

Statement of the Board on Possible Legislative Issues 2021-2022 Biennium

It is the policy (Policy 01-001) of the Washington State Board of Health (Board) to comment on legislative proposals that affect the Board's:

- [Statutory authority](#) and rules,
- [2020 State Health Report Recommendations](#), and
- [2017-2022 strategic plan](#) activities

This statement represents the Sense of the Board and is used to guide staff and members in their communications on legislative and budget proposals. The statement is not intended to be an exhaustive list of anticipated legislative proposals, but it is focused on priority issues.

Foundational Public Health Services

The Board believes that [Public Health is Essential](#) and supports the [recommendations](#) developed by the Foundational Public Health Services (FPHS) Policy Workgroup to modernize the public health system, and provide state funding to the governmental public health system for the delivery of FPHS so they are available in every community. The Board supports the governmental public health system's budget requests to:

- Increase capacity for monitoring communicable diseases; investigating outbreaks and identifying causes; preventing cases; and coordinating disease response across agencies.
- Increase capacity for monitoring impact and causes of disease and disease response coordination.
- Increase statewide capacity for communicable disease monitoring, and outbreak investigations. Expand capacity at the state public health laboratory to meet increased demand.
- Continue implementation of the plan to rebuild and modernize public health.
- Continue and increase the legislature's initial investment in FPHS. This includes increasing the Board's capacity to meet its statutory obligations under chapter 43.20 RCW and other state laws.

The Board believes it is critical for the state to provide adequate, dedicated, stable funding for full implementation of FPHS statewide that keeps pace with inflation and demand for services. The Board **opposes** reductions to funding for the governmental public health system, including changes in fee authority or reductions to fund sources such as the Model Toxics Control Act.

Local Board of Health Governance

Washington's Covid-19 pandemic response has shown the critical importance of assuring our communities have evidence-based knowledge and resources to quickly identify and respond to disease outbreaks and other health threats in their communities.

Much of the ability to respond to outbreaks and other public health threats fall under the local health officer's authority. The local health officer is appointed by a county's local board of health. Local boards of health are made up of county elected officials, and in some cases, city elected officials and others who are included by way of ordinance. Local boards of health, local health administrators and officers have a statutory duty to carry out the state's public health laws and rules. Public health response should not be partisan or politicized. The Board supports legislation to add voting members to including persons with public health expertise, health care professionals, and consumers, especially those from communities experiencing health inequities. The Board would oppose legislation that diminishes local health officer duties or authorities.

[Health Impact Reviews](#)

Under RCW 43.20.285 the Board conducts [Health Impact Reviews](#) (HIRs) at the request of the Governor or a Legislator. HIRs are objective, non-partisan, evidence-based analyses of proposed legislative or budgetary changes to determine the potential impacts on health and health equity. Ongoing funding for additional capacity (0.6 FTE) was provided through Foundational Public Health Services funding during the 2019 legislative session. The Board is seeking an additional 0.8 FTE in the 2021-2022 FPHS budget request. The additional capacity will enable the Board to conduct more HIRs, thereby improving the state's ability to use evidence to inform policy and to promote health and health equity. While the Board supports additional efforts to assess equity impacts of legislative proposals, the Board recognizes the unique value that HIRs add due to their rigorous reliance on scientific evidence. HIRs are also a tool for assessing potential health impacts in policies in addition to equity and must be retained. The Board would offer its assistance and support to ensure any new tools proposed align with and do not duplicate the work of HIRs.

Board staff rely on access to peer-reviewed, published journal articles to conduct HIRs in their wide range of policy topics. Changes at the University of Washington in 2019 resulted in tenuous library access for staff. Board staff were required to obtain Clinical Faculty appointments to regain access to the full range of published literature used to conduct HIRs. The Board would support Legislative action to ensure longer-term, sustainable solutions to obtain peer-reviewed literature access for HIR work. The Board believes that there is also a need for all state employees to have access to research literature to inform evidence-based policy and program development.

