

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

March 10, 2021

Electronic meeting via GoToWebinar

State Board of Health members present:

Keith Grellner, RS, Chair
Thomas Pendergrass, MD, MSPH Vice-Chair
Fran Bessermin
Elisabeth L. Crawford
Scott Lindquist, MD, MPH, Secretary's
Designee

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

State Board of Health members absent:

State Board of Health staff present:

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

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

Guests and other participants:

LinhPhung Huynh, Department of Health
Sierra Rotakhina, Department of Health
Paj Nandi, Department of Health
Chris Baumgartner, Department of Health
Neetha Mony, Department of Health
Julieann Simon, Department of Health
John Thompson, Department of Health

Keith Grellner, Chair, called the public meeting to order at 9:33 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 March 10, 2021 agenda

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

2. ADOPTION OF JANUARY 13, 2021 MEETING MINUTES

Motion: Approve the January 13, 2021 minutes, with correction noted by Member Kutz to add the H after the MP after his name under members present.

Motion/Second: Member Bessermin/Member Crockrell. 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 indicated that packet materials included Member Elisabeth Crawford's biography, meeting notes from a recent health promotion policy meeting on Feb. 11, which primarily focused on rule updates and preparation for the Board's March meeting, and a fact sheet regarding the Public Health Infrastructure Saves Lives Act. She indicated she had signed on in support of the federal legislation which is focused on sustained funding for foundational public health capabilities and includes grant awards to territorial health department and local health departments and tribal health departments.

Ms. Davis reported on Health Impact Review (HIR) activities and said the HIR Team has completed 9 Health Impact Reviews this legislative session. She said the team is currently finishing a review on SSB 5160 addressing landlord-tenant relations which will be sent out later today. She noted there are four additional HIRs in the queue, and the next review is on a bill addressing carbon emissions.

Ms. Davis said that Karen Sutherland, of Ogden Murphy Wallace PLLC, continues her investigation of the complaint the Board received regarding the SRHD administrator. She said Ms. Sutherland is currently reviewing records obtained through multiple public records requests to city and county government agencies, and that there is still one outstanding public record request for records from a municipality in Spokane County, which should be fulfilled in late March. She reported that Ms. Sutherland has interviewed several people, and after she completes her review of the public records, she will determine if additional interviews are warranted.

Elisabeth Crawford, Board Member, introduced herself and shared her background, work experience and passion about joining the Board and work.

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

Scott Lindquist, Secretary's Designee, State Epidemiologist for Communicable Diseases, Department of Health, gave an update on Novel Coronavirus (COVID-19), (see presentation on file, Tab 4a, pages 1-12).

Paj Nandi, Director of Community Relations & Equity, Department of Health, spoke on vaccine equity strategies and integrating a pro-equity approach into vaccine allocation and distribution. Mr. Nandi expanded on the strategies that include prioritizing allocation and support to providers who effectively serve disproportionately impacted communities and ensuring equitable access. He said this is an effort of teamwork, (see presentation on file).

Fran Bessermin, Board Member, gave kudos to Tri-County Health. She worked as volunteer in Stevens County, a population of 47,000 people. She was impressed with drive through mobile clinics, all appointments made by phone.

Thomas Pendergrass, Vice Chair, asked about expanding distribution, the challenge to reach out and how some problems hurt the equity work.

Secretary's Designee Lindquist said the Governor's office has been very responsive. He said the Department of Health (department) balances the vaccine supply and receives thousands of emails a day, and the department works closely with the Governor's office. He noted this is a balance of demand in each community and moving forward as a state, conferring along the way with the Governor's office.

Vice Chair Pendergrass asked about vaccine for pregnant women and newborns.

Secretary's Designee Lindquist referred to a University of Washington Obstetrics study, which shows COVID complications in pregnant women are higher, and said there's no question that pregnant women should be targeted to be prioritized for vaccine. He said vaccine is needed to provide it.

