State Board of Health members absent:**

Stephen Kutz, BSN, MPH

**State Board of Health staff present:**

Michelle Davis, Executive Director  
Melanie Hisaw, Executive Assistant  
Christy Hoff, Health Policy Analyst  
David DeLong, Health Policy Analyst  
Sierra Rotakhina, Health Policy Analyst

Tara Wolff, Health Policy Advisor  
Lilia Lopez, Assistant Attorney General  
Mike Glass, Health Policy Analyst

**Guests and other participants:**

Robin Fleming, Office Superintendent of Public Instruction  
Maria Nardella, Department of Health  
Kathy Lofy, Department of Health  
Amanda Kimura, Department of Health  
Kristin Peterson, Department of Health  
Lain Knowles, Department of Health  
Ellie McMillan, Department of Health  
Emily Firman, WA Dental Services Foundation  
Robert Amy

Keith Grellner, Board Chair, called the public meeting to order at 9:02 a.m. and read from a prepared statement (on file). He asked for Board member introductions.

**1. APPROVAL OF AGENDA**

*Motion: Approve April 8, 2015 agenda*

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

**2. ADOPTION OF MARCH 11, 2015 MEETING MINUTES**

*Motion: Approve the March 11, 2015 minutes*

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

Member Pendergrass identified part of the minutes that need clarification on page 5, last paragraph change the statement by Lilia Lopez to “Unless it falls under an exemption to the public records act.” The Board approved the minutes with this change.

### **3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Board Executive Director announced that two project positions held by Kelly Gilmore and Michael Glass will end at the end of April. Michael has been instrumental in assisting the Board with the review of its Newborn Screening criteria. Kelly has provided much needed assistance conducting health impact reviews during legislative session.

Ms. Davis also reported that she had offered the Board's Communication Consultant position to Ms. Kelie Kahler, whose first day will be April 16. Ms. Kahler is currently a Senior Communications Coordinator with the Puget Sound Educational Service District. She acknowledged Board staff who assisted with recruitment and interviews, including Greg Nordlund, who works in the Department of Health's communication's office.

Ms. Davis announced that the next regularly scheduled meeting would be June 18 in Walla Walla at the Marcus Whitman Hotel. The meeting will be held in conjunction with the Washington State Association of Local Public Health Officials membership meetings.

Ms. Davis mentioned that the Board had received an inquiry about the Board's process for reviewing rules petitions. Any person can petition an agency to adopt, amend or repeal a rule. An agency has 60 days to review and respond to a petition for rulemaking. Board policy and procedure requires the Board to hold a special meeting if a regular meeting is not scheduled within the 60-day review time. She emphasized that they have not received a petition yet. She said she would work with staff to explore videoconference options in the event they had to call a special meeting.

Diana Yu, Board Member, said the health promotion workgroup would be meeting during lunch today.

### **4. DEPARTMENT OF HEALTH UPDATE**

Dennis Worsham, Deputy Secretary of Health, Secretary's designee, announced that the Department would be developing a new office in the office of the Secretary called the Office of Public Affairs. The office will have three functions: policy, communications, and partnerships. Assistant Secretary Allene Mares will be leading the office. An email will go out to partners today. They anticipate the office will be up and running in August/September. He said the Department has been working on defining foundational public health services in Washington State and the new office aligns with that work.

Member Worsham announced that there are no new measles cases in Washington; although there are still areas of increased cases of pertussis in Kitsap and Walla Walla counties. Overall, the statewide trend in pertussis cases are higher than normal at this time. For example, at this time in 2014 there were 24 reported cases of pertussis. Now, in 2015, there are 257 reported cases. With this spike, DOH will continue to monitor and assess. In King County, two high school students tested positive with active TB. For abundance of caution, DOH has offered further testing to 1,600 students who had potential exposure. DOH will deploy staff to support King County and will begin screening in May for that particular area.

Member Worsham reported the three budgets include one-time fund shifts that will not result in impacts to services in HIV services and Office of Drinking Water. These reductions may cause DOH to delay some of the work they had planned. Governor included \$3 million for tobacco prevention and both House and Senate put in \$1.5 million. There is medical marijuana legislation

that would increase and align regulations related to both recreational and medical marijuana. He said there was a bill related to reducing toxins in early life to include funding for assessment and education/outreach activities. The bill is in the Governor's and Senate's budget and they are optimistic that it will move forward. Funding for the Healthiest Next Generation was included in the Governor's budget (\$1million), but only partly in the House budget. It was excluded from the Senate budget. The Department submitted a funding proposal for communicable disease, which was fully funded in the Governor's budget, but was not included in House or Senate budgets.

