WASHINGTON STATE BOARD OF HEALTH

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Draft Minutes of the State Board of Health
April 8, 2020
Electronic meeting via GoToMeetings

State Board of Health members present:

Keith Grellner, RS, Chair
Thomas Pendergrass, MD, MSPH Vice-Chair
Kelly Cooper, Secretary's Designee
Fran Bessermin
Jill Wood
Stephen Kutz, BSN, MP
Bob Lutz, MD, MPH

State Board of Health members absent:

None

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Kelie Kahler, Communication Manager
Stuart Glasoe, Health Policy Advisor
Lilia Lopez, Assistant Attorney General
Christy Hoff, Board Staff
Hannah Fernald, Task Force Staff
Cait Lang-Perez Health Policy Analyst

Guests and other participants:

Jerrod Davis, Department of Health
Alexandra Montaño, Department of Health
Sierra Rotakhina, Department of Health
Susan Shelton, Department of Health
John Thompson, Department of Health
Kathy Lofy, Department of Health
Jena Dalpez
Bernadette Pajer, Informed Choice WA
Samantha Lauderback, Washington Hospitality Association
Dr. John Ruhland

Note: Over 70 people participated via the GoToMeeting platform

Keith Grellner, Chair, called the public meeting to order at 9:15 a.m. and read from a prepared statement (on file). He then detailed operating procedure and ground rules for conducting a virtual meeting, and asked board members to introduce themselves.

1. **APPROVAL OF AGENDA**
   Motion: Approve April 8, 2020 agenda
   Motion/Second: Kutz/Bessermin. Approved unanimously

2. **ADOPTION OF MARCH 11, 2020 MEETING MINUTES**
   Motion: Approve the March 11, 2020 minutes
   Motion/Second: Pendergrass/Bessermin. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, welcomed the Board and thanked them for their patience as staff worked through new meeting technology. She said Jim Jeffords would be unable to participate in the meeting. She directed Board members to materials under tab 3 (materials on file). She described Governor Inslee's Proclamation 20-28 issued on March 24 and how it limited the agenda to those items that are "necessary and routine," or related to COVID-19. Ms. Davis gave a staff update, and introduced Samantha Pskowski, the agency's newest policy advisor. She said that she hoped to hold interviews for the Foundational Public Health Services policy advisor this month. She described recent rule filings including the CR-101 for Human Remains and the CR-103E for the vitamin E acetate ban. She invited Cait Lang-Perez to share the 2020 legislative session Health Impact Review (HIR) summary (materials on file).

Cait Lang-Perez, Board Staff, shared that Board analysts completed 12 HIRs during the 2020 Legislative Session, surpassing the goal of 9 reviews and the number of reviews completed during the 2018 short legislative session. She said one-third of requests received were on bills related to health insurance. She said that staff added a new HIR topic area of Economics. She said staff testified six times on HIR findings in front of House and Senate committees and sent four memos to the Governor's office summarizing findings for bills that passed during the 2020 Legislative Session.

Thomas Pendergrass, Vice Chair, commented on the increase in (HIR) requests and commended the team for the work quality and timeliness.

Kelly Cooper, Secretary's Designee, DOH Director of Policy & Legislative Relations, said the health impact review work was good, useful and important. She said the tool was helpful to the Department's request legislation of ESHB 1551, Communicable Disease Modernization and helpful in supporting the rationale for the bill's passage.

4. DEPARTMENT OF HEALTH NOVEL CORONAVIRUS (COVID-19) UPDATE

Jerrod Davis, Assistant Secretary Disease Control & Health Statistics, Incident Management Team Administrator, updated the Board on COVID-19 (presentation on file). Mr. Davis is the Secretary's liaison with the commander at the incident response center at Camp Murray. He described the response coordination between local health jurisdictions, local government, state agencies, and tribes. He said January 21 was the first day for COVID-19 response in Washington. The first case was an individual who had traveled to Washington from Wuhan China on January 15. The individual was tested and the sample was sent to the Centers for Disease Control and Prevention (CDC). On Monday, January 20, there was a positive test result. The state immediately set up its incident command, which included CDC support.