Vice Chair Pendergrass commented on the need to incorporate the definition of efficacy. It is a misunderstanding and publicity is a huge disincentive.

Secretary's Designee Lindquist said he would recommend the J&J vaccine to his family. He commented on the need to continue to talk about any adverse events with these 3 vaccines.

Stephen Kutz, Board Member, thanked them for a great presentation. He asked about 16-year old's in the tiers. Secretary's Designee Lindquist agreed to look more closely at that.

Member Kutz thanked Mr. Nandi for his monumental task. He noted that some populations and languages aren't covered, such as Kankabal (in Mason county). He shared his worry for Indian people in the state and how we reach them, especially those members in urban areas.

Mr. Nandi acknowledged some challenges and restrictions they continue to work on with private and public entities. Many organizations overlap, there's a lot of intersectionality, and there might be local effort that they aren't capturing. Member Kutz shared his opinion that Washington leads the nation in these efforts.

Member Kutz asked Secretary's Designee Lindquist about masks, and when the state will come out with a version of protocols, such as recommendations for non-health care settings. Secretary's Designee Lindquist said the department is not going to create their own guidance on healthcare workers but noted that CDC is.

Vazaskia Crockrell, Board Member, thanked Secretary's Designee Lindquist, saying the information is very relevant and clear. She told Mr. Nandi that his presentation on racial equity is stellar. She said appreciates the strong statement and the strategies hit home on what we're doing as state to address the inequities and barriers and calling out the data being collected. Member Crockrell said she was honored to hear what is happening and the value of collaboration. She commented on her respect for Mr. Nandi's voice and his acknowledgement of his team and looks forward to hearing more about investment mapping.

Elisabeth Crawford, Board Member, thanked Secretary's Designee Lindquist and Mr. Nandi. Member Crawford is happy to hear this work exists and asked if the vaccine strategy is shared with local health jurisdictions (LHJs). Mr. Nandi confirmed this has been shared and DOH was are partnering with some to make sure strategies are aligned. He said the department is also working with the Hospital Association, saying all providers need to adhere to at least the minimum recommendations that are culturally responsible.

Secretary's Designee Lindquist said Governor Inslee is supporting all these equity efforts at the state level.

Ms. Davis acknowledged Mr. Nandi's work, saying his future plans will take him away from the department. She said commented on his service on the Governor's Interagency Council on Health Disparities (HDC) and his deep involvement in community engagement, the department Incident Management Team (IMT), and Language Access work. She said he created safe space for all employees to talk about difficult institutional racism issues. She said it's been a pleasure and honor to work with him, he leads with grace and humility and we are richer for his work. He will be missed.

Mr. Nandi thanked Ms. Davis, he did not expect this. Member Crockrell expressed her surprise and commented that Mr. Nandi is a gem and will always shine.

5. PUBLIC COMMENT (Note: Public Testimony on Item 9, Rules Hearing for Notifiable Conditions, Chapter 246-101 WAC will begin at 1:30 p.m.)

Chair Grellner, read from a prepared statement and gave each person 3 minutes to comment.

Mallory Baker, founder of WA CMV Project. Ms. Baker described the impact CMV has on infants and children as well as the importance of early identification and education. She thanked the Board for discussing her petition and proposes that Washington State includes CMV in newborn screenings.

Joe Kunzler, citizen, talked about the pandemic and thanked the Board in their efforts in battling COVID. He asked the Board to support ESBH1329 as a means of inclusion. Mr. Kunzler mentioned his past experience with the Board regarding the jet noise issue.

Bernadette Pajer, Informed Choice WA, said she's alarmed at Dr. Lindquist's comment and CDC for pregnant women to be vaccinated. She commented that this is an investigational product, and questioned women would accept the risk. All vaccines are Emergency Use Authorization (EUA). Ms. Pajer discussed EUA and the impact of potential adverse reactions facing individuals. She asked the Board to consider alternatives and asserted her position that saying that vaccinated folks are more safe is discriminatory. She said that never in history have healthy people been told to get a vaccination, and vaccination is pushed cradle to grave. She said they will not be sold to the pharmaceutical industry by our government. Please reevaluate aggressive campaigns.