Recreational marijuana funding was included in the House budget but only partially in the Senate – there the funds were shifted to support education. The Senate budget asked OFM to find \$49 million in efficiencies and the DOH was the only agency called upon to find an additional \$1+ million.

## 5. Briefing: Chapter 246-760 WAC Vision Screening

Thomas Pendergrass, Board Member briefly introduced the topic of vision screening and the need for a rule revision. Tara Wolff, Board Staff called the Board's attention to materials in tab 5. She reminded the Board that they accepted the vision screening recommendations listed in the SHB 1951 report in 2007. She said this rule revision has been delayed for a variety of reasons including a rules moratorium, and lack of staff resources. Ms. Wolff introduced Maria Nardella, DOH (sitting in for Ellen Silverman) and Robin Fleming, Office of Superintendent of Public Instruction. She noted that this is just a briefing and that there was no motion.

Ms. Wolff and Ms. Fleming presented a Power point covering the following topics: roles and responsibilities, what the rule does, why the rule needs to be updated, the history of the rule, and impact of the proposed rule changes, and current activities (including a timeline). Please see the power point under tab 5 for more detail.

Member Pendergrass commented that in Washington state about of quarter of a million kids are screened annually. He explained that nurses must provide lots of other care, so to set aside multiple days for vision screening is nontrivial. He pointed out that school budgets are stretched and that vision screening equipment is not free. He explained the follow up procedures for children whose screen detects a vision problem. He said that a child's vision changes with age. Children with vision problems face a number of challenges such as remembering to wear glasses and receiving all of the follow up care necessary to ensure vision correction. He noted that most schools use volunteers to conduct vision screening.

Member Bessermin said she was happy to hear the rule revision proposed addressing the use of student volunteers. She said it is not a normal practice but that student volunteers are used in some schools. She noted that nurses are spread thin, and often long distances travel to schools especially in rural areas.

Member Yu welcomed everyone to the world of public health –which must do a lot without adequate funding. She noted that Lions clubs volunteer for vision screening and get good at it, so this could be a great opportunity for an official partnership between the clubs and schools. Dr. Yu will recommend to Lions club to look at this potential partnership. She noted that training is important and medical reserve corps units do volunteer work as a training exercise. Perhaps these resources could be tapped to help with under-funded services like vision screening. She emphasized that vision is important for children to learn.

Member Reyna commented that community and technical colleges are another great resource and could partners with schools. He thought student nurses might be able to conduct vision screening.

Chair Grellner asked if there have been increases in faulty vision among kids, due to screen time. Ms. Fleming responded she did not think so. Member Pendergrass commented that the increased use of technology makes near vision screening important.

Secretary Wiesman joined the meeting, introduced himself and thanked Mr. Worsham for filling in.

Chair Grellner noted that the Board was ahead of schedule, and requested that item 8, the legislative update be moved forward.

#### **8. Legislative Session Update (*note: this item ended up being moved to 10:10am and presented just before the break*)**

Michelle Davis, Board Executive Director, directed the Board to a list of selected bills that Board staff followed this legislative session. She reviewed the list (on file), describing the bills, staff activities and the bills' status. She said that Tuesday April 7 was the last day for the House and Senate fiscal committees to consider bills from the opposite house, and that the legislature would be spending the week on the floor taking action on bills from opposite house. The deadline for floor action is April 15. She mentioned that the House and the Senate have both released their budgets and much work is needed to reconcile the two budgets. She thanked Dennis for the update on the budget and noted that the House and Senate budgets had major differences, and that she would send an update to the Board at a later date. If the House and Senate fail to pass a state operating budget by April 26, the Governor will call a special session so that state government can continue to function. She asked Secretary Wiesman about contingency planning underway, in case the two bodies were unable to reconcile budgets by July 1.

Secretary Wiesman indicated that they didn't plan to have to exercise the contingency plans, but were preparing just in case.

Ms. Davis then reviewed some of the bills listed in the packet. HB 1285 related to newborn heart disease. Last June the Board received a request to add to newborn screening panel. Board agreed to examine this condition. If bill passes, leg will require critical congenital heart disease screening, and the Board will need to revisit the issue. She also identified some of the bills that staff completed HIRs on, including 1295 Breakfast after bell and 1356 Sick and safe employment leave. She noted that 1458, which prohibits sale of tobacco to minors those under 21 was still moving, as was 1620 the department's request bill increasing the surcharge for biotoxin monitoring.