[Preventing Smoking and Vaping](#)

In August 2016, the Board adopted [Resolution 2016-01](#) to increase the age of purchase for tobacco and vapor products from age 18 years to 21. During the 2019 legislative session, EHB 1074 passed, raising the legal age for purchasing tobacco and vapor products from 18 to 21. The Board supports enhancing current strategies to prevent marketing, sales, and use of tobacco, e-cigarettes, smokeless tobacco, and cannabis to youth, including a ban on all flavored vapor and tobacco products ban and adding additional authority for product bans and allowing recalls smoking and vapor products. The Board would support legislation that improves regulation of Washington's vapor

product industry including requiring vapor ingredient disclosure and routine lab testing for vapor products, requiring signage regarding health risks of these products, removing the pre-emption of vapor product retail licensing, allowing for product bans and recalls, and instituting nicotine limits in products sold in Washington state.

Advancing Equity in State Government

The Board recognizes that racism is a public health crisis. Racism and other forms of discrimination have been institutionalized and perpetuated through policies and practices that prevent meaningful community engagement and limit access and opportunity to important public services. The Board would support legislation that prioritizes and operationalizes equity across state government.

As part of its five-year strategic plan the Board committed to support the Governor's Interagency Council on Health Disparities and to continue to incorporate the Council's recommendations in the Board's State Health Report.

In 2019, the Board supported legislation that would lead to creation of a State Equity Office. Through a proviso in the 2019-2021 operating budget, the Legislature directed the Health Disparities Council to convene an Office of Equity Task Force to develop an operations plan for a future Washington State Office of Equity. In the 2020 legislative session, legislation passed establishing the Office of Equity, however funding for the Office of Equity was cut because of costs attributed to the COVID-19 pandemic. The Board endorsed the Task Force's recommendations and supports funding for the Washington State Office of Equity.

Data Disaggregation

The COVID-19 pandemic has disproportionately impacted communities of color. These disparate impacts are not unique to this pandemic. There are existing inequities in our public health and health care systems that impact the ability of public health to identify and reach high risk populations. When experience reveals inequities across and within groups, it is critical for maximizing public health to be able to access and use disaggregated data in order to enhance efforts in preventing and containing other diseases and conditions.

Collection of detailed race, ethnicity, and language (REAL) data, beyond the Census-level data helps the public health system understand in greater detail which communities are disproportionately impacted and enables public health to build partnerships with community-based organizations to develop community-led prevention strategies that are culturally and linguistically appropriate. Meaningful use of these data relies on the interoperability of public health and health care data systems. Up-to-date information systems and technology must be in place and functional to facilitate collection and transmittal of these key demographic data.

The Board would support legislative action to ensure collection of REAL data, beyond Census-level categories, as well as data to identify and eliminate health disparities (for

example by disability status, sexual orientation, gender identity, and other demographics). The Board would also support legislation to improve interoperability of public health and health care data systems.

[School Environmental Health and Safety](#)

The Board believes that all children should be able to attend schools that are built, maintained and operated to assure a safe and healthy environment. The Board supports removal of the budget proviso that suspends the school rule. Until the Board's suspended school environmental health and safety rules can be implemented, the Board supports the Department of Health's [November 2016](#) recommendations in response to the Governor's directive on lead as the relate to school environmental health and safety.

In addition, the Board would support legislation that would adequately fund school environmental health and safety programs as well as improve indoor air quality in school facilities.

During this pandemic, the Board has recognized ensuring schools are designed, built, and maintained to protect students' health requires regular, ongoing inspections and technical assistance. Only twelve of Washington's thirty-five local health jurisdictions have school environmental health and safety programs. In order to provide basic health and safety protections for all school children across the state, local health jurisdictions must have sufficient resources and capacity to conduct school environmental health and safety inspections.

One of the important lessons of the pandemic is the critical importance of indoor air quality is a key component of school environmental health. Higher ventilation rates can improve student performance and reduce the transmission and spread of respiratory illness, including SARS-CoV-2 (the virus that causes COVID-19). Regular inspection, maintenance, and regular repairs of heating, ventilation, and air conditioning (HVAC) systems as well as adequate ventilation to dilute contaminants can improve indoor air quality and school safety.

[Governor's Directive on Lead](#)

Governor Inslee issued [Directive 16-06](#) on May 2, 2016 to address lead remediation in the built environment. Environmental pathways for lead exposure include drinking water, homes, schools, and outdoor areas.