Robert Runnells, a parent from Vancouver, welcomed Member Crawford to the Board and is happy to see of her expertise in occupational and environmental health. He talked about cloth masks, how they create adversarial environments for many employees in businesses. He said CDC's latest numbers show 1.32% less effectiveness, which is unprecedented. His daughter just recovered from a bacterial infection on her face, in the shape of the mask. Mr. Runnells asked the Board to look into the safety of wearing masks, to communicate real data and end the mask order for all children.

The Board took a break at 11:15 a.m. and reconvened at 11:30 a.m.

6. PETITION FOR RULEMAKING, WAC 246-650, NEWBORN SCREENING - CONGENITAL CYTOMEGALOVIRUS

Vice Chair Pendergrass gave background on the petition and brief information on congenital cytomegalovirus (cCMV) and introduced Sam Pskowski, Board Staff.

Ms. Pskowski introduced herself and was joined by John Thompson, PhD, MPH, MPA, Office Director for Newborn Screening Program at the Department of Health introduced himself. Ms. Pskowski then provided a brief overview of the petition, the Board's authority, and stepped through the Board's process for adding a condition to the newborn screening panel. She also noted how cCMV would be different than the current condition screened for in the newborn screening panel (presentation on file).

Vice Chair Pendergrass stated that targeted screening is for those children that have failed the hearing screen. He said the screen looks for the antigen in urine or saliva of patient. Looking for virus in early first few weeks of life for testing. He pointed out this is not a heritable condition, it is acquired by those women who make it into adulthood having never been infected with Cytomegalovirus. He noted that the frequency of this condition is more prevalent than some other conditions that we screen and commented on the need for more information and time to pull this together.

Member Kutz asked how this condition would fit into the current newborn screening rules. Ms. Pskowski replied that hearing screening is not currently a requirement and often infants born outside of healthcare facilities do not receive one. Dr. Thompson noted that the timing would work, but the petition does not provide clarity on the where the diagnostic testing is conducted, the department's lab does screenings. He noted there are a lot of questions about implementation that need to be explored.

Secretary's Designee Lindquist noted that he previously trained under Dr. Gail Demmler-Harrison, an expert who conducts research on CMV. He said the best tests are by urine and saliva, not blood. Secretary's Designee Lindquist advised to convene a Technical Advisory Group (TAC) and he suggested for Dr. Demmler to be involved.

Member Crawford asked about the cost benefit. Vice Chair Pendergrass said there is no cost benefit information until more work is done. Member Crawford expressed support to gather more information.

Member Bessermin said we need to gather more information and a TAC is appropriate.

Vice Chair Pendergrass said we need to gather more information, and regardless of what is done, this probably wouldn't be implemented to 2022 or 2023.

Motion: At this time, the Board declines the petition for rulemaking to establish new sections in chapter 246-650 WAC to require newborn screening for congenital cytomegalovirus for infants who fail the newborn hearing screening, but directs staff to compile additional preliminary information for presentation at the Board's October meeting so the Board can determine whether to establish a technical advisory committee to evaluate cCMV against the Board's criteria for adding conditions to the newborn screening rule.

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

Vice Chair Pendergrass added that we're not saying this is unimportant, but including this in the NBS program has a well-established process. Chair Grellner said he is happy with the motion, especially if we can bring in a national expert.

Member Kutz asked if newborn hearing loss is attributable to this? Vice Chair Pendergrass said this is part of due diligence. The first 6 months is a disproportionately large share and the next 6 months less so, but we need to do due diligence to make this work. Member Kutz asked if we need to look at the NBS hearing rule to bring this into compliance and Vice Chair Pendergrass answered yes.

