

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

January 13, 2021

Virtual meeting via GoToWebinar

State Board of Health members present:

Keith Grellner, RS, Chair
Thomas Pendergrass, MD, MSPH Vice-Chair
Fran Bessermin
Kelly Cooper, Secretary's Designee
Umair Shah, MD, MPH

Stephen Kutz, BSN, MPH
Bob Lutz, MD, MPH
Vazaskia Crockrell

State Board of Health members absent:

Jill Wood

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Kelie Kahler, Communication Manager
Stuart Glasoe, Health Policy Advisor
Lindsay Herendeen, Health Policy Analyst

Samantha Pskowski, Health Policy Advisor
Kaitlyn Donahoe, Health Policy Advisor
Cait Lang-Perez, Health Policy Analyst

Guests and other participants:

Michele Roberts, Department of Health
LinhPhung Huynh, Department of Health
Sierra Rotakhina, Department of Health

Keith Grellner, Chair, called the public meeting to order at 9:35 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 January 13, 2021 agenda

Motion/Second: Member Bessermin/ Member Crockrell. Approved unanimously

2. ADOPTION OF NOVEMBER 9, 2020 MEETING MINUTES

Motion: Approve the November 9, 2020 minutes

Motion/Second: Member Crockrell/Member Kutz. Approved unanimously

3. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director greeted the Board and directed Board members to materials in their packets under tab 3. She described packet materials which included meeting notes from a recent health promotion policy meeting, recent rule adoptions, as well as the 2021 meeting schedule.

Ms. Davis announced that some Board members had experienced power outages and loss of internet. She said she regretted that Member Wood wouldn't be able to join the meeting due to outages on Whidbey Island and that Vice Chair Pendergrass was seeking alternative ways to connect. Ms. Davis announced that this would be Member Wood's last meeting with the Board as a Board member. She said Ms. Wood had accepted a position with the Department of Health as the Director of the Office of Radiation Protection. Ms. Davis said she would be working with the Governor's Office to try to fill this position. She said asked Board members to volunteer to replace Member Wood as Board Representative on the Foundational Public Health Services Committee.

Ms. Davis said Dr. Shah would join the meeting later in the day to introduce himself and that she would meet with him later in the month for his Board member orientation.

Ms. Davis provided a brief update on the preliminary Investigation regarding the complaint against the Spokane Regional Health District Administrator. She said using the State's Master Contract, Karen Sutherland of the law firm Ogden Murphy Wallace P.L.L.C. was selected as the investigator. Ms. Davis said the investigator has reviewed relevant state laws, and materials received by the Board as well as those she has obtained through attorneys representing individuals involved in the investigation. She said Ms. Sutherland had begun interviewing key people involved in the complaints but did not have an estimate for when the investigation would be complete, as interviews may require additional records or interviews of other people. Once Ms. Sutherland has completed her investigation, she will report her findings to the Board, at which time the Board will need to determine next steps. Ms. Davis reminded Board members that Dr. Lutz is recused from this topic, and asked Board members to not email, call or otherwise communicate with him on this topic.

Ms. Davis said that legislative session started on January 11. She reminded Board members that state law requires the Board to complete health impact reviews within 10 days during legislative session. She said the HIR team would alert Board members and those who have signed up for alerts when a request is received and when the review is complete. Ms. Davis indicated that the HIR team has already completed two reviews for the 2021 legislative session. The first review was completed at the request of Senator Randall, focused on extending postpartum Medicaid coverage. The other review was completed at the request Representative Wicks and evaluated a bill that would provide health insurance coverage for hearing instruments for children under 18 years of age. She said the team was reviewing a bill for Representative Thai, that would provide health insurance coverage regardless of immigration status. Ms. Davis asked Board members to connect with Cait and Lindsay with questions or insights regarding reviews.

Ms. Davis said she was working with the Governor's Office to fill the city elected official position and well as the county elected official position on the Board.

Stephen Kutz, Board Member, thanked Ms. Davis for the comprehensive update.

4. DEPARTMENT OF HEALTH UPDATE

Kelly Cooper, Secretary's Designee, Director of Policy & Legislative Relations, gave an update on the 2021 Legislative Session. Member Cooper shared a PowerPoint on the session highlights (see presentation on file).

Member Kutz mentioned phlebotomists being used and trained in special circumstances and suggested the same for vaccinators.

