



**Draft Minutes of the State Board of Health
January 9, 2019**

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

State Board of Health members present:

Keith Grellner, RS, Chair
Thomas Pendergrass, MD, MSPH, Vice Chair
The Honorable Kurt Hilt
The Honorable Jim Jeffords
James Sledge, DDS, FACD, FICD
Fran Bessermin

Bob Lutz, MD, MPH
Kathy Lofy, State Health Officer, Secretary's
Designee
Stephen Kutz, BSN, MP

State Board of Health members absent:

Angel Reyna

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Kelie Kahler, Communications Manager
Stuart Glasoe, Health Policy Advisor
Alexandra Montaña, Health Policy Advisor

Lilia Lopez, Assistant Attorney General
Lindsay Herendeen, Health Policy Analyst
Cait Lang-Perez, Health Policy Analyst
Christy Hoff, Health Policy Advisor

Guests and other participants:

Susie Olson Corgan, Informed Choice Washington
Bernadette Pajer, Informed Choice Washington
Sarah Marian, Health Care Authority
Deb Lochner Doyle, Department of Health
Katherine Graff, Department of Health
Samantha Louderback, WA Hospitality Association
Matthew Griffith, University of Washington
Cristal Connelly, Department of Health
Shanne Montague, Health Care Authority
Sierra Rotakhina, Department of Health
Carolyn Cook, Tacoma Pierce County Health District

Scott Plack, Department of Health
John Thompson, Department of Health
Scott Plack, Department of Health
David Harrelson, Department of Health
Lizzie Callender, Health Care Authority
Kathy Bay, Department of Health
Tami Thompson, Department of Health
Michael Ellsworth, Department of Health
Laura Johnson, Department of Health

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

1. APPROVAL OF AGENDA

Motion: Approve January 9, 2019 agenda

Motion/Second: Member Jeffords/Member Pendergrass. Approved unanimously.

2. ADOPTION OF NOVEMBER 8, 2018 MEETING MINUTES

Motion: Approve the November 9, 2018 minutes

Motion/Second: Member Pendergrass/Member Besserman. Approved unanimously, with amendment.

Bob Lutz, Board Member, requested the Board amend the November 8 Board Meeting minutes to reflect his attendance. The Board approved the minutes with this amendment.

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director welcomed the Board to Tumwater, and directed the Board to materials under Tab 3. She said that the Board will have two interns from University of Washington's Community Oriented Public Health Practice program assisting the Board during legislative session (biographies on file Tabs 03a and b). Ms. Davis shared two pieces of correspondence (materials on file Tabs 03c and d), the first conveying the Board's approval of the Metro Parks Tacoma Variance request, the second from Department of Health regarding Group A drinking water requirements. Ms. Davis directed the Board to recent Code Reviser rule filings, including a CR-101 for Chapter 246-680 Prenatal Tests, and CR-103s for Chapter 246-100 WAC related to HIV updates in the Communicable Disease rules and the WAC 246-215-09150 related to food truck employee restrooms (forms on file as Tabs 03e, f, and g). She directed the Board to the Health Promotion Committee's November meeting notes (on file Tab 03h). She notified the Board of written public testimony requesting a revision to August Board meeting minutes (correspondence on file Tab 05 a-c).

Ms. Davis indicated that the Board's Health Impact Review (HIR) team had completed HIRs on vapor product legislation, SB 5057 and HB 1074. She described highlights of the Governor's proposed biennial budget, which the Governor released on December 13.

Stephen Kutz, Board Member, asked whether the federal government partial shutdown constitutes a public health emergency, and noted the significant impacts to tribes.