7. UPDATE – COMMUNICABLE AND OTHER CERTAIN DISEASES, CHAPTER 246-100 WAC

Bob Lutz, Board Member, provided a brief background on the rulemaking project. He said that in 2020, the Legislature passed Engrossed Substitute House Bill (ESHB) 1551, Modernizing the control of certain communicable diseases (Chapter 76, Laws of 2020), which provides the Board with new rulemaking duties. Member Lutz introduced Board and Department staff who provided a update on the rules (presentation on file)

LinhPhung Huynh, Policy Advisor for DOH, provided the statutory background on ESHB 1551, the request legislation from DOH to modernize the control of certain communicable diseases (see presentation on file). She said the legislation sought to eliminate the exceptionalism of HIV in law and rule. Ms. Huynh said the legislation went into effect June 11, 2020 and makes several statutory changes that impact Board rules.

Samantha Pskowski, Board Staff, discussed the early collaboration with interested parties as well as the scope of rulemaking on chapter 246-100 WAC, Communicable and Certain Other Diseases. Ms. Pskowski experienced technical difficulties, and Ms. Huynh filled in and discussed the specific revisions to the chapter, including removal of references to pre- and post-test counseling, inclusion of new terms including blood-borne pathogens, ensuring references are up-to-date and appropriate, and using people-first language in reference to HIV.

Kaitlyn Donahoe, Board Staff, discussed revisions in chapter 246-101 WAC related to the communicable disease rulemaking project that were made in the proposed notifiable conditions rules that will be considered by the Board later today. She said that due to the overlapping projects, Board staff felt it was advantageous to incorporate revisions

now rather than wait until the conclusion of the notifiable conditions rulemaking, resulting in a very lengthy timeline for the communicable disease project. She detailed the revisions, including policy and editorial revisions made in alignment with statutory changes and edits made to use people-first language in reference to HIV. She then discussed the anticipated rulemaking timeline, including an anticipated briefing and rules hearing in Summer and Fall 2021.

Secretary's Designee Lindquist said he supported this work and commented on the quality of the presentation. Member Lutz echoed Secretary's Designee Lindquist, saying this is a long time coming, going back 4-5 years and everyone in local public health is affected by outdated laws. Member Crockrell gave kudos to staff on a great presentation.

8. DELEGATED RULEMAKING – NATIONAL SHELLFISH SANITATION PROGRAM (NSSP) REFERENCE IN CHAPTER 246-282 WAC, SANITARY CONTROL OF SHELLFISH

Chair Grellner introduced the topic. Stuart Glasoe, Board Staff, started the briefing but lost audio/video connection. Chair Grellner stepped in and explained that this is an administrative matter that the Board addresses every couple years to update the reference to the most recent version of the National Shellfish Sanitation Program (NSSP) Model Ordinance in the Board's shellfish sanitation rules, chapter 246-282 WAC. He said the Department of Health requested delegation of rulemaking authority, as allowed under Board authority, to do this work and update the reference to the 2019 version of the NSSP Model Ordinance. He drew attention to the draft motion in the cover memo for Board consideration.

Motion: The Board delegates to the Washington State Department of Health rulemaking authority to update and revise WAC 246-282-005 to reference the 2019 National Shellfish Sanitation Program (NSSP) Model Ordinance.

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

The Board recessed for lunch at 12:33 p.m. and reconvened at 1:30 p.m.

9. RULES HEARING – NOTIFIABLE CONDITIONS, CHAPTER 246-101 WAC

Stephen Kutz, Board Member, introduced the topic and provided a brief background on the rulemaking project (see memo on file), and noted that this has been four years of hard work and provided background information, including historical timeline, on the rule and statutory authority. Member Kutz introduced Kaitlyn Donahoe, LinhPhung Huynh, and Sierra Rotakhina (presentation on file).