Michele Roberts, Acting Assistant Secretary, Prevention and Community Health, agreed with Member Kutz and said longer term capacity building was underway. She said the volunteer pool has improved and people can request volunteers on the website. She said the National Guard is available to help with logistics, and work continues work on improving resources. She asked people to let them know of community needs.

Member Kutz asked about retired nurses and how rapidly licenses could be reactivated. Ms. Roberts said the DOH state COVID page has clear info on how to serve, along with WASERVE. She estimated the turnaround could be a week or less for registering volunteers.

Ms. Roberts presented an overview of the COVID vaccine response, (see presentation on file). She said the COVID vaccine campaign was in week 5. She commented that this was the largest campaign ever and the relative quick release of the vaccine was based on ten years of research that provided efficiency. She said that the steps for trial vaccines were done in parallel, which has allowed vaccine distribution within a year. She said that FDA emergency use authorization instead of full approval enabled the fast and effective response, and that tests were ongoing to measure how the benefits outweigh the risks.

Ms. Roberts said for all uninsured, the CARES act requires no cost as there are federal dollars. The state is waiting on the federal government for further distribution plans.

She said there are several campaign phases for public outreach and to provide the public with credible information that include education, intent and action. She said Ads were produced in multiple languages that reflect community input.

Thomas Pendergrass, Vice Chair, thanked Ms. Roberts and asked her about the drop in school children immunizations. Ms. Roberts discussed the decrease of childhood immunization rates/doses administered. She said people are continuing to stay home and not getting routine clinical care. She said DOH is including both issues in its messaging and public outreach.

Vice Chair Pendergrass asked about possible March and April plans for mass immunization sites and whether there would be bandwidth for mass immunizations. He reflected on the polio vaccination rigor when he was in grade school. Ms. Roberts confirmed this planning, including conversations at the state and local level as well as with private sector partners.

Member Kutz commented that anyone getting vaccines ahead of protocols is putting others at risk and if the highest risk people can't get vaccinated, it's ridiculous. He said

public health is toothless in mass vaccination process due to lost resources. He said private practices are not. He said people don't understand all that must be done to document and educate people because the vaccine isn't fully licensed. He acknowledged the growing impatience among the public and elected officials. Ms. Roberts agreed and said there is a need for clear messaging to help amplify the information.

Vazaskia Crockrell, Board Member, said she is the Director of Equity & Social Justice at King County. She said she appreciates hearing about the diversity. She said she didn't see prioritization of racial groups in the tiers. She said the presentation on COVID should call out racism. She commented on public outreach efforts and that communities of color frequently don't trust the system. She asked if advertisements are really reaching the community. Ms. Crockrell asked whether outreach is geared towards diversity and being intentional in rebuilding the trust.

Ms. Roberts thanked Member Crockrell for her feedback and agreed. She said diversity should be included and explicit to make sure DOH is doing a better job at incorporating it. She acknowledged DOH's oversight and apologized.

Paj Nandi, Director of Community Relations & Equity, Department of Health, talked about COVID work from the community standpoint. He said his team is working with communities that have been disproportionately impacted. He said equity is a cross-cutting factor, and that language has dropped off. He said we know there is a lot of intersectionality and we have plans designed for specific communities. He said for example, we know there's historical trust issues working with communities such as the Marshallese. Member Crockrell thanked Mr. Nandi and Ms. Roberts.

Member Kutz said we're just coming off the holiday's, and Federally Qualified Health Centers (FQHC's) aren't always the best place to cross that barrier, that doesn't necessarily mean they can cross that trust barrier. He said vaccines need to be done in community centers to overcome barriers, which is hard to do with limited supply.

Ms. Roberts said this is all great feedback. She said bringing vaccines into communities is part of the plan.

Chair Grellner said he appreciated her framing up the complexity of this effort, the size, the speed, etc. He said both vaccines in the series are challenging to handle, especially with the life outside of the freezer. He said the mixing and data entry really complicates large scale vaccination efforts. He commented that the COVID vaccine is not like the flu vaccine. He said he wanted to temper the statements about getting people receiving vaccine ahead of the most vulnerable. He said in his experience this has happened at the end of the day with and vaccines that must be used, so some groups like law enforcement are called to prevent waste. He asked DOH as it updated the plan to consider age and race first, and he acknowledged the complicated nature of the work. Ms. Roberts concurred with Chair Grellner's observations on complications and said more work was needed to remove barriers.