Mr. Davis said the main purpose of the response is to slow the spread of the virus to provide an opportunity for the health care system to prepare and implement surge capability. He described efforts in conducting case and contact investigations and explained that some practices were developed in real time in partnership with the CDC. He said work is now focused on working with local jurisdictions to investigate community cases. He said the Department of Health (DOH) has focused on mitigation efforts with non-pharmaceutical interventions, such as practicing good hygiene and cancelling

public events. He said twelve interventions have been implemented and the only intervention not implemented is ‘cordon sanitaire.’ He said the state canceled non-emergency surgeries to preserve personal protective equipment (PPE), set up alternate care facilities, and planned for ventilator demand and provision.

Mr. Davis shared data gleaned from the Washington Disease Reporting System (WDRS). He said DOH worked with Microsoft, with funding from the legislature and foundational public health, to create a data visualization tool, which is housed on the DOH website. The interactive website allows people to view certain categories and filter statistics by state or county. Mr. Davis reviewed the ‘epi-curve,’ which shows confirmed cases of COVID-19. He said the visualization tool can also enable one to see number of deaths and numbers by date. He cautioned about interpreting the end of the curve on the right hand side, because testing is delayed, and these numbers can undercounted. He showed a chart of the number of individuals tested positive for COVID-19. He noted that after March 29, DOH had not updated the total number of tests administered and there seemed to be a higher percentage of positive tests. He showed a chart of confirmed cases and deaths by sex and age group.

Mr. Davis said DOH is using the Rapid Health Information Network (RHINO) to collect health data from hospitals across the state to understand trends in diagnoses. He noted there appeared to be a spike in emergency departments in diagnoses with COVID-like symptoms, and these cases have been declining over time. The Department is currently requiring hospitals to report all confirmed COVID-19 cases, so the data is more certain.

Mr. Davis reviewed current COVID-19 challenges. He commented on the low supply of Personal Protective Equipment (PPE) and the challenges of getting this resource. He said they are getting help from places like Microsoft, and the federal government has unfortunately not provided much assistance in this effort. He said testing supplies are also critical in the response. Mr. Davis said another focus is on providing strike teams to work with state agencies and local health jurisdictions to get PPE and testing supplies out to test vulnerable populations living in long-term care facilities.

Mr. Davis spoke about strategy and capacity related to testing for COVID-19. He said the Department, University of Washington (UW) Virology Lab, and commercial labs have testing capability. He said the state public health lab can perform up to 500 tests per day, the UW up to 7,500 tests per day and commercial labs can do thousands of tests per day. He said there are rapid test kits in hospitals and clinics and there are drive-thru clinics in Pierce, Snohomish, Kitsap, Yakima, and Spokane. He said researchers are trying to learn more about immunity, but this is not a current focus for the state amidst other efforts. He said the goal for the state is to perform up to 10,000 samples per day.

Mr. Davis showed metrics and evaluation from the Institute for Health as of April 5. Based on the model, he said Washington was at peak resource use on April 2, 2020. He said if the model is accurate, Washington is providing sufficient health care within resources and capacity. He said Washington has about 1,000 ventilators available in the health care system and there will be more information to come on how accurate this model is.

Mr. Davis showed a model from the Institute for Disease Modeling, which shows R0 (basic reproductive number) to demonstrate infection/transmission rate among individuals. He said the estimate is that one infected individual infects 2.7 individuals and it looks like early response efforts reduced this R0 number closer to 1. He said a goal may be to get this number below 1, so the number of new infections can decrease over time. He said these numbers come from King County's experience and the state-wide data looks different and the Department does not know yet the exact reasons why.

He said that the numbers look pretty good and our social distancing efforts are having an impact. He said Washington still has a long-term possibility of outbreak in long-term care facilities and everyone needs to stay vigilant with these efforts. Mr. Davis shared some of the lessons from this response, which include strengthening our foundational public health system by reinforcing local capacity for local health jurisdictions and tribes and increasing capacity for Center of Excellence.

Vice Chair Pendergrass asked about the use of school-approved best-test methods. Mr. Davis said the state is relying on PCR testing and the Vaccine Treatment & Evaluation Unit (VTEU) is receiving a lot of media attention for rapid tests. He said a person has to be a CLIA-certified lab to perform the tests. He said tests, including serology tests, are at various stages of approval. He said was not aware of these tests being used officially in the state right now.