Sierra Rotakhina, Department of Health, provided information on the collaboration efforts and identified those interested parties who were engaged. Noted the community partnership to ensure the race, ethnicity, and language information in the rule were sufficient. Ms. Rotakhina provided an overview of the key proposed revisions, including changes to existing conditions, new conditions, changes to requirements for veterinarians and the State Department of Agriculture, the inclusion of enhanced service facilities, local health jurisdiction reporting, and administrative changes.

LinhPhung Huynh, Department of Health, provided an overview of the comments received related to aspergillosis and additional demographic reporting and provided staff recommendations for how to address the comments received. She recommended that no changes be made to the proposed rules related to aspergillus as it was outside of the scope of rulemaking, and no changes be made related to additional demographic reporting as it would require a significant delay in implementation. Ms. Huynh noted that these topics should be considered by the Board in future rulemaking.

Kaitlyn Donahoe, Board Staff, provided an in-depth overview of the comments related to COVID-19 and a request for a delayed implementation date. She recommended no changes based on these comments. Ms. Donahoe provided review of non-substantive technical amendments that were suggested by staff and outlined the next steps.

Chair Grellner asked Ms. Lopez a procedural question. Chair Grellner opened the meeting for public testimony and read from a prepared statement (on file) at 2:00pm, allowing for 2.5 minutes per person.

Testimony:

Tina Abdul-Aziz, representing African leaders in Washington State, said that she speaks Kiswahili, which is the most spoken language in Africa. She said our state has many people who speak many different languages from many ethnic backgrounds, and that their data must be known. She said that with the pandemic impacting us in each of our communities, the collection of data is important now and going forward, including country of origin, race, and ethnicity.

Nadine Guyo, Filipino Health Board, said that the Filipino Health Board stands by the Community Health Board Coalition's recommendations submitted to the Board. She mentioned the importance of obtaining disaggregated data in our community, and that Filipinos are often grouped with Asian category; Filipino diaspora is part of a diverse group. She said the specific needs are unique—the Filipino American community is at a disadvantage when they are lumped in a broad category that makes it seem like the Asian community at large are doing well, and that disaggregated data is needed to accurately represent community.

Sandra Huber, Community Health Board Coalition, said the Coalition is a collective of 15 health boards with over 400 members representing BIPOC communities in Washington. She said the Coalition supports adding COVID-19 and the disaggregation of race, ethnic, and linguistic data, and has been working with former Secretary of Health, John Wiesman, and staff from the Department of Health and Public Health Seattle-King County on this urgent need for data. She said that lack of data makes our communities invisible, and we cannot see the disparate impact of COVID-19. She said the Coalition demands the addition of birthplace and indigenous identity reporting to the rule, and that collecting complete disaggregated data helps dismantle historical racism in our institutions.

Juniper Moon, African American Health Board, said that the African American Health Board stands by the Community Health Board Coalition's recommendations submitted

to the Board. She said that often in the African American community, we are lumped into a seemingly homogenous group, but we know there are diverse needs and identities, and inequities in health care. She said we need more informative data to achieve health equity, and not compound inequities. She said the data can be used to develop culturally specific messaging to reach communities and those impacted disproportionately.

Robin Narruhn, Community Health Board Coalition, said that as co-chair of the Community Health Board Coalition, a doctorally prepared nurse researcher, Pacific Islander and Marshallese, her community has experienced very high rates of COVID-19. She said the Marshallese community represents 1% of the community but one third of all COVID-19 cases, and without data disaggregation we would not know this and be able to implement effective change. She said that disaggregated data informs health equity initiatives and health policy, and urges Board to include COVID-19 in the rule adopt and implement this rule as soon as possible. Ms. Narruhn also read testimony from Afghan Health Board, which agreed that collection of disaggregated data is a critical step to gaining increased knowledge about how the pandemic is disparately impacting communities and allows for culturally and linguistically appropriate services.