The Board anticipates legislation related to lead testing and remediation in school drinking water this session. The Board continues to support the Department of Health's [November 2016 report](#) recommendations to the Governor, and including the continuing the initial investment made to test drinking water at schools, provide remediation funds to replace fixtures, improve remediation assistance for low income and rental properties,

and targeted blood testing for children at greatest risk of exposure to lead and subsequent case management. The Board also supports:

- Updating the *Health and Safety Guide for K–12 Schools in Washington State*.
- Gathering data to evaluate and update chapter 246-366A WAC, including updates to align with recent revisions made to the federal lead and copper rules.
- Including environmental health and safety in decisions using the funding formula for school construction and modernization.
- Encouraging health care providers to follow DOH blood lead screening recommendations.

Opioids

The Board supports the goals, strategies, and actions outlined in the [2018 Washington State Opioid Response Plan](#) and the forthcoming updated plan, to effectively combat the opioid epidemic. Its goals are to:

- Prevent opioid misuse and abuse.
- Identify and treat opioid use disorder.
- Reduce morbidity and mortality from opioid use disorder.
- Use data and information to detect opioid misuse and abuse, monitor morbidity and mortality, and evaluate interventions.

On-Site Sewage Systems

The Board recognizes that on-site sewage systems are an important and effective means of treating and dispersing effluent as long as the systems are properly permitted, sited, operated, and maintained. The Board supports legislation that preserves the authority of local health officers and boards of health to develop and implement on-site sewage system regulations and plans which protect public health and meet community needs. The Board supports efforts to assure local on-site site sewage management programs have adequate funding.

Food Safety

The Board recognizes that food service is evolving. During the global pandemic, takeout and food distribution were among efforts to increase food rescue and security as well as reduce food waste. The Board anticipates legislation on topics including donated food and microenterprise kitchens will likely emerge this legislative session. The Board's support of such legislation depends on whether the legislation includes critical public health safeguards that uphold essential food safety standards (including but not limited to permitting, inspections, plan review, time to temperature controls and other public health measures).

Maternal and Child Health

The Board supports enhancing systems and support for pregnant mothers, infants, and children, and the monitoring of maternal mortality. The Board supports the recommendations in the Council's [Literature Review on Inequities in Reproductive](#)

[Health Access](#), as required by SSB 6219 (2018). The Board also supports the recommendations in the Department of Health's [Healthy Pregnancy Advisory Committee Report on Strategies for Improving Maternal and Infant Health Outcomes](#).

The Board supports continued legislative action to maintain the replacement Title X funding for family planning services in Washington State.

Oral Health

The Board would support legislation that will advance its 2015 oral health recommendations, including maintaining and building upon effective programs like Access to Baby and Child Dentistry and University of Washington's Regional Initiatives in Dental Education (RIDE). The Board would also support development of a state oral health director at the Department of Health.

Immunizations

The Board recognizes the research and data that demonstrate that immunizations reduce the incidence of vaccine preventable disease in our community and protect those who are immunocompromised and those unable to be vaccinated. The Board supports legislation that reduces the number of children who are out of compliance with state immunization requirements, assists schools in monitoring the immunization status of school-aged children and efforts to increase immunization rates across all age groups. The Board supports additional funding to increase school nurse capacity and improve access to and utilization of the Washington State Immunization Information System. The Board also supports the Department of Health's plan for the equitable allocation and distribution of available vaccinations for COVID-19.

Obesity Prevention and Access to Healthy Food

The rate of increase in obesity among Washington residents has slowed compared to other states. The Board supports efforts to increase access to healthy foods including fresh fruits and vegetables, reduce food insecurity, and increase opportunities for physical activity.

The Board also supports maintaining funding for the Fruit and Vegetable Incentive Program, which provides incentives to food insecure populations with limited incomes to select health food choices.

Increase Access to Health Care Coverage

The Affordable Care Act increased access to affordable health care for people in Washington. The uninsured rate in our state dropped by 61 percent between 2013 and 2016, to 5.4 percent of Washingtonians uninsured, but in 2018 saw the number of uninsured Washingtonians increase to 6.2 percent. Access to care has helped significantly reduce the number of adults who delay seeking care. Timely access to care helps people live longer, healthier and more productive lives. It helps reduce and control health care costs. During the 2019 legislative session, the legislature passed legislation to make public option plans available in every county. In 2021, residents in 19 counties will have access to these plans. Unfortunately, the cost is 4 percent higher than the

average 2020 plan rate. The Board would support legislation that will build on the state's public option infrastructure to reduce costs and increase access to affordable healthcare across the state.