5. PUBLIC COMMENT (Note: Public Comment on Item 6, Rules Hearing for Prenatal Tests—Congenital and Heritable Disorders, Chapter 246-680 WAC will begin at 11:30 a.m.)

Lan Nguyen, Community Health Board Coalition said the coalition represents over 400 active members and supports the addition of COVID-19 to the Notifiable Conditions rules and the disaggregation of race and ethnicity data. In April 2020 the coalition wrote letter to DOH, met in May and DOH agreed to work with all demands. The coalition conducted a gap analysis of the Board's emergency rule (WAC 246-101-017) and demand that providers ask for patient's birthplace, indigenous identity, disaggregated race, ethnicity, and language data, as well as housing characteristic questions.

Amanda Vitale, Coalition for Prenatal Screening said they submitted public comments (see materials on file, Tab6f). They are pleased at the final vote for unconditional coverage. Ms. Vitale talked about insurance coverage, coverage plans and said that NIPS should be a pre-natal tool offered to all women.

The Board took a break at 11:06 a.m. and reconvened at 11:20 a.m.

6. RULES HEARING—PRENATAL TESTS-CONGENITAL AND HERITABLE DISORDERS, CHAPTER 246-680 WAC

Bob Lutz, Board Member provided the introduction for the briefing prior to the hearing. He said the proposed rule would update the standards established by the Board for benefits to include all those that meet current standards of practice and are medically indicated. The proposed rule removes restrictive criteria for certain tests, includes new tests, and makes editorial changes to improve the usability of the rule.

Samantha Pskowski, Policy Advisor to the Board described the rule background, timeline, proposed changes, definitions, and new tests added to WAC 246-680-020. She summarized the proposed changes, shared comments that were received during the formal comment period and provided staff recommendations (see Tab 6 on file).

Member Crockrell asked if the primary concern was from the HCA based on the cost? Ms. Pskowski said there's multiple reasons why HCA expressed concern.

Chair Grellner opened the meeting for public testimony and read from a prepared statement (on file), allowing for 3 minutes per person.

Charissa Fotinos, Deputy Chief Medical Officer at Health Care Authority (HCA), said she opposes the rule as currently written. Dr. Fotinos stated two primary concerns: 1) without more descriptions to physicians for requiring screening test, they are prone to pick up false positives. 2) around Chromosomal microarray (CMA). Many variations are not yet defined. Ethics is problematic and she supports tightening up rule. Cost is an issue, but not primary concern.

Robert Nathan Slotnick, MD and OB-GYN, said he works in perinatal genetics and submitted written comments. Dr. Slotnick said he serves as the medical director for a genetic company, and that all the work he's done has supported these technologies. He said the tools are remarkable, and cfDNA is a spectacular screening tool and should be

used in all cases, not just high risk. He said the issues are now equity and that a pregnant woman living in Ephrata should have the same access as a woman in Seattle. He commented that SBOH should approve for all pregnancies, not just high risk.

Shari Ungerleider, parent, said in Aug 1994 her first child Evan was born. The first 6 months were filled with joy watching him grow up. The next few months they noticed changes and Evan was not keeping up, at 10 months their nightmare began. They went from doctor to doctor while Evan endured painful testing. One doctor finally asked for more tests. Evan endured blindness, deafness, seizures, bad respiratory problems, and he lived until almost 4.5 years old. She said the disease impacted their entire family. During their best memories of the beach, park or pool, they had to drag along the necessary medical equipment. They went on to have 3 more healthy children and had the CVS test. They are blessed with children, but it does not take away terrible loss of Evan and they are turning their efforts towards education awareness and research to honor Evan. She talked about screening history and the importance of carrier screening.

Amanda Vitale, Coalition for Access of Prenatal Screening (CAPS), reiterated genetic screening is always up to the patient, (see written testimony on file). She said screening should be offered to all patients regardless of age or risk. She talked about insurance plans that include coverage and encouraged the board to consider comments as women deserve access without boundaries.

Jenny Way, Genetic and Medical Director at Molina, said she supported the tests generally, but it is not plausible to have everybody tested with current resources. She asked that evidence be considered and said that Molina did undergo extensive review and did not find evidence that cfDNA testing should be offered to all women. Expanding this to low-risk would lead to false positive leading to other consequences. She said they support expansion of coverage, but the evidence needs to be expanded for what's supported in the scientific literature.