Another DOH bill, HB 1715 relating to protecting Puget Sound through OSS funding – died but will be back next year. She said that staff monitored 1865 regarding near vision screening. This bill also died, but will return next year. Ms. Davis suggested that if the board has vision screening recommendations that it is unable to move forward through rulemaking, next legislative session would be a good opportunity to carry them forward to the legislature.

Ms. Davis mentioned that HB 2061 which would authorize county leg authority to approve Group B water systems, died. She reminded the Board that it had received a petition on this bill last year, which the Board denied. Over the course of legislative session, the bill was narrowed to impact

specific counties. Staff signed in and testified opposed, reached out to other counties and contacted legislators.

5917 – Cigar bars – uncertain may come back because of lots of interests, technically dead but could become part of the bargaining with the smoking/ vaping bills.

Member Yu asked how the immunization exemptions bill died. Ms. Davis indicated that the bill died in the House rules committee. It passed out of the House Health committee but never made it to the floor. Secretary Wiesman indicated that 10 percent of kindergartners are out of compliance. He said we have to figure out what is going on with that group, religious exemption is very small. Secretary Wiesman wants to look at that 10 percent. Member Yu recalled a school with 40 percent exemption rate, but under closer examination the actual rate was much less. She said the main goal of school is to get kids in school not to keep them out.

*The Board took a break at 10:29a.m. and reconvened at 10:49a.m.*

## **6. Public Testimony**

Emily Firman, Washington Dental Service Foundation, said that she was here to encourage the Board to adopt the Oral Health Report for distribution publically. She noted that there are many things happening at the state level and that there are ways that the Dental Service Foundation could further partner with state agencies and that this report will help them to better understand how to partner with state agencies. Ms. Firman noted that they have not yet collaborated with agencies around obesity prevention, and that this report and this effort has highlighted that this is yet another area where they could partner. The Foundation strongly supports efforts around health literacy to engage pregnant women and people with diabetes.

## **7. Board Review and Approval of Oral Health Workshop Report**

James Sledge, Board Member, pointed members to the oral health report under Tab 7. He shared the following points: 1) Good oral health is a critical component of overall health and 2) Untreated oral disease can result in pain, poor nutrition, a lack of employability, and social isolation, which can have a devastating impact on overall health, quality of life, and cost of care.

In March 2013 the Washington State Board of Health approved an implementation plan for an oral health project. The goal of the project was to create a set of strategies to improve the oral health of Washington state residents. To create the set of strategies, a committee of expert oral health professionals reviewed nationally recognized best practices/strategic approaches to improving oral health, adapted best strategic approaches to Washington state, discussed the strategies with state experts and key informants, and held a consultation session with an expert oral health advisory group to make a final recommendation to the Board. On November 13, 2013, the Washington State Board of Health approved the *Recommended Strategies to Improve the Oral Health of Washington Residents*; a set of seven strategies to improve the oral health of Washington state residents. The Board's intention was to provide leadership on public health policies that focus on oral health promotion, prevention, early intervention and treatment. At this point they decided that it was important to look at what other state agencies are doing in relation to oral health.

In the summer of 2014, the State Board of Health convened a group of representatives from various state agencies and dental health stakeholders. The purpose of the Oral Health Workshop was to bring together representatives from various Washington state agencies to:

1. Identify agency activities, that align with the Board's seven oral health strategies
2. Increase awareness of aligned agency activities;
3. Understand the factors that advance these strategies and those that may pose challenges; and
4. Draw on the expertise of participants to look at what possible recommendations may exist to align with the strategies for further actions to improve oral health.

Following a presentation on the Board's seven oral health strategies [by Jim Sledge, sponsor of the Washington State Board of Health's Oral Health Strategies], participants discussed their agency's activities and how they aligned with the strategies.

While substantial work was identified across agencies to improve oral health, the workshop participants identified about 30 further priorities and recommendations to pursue. Mr. Sledge indicated that today he would like the Board to approve the report. He noted that there are two oral health symposia coming up in the coming months. One symposium will be held on the west side and the other on the east side of the mountains.

Tara Wolff, Board staff drew members' attention to two emails that she has received and distributed to members in hard copy. Member Sledge mentioned the organizations that are co-sponsoring the oral health symposia with the Board: Washington Dental Services Foundation and the Empire Health Foundation in Spokane.