Vice Chair Pendergrass asked about what was happening with influenza cases. Mr. Davis said that the state is continuing to track flu cases in the state as well, but was unable to provide information on trends.

Vice Chair Pendergrass asked whether we are really able to protect our health care and frontline staff from droplets as they care for patients. Mr. Davis said that people are trying to re-use PPE because of the low supply. He said there are some practices that use UV light to sanitize PPE and if the state gets all the orders that are procured DOH hopes this sort of reuse won't be an issue in the following weeks. He said the testing process has also improved so there is need for less PPE each time taking a sample.

Vice Chair Pendergrass said a lot of people like cleaning staff, bus drivers, garbage collectors and others also need PPE to protect themselves as they continue working.

Jill Wood, Board Member, thanked Mr. Davis for the presentation. She said there were long term care (LTC) facilities that didn't initially follow guidance from the state on who should be sampled/tested. She asked about efforts to test individuals at these facilities who may be asymptomatic. Mr. Davis said DOH was coordinating with state and local agencies through incident command, and the state just received testing equipment which is intended to go to over 200 LTC facilities across the state. Mr. Davis said local health officers have emphasized the potentially devastating effects if an outbreak occurs in a more rural LTC facility, and an LTC task force working on these issues and DOH are sending strike teams to help in localities where there are confirmed cases.

Member Cooper shared some of the Governor's recent proclamations meant to reduce barriers in the COVID-19 response. She said one proclamation allows medical practitioners to come back from retirement or from out of state to contribute to response

efforts. She said on April 1, the newborn screening program suspended the second screening requirement and the change will help limit exposure to health care professionals and lessen the burden on parents during this time. She said the first screening is still mandated and if there is an adverse reading, then a second screening is done.

Member Cooper shared another change impacting the Women, Infants and Children (WIC) program. She said the state applied for waivers to make the program more accessible during this time when people are at home. She said this includes the ability to provide services by phone/secure video and expanding food selection to WIC participants. She said it has asked stores to limit sales of WIC-approved items, so participants have access to these items.

Member Cooper commented on the letter from Dr. Kathy Lofy (on file), which includes the message to local health administrators that all hospitals are required to report all confirmed COVID-19 cases.

Vice Chair Pendergrass inquired whether the suspension the second newborn screening is temporary. Member Cooper confirmed that it was.

5. PUBLIC COMMENT

Jena Dalpez asked the Board to help get information about natural remedies. She shared a personal example and her views on immunizations. She said she shared information about natural remedies with Dr. Wiesman and DOH.

Bernadette Pajer, Informed Choice Washington shared information about natural remedies, its effects, and said the naturopathic community wants to help.

Samantha Lauderback, Washington Hospitality Association, thanked DOH and its Food Safety Advisory Council for their work revising the food service rules. She asked the Board to delay implementation of the new rules to summer 2021 because of the challenges food establishments are facing with COVID-19.

Dr. John Ruhland provided written public comments on the GoToMeeting application. Document is on file.

6. BRIEFING—FOOD SERVICE RULE CHAPTER 246-215 WAC

Stuart Glasoe, Board Staff, directed members to supporting material for the briefing and introduced Susan Shelton of the Department of Health's food safety program. He reminded the Board that the food rules were last updated in 2013. The current rulemaking started in summer 2018 to address a number of needs including recent changes in state food laws and consideration of the latest version of the FDA model food code. He noted the role of the Department's Food Safety Advisory Council (FSAC) and reminded the Board that it received updates on the project in 2018 and 2019. He said today's briefing was informational, covering highlights of the process and key policy changes in the draft rules for Board discussion and feedback prior to filing the CR-102 and proposed rules.