LuAnn Chen, family physician and Senior Medical Director from Community Health Plan of WA, said that CHPW has concerns, which are shared by pediatrician Dr. Paul Sherman, CMO, and Justin Fowler, a nurse and senior director of utilization management. CHPW has concerns this proposed rulemaking has risks. CHPW recommends a clinical committee perform a review for prenatal genetic testing to establish evidence-based criteria.

Rachel Fidino talked about the importance of family history and ethnicity. Ms. Fidino talked about cost and the trauma to families. She said screening for conditions is more cost effective than a child being born with a condition, which could potentially be around \$50,000 per year of life. Ms. Fidino agrees with expanding the current guidelines. She supports following ACOG, as most clinicians are using that in their practice.

Dan Kent, Chief Medical Officer, United Health Care (UHC) Health Plan, supports the Board in using and recognizing American College of Obstetricians and Gynecologists (ACOG) guideline. He said UHC expanded coverage to cover DNA based noninvasive prenatal screening. With expansion, came the requirement for DNA counseling and shared decision making. Dr. Kent offered 3 recommendations that included shared decision making, rulemaking should support WA's commitment to ensuring the tests

and treatments have a strong evidence basis of effectiveness and cost effectiveness (he liked the formal, evidence based review program, like Washington Health Technology Assessment Program for making these judgements), and he agrees that case based review should be an integral part of ongoing care management.

Chair Grellner closed public comment at 12:10pm.

Member Lutz said that based on today's comments, he's asking staff to continue this conversation. Member Kutz said he needs to understand in more comprehensive way, especially with rural communities. Vice Chair Pendergrass said this is not saying every woman in state has testing, but if it is desired, it ensures there is payment. He suggested the Board defer action until June meeting for clarification.

Member Crockrell agreed, saying there needs to be more conversation on who, how, why. She said they are moving in the right direction, but it needs more conversation before we move further.

Member Kutz said he wants to understand what organizations we are going to follow that make these recommendations. He said we have systems in place that even if they wanted the tests, they have difficulty accessing it. He said he wants to make sure it's available to the rural populations.

Chair Grellner said he heard consistency in member comments and asked for a clear motion.

Motion: The Board, based on today's discussion and public comment received, will continue its discussion on whether to adopt the proposed rule to the June meeting. The purpose of deferral is to allow additional clarification on the wording and the need for genetic counseling and about access to the tests identified in the rule. The Board continues to direct staff to work with interested parties and subject matter experts to make the recommendation for the Board's consideration at the June meeting as clear as possible.

Motion/Second: Vice Chair Pendergrass/Member Bessermin. Approved unanimously.

7. BRIEFING—NOTIFIABLE CONDITIONS, CHAPTER 246-101 WAC

Member Kutz shared the purpose and background of the rule (materials on file).

Kaitlyn Donahoe, Policy Advisor to Board, reviewed the full rule to prepare the Board for an anticipated hearing in March. She reviewed the background, evolution, feedback and next steps. Sierra Rotakhina, Department of Health, provided background on the entire Notifiable Conditions Rule (see materials on file). Ms. Rotakhina reminded everyone of all the diseases and illnesses that this rule covers outside of COVID, and that the focus of this update was on the communicable disease aspects. She said the rule is lengthy and the primary reporters are laboratories, health care providers, health care facilities and local health jurisdictions (LHJ's). It covers a comprehensive network of reporting. Ms. Rotakhina covered the timeline, which started in 2017. With the pandemic in the middle, it has taken twists and turns to get this rule to a good place.

Ms. Donahoe discussed early collaboration and engagement activities (see materials on file). She discussed the formal public comment period requesting additional ethnic data including race, ethnicity, primary language, gender identity, sexual orientation and disability status.

LinhPhung Huynh, Department of Health, shared the Information and Listening Sessions and the key insights (see materials on file). She said two sessions were held in October and December 2020. She recapped the importance that public health needs to use disaggregated data with the inclusion of sexual orientation, gender identity, and disability status, as well as feedback on race, ethnicity and language.

Ms. Donahoe talked about the draft rule language and informal comment, and described cost surveys and the updated cost questionnaire.

Ms. Rotakhina, recapped changes, 74 new conditions or modified. Staff went line by line through rule to identify changes (see PowerPoint on file). She discussed the administrative changes and clarification on local health jurisdictions.

Ms. Donahoe discussed additional proposed revisions from June 2020, including inclusion of COVID, inclusion of race, ethnicity and patient preferred language reporting. She discussed additional proposed revisions in Dec. 2020. She reviewed the feedback and considerations received. There was a fair amount of feedback and comments on COVID. They received 5 responses to the supplemental cost surveys.