Chair Grellner mentioned the Nurse Family Partnership and indicated that it may be good to engage this program in the oral health work that the Board is doing.

Member Yu indicated that there is so much going on in the state among agencies in relation to oral health that the Board had not focused on or did not know about previously. She noted that oral health is a very important of keeping us healthy and applauded the work of the workgroup and thanked Member Sledge for leading this effort.

***Motion:** The Board approves and accepts the report titled "Oral Health in the State of Washington: An Overview of Agency Activities."*

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

## **9. Need for Strategic Planning**

Michelle Davis, Board Executive Director, directed Members to the Board of Health's current strategic plan under Tab 9. The plan was last updated in March 2013 at which time the Board added some work and removed past work. Historically, the Board has updated its strategic plan every two years. Ms. Davis said that the current plan (on file) identifies the Board's mission, vision, and five key public health goals. The plan also includes objectives, strategies and activities to carry out the strategies. The current plan includes some activities that the Board did not get to. The Board may wish to revisit these if the activities remain a priority. Ms. Davis recommended that the Board convene a steering committee for the development of the next strategic plan. This group would review authorities, current projects, and the authorizing environment as well as partners' efforts in shaping the next strategic plan. She provided the Board a copy of a status report on the current strategic plan, and asked for members to volunteer to serve on a steering committee. She anticipates that the full process will take about six months, and that the steering committee will interact with and update the full Board during this time.

Chair Grellner indicated that he is interested in helping and that this process does not need to be daunting. He indicated that the current goals are good, but that the strategies and activities may need to be modified. He expressed that this is important work.

Ms. Davis noted that the current plan is huge for a Board and a staff of this size. It may be helpful for the plan to be more specific.

Member Yu reminded the Board that there is a mandate that the Board do rule review and asked how that fits into the plan.

Ms. Davis responded that the Administrative Procedures Act indicates that state agencies must periodically review their rules, and that the Board also reviews their rules when the Department of Health is required to do so. Every six months the Board and Department publish a list of anticipated rule-making that identifies rules under consideration.

Member Yu expressed that the Board considers the health of the state, and that there are a lot of things that they might want to do or think about—and that having to update and review rules can actually get in the way of the strategic plan so it is important to figure out how to balance that out. She commented that the Board is mandated to do some work, and it needs to figure out how to prioritize required work and strategic goals.

Member Pendergrass indicated that their mission and vision are well outlined by the goals that are already there, but that they would accomplish more if they set priorities—which must be based on time and urgency. The Board can discuss what is necessary and what is not required but still important. He volunteered to participate in this process. Member Sledge also volunteered to be a part of the process.

Chair Grellner said that as a committee they can address these issues. He expressed that a 5-year window is short, but that the Board can be strategic in a 5-year period without being unrealistic. It should highlight activities under each goal, to prioritize the Board's work.

Secretary Wiesman indicated that he is interested in this process both as a learning opportunity to look at the interconnections between the Department and the Board and that, and is interested in being involved.

Chair Grellner entertained a motion to recess for lunch early.

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

*The Board recessed for lunch at 11:23 p.m. and reconvened at 1:03 p.m.*

## **10. Newborn Screening Criteria Review**

Member Yu introduced the NBS panelists and briefly reviewed the established set of NBS criteria. She noted the two conditions in the queue for advisory committee consideration. She explained that the current five criteria were adopted around 10 years ago. On March 6, 2015, a Criteria Review Advisory Committee convened to identify a set of guiding principles and ethical framework and reviewed the five criteria to determine if they needed to be modified and/or if new criteria needed to be added.

Tara Wolff, board staff summarized the panelists' presentations today. She noted that the Criteria Review Advisory Committee also added qualifying assumptions (or minimum requirements a condition needed to meet before an advisory committee is convened).

Amanda Kimura, Department of Health works at the Shoreline lab in NBS and is part of the short term disorder follow-up team. She presented the NBS powerpoint (see presentation materials in tab 10 for more detail). Each year: 86,000 newborns are screened in Washington; 174,000 specimens are processed; and about 10 million tests are performed by the NBS program. In 2014, 150-200 babies were saved from disability or death due to newborn screening testing and prevention. Member Jeffords, asked about Asotin and Garfield counties, saying that most of those babies are born in Lewiston, Idaho. Mike Glass, board staff stated those tests were likely performed under the jurisdiction of Idaho testing. This issue is still cloudy since those babies return to live in Washington and infants with a condition will require follow up services. Member Yu noted that the same issue could occur for border babies born in Oregon. Member Pendergrass explained the medical rationale for testing newborns twice. Secretary Wiesman asked how many out of state babies are born in Washington.