4. DEPARTMENT OF HEALTH UPDATE

Kathy Lofy, State Health Officer, Secretary's Designee, shared that the Food Insecurity Nutrition Incentive (FINI) grant received additional funding through a public/private partnership to continue to run through March. Member Lofy highlighted additional details about the Governor's proposed biennial budget, including proposed sources of new revenue, proposed funding for behavioral health care and opioids, and proposed funding to eliminate Hepatitis C in Washington State. Budget requests from Department of Health that were included in the Governor's budget include \$22 million to fund Foundational Public Health Services, \$2.3 million to fund FINI and WIC Farmer's Market Nutrition Program, and \$1.6 million to add Pompe disease and MPS-I to Newborn Screening.

Member Lofy discussed the partial shutdown of the federal government and anticipated impacts on Department of Health. The primary Department of Health programs that are likely to be affected include WIC, SNAP (Supplemental Nutrition Assistance Program), Public Water System Supervision, and coordination with the Food and Drug Administration.

Thomas Pendergrass, Vice Chair and Chair Grellner, asked about the shutdown's impact on federal school lunch programs, and when funding might run out. Mike Ellsworth from Department of Health confirmed the impact to school lunch programs, and loss of funding would depend on state

and school funding streams. Vice Chair Pendergrass said that the state should monitor whether children are receiving nutritious food and that children are receiving school lunches. Member Kutz commented that even if the federal government were to open today, it would take time to get programs back up and running.

Member Lofy shared information about two pieces of federal legislation. The first is the Preventing Maternal Deaths Act, sponsored by Representative Herrera Beutler. This act would require Washington State to revise state law to be eligible for federal funding, and the Department of Health is requesting legislation to satisfy these federal requirements. The Department is also monitoring the federal BOLD Infrastructure for Alzheimer's Act.

Member Lofy also talked about the Governor's announcement to develop a public health plan option that would be available in every county in Washington to improve access to health insurance options. It would also move health insurance to a more standardized format by 2025.

Vice Chair Pendergrass said he was pleased to see the state plans to continue Maternal Mortality Review. He stated that understanding the cause of maternal mortality and the best practices for perinatal care is very important. He also commented that adding Pompe disease and MPS-I to Newborn Screening has taken a long time to implement, and applauded the Governor for including this in his budget. He remarked on the increased use of vaping products among youth in Washington, and concern among pediatrics professionals.

Member Lutz commented that the issue of maternal mortality is also an equity issue that disproportionately affects women of color and low-income. He remarked on the importance of having data to improve our understanding of these inequities. Member Lofy said that the Department of Health's request legislation will enable it to look at both maternal mortality and severe morbidity to better understand the full context. Vice Chair Pendergrass thanked the Department and the Governor for their efforts, and remarked that a number of the priorities in the budget are things that this Board has discussed over the past two years.

Chair Grellner shared that Kitsap County recently implemented a school inspection program, and one of the most prevalent comments they are receiving are concerns about vaping. Schools have noticed an explosion of use, and concern about what to do to address it. He asked that the Board do what it can to get behind the legislation supporting raising the minimum purchase age to 21.

5. PUBLIC COMMENT

Susie Olsen-Corgan, Informed Choice Washington, provided public comment about vaccine provoked autism (see written comment on file, Tab 5). Ms. Olsen-Corgan asked a number of questions regarding statements from the Centers for Disease Control and Prevention and the American Academy of Pediatrics and asked whether they are public health measures or science. Ms. Olsen-Corgan asked that Board members respond to her questions.

Bernadette Pajer, Informed Choice Washington, provided public comment about how she believes most people do not know what it is like to live with a neurological disorder, which is why she says she advocates for vaccine policy reform (see materials on file, Tab 5). Ms. Pajer stated that at the last Board meeting, Board Member Lutz agreed to help organize a meeting with Informed Choice Washington, parents, county health officers, and other stakeholders to discuss school exclusions. She said she asked a meeting to be scheduled and that Spokane is the logical place to hold the

meeting. Ms. Pajer said she had concerns regarding the Association of Immunization Managers and their collaboration with the vaccine industry. She asked the Board to consider adding Informed Choice Washington as an agenda item at a future meeting or to set up a special meeting. She asked the Board to support House Bill 1019 regarding notification about antibody titers. Ms. Pajer also commented on agenda item #11 regarding immunizations and conditional status. She said she had concerns about scientifically unsound claims about the actual capabilities and limitations of school-required vaccines. She said that the only recommendation about conditional status agreed upon by the technical advisory committee was to leave the rule language as it is.