Susan Shelton, Department of Health, walked through the presentation (see presentation on file), providing an overview of the public health rationale, historic background of the rules, and features of the rulemaking project, including composition of the FSAC. Ms. Shelton explained how the rules consider and mirror the FDA food code, and she briefly described material summarizing the draft rule revisions. Before walking through a number of key issues and policy changes in the draft rules, she addressed several changes in state food law in recent years that are now addressed in the draft rules. Key issues covered by Ms. Shelton included the practice of active managerial control, requirements for certified food protection manager, duties of the person in charge, provisions for bare-hand contact of ready-to-eat foods, requirements for date marking and ultimately disposing certain foods, provisions for refilling returnable containers, requirements for ground meat cooking temperatures and partially cooked fresh fish, provisions allowing dogs in outdoor and indoor areas under limited circumstances, and updated requirements for mobile food units and donated food distribution. Ms. Shelton closed with comments on lessons learned in the rulemaking and planned work on guidance documents and other next steps, including anticipated filing of the CR-102 in summer 2020 and a public hearing at the Board's August meeting.

Chair Grellner noted that the meeting material included a summary of draft rule changes. Member Cooper asked whether the new requirements for partially cooked fish also apply to raw fish. Ms. Shelton said the requirements apply only to partially cooked fresh fish. Vice Chair Pendergrass said the general public has little knowledge of how important it is to maintain food safety and the complexity of the issues. He joined others in thanking the staff and FSAC for their work. Chair Grellner closed by saying we need to be flexible with our rulemaking timeline due to the thousands of food establishments impacted by the COVID-19 pandemic. He said the rulemaking schedule may need to be adjusted.

Break at 11:52 am and reconvened at 12:00 pm.

7. HEARING—NOTIFIABLE CONDITIONS CHAPTER 246-101 WAC

Stephen Kutz, Board Member, introduced Alexandra Montaño and Sierra Rotakhina with the Department of Health, directed the Board to the materials under Tab 7 (materials on file) related to the Notifiable Conditions Rule.

Member Kutz thanked staff that worked on the rule and said that the Board may want to wait on adoption of the rule because the public health system is currently involved with the COVID-19 pandemic.

Vice Chair Pendergrass commented on the long list of reportable conditions. He said it shows the importance of getting ahead before illnesses start, including foodborne illnesses.

Chair Grellner read a brief script (on file), and asked speakers to limit their comments to 3 minutes.

Bernadette Pajer stated her position that data collection is essential and that public health needs to be based on up to date data. She said she hoped it was possible to get

data on which illnesses were actually verified. She said that Notifiable Conditions collection of data is important for us to understand susceptibility factors, including pharmaceutical factors. She said the more we know the better we can create public health policy on protection and the right therapies.

Motion:
The Board, based on today's discussion, will continue its decision to adopt the proposed rule and revisions agreed upon at today's meeting, to the Board's August meeting for the purposes of extending the public comment period so that interested parties including, but not limited to, laboratories, health care facilities, providers, and local health jurisdictions have more time to review and comment on the proposal. The Board directs staff to file an updated CR-102 and notify interested parties of the extended comment period.

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

Member Cooper said she agreed with motion, and that it is a good idea to allow more time for folks to weigh in on changes.

Chair Greller agreed with Member Kutz's motion to give more time.

Member Kutz thanked Ms. Montano and Ms. Rotakhina for their work. He said that COVID-19 shows the importance of updating the rule for future outbreaks.

8. BRIEFING—NEWBORN SCREENING RULEMAKING, SPINAL MUSCULAR ATROPHY (SMA) CHAPTER 246-650 WAC

Vice Chair Pendergrass introduced Samantha Pskowski, Board Staff, and Dr. John Thompson, Department of Health. He said the presentation would focus on the addition of Spinal Muscular Atrophy (SMA) to the newborn screening panel. He said this project has been ongoing since 2019 and the legislature recently approved funding to add the condition.

Ms. Pskowski began the presentation (on file). She directed the Board to the materials under Tab 8 (materials on file) related to the Newborn Screening Rulemaking. Dr. Thompson thanked the Board and provided background information on the genetic condition of SMA. He said Washington can expect 5-8 cases every year and that there are two FDA-approved treatments for SMA (i.e. Nusinersen and Gene Replacement Therapy).

Ms. Pskowski recapped the rulemaking process. She said the Board voted in January 2019 to convene a technical advisory committee (TAC) that the Board staff and DOH convened in April 2019. In June 2019, the Board approved a motion to begin rulemaking to include SMA in the newborn screenings. Staff filed the CR-101 in July 2019. Rulemaking was delayed pending legislative action.