Mike Glass, board staff was the Director of the NBS program for many years. Recently retired, he returned in January to assist the Board on this project. He presented his powerpoint (see presentation materials in tab 10 for more detail). In the 1990's, Washington fell behind other states in the number of conditions screened for in newborns. In 2001, the Board in partnership with the Department convened an Advisory Committee to review nine NBS candidate conditions. The same committee developed our current NBS criteria. The national scene changed in 2000 and a report published in 2005, which recommended testing for 28 conditions. The Recommended Uniform Screening Procedures (RUSP) was created as a result of this process.

The Criteria Review Advisory Committee met on March 6, 2015 at the NBS lab in Shoreline. The advisory committee included a broad representation of stakeholders. The advisory committee created draft qualifying assumptions, three guiding principles, and revised the five criteria. Member Yu commented on the second guiding principle and indicated there might be better accessibility in urban areas vs rural, but there is still access for diagnostic testing in most areas in our state, especially in the urban areas such as Seattle. Dr. Lofy, Department of Health followed up on Member Yu's comments adding that many NBS conditions are very rare and most resources are in the urban areas. She also discussed the ethical considerations that need to be taken into consideration under guiding principle three. Member Pendergrass discussed an example of a condition where patients were found to have a gene, but perhaps would like to opt out of knowing about it. He said there is also a right "not to know". He said that the federal level determined patients have this right. Member Pendergrass said that the USA spends billions of dollars testing for conditions that someone may have, but are not medically relevant. There is always a benefit and harm with testing. Member Yu asked the Board to look at the original criteria and the new recommendation to determine how to proceed and walked the Board through all five criteria.

Kathy Lofy, Department of Health discussed the two views of NBS. The classical view is that newborns should be screened for conditions that are treated in the newborn period and that pose immediate consequences. Another point of point, would support identifying conditions that don't have immediate consequences in the newborn period. Member Yu mentioned the NBS statute and indicated that it doesn't refer to NBS as public health service but more as an immediate test for prevention of dire consequences in babies. Chair Grellner asked if edits to the criteria one supported

the intent of the law. Member Yu commented that it supports the intent and Member Bessermin said it broadens the intent and she liked it.

Member Pendergrass suggested if we bring a comprehensive approach to screening and care, we can help these children do better. He discussed the advances in research, science and treatment. Secretary Wiesman asked about the implementation and funding. Member Yu explained how the legislature approves NBS fee increases and that these fee funds the NBS program.

Member Yu shared how there was much agreement within the Criteria Review Advisory Committee. She noted that there was very little dissent and that the discussion was more philosophical. Member Yu reiterated the statutory intent: Prevent where possible of the conditions of preventable diseases leading to preventable disability and defects. She said that we are trying to prevent the consequences of those conditions.

Secretary Wiesman asked Member Yu if she thought there are additional criteria that we need to review and add. Member Yu indicated that she did not think so at this point. Kathy Lofy explained that the Criteria Review Advisory Committee methodically considered other criteria to add but decided most of them fit within the existing five criteria. Member Pendergrass suggested these criteria revisions need to be tested further, and that the need for additional revisions would become clearer as we proceed forward.

***Motion:** The Board approves and adopts the recommendations of the Criteria Review Advisory Committee to add three guiding principles, a qualifying assumption, and five updated NBS criteria to determine whether or not a condition should be included in the newborn screening panel.*

***Motion/Second:** Secretary Wiesman/Member Sledge Approved unanimously*

## **11. Board Member Comments and Concerns**

Thomas Pendergrass, Board Member said he appreciated the Board's indulgence going through the newborn screening criteria. He said there would be similar conversations in the future. He mentioned the work to discuss vaccination criteria in outbreaks.

James Sledge, Board Member invited members to the oral health symposia. Members should connect with him or Tara.

Diana T. Yu, Board Member wished the Board a Happy Public Health Week. She said public health is not what she can do for you it is what you can do for each other.

## **ADJOURNMENT**

Keith Grellner, Board Chair, adjourned the meeting at 2:42 p.m.

**WASHINGTON STATE BOARD OF HEALTH**

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Keith Grellner, Chair