Carolyn Cook, Public Health Nurse Consultant, Tacoma Pierce Public Health Department, read a prepared statement regarding conditional status. She asked that Board consider revising or reinterpreting the language in the immunization rule to better protect the health of the community. Her public comments included the challenges and increased workload for school nurses who have to follow up with the children who lack immunizations. Ms. Cook commented that other states do not allow a 30-day grace period and nurses can work on a case-by-case basis with special populations such as military students and homeless students.

The Board took a break at 10:19 a.m. and reconvened at 10:37 a.m.

6. UPDATE—NOTIFIABLE CONDITIONS, CHAPTER 246-101 WAC

Alexandra Montañó, Board Staff and Sierra Rotakhina, Department of Health, provided an update on the notifiable conditions rulemaking (see presentation on file, Tab 6). They discussed the scope of the rulemaking and provided information on the Technical Advisory Committee (TAC) convened to inform the rule development. Ms. Rotakhina provided information on recommendations from the Department of Labor and Industries and shared the response from the TAC to those requests. Staff also discussed other recommended changes supported by the TAC including format changes and updates to the provisionally notifiable conditions process. Member Lofy asked a clarifying question about the analysis the Department has to complete as a part of the proposed provisionally notifiable process if they were to choose not to move forward with adding a provisional condition to the rule. Ms. Rotakhina responded that staff would look more closely at the language but she thinks it is broad enough so that the Department could do a more simplified analysis in this case. Ms. Montañó talked about clarifications to the process for reporting animal cases of disease between veterinarians, the Department of Agriculture, and the Department of Health. Vice Chair Pendergrass shared a concern about the growing number of notifiable conditions. Staff clarified that they have worked closely with the agencies affected and that those agencies are supportive of these recommendations. Ms. Rotakhina discussed reporting of negative test results for a number of conditions and explained the different ways that these reports could be useful for public health. She indicated that there was general agreement for this concept among the TAC but also concerns regarding patient privacy issues and public perception that could negatively affect testing. Member Kutz asked what data would be included in an annual de-identified report of negative screening results and staff clarified that it would require use of the Safe Harbor Method to ensure that we are protecting patient's privacy. Ms. Montañó shared information about electronic laboratory reporting, which would improve data accuracy and timeliness of reporting. Finally, Ms. Rotakhina shared the timeline for rulemaking and indicated that staff are aiming for a hearing in October with possible adoption at that time. She said they are conducting outreach with local public health. Member Kutz applauded the staff for their work supporting the TAC.

7. BRIEFING—REPORT TO THE LEGISLATURE: LITERATURE REVIEW ON INEQUITIES IN REPRODUCTIVE HEALTH ACCESS

Ms. Davis introduced Cait Lang-Perez and Lindsay Herendeen, Board Staff, and briefly described their work on a Reproductive Health Access literature review, which was the result of SSB 6219 the Reproductive Parity Act. SSB 6219 passed during the 2018 Legislative session, and required the Governor's Interagency Council on Health Disparities to conduct a literature review and provide recommendations for reducing or eliminating inequities in reproductive healthcare access. She said staff would provide an overview of the process, findings and recommendations (presentation and report on file Tab 07b and c). Ms. Davis indicated that Senator Annette Cleveland invited staff to present the literature review findings and recommendations to members of the Senate Health & Long-Term Care Committee at its January 21 work session on Equity in Health Care.