Ms. Huynh provided feedback on the continued refinement of race, ethnicity, and preferred language reporting categories. She recapped conversations with community and advocacy organizations regarding their continued requests for additional demographic data including sexual orientation, gender identity, disability status, housing status, tribal affiliate, birth country, veteran status and occupation. One such group was the Community Health Board Coalition. She discussed the considerations for collecting this data.

Ms. Donahoe described the next steps, which include today's briefing, continued work on rule language and analysis for the CR 102, and the anticipated rules hearing in March 2021.

Chair Grellner thanked everyone who worked on this rule, stating the volume of information represents the massive work.

Vice Chair Pendergrass commented on the extraordinary work and outstanding job of staff. He said this rule includes conditions that are common, rare and the SARS family of diseases. He said we have multiple audiences involved in this rule. He said the challenge he sees is how to move this along. He said he likened this to the food safety rule, long and comprehensive. He said we need to look at the human factor when humans are involved. He said disaggregated personal data is important. He said he appreciated the work of staff and Health Promotion Committee and commented there is a lot more work to be done.

Fran Bessermin, Board Member, commented on her appreciation of Dr. Pendergrass and his analogy and the work of staff is excellent. Member Crockrell thanked everyone for an exceptional job. Member Kutz suggested staff need a PhD for all their work, and Chair Grellner suggested an honorary PhD.

Chair Grellner asked about the variants to SARS CV-2 and if the general category will cover the variants. Member Kutz said from his perspective it is too soon to know and he asked about the agility of this work.

Ms. Donahoe said the provisional notification of the proposed rules would allow for a new emerging strain of COVID. This provides the flexibility, under the umbrella of Novel Coronavirus.

Ms. Rotakhina confirmed any strains are classified under the Novel Coronavirus umbrella and if any fell out, local health officers can request it. Vice Chair Pendergrass said this information was already in the rule, and that we have a system for identifying and responding and many diseases have these variables.

Chair Grellner asked about the demographics on the number of bedrooms. Ms. Huynh said the concept came from the Community Health Board Coalition. He said collection of this data could give public health a better idea of a patients needs especially in correlation with quarantining and isolation. Ms. Huynh offered to get more clarity.

Member Kutz talked about the data elements people have added, saying we have to remember most of this data is gathered at the provider level and at some point, the collector will rebel. He said providers are already overburdened in the reporting process.

Chair Grellner said he asked about the number of bedrooms because the septic system and number of rooms are linked. He said what people consider bedrooms can vary and if asked, it can be under or over estimated. He said the better question might be how many people sleep in your house.

The Board recessed for lunch at 1:10 p.m. and reconvened at 1:40 p.m.

8. 2021 LEGISLATIVE STATEMENT

Michelle Davis, Board Executive Director, reminded Board members of the draft legislative update sent to Board members for their review and comment. She described suggested updates to the statement based on 2020 legislative action and staff recommendations, and indicated she was seeking the Board approval of the updated legislative statement (materials on file).

Ms. Davis commented that legislative session started January 11, 2021, and that it is a 105-day session. Ms. Davis said the updated statement included Foundational Public Health Services, vaping, funding for the Office of Equity, and removal of the budget proviso for school rules. She welcomed member questions and requested their consideration of the statement for adoption.

Member Crockrell applauded Ms. Davis for putting together these legislative proposals.

Motion: The Board adopts the Statement of Policy on Possible 2021 Legislative Issues as submitted on January 13, 2021.

Motion/Second: Member Crockrell/Member Bessermin. Approved unanimously.

9. REQUEST FOR DELEGATION OF RULEMAKING—RECODIFICATION OF TITLE 70 RCW

Chair Grellner introduced the topic. Stuart Glasoe, Board Staff, said the request for delegation of rulemaking authority by the Department of Health is an administrative matter that involves no policymaking or policy changes. He explained that Substitute House Bill 2246 of the 2020 legislative session reorganized Title 70 RCW into two titles. The new titles are Title 70 RCW, Public Health and Safety, and Title 70A RCW, Environmental Health and Safety. He said the changes in state law affect corresponding statutory citations in four Board rules. Two of the rules are currently being revised and the citations will be corrected—those are the Board rules for On-site Sewage Systems and Group A Public Water Supplies. He said two other Board rules require similar work to correct the statutory citations—those are chapter 246-205 WAC, Decontamination of Illegal Drug Manufacturing or Storage Sites, and chapter 246-291, Group B Public Water Systems. He said the motion for Board consideration would delegate rulemaking authority to the Department of Health to correct the citations in these two rules and, if delegated, would be completed by the Department while making similar administrative corrections to Department rules.

