

Statement of the Board on Possible Legislative Issues 2023-2024 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,
- [2022 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 governmental public health system must be able to monitor health, focus on prevention, assure health for all, and be capable of all-hazards response. Providing ongoing sustained resources to the governmental health system is critical in order to innovate, modernize, and address inequities.](#) ~~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 the 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 supports the Governor's proposed 2023-25 budget, which builds upon the current investment in FPHS by \\$100 million.](#) The Board **opposes** reductions to funding for the governmental public health system, including changes in fee authority or reductions to funding sources such as the [Model Toxics Control Act](#).

Formatted: Font: (Default) Arial

January 9, 2023

Local Board of Health Governance Health Officer Authority

Washington's COVID-19 pandemic response has shown the critical importance of assuring our communities public health partners 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 falls 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.

Formatted: Font: Bold

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, which brings the total staffing for this work to 2.6 FTE. 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, which utilizes both quantitative and qualitative research, as well as 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 entities (agencies, boards, commissions, councils, etc.) 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 to 21 years. During the 2019 legislative session, EHB 1074 passed, raising the legal age for purchasing tobacco and vapor products from age 18 to 21 years. While EHB 1074 was an essential public health

January 9, 2023

[intervention to prevent youth access, Washington still needs to reform its commercial tobacco laws, policies, and enforcement practices that negatively affect individuals, namely youth, and instead, shift the responsibility to commercial tobacco businesses or industry actors. The Board supports legislation that improves the effectiveness of Purchase, Use, and Possession \(PUP\) laws in Washington and reduces inequitable enforcement.](#)

[In addition,](#) ~~t~~The Board supports enhancing current strategies to prevent marketing, sales, and use of [commercial tobacco products, \(cigarettes, e-cigarettes, cigars, hookah, heated tobacco,](#) smokeless tobacco, etc.) and cannabis to youth, including a ban on all flavored vapor and tobacco products and adding additional authority for [the Secretary of Health to issue](#) product bans and recalls of 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 preemption of vapor product retail licensing, allowing for product bans and recalls, and instituting nicotine limits in products sold in Washington.

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 [and continue to be](#) institutionalized and perpetuated through policies and practices that prevent meaningful community engagement and limit opportunity and access to important public services. The Board would support legislation that [is anti-racist and](#) prioritizes and operationalizes equity across state government.

As part of its five-year strategic plan, the Board commits to supporting the Governor's Interagency Council on Health Disparities (Council) and to incorporating 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~~ [In 2020, the](#) Board endorsed the Task Force's recommendations [as well as legislation that created the Washington State Office of Equity. The Board](#) ~~and supports ongoing funding for the Washington State Office of Equity~~ [legislative proposals that align with the Task Force's recommendations, including proposals that assure ongoing and adequate funding for the 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.

Formatted: Font: (Default) Arial, 12 pt

Disaggregated data that reveal inequities across and within groups are instrumental for public health efforts related to preventing and controlling diseases and conditions. However, the collection of demographic data in Washington is currently decentralized and inconsistent, often working within the parameters of outdated federal data standards. Collecting data in greater detail is an essential part of identifying and eliminating health inequities, undoing institutional racism, and advancing equity within public health and the broader governmental system.

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial, 12 pt

The collection and analysis of disaggregated data helps the governmental public health system identify and address health inequities and prioritize resources for communities. COVID-19 shed light on the systemic and structural inequities in the health-care and public health systems. Collection and use of disaggregated data was, and continues to be, vital to identifying impacted populations. Together disaggregated data and qualitative data—stories from disproportionately impacted communities—support effective public health responses, including partnering with communities on outreach, prevention, and access to care. Without these data, the public health system cannot effectively and equitably respond to a public health crisis. 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.