Ms. Lang-Perez acknowledged the key informants who contributed to the literature review. She shared the definition of reproductive health and the scope of the report, as requested by the Legislature. She emphasized that the request was specific to reproductive health not healthcare more broadly, and that it focused on access to care not on outcomes. She said the recommendations are specific to the Legislature and state agencies and were identified through the literature review and conversations with key informants. She reviewed timeline, and commented that conducting the literature review took 10 months. Ms. Herendeen said the review includes information about 14 priority populations and identifies and describes 45 distinct barriers to access reproductive healthcare. She said they received information from more than 80 key informants. Vice Chair Pendergrass asked about demographics like decreased fertility rates and people choosing not to have children (maternal age is increasing). Staff provided a broad overview of the 14 recommendations. Kurt Hilt, Board Member, asked for clarification around recommendation 8, and Ms. Lang-Perez clarified.

8. BRIEFING—NEWBORN SCREENING, SPINAL MUSCULAR ATROPHY

Ms. Montaña shared that a physician at Seattle Children's Hospital brought forward the discussion about adding spinal muscular atrophy (SMA) to the newborn screening panel in 2017. Following recommendations at the national level, and approval of the first drug to treat SMA in 2018, staff began to work with graduate students at the University of Washington to do a preliminary analysis of SMA against the Board's criteria for adding a condition to the newborn screening panel. Ms. Montaña introduced Matthew Griffith, University of Washington, who helped to work on the analysis (see presentation on file, Tab 8).

Mr. Griffith provided an overview of SMA, including the genetic factors, disease progression, and relevant statistics. He outlined the Board's criteria that must be met in order for a condition to be added to the newborn screening panel and discussed SMA screening programs in other states. Currently there are three children's hospitals in Washington that provide coordinated care for children diagnosed with SMA and only one of those, Seattle Children's Hospital, is licensed to administer treatment. Mr. Griffith shared that approximately nine infants affected with SMA are born each year in Washington. He also discussed recommended members for a technical advisory committee (TAC) that include representatives from the University of Washington Medical Center, local families impacted by the disease, Cure SMA advocacy organization, bioethicists, medical providers, health plans, tribal health organizations, and state public health agencies. He summarized that SMA can be identified easily using available genetic screening tests at low cost and early treatment can slow or stop progression. He further concluded that that a preliminary analysis indicates that SMA meets the criteria necessary and would recommend that the Board assemble a TAC to evaluate SMA for inclusion in the newborn screening panel. Ms. Montaña gave an overview

of what this process would look like, including the technical advisory process, rulemaking, and legislative request.

Vice Chair Pendergrass noted that there would be additional information and data about the efficacy of treatment by the time this process is completed. John Thompson, Director of the Newborn Screening Program, Department of Health, stated that finding out how many copies of the SMN-2 gene are present is critical for understanding disease progression and treatment. He stated that SMN-1 will be included in screening, but SMN-2 would be a second tier test. Mr. Griffith also shared that the screening test would not be able to identify carriers. However, since SMN-2 is a protective gene, it is difficult to say how the disease will progress and how effective treatment may be. Even with screening, it would be impossible to tell parents what course the disease may take in their children.

***Motion:** The Board directs Board staff to work with the Department of Health to convene a technical advisory committee to evaluate Spinal Muscular Atrophy using the Board's process and criteria to evaluate conditions for inclusion in WAC 246-650-020 and then make a recommendation to the Board.*

***Motion/Second:** Member Pendergrass/Member Hilt. Approved unanimously.*

The Board recessed for lunch at 12:20 p.m. and reconvened at 1:10 p.m.