Jiquanda Nelson, African American Health Board, said the African American Health Board fully supports the addition of COVID-19 to the list of notifiable conditions and inclusion of race, ethnicity, and language reporting. She said she previously served as the Director of Equity, Inclusion, and Diversity at Kaiser Permanente and understands the desire to incorporate equity in the health care system. She said numbers and data will not mean anything unless they are supported and contextualized by stories and narratives that show the uniqueness of community and their experiences, and that the addition of COVID-19 to the list of notifiable conditions allows us to do that.

Lan Nguyen, Vietnamese Health Board, said the Vietnamese Health Board is a grassroots organization supporting the needs of the Vietnamese community in Washington, and supports the collection of fully disaggregated data for race, ethnicity, and language, the addition of COVID-19 as notifiable condition, and immediate implementation of this rule. She said disaggregated data is particularly important for the Southeast Asian community as the Asian group is underrepresented in the data for COVID-19 in Washington. She said the Vietnamese-speaking community has been disproportionately impacted by COVID-19 hospitalizations, and that cases in the Vietnamese-speaking community has increased 9-fold in the last couple months. Ms. Nguyen said we need disaggregated data to systematically reveal disparities and inform equitable allocation of resources.

Jeb Shepard, Washington State Medical Association, said he appreciates the need for this rulemaking, as it hasn't been updated since 2011, as well as the hard work staff has put into this rule and the testimony being heard today. He said he implores the Board not implement this rulemaking until some period of time after the public health emergency is declared over. He said the health care system has been turned upside down by the COVID-19 pandemic, and with a severe reduction in patient volumes many practices are struggling to keep their doors open. He said implementing a major overhaul that would impose more than minor costs is not appropriate at this time.

Thyda Ros, Khmer Health Board, said the Khmer Health Board stands by the Community Health Board Coalition's recommendations submitted to the Board. She said that disaggregated data informs policy and allows government to best allocate resources. She said the Khmer community is often left out as they are lumped into the "Asian" category, which doesn't tell real story of the struggles in the community. Ms. Ros said they are interested to know the status of how people come to the U.S., which can help policymakers determine the level of support needed, particularly refugees who suffer trauma and distress.

David Streeter, Washington State Hospital Association, said he applauds the work to modernize the notifiable conditions rule, and said that expanded disaggregated data for race, ethnicity, and language will ensure state has data to ensure equitable policies and decrease health inequities. He noted that many hospitals are currently collecting this data so that we can understand the impact of COVID-19 and other conditions on communities of color. He recommended that the Board align these requirements with pending legislation that requires hospitals to collect disability status, sexual orientation, and gender identity data. Mr. Streeter echoed the recommendation of the Washington State Medical Association's to delay the implementation date until after the public health emergency is over.

Lisa Templeton, Citizen, requested omitting COVID-19 provisions from the proposed rules. She said COVID-19 is an infection with a high recovery rate, and that incorporating it into permanent rule seems unnecessary. She also noted her concerns with accuracy of COVID-19 PCR tests, and the limitation of freedom of movement for suspected cases. She asked the Board use resources to educate the community instead, and perhaps add the expanded demographic categories to the temporary rule.

Lauri St. Ours, Washington Health Care Association, said the COVID-19 pandemic has brought the issue of reporting of notifiable conditions into sharp focus. She commended staff working on this project; they pulled together a last-minute meeting with us to address our questions and concerns with the rules. She said she believes these rules are complex and requires detailed guidance, which her organization is ready to work on with staff. She echoed the recommendation from the Washington State Hospital Association and Washington State Medical Association to delay implementation until a time certain after the public health emergency.

Zainab Al-Tameemi, Iraqi-Arab Health Board, said she fully supports data disaggregation in the rule and echo the Community Health Board Coalitions recommendations. She said the majority of the Iraqi and Arab community are refugees and immigrants with limited English proficiency and unique health needs, and it has been obvious to us that the disparities in accessing the health system have become deeper during pandemic. She said her community members are facing difficulties in accessing appointments and resources due to language barriers. She said data disaggregation will help us understand their medical needs and provide linguistic support to these communities so they can access and navigate the health system on their own.