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: 12 pt

The Board would support legislative action to ensure the collection of disaggregated race, ethnicity, and language REAL data, beyond Census-level categories, as well as data to identify and eliminate health inequities (e.g., housing status, country of origin, tribal affiliation, and Indigenous background, veteran status, sexual orientation, gender, occupation, income, and disability status for example by disability status, sexual orientation, gender identity, and other demographics). Variables such as these can provide insight into the social and political determinants of health and equity. The Board would also support legislation to improve the interoperability of public

Formatted: Font: 14 pt

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: 12 pt

health and health care data systems to ensure functionality to facilitate the collection and meaningful use of these data.

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.

Formatted: Font: (Default) Arial, 12 pt

~~During the COVID-19 pandemic, the~~The Board has long 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~~eighteen 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.

Indoor air quality is a key component of a healthy school environment. Higher ventilation rates can improve absenteeism and student performance, as well as and reduce ~~the~~ transmission and spread of respiratory illness, including SARS-CoV-2 (the virus that causes COVID-19). Indoor air quality can also be adversely impact by increased wildfire and extreme weather events. 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 to adequately fund school environmental health and safety programs as well as legislation to assess, improve, and update ventilation systems and other strategies to improve indoor air quality in school facilities.

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, including 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

January 9, 2023

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 healthcare 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 health effects for persons who use drugs, 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. [The COVID-19 pandemic has, and continues to have, major impacts on food service and has prompted creative ideas to improve food access and equitable entry into the restaurant industry.](#) ~~During the global pandemic, takeout and food distribution helped increase food rescue and security while reducing food waste.~~ This session, the Board anticipates legislation on topics including microenterprise [or commercial home-kitchens](#), [community pantries and/or refrigerators](#), [foods offered in bed and breakfast settings](#), and [regulations of non-permanent](#)

~~structures use of latex gloves in food preparation, and statewide mobile food permits this legislative session.~~ The Board's support of ~~food service-related~~ ~~such~~ legislation depends on whether the ~~legislation proposal~~ 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). ~~The Board would oppose legislation that would exempt currently unregulated practices such as microenterprise -home kitchens from fundamental environmental health and safety requirements for food service facilities.~~

Aquatic and Water Recreation Facilities

The Board recognizes that drowning is the leading cause of death for children ages 1-4 and a significant source of morbidity in children under age 19. State and local regulations on aquatic facilities, water recreation facilities, and designated swim areas are necessary and important to protect the health, safety, and welfare of those who use them. The Board supports legislation that aims to prevent injury, illness, and death at facilities such as swimming pools, hot tubs, splash pads, water parks, natural designated swim areas, and more.

~~Maternal and Child Health and Wellness of Pregnant People~~ ~~People who are pregnant or postpartum and their Children~~

The Board supports enhancing systems and support for ~~pregnant mothers~~ ~~people who are pregnant or postpartum~~, infants, and children, and the monitoring of ~~maternal mortality~~ ~~mortality due to pregnancy-related conditions~~. The Board supports the recommendations in the Council's [Literature Review on Inequities in Reproductive Health Access](#), as required by SSB 6219 (2018).

~~-Additionally, the Board supports the Council's position (adopted September 2022) to use a Reproductive Justice framework when considering and addressing inequities in health and access and when making recommendations to reduce and eliminate inequities, and recognizes that a legal right to abortion and other reproductive health care services is critical. A Reproductive Justice framework expands beyond personal choice, focusing on access to services and emphasizing the human right to maintain personal bodily autonomy, have children, not have children, and raise the children we have in safe and sustainable communities. The Board shares the Council's commitment to understanding how racialized power systems limit access to health and opportunity, and we commits to centering racial justice in our work and consideration of proposed legislation.~~

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

Formatted: Font: (Default) Arial, 12 pt

Formatted: No bullets or numbering

Child Dentistry and University of Washington's Regional Initiatives in Dental Education (RIDE). The Board would also support the 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 [helps reduce](#) the number of children who are out of compliance with state immunization [documentation](#) requirements, assists schools [and childcares](#) in monitoring the immunization status of [school-aged](#) children, and increases immunization rates across all age groups. The Board supports additional funding to increase school nurse capacity and improve access to and use 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 create equitable access to safe, well-lit public spaces that promote movement, including parks and playgrounds.](#) The Board supports efforts to increase access to healthy foods including fresh fruits and vegetables, [maintaining and expanding access to programs such as WIC, WIC/SNAP at farmers markets, USDA's school lunch program, and efforts to increase access to culturally relevant foods.](#) 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 people with low incomes experiencing food insecurity to support healthy food options.