9. BRIEFING—MARIJUANA USE PREVENTION

Chair Grellner introduced Cristal Connelly, Department of Health and Shanne Montague, Health Care Authority, to provide an update on marijuana use and prevention among Washington's youth (see presentations on file, Tab 9). Ms. Montague reviewed data on youth use of cannabis in Washington, prevention services, and specific efforts to reach Native American youth and families. Based on the Healthy Youth Survey (HYS), cannabis use in the past 30 days among youth has remained steady since legalization. According to the 2016 Healthy Youth Survey, youth are finding it more difficult to access alcohol, tobacco, and marijuana. However, there is an increase in youth (10th graders) who perceive that there is little to no harm in using marijuana. She provided an overview of organizations in Washington providing prevention services, including Health Care Authority, Department of Health, Office of Superintendent of Public Instruction, Department of Children, Youth, and Families, tribes, and community partners. Jim Jeffords, Board Member, asked Ms. Montague to clarify how potency in Washington is different from marijuana used in academic settings. Vice Chair Pendergrass clarified that marijuana available for research (e.g. in academic settings) is single-plot and low potency since marijuana is illegal at the federal level, and so little is known about the impacts of various levels of THC and marijuana in Washington. Member Jeffords asked if marijuana is physically or psychologically addictive, or both. Ms. Connelly clarified both.

Member Lofy stated that at one point it looked like use was increasing among 12th graders, and asked if this was still the case. Ms. Connelly stated that there is a subtle increase, and that the Department is looking further at that data. Ms. Montague stated that there is a new survey, implemented through social media for 18 to 21 year olds, and that the data is emerging. Member Lofy said that BRFSS is indicating that adult use is increasing dramatically. Ms. Connelly said that Trevor Christensen, Epidemiologist for the Marijuana Program has found increases among the 18 to 25 year old population.

Ms. Connelly introduced the Marijuana Prevention and Education Program at Department of Health. The program focuses on prevention of use, misuse, and addiction of recreational marijuana (not medical marijuana) among youth and other populations of concern. She said that the program relies on HYS data for 10th graders to indicate where they need to focus their prevention efforts. In 2016, 10th graders from communities of color had greater past 30-day use of marijuana compared to their peers. Through \$9 million per year, the program maintains a statewide educational campaign; contracts with communities (9 organizations representing 9 Accountable Communities of Health) to share prevention information across the state; other community grants (i.e. prioritized 5 populations and funded organizations working with these groups, including Native American/Alaska Native, black and African American, LGBTQ, etc.); and contracts with media vendors. Overall, the program prioritizes prevention among youth, and 17% of Washington youth use marijuana regularly. She provided an overview of the Influence of You, YOU CAN, Know this About Cannabis, 5 Things to Know, and Start Talking Now educational campaigns.

Vice Chair Pendergrass asked whether data showed that marijuana legalization created a gateway to other drugs. Ms. Connelly stated that we do not really collect that data, but that marijuana is a substance that youth initiate use. Vice Chair Pendergrass asked about the scope of pregnancy use and adverse outcomes data. Member Lofy answered that marijuana use during pregnancy primarily results in low birth weight and other perinatal complications. She said she would be giving a webinar on the topic next week, and that the data is messy, especially with poly-use. Vice Chair Pendergrass shared that the December 17 Grand Rounds from Seattle Children's included a speaker from Stanford who shared that opioid deaths are seldom opioid-only and more often are poly-substance use. Vice Chair Pendergrass also suggested that the state look at secondary exposure to marijuana for youth and pregnant women. He shared that there is preliminary information suggesting that secondary exposure causes similar impacts. Ms. Connelly share that they are looking at that data, and that there is discussion to incorporate marijuana use into no smoking in public places laws. Vice Chair Pendergrass said that this should also include vaping.

Chair Grellner inquired about advertising, and noted there seemed to be an over-abundance of marijuana shops that are advertising. He indicated that vulnerable adult populations or pregnant women should see balanced messages. Ms. Connelly said that the Liquor and Cannabis Board is working on labeling and signage about the health risks. Chair Grellner indicated that stabilization of usage is positive, and may suggest that we should target our efforts on kids at greater risk and at greater exposure to adult sources. Ms. Montague said that these are the areas and communities that are prioritized for funding. He encouraged messaging to focus on young parents and the normalization of use.