Motion: The Board delegates to the Washington Department of Health rulemaking authority to correct citations in chapters 246-205 and 246-291 WAC to accurately reference statutory authority in Title 70 RCW and Title 70A RCW.

Motion/Second: Vice Chair Pendergrass/Member Crockrell. Approved unanimously.

10. PETITION FOR RULEMAKING, ADDRESSING ZONOTIC ILLNESS CAUSED BY CANINES IN THE WORKPLACE

Chair Grellner introduced the topic and invited Samantha Pskowski, Board Staff, to provide a briefing. Ms. Pskowski reminded Board members of the requirements under the Administrative Procedures Act regarding petitions for rulemaking. She said in November 2020 the Board received a petition for rulemaking related to zoonotic diseases and explained that the petitioner identified increased risk for zoonotic diseases caused by animals in the workplace. Ms. Pskowski said that in addition to the Board's authority regarding zoonotic disease, the Department of Labor and Industries has authority to establish workplace safety regulations. She mentioned that there are currently no regulations in place for animals in the workplace.

Vice Chair Pendergrass identified that the petitioner cites canines specifically in the petition and asked whether the Board should be considering all animals in the workplace. He asked if there was any indication that the Board should be looking at more animals than just canines, using support animals banned by commercial airlines as an example.

Ms. Pskowski clarified that the petition specifically asks for rulemaking related to non-work animals. She stated that she could not find other states or localities that have rules regulating animals or pets in the workplace in her literature review.

Member Kutz asked if the intent of the petition was to allow for animals to be brought into the workplace.

Chair Grellner and Ms. Pskowski clarified that the petition was intended to prevent animals from being brought into the workplace, and that the petitioner is asking the Board to provide a regulatory structure regarding when it is appropriate to bring animals into the workplace. Ms. Pskowski mentioned that the Board has broad authority related to the prevention of communicable disease and posed whether this topic would be better suited for rulemaking by Labor and Industries.

Member Cooper agreed that Labor and Industries may have more specific authority in this area.

Member Bessermin mentioned that animals are in schools as well and asked about the impetus for filing the rulemaking petition.

Ms. Pskowski responded that the petitioner believes they contracted a disease as a result of a co-worker's dog at work.

Chair Grellner stated that zoonotic disease transfer is relatively low, and that the Board may not have the resources for this work at this time given other large rulemaking projects and COVID-19 response.

Motion: The Board declines the petition to initiate rulemaking to address zoonotic diseases in the workplace, such as those carried by canines, due to the uncertainty of the public health risk and prioritization of the Board's current rulemaking activities. The Board directs staff to notify the requestor of the Board's decision.

Motion/Second: Vice Chair Pendergrass/Member Kutz. Approved unanimously.

11. INTRODUCTION OF SECRETARY OF HEALTH, UMAIR A. SHAH, MD, MPH (moved after Item 12 and a break, occurred at 2:45pm)

Chair Gellner welcomed Umair Shah, Secretary of Health and Board Member.

Member Shah introduced himself and described his background and work in Harris County, Texas. He shared his three cornerstone values: equity, innovation, and engagement. Member Shah thanked the Board for their work and commended the governmental public health system (state, local, tribal) on the successful COVID-19 response in Washington. He said he has a lot to learn and is looking forward to it. Member Shah mentioned plans for 100 days of listening and learning, but that those plans have been delayed due to COVID-19 vaccine planning. He said that it will take a lot of hard work when it comes to the pandemic, and we will overcome it by washing hands, wearing masks, watching our distance, and continued testing as we move toward vaccinations. Member Shah thanked the Board for welcoming him to the state.

Chair Grellner welcomed Member Shah to the State Board of Health and said that he hopes they will be able to convene in person again soon.

12. AUDITORY AND VISUAL STANDARDS—SCHOOL DISTRICTS, CHAPTER 246-760

WAC GUIDANCE (switched with Item 11 to give more time, happened at 2:15pm)

Vice Chair Pendergrass introduced the topic and provided a brief background. He introduced Samantha Pskowski, Board Staff, to update the Board on this topic.