Increase Access to Health Insurance Coverage

[A number of efforts have increased access to affordable health insurance for people in Washington, including federal initiatives like the Affordable Care Act, increased access to affordable health care for people in Washington, Medicaid expansion, and American Rescue Plan Act, and state initiatives like Cascade Care. 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. Access to health insurance increases access to and use of healthcare services and improves health outcomes. 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 Cascade Care plans.](#) This included a new premium and cost-sharing

subsidy program administered by the state. Coupled with expanded federal subsidies, some people will be able to enroll in a plan with premiums under \$10/month for the 2023 plan year. The legislature also took action to explore options for extending health insurance access regardless of immigration status. With the end of the federal COVID-19 Public Health Emergency, approximately 13% of Medicaid enrollees (300,000 people) in Washington may lose healthcare coverage, making access to affordable health insurance critical. The Board supports legislation that continues to build and sustain access to affordable health coverage across the state for all Washingtonians and legislation that alleviates cost concerns of those who are 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 and 2022, SHB 1508 nearly passed. 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 2023 session and the Board supports its passage.

Mental Health Services

The Board recognizes the disparate access to consistent and culturally appropriate mental health services in the state, particularly for 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 healthcare 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/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. ~~Lastly, the Board recognizes the~~ The COVID-19 pandemic has had a profound impact that the COVID-19 pandemic has had on youth and families and exacerbated the need for access to age-appropriate services, especially in schools. During the 2022 session, the legislature approved an increase in the prototypical funding formula (2SHB 1664) to support more school counselors, social workers, and psychologists as part of basic education in Washington. The Board supports efforts to

make mental health services readily available to youth in Washington [and increase social and emotional supports in schools](#).

Drinking Water

The Board recognizes that safe, reliable drinking water systems and drinking water supplies are essential for public health protection and community well-being. The Board's Group A rules cover the state's largest public water systems, and its Group B rules apply to public systems that generally serve fewer than fifteen connections. The Board supports budget and policy proposals that strengthen implementation of these rules, drinking water infrastructure, and source water protection. In the 2023 Legislative Session, the Board anticipates and supports policy and funding proposals to:

- Develop programs to support public water system compliance and assist counties and others with failing water systems that fall into receivership and threaten community access to safe drinking water;
- Find alternate drinking water sources and solutions for communities on wells and small water systems with contaminated drinking water sources; and
- Secure adequate state funding to match federal funding in the Bipartisan Infrastructure Law to support implementation of Board rules and Safe Drinking Water Act compliance.

Healthy Environment for All (HEAL) Act

The Board agrees with the Environmental Justice Task Force's statement that "Washington cannot achieve equity without [environmental justice]" and that "[t]he pathway to reaching an equitable Washington is only possible through ongoing anti-racism, environmental conservation, public health, and community engagement work." In 2021, the Legislature passed the Healthy Environment for All (HEAL) Act. The HEAL Act created the Environmental Justice Council and created obligations for seven state agencies to integrate environmental justice into agency decision-making, policy, and practice, as well as specific provisions to update and maintain the Washington Tracking Network's Environmental Health Disparities Map. Other agencies may opt-in to the obligations. Three agencies, including the Board, have opted to join in a "Listen and Learn" capacity and are participating in meetings of the Environmental Justice Council and implementing HEAL Act requirements as resources allow. The Board supports ongoing and increased funding to support implementation of the HEAL Act and additional environmental justice efforts across state agencies.

Formatted: Font: (Default) Arial, 12 pt

Formatted: Indent: Left: 0.25", Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial, 12 pt

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial