

## 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 our 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. As a result of E2SHB 1152 (passed during the 2021 legislative session) most local boards of health must also have an equal balance of elected and non-elected members starting July 1, 2021. Non-elected members must represent public health, health care facilities, and providers; consumers of public health; and other community stakeholders. 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 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 equity. The Board received funding for an additional 1.0 FTE in the 2021-2022 Foundational Public Health Services budget. 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 equity. While the Board supports other state and legislative efforts to assess equity impacts of legislative proposals, the Board recognizes the unique value that HIRs add to legislative decision-making. The rigorous HIR research approach relying on both quantitative and qualitative research, as well as on lived experience, provides legislators with a nuanced understanding of how proposed policy may impact the status quo and health and equity in the state. The Board supports the retention of HIRs and will continue to offer assistance and support to ensure any new proposed tools align with and do not duplicate the work of HIRs.

The Board supports legislative action to ensure long-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 and published 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 years. 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.

In response to an outbreak of e-cigarette and vapor product associated lung injury, the Board adopted rules to ban the use of vitamin e acetate in vapor products. Compounds, such as Delta-8 THC, and other additives continue to emerge on the market with little known about their impacts on health. The Board supports efforts to understand and address emerging compounds that result in negative health effects.

### [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. The Board endorsed the Task Force's recommendations and supports ongoing 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. Existing inequities in our public health and health care systems impact public health's ability to identify and reach disproportionately impacted populations. When experience reveals inequities across and within groups, it is critical to be able to access and use disaggregated data to enhance efforts in preventing and containing diseases and conditions, in order to maximize public health.

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 inequities (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 Board's rules related to environmental health and safety standards for primary and secondary schools (chapter 246-366A WAC). Until the Board's suspended school 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 they relate to school environmental health and safety.

During the COVID-19 pandemic, the Board has recognized that ongoing, regular inspections and technical assistance provided by local health jurisdictions are critical to ensuring schools are designed, built, and maintained to protect students' health. Only twelve of Washington's thirty-five local health jurisdictions have school environmental health and safety programs. Providing 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 as 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.

The Board would support legislation that would adequately fund school environmental health and safety programs as well as legislation to assess, improve, and update ventilation systems in schools.

#### [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 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 was pleased with the passage of E2SHB 1139 during the 2021 legislative session, which requires lead testing and remediation in school drinking water. 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, Environmental Health and Safety Standards for Primary and Secondary Schools, including updates to align with E2SHB 1139 and 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 updated [2021-2022 Opioid and Overdose Response Plan](#) and the forthcoming updated plan, to effectively combat the opioid epidemic. Its goals are to:

- Prevent opioid and other drug misuse.
- Identify and treat opioid misuse and stimulant use disorder.
- Ensure and improve the health and wellness of people who use opioids and other drugs
- Use data and information to detect opioid misuse , monitor drug user health effects, analyze population health, and evaluate interventions.
- Support individuals in recovery.

### On-Site Sewage Systems

The Board recognizes that on-site sewage systems are an important and effective means of treating and dispersing effluent if 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 helped increase food rescue and security while reducing food waste. The Board anticipates legislation on topics including microenterprise home kitchens, use of latex gloves in food preparation, and statewide mobile food permits 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](#).

### Oral Health

The Board supports 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 officer 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 efforts to promote vaccination against COVID-19 by making these vaccines accessible.

### 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 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, The legislature passed supplemental legislation to further increase the affordability and availability of these plans. This included a new premium and cost-sharing subsidy program administered by the state. The Board supports legislation that continues to build and sustain access to affordable health coverage across the state and legislation that alleviates cost concerns of those underinsured.

### Shellfish Sanitation

The Board recognizes that sanitary controls are essential for the safe production, harvest, processing, and marketing of shellfish. Historically the Board's rulemaking authority and the Department of Health's regulatory authority have focused on the commercial and recreational harvest of bivalve molluscan shellfish such as clams, oysters, mussels, and geoduck. The Board and its partners have observed shifting needs related to climate change, marine biotoxins, and other shellfish, such as crab. In 2021, SHB 1508 nearly passed late in the legislative session. This bill would amend chapter 69.30 RCW, Sanitary Control of Shellfish, authorizing Board rulemaking to establish sanitary controls for commercial crab harvesting and processing as it pertains to marine biotoxins such as domoic acid and paralytic shellfish poisoning. This bill will likely be reintroduced in the 2022 session and the Board supports its passage.

### Mental Health Services

The Board recognizes the disparate access to consistent and culturally competent mental health services in the state, particularly for our communities that have been disproportionately impacted by the COVID-19 pandemic. In recent years, there have been efforts to increase access to video and audio platforms that provide mental health services. The Board would support continued efforts to increase access to these services across our communities. The Board also recognizes the workforce challenges that plague the mental health care system. New provider types such as certified peer counselors have expanded capacity for support services, but gaps still exist. Additionally, studies continually show that there are public health benefits to providers reflecting the racial and ethnic diversity of their patients, by increasing trust, participation in care, and an increase in patient comfort. The Board supports efforts to increase and diversify the mental health workforce in Washington State. Lastly, the Board recognizes the impact that the COVID-19 pandemic has had on youth and the need for access to age appropriate services. The Board supports efforts to make mental health services readily available to youth in Washington State.