Ms. Pskowski said that the 2020-2021 academic school year has seen significant disruption due to the COVID-19 pandemic and the Board has received inquiries as to how auditory and visual screenings should be conducted this school year given the different instruction modalities (e.g., distance learning, hybrid model). She said that Board staff have worked with subject matter experts at the Office of the Superintendent of Public Instruction to provide guidance to families and teachers.

Ms. Pskowski described two sets of guidance: guidance for parents with students participating in distance learning to watch for signs of auditory or visual problems in their children, and guidance for in-person learning or hybrid models to conduct screenings as feasible and prioritize students who are at risk of an auditory or visual problem. She welcomed feedback on the guidance from Board members.

Member Kutz asked the purpose of screenings were to identify students who may be having problems, or if parents already know their kids might have an issue. He asked if schools will pay for formal screening or accommodations for students if parents identify a problem.

Vice Chair Pendergrass said parents often do not realize children have vision issues, and with distance learning online it is even more difficult to identify. He said that asking schools to figure out a way to bring kids back to the classroom to do the evaluation, especially with pandemic restrictions, is almost impossible. He said he is supportive of the guidance.

Member Besserman agreed and discussed her experience as a former schoolteacher, noting that parents may not know the limitations of their children. She said that auditory and visual screenings were started in schools because teachers are able to identify issues in a learning setting.

Member Kutz suggested that the guidance specify that screening should be done early in the year during the next school year, not later, to identify problems sooner.

Chair Grellner stated the process for bringing children back to school right now is complex, and that teachers and nurses are being asked to take on a lot more work to get kids back into school. He said he is concerned about the bandwidth to implement this guidance, but he is supportive.

Motion: The Board, based on today's discussion, approves the draft guidance for implementing chapter 246-760 WAC during the 2020-2021 academic year and directs staff to finalize and work with OSPI to distribute to school districts these recommendations.

Motion/Second: Vice Chair Pendergrass/Member Bessermin. Approved unanimously.

The Board took a break at 2:31 p.m. and reconvened at 2:36 p.m. (then resumed with Item 11)

13. BOARD MEMBER COMMENTS

Chair Grellner asked for any comments.

Member Kutz congratulated board members and staff for being able to get our work done. At the beginning of COVID, he didn't know how we were going to do our work, and he thanked staff.

Vice Chair Pendergrass said the COVID experience has not only shaped the state but will shape what we are doing in public health. He said it will teach us what to do with vaccines and infectious diseases. He hopes this brings equity to all of our work. We talked today on pregnancy screening and newborn diseases. He is so impressed with staff and their skill and effectiveness. He commented on the vast array of complicated rules from communicable disease, to food and safety and other regulatory rules. He's honored to work with a group that continues to broadly think about the health of all WA residents.

Member Lutz echoed what's been said commending the staff, and especially those looking at the equity issues. He said with COVID-19, we are now looking closely at public health. Ms. Davis has done a great job on the legislative agenda including FPHS and he's more than happy to assist. He said this pandemic has laid out the challenges in translating the science to the work on the ground at the national, state and local levels. He said public health provides the safety net. He said he is impressed with staff and board members and pleased to be a part of it.

Member Bessermin stated she dittos everything her colleagues shared. She said she appreciates staff, and offered a happy new year, to stay safe and be well.

Member Crockrell echoed her excitement to be here. She said from her onboarding, to the work of staff, it is a great team to work with, as well as addressing some of the racial and ethnic disparities for people that cannot speak to it. She said she's looking forward to working together in 2021, and that this work brings extraordinary value to her life and her community.

Member Kutz called out Chair Grellner's leadership, seconded by Member Lutz and Vice Chair Pendergrass. He thanked Chair Grellner at the SBOH level as well as work at the local and state level. His sentiment was agreed upon by all board members.

Member Cooper echoed all the wonderful comments on Ms. Davis, SBOH staff and Chair Grellner. She acknowledged the big hole that Member Wood is leaving on the board and they are thrilled she is joining DOH.

Ms. Davis said that Member Wood reached out expressing her disappointment she couldn't join due to the power outage. Ms. Davis shared that both Members Lutz and Crockrell reached out to her as being involved with the FPHS work. She suggested an alternate would be good and she'll recommend this at the Steering Committee.

Ms. Davis reminded Board members about the MLK presentation tomorrow. She said Dr. Ben Danielson is the keynote speaker and she encouraged participation.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:08 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair

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