Dr. Thompson said the TAC unanimously voted to recommend including SMA testing in the newborn screening panel. He reviewed the cost-benefit analysis, which was

conducted by DOH. He said that the estimated number of lives saved per year would be 0.63, equating to about $6 million in value of lives saved. This means we could save a couple of babies every couple of years due to screening. It costs more to implement treatment with late detection (vs. early detection). The cost of screening would be around $344,400 per year to test newborn babies. There aren't many false positives expected, but the costs of false positive tests is estimated at $518 per baby. There is a benefit-cost ratio of greater than 14. For every dollar spent on newborn screening on SMA, we expect a return of more than $14. The net benefit to the state would be around $4,773,352 per year.

Ms. Pskowski indicated the delay in rulemaking was due to requiring legislative authorization for additional funds. The Legislature included this funding for the addition of SMA in the newborn screening panel in the supplemental budget. This decision also authorizes the DOH to increase the NBS fee by $4.30. The intention was to implement the addition of SMA starting in July 2020, but there may be a delay due to the COVID-19 pandemic.

Ms. Pskowski reviewed the proposed changes to WAC 246-650-010. She said there would be a need to add a definition for SMA, amend the list of newborn screenings to be performed from a dried blood specimen to include SMA, and renumber the list to retain its alphabetical nature. She said the Board does not need to take action today.

Vice Chair Pendergrass said this is another example of moving into the world of genetic testing. For a devastating illness like this, he said we need a definitive test and effective treatment. He said this condition meets the criteria and he was glad it will be added to the panel.

Member Wood asked about the return on investment figure and if it was an annual amount. Dr. Thompson responded that it is an annual expected net savings (approx. $4.7 million), which derived from the benefits of saving a baby through early detection and treatment.

Vice Chair Pendergrass spoke of the treatment for this disease, giving an injection through the spine that can change this disease strikingly. Treatment can be very intensive, long-term, and costly without early detection and intervention.

9. BOARD MEMBER COMMENTS

Member Lutz commented on the phenomenal efforts taking place regarding COVID-19. He said that the public health emergency is also becoming an economic emergency. He said that to date there have been more than 12,000 deaths, which is far surpassing other countries. He said the only way we can do this work is if public health gets funded.

Vice Chair Pendergrass commented that pandemics have had huge impact on society over the last two millennia. He said we are now faced with epidemiologic techniques. He asked what happens when the economy and social distancing changes? He said that public health knows if you are more physically well perhaps you are less susceptible to the virus. He said the whole issue of medicines is not compelling and have not been tested widely and that there are many factors to consider on effective therapies and

diagnosing tests. He said the state has shown leadership in responding to pandemics and that he has a colleague in Florida complimenting Washington's epidemiology, providers, and first responder efforts.

Fran Bessermin, Board Member, agreed with Dr. Pendergrass and expressed gratitude to Washington's local health officers. She thanked public health for being ahead of the game, and thanked Dr. Lutz in particular for all of his hard work.

Member Kutz thanked the public health people supporting primary folks in the field. He said that with regard to Hydrochloric we need to have discussions on how medical staff can take care of patients. He thanked those that helped on the Notifiable Condition rule changes.

Member Wood said she was looking forward to the day when Foundational Public Health Services can sit around the table and talk about the remarkable work as a full system. She said when the pandemic is over she looks forward to engaging with her colleagues on the Board.

Chair Grellner agreed and supported what's been said. He said the work in Washington has been remarkable. He said there will be time for review and analysis on response when it's over and that our surveillance system for this pandemic was broken. He said when we can't test those that need to be tested, we don't have the data for making decisions. He said it was unnerving to take action with a lack of data. He said he's proud to do the best we know how at the time for this pandemic.

Ms. Davis thanked those that joined the meeting and commented that at one point we had close to 70 meeting participants. She said that Kelie Kahler has been tracking technical issues we've encountered and the Board will review to see how we can do better in the future. She thanked everyone for their patience and participation today has been much appreciated.

Chair Grellner thanked the team.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 1:00.
Motion to adjourn /Second: Pendergrass/Wood. Approved unanimously

WASHINGTON STATE BOARD OF HEALTH

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Keith Grellner, Chair