Vice Chair Pendergrass point of clarification, COVID is on the list of those reported already and he agrees that knowing about special populations is beneficial. These changes provide a reasonable database for analysis and evaluation.

Secretary's Designee Lindquist said these rules are so delayed its embarrassing. The infrastructure of this rule, we are 10 years out of synch. He wants to be clear, what DOH would prefer is that these rules are addressed in the shortest cycle possible, 2 years, so we are not in the same position as currently.

Member Kutz noted that we have delayed multiple times and talked for four years and he recommends not delaying any further.

Lilia Lopez, AAG, asked about the agreed upon revisions, are those the staff recommendations? Vice Chair Pendergrass said yes. Chair Grellner said this is the right thing to do as we have heard and discussed. He stated that for local and state health, we are taking this on when our legislature has still not funded Foundational Public Health Services (FPHS) and not fully Communicable Disease. This will require a little more work on all our parts, but it is the right thing to do. He said we should use this as a call to our legislature to fund the FPHS. He acknowledged the hospital and medical association and part of him wants to agree and when he thinks about the four years of work put into this as identified by other members and knowing we still have another 10 months to implementation, he feels the urgency to move forward. God forbid something awful happen we can look at this again, but it is right to move forward with the January implementation date.

Member Crockrell mentioned the quote by MLK Jr., there is always a right time to do the right thing and I think this is the right time.

Motion: The Board adopts the proposed amendments to chapter 246-101 WAC as published in WSR 21-04-136 with revisions agreed upon at today's meeting. The Board directs staff to file a CR-103 and establish a January 31, 2022 effective date.

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

10. COVID-19 EMERGENCY RULE

Scott Lindquist, Secretary's Designee, State Epidemiologist for Communicable Diseases, Department of Health provided an introduction to the item and noted the emergency rule will expire on March 31, 2021 and the permanent rule will not be effective until January 31, 2022. This is proposing to adopt a third rule to extend for another 120 days. He introduced Board staff, Kaitlyn Donahoe.

Kaitlyn Donahoe, Board Staff shared a brief presentation (on file) on the emergency rule and noted it was very similar to that which was shared in November related to COVID-19 emergency rule reporting.

Vice Chair Pendergrass, said it looks like the CR103 for the Notifiable Conditions will be implemented but not activated until January 22, 2021. Ms. Donahoe responded that yes, and in the meantime, we will need emergency rules, which reflect the HHS requirements.

Member Kutz, said we will see this more before the permanent rule and we can amend if we need to.

Motion: The Board adopts a third emergency rule to extend the designation of COVID-19 as a notifiable condition and require health care providers, health care facilities, laboratories, local health jurisdictions, and the Department of Agriculture to report testing data and additional information to improve the public health response to COVID-19 in accordance with the CARES Act. The Board directs staff to file a third CR-103E to extend WAC 246-101-017 without lapse, effective on March 30, 2021.

Motion/Second: Pendergrass/Kutz. Approved unanimously

11. BOARD MEMBER COMMENTS

Chair Grellner, called for any comments.

Member Kutz, said Secretary's Designee Lindquist was right, CDC came out with preliminary guidance today. Communicable Disease processing is the backbone of what we do and everything we can do to strengthen the system is important to public health.

Vice Chair Pendergrass commented on the importance to get the vaccine into more bodies in Washington. He said he is willing to support movement of vaccine to vaccine sites and commented that what's happening now is not ensuring equity, and Covid.org changes every 5 minutes. He said he supports and encourages colleagues to look at physical distancing. He said that one of his priorities is how to get kids in classrooms. Realities are we've done a good job, we have more to do. He said that over 85% of the population have not been infected, are not immunized and are susceptible to COVID-19.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 3:10 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair

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