10. 2019 SENSE OF THE BOARD

Ms. Davis briefly described Board policy 2001-001 (materials on file, Tab 10), which outlines procedures that staff use to monitor proposed policy and budget issues during legislative session. The policy also describes the processes for communicating with the legislature and requires staff to propose to the Board a statement of legislative issues for each legislative session. Ms. Davis said Board staff use the document during legislative session and noted the importance of keeping the statement focused on key priorities due to the Board's limited resources. She described the staff process for reviewing bills, and coordinating positions with public health partners, and then reviewed the draft 2019 legislative statement (materials on file, Tab 10). The statement continues the Board's focus on issues such as foundational public health services, smoking and vaping to 21,

school environmental health and safety, and opioids. She reminded the Board of its endorsement of the Health Disparities Council’s work on advancing equity in state government, and noted that Dr. Lutz had asked that maternal and child health and obesity prevention be included.

Vice Chair Pendergrass identified an issue with the last sentence regarding affordable care that mandates organizations to provide health care in a given jurisdiction. He thought it was likely beyond the Board’s scope. Member Hilt: asked for members to clarify their preference regarding a more vague or broad statement, that still allowed Washingtonians access to a health care plan. Vice Chair Pendergrass supported the statement, “The Board would support legislation that encourages every county to have access to an affordable health care plan.” He indicated the Board could urge, but cannot assure. Fran Bessermin, Board Member asked Vice Chair Pendergrass to clarify his comments regarding county responsibilities. Vice Chair Pendergrass suggested dropping the word “county,” and said he did not think we could mandate organizations to provide healthcare. He reworded his statement, “The Board would support legislation that will assure Washingtonians have access to affordable health care.” Vice Chair Pendergrass mentioned that mandating providers should probably be more in the Insurance Commissioners WACs vs. the SBOH WACs. Member Bessermin indicated she was uncertain with this approach. She described a new insurance program in Stevens County by Premera. She commented that insurance is very expensive and limited in rural counties, especially for people on Medicare.

Vice Chair Pendergrass said there are parts of state government that can have influence to make coverage stronger, such as HCA. Chair Grellner confirmed this is not in the Board’s jurisdiction, but rather showing support. Ms. Davis clarified her understanding that it is not the Board’s role to provide access, and indicated that past statements have supported legislation that improves and expands access to affordable care options across the state. Discussion ensued and Member Hilt clarified the statement, “The Board would support legislation that improves access to affordable health care.” Member Lofy suggested also adding the word “expands”. Member Lutz identified an editorial error regarding the uninsured rate.

Vice Chair Pendergrass stated that there is no mandate for lead testing in child or day care centers. Member Lutz commented that the Governor’s lead directive specifically identified schools and other day care facilities and that lead at any level is problematic to learning. He suggested minor edits regarding low-income and rental properties. Discussion continued on health services and lead screening, with several comments from Vice Chair Pendergrass and Member Lutz. Member Lofy described the state’s willingness to pay for lead testing. Board members agreed that targeted testing for children most at risk of lead exposure and compliance with CMS recommendations were important.

Discussion continued and Member Lofy suggested more of a general statement; “The Board also supports health care providers (or encouraging providers) to follow the DOH lead screening recommendations.” Vice Chair Pendergrass suggested this statement; The SBOH now recommends there is universal lead screening consistent with CMS guidelines. Member Lofy said the state recommends risk-based screening for non-Medicaid kids and that if the Board agrees with the DOH recommendations, to use her last statement. The department recommends that all kids on Medicaid should be screened universally, and non-Medicaid kids should be screened on a risk basis. Vice Chair Pendergrass said he has colleagues in the mid-west that have concern with this, as lead is alive and well. He cannot explain why kids in the Northwest have lower lead blood levels than kids in Chicago, Boston, Philadelphia or Baltimore.

Ms. Davis summarized the statement, suggesting it include, “Encouraging health care providers to follow the DOH lead screening recommendations.”

Vice Chair Pendergrass commented that solves the issue of Member Lutz’s concern with child care facilities and Ms. Davis said it solves the issue of CMS requirements, and does not require universal screening, and it emphasizes the need for risk-based evaluation. Member Lutz asked if the DOH prevention includes childcare and day care facilities, and to include preschool settings. Member Lofy suggested there was originally something about day care facilities. Discussion continued on a lead statement, the risk of lead to day care centers, case management and funding. Member Lofy suggested, “The Board also supports implementation of the Governor’s Lead Directive”. She said that partially captures these components. Chair Grellner said he supports that as it keeps it simplified, but he did point out that locally there is not good funding to do those assessments and they need permission by parents to do testing in homes.

Vice Chair Pendergrass moves motion below. No action. Motion dead.

Member Lofy indicated the Department’s support of the Governor’s budget. Chair Grellner said he does not necessarily agree with everything in the Governor’s Budget and the Washington Association of Local Public Health Officials also does not agree. Member Jeffords and Member Hilt concurred with Chair Grellner. Ms. Davis clarified that the statement does not endorse the Governor’s budget, but it does endorse FPHS. She noted that the (FPHS) steering committee is struggling with the amounts in the Governor’s budget, and the statement would not prevent us joining that discussion.

Chair Grellner commented that a number of the Department’s legislative priorities are in the statement, and that further expansion of the statement creates a workload for staff. Ms. Davis and Vice Chair Pendergrass commented on the Vital Records and Sexually Transmitted Disease law modernization proposals and their impacts on Board authority. The Board agreed that the statement was sufficient to allow staff to participate in those discussions as needed.

Chair Grellner summarized and commented we could go back to original motion. Vice Chair Pendergrass supported the amended motion.

***Motion:** The Board adopts the Statement of Policy on Possible 2019 Legislative Issues as amended based on the discussion on January 9, 2019.*

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

Ms. Davis described next steps, and said that she would send weekly email alerts to Board members regarding committee meetings. She reminded members that TVW broadcasts hearings, and that those who testify are subject to public lobbying requirements. Ms. Davis offered to provide advice as questions arise. She encouraged members to share their support on FPHS.

The Board took a break at 2:40 p.m. and reconvened at 2:50 p.m.

11. UPDATE—IMMUNIZATIONS AND CONDITIONAL STATUS, CHAPTER 246-105 WAC

Vice Chair Pendergrass introduced Ms. Montaña and Michelle Weatherly, Department of Health to provide an update on conditional status (see presentation on file, Tab 11). Ms. Weatherly began by discussing the definitions of different categories of immunization status for students in school and child care facilities. Conditional status is a type of temporary immunization status where a student is lacking immunization against one or more of the required vaccine-preventable diseases. In the 2017-2018 school year, 1.6% of kindergarten students in Washington were in conditional status and 8% were out-of-compliance. Ms. Montaña provided background on the issue around conditional status in Washington. She discussed that prior to 2009, proof of full immunization on or before the first day of attendance was required. In 2009, the Board amended the definition of conditional status to allow a 30-day period for students to come into compliance with immunization requirements. In 2016, the Board received a petition for rulemaking to change its rule to require students to be fully immunized before school entry. Ms. Montaña described some of the benefits and burdens related to conditional status and information about immunization requirements in other states. She described the technical advisory committee (TAC) process including the organizations that participated in the discussions. Ms. Montaña shared that TAC members did not recommend any changes to the process for conditional status.

Ms. Weatherly described that staff sent the draft rule language to interested parties following the TAC meeting for an informal public comment period. The majority of comments received by staff during that comment period related to conditional status were about the administrative burden for school nurses and staff and commenters requested that the Board change the language to require immunizations on or before the first day of attendance. Member Lofy asked about the geographic distribution of the 29 comments they received related to conditional status. Ms. Montaña said that most were from Pierce County. Member Lofy said that the recommendation from the Department was to leave the language as it is and that staff continue to work with schools to find strategies to remove burdens, such as using the school module to increase efficiency for school nurses.

Ms. Montaña presented a number of potential policy options to the Board and asked Board members for direction. Vice Chair Pendergrass discussed that there is a growing sense from the education community to do whatever is possible to keep kids in school so they will be more likely to finish their education. Member Lutz said that it appears many states are moving toward an in-process model and we need some means of accountability. Chair Grellner commented on how there is often only one school nurse for a whole group of schools, if not the whole district, and emphasized the dilemma for those districts. Member Bessermin asked if we need a decision today. Ms. Davis clarified that more input from the Board will be helpful in determining if we are going to make a policy change for the public comment period. Lilia Lopez, Board Attorney General, advised the Board to be mindful of the statute, which provides three options (i.e. full immunization, initiation of and compliance with a schedule of immunizations, or a certificate of exemption).

Chair Grellner said he feels the topic needs more discussion and Vice Chair Pendergrass said if the proposal goes out as currently written, we would likely have the same comments. Chair Grellner recognized that the rule changes would not satisfy everyone, and emphasized the need to align the rule more closely with the statute. Member Hilt remarked that he would be in favor of not including the 30-day conditional status other than those already in place at a federal level. Member Jeffords asked whether 30 days was arbitrary and Ms. Montaña indicated that other states have various timeframes for compliance. Chair Grellner said as a Board member he leans toward taking the advice of the TAC, which had more time to discuss.

12. UPDATE—MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF HEALTH AND THE BOARD *(Note: moved before Item #5)*

Ms. Davis briefly described the Board's relationship with the Department of Health, and history of the memorandum of understanding (MOU) between the agencies. She described proposed updates to the MOU (see presentation on file, Tab 12), and asked the Board to consider adopting the changes, and allowing the Chair to negotiate the final MOU with the Department.

Vice Chair Pendergrass asked Director Davis to explain more about what Department of Health would be able to provide to the Board around language access. Ms. Davis outlined federal requirements related to language access, and discussed some of the state's and Department's current efforts to improve language access for individuals with limited English proficiency. Vice Chair Pendergrass described his experience providing language access at Seattle Children's Hospital.

Member Kutz talked about some of the unique language needs within Washington State, and the lack of interpreters for these languages (e.g. Guatemalan dialects). He asked what the state is doing to provide support for these languages. Ms. Davis offered to set-up a briefing at a future Board meeting about current efforts at the Department and the state to support language access. Vice Chair Pendergrass asked if Ms. Hoff could facilitate this conversation in the future.

Member Hilt asked what Board staff currently do related to records retention. Ms. Davis said about two recent request in the past year that required Kelie Kahler's time and some of Melanie Hisaw's time in order to respond in the allotted time. Ms. Davis mentioned the support that the Board receives from the Department.

Member Hilt stated that his interest stems from the Association of Washington Cities request legislation, to address the significant impacts public records requests have on local cities and police departments. He asked Ms. Davis approximately what percentage of an FTE goes to records retention. Kelie Kahler estimated that the four large requests in the past year dedicated to responding to these requests was approximately 40-60 hours in total. Melanie Hisaw estimated her time was approximately 30 hours in total.

Chair Grellner thanked Ms. Davis for her work on this MOU, and stated that he feels that the relationship between the Board and Department are at an all-time high, as reflected in this agreement, which makes government more effective.

***Motion:** The Board directs staff to develop a final Memorandum of Understanding between the Board and Department, in close consultation with the Chair. The Chair is authorized to negotiate final agreement and approve the MOU on behalf of the Board.*

***Motion/Second:** Member Jeffords/Member Besserman. Approved unanimously*

13. BOARD MEMBER COMMENTS

Chair Grellner, asked for further comments. Vice Chair Pendergrass said the immunization practice is complicated. Development of vaccines has not fallen to the feds, it is dependent on a public-private partnership. There is a big difference between association and causation. He has read some of the literature on autism. When he is asked if vaccines can cause autism, he asks if the data shows

an association. The answer so far is no it does not. The challenge is how to deal with that collection and interpretation of data.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:52 p.m.

Motion to Adjourn/Second: Member Jeffords/Member Besserman. Approved unanimously

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair