

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

March 8, 2023

Hybrid Meeting

Physical meeting at Labor & Industries Auditorium,
7273 Linderson Way SW, Tumwater, WA 98501

Virtual meeting via ZOOM Webinar

State Board of Health members present:

Keith Grellner, RS, Chair

Kelly Oshiro, JD, Vice Chair

Patty Hayes, RN MN

Tao Sheng Kwan-Gett, MD, MPH, Secretary's Designee

Dimyana Abdelmalek, MD, MPH

Stephen Kutz, BSN, MPH

Melinda Flores

Kate Dean, MPA

State Board of Health members absent:

Umair A. Shah, MD, MPH

Socia Love-Thurman, MD

State Board of Health staff present:

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Anna Burns, Communications Consultant

Stuart Glasoe, Health Policy Advisor

Molly Dinardo, Health Policy Advisor

LinhPhung Huynh, Council Manager

Jo-Ann Huynh, Administrative Assistant

Hannah Haag, Community Outreach Coordinator

Grace Cohen, Department of Health

Lilia Lopez, Assistant Attorney General

Guests and other participants:

Jamilia Sherls-Jones, Department of Health

Katherine Graff, Department of Health

John Thompson, Department of Health

Juan Gamez Briceño, Department of Health

Donna Walker, ASL Interpreter

Tami Berk, ASL Interpreter

Guillermo Ramirez, Spanish Interpreter

Patricia Cardona, Spanish Interpreter

Keith Grellner, Board Chair, called the public meeting to order at 10:32 a.m. and read from a prepared statement (on file). He then detailed operating procedure and ground rules for conducting a hybrid meeting and asked Board members to introduce themselves.

1. APPROVAL OF AGENDA

Motion: Approve March 8, 2023 agenda

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

2. ADOPTION OF JANUARY 9, 2023 MEETING MINUTES

Motion: Approve the January 9, 2023 minutes.

Motion/Second: Vice Chair Oshiro/Member Flores. Approved unanimously

3. PUBLIC COMMENT

(Note: Public Testimony on Item 7, Rules Hearing for Handling of Human Remains, Natural Organic Reduction, Chapter 246-500-055 WAC, will begin at 1:30 p.m.)

(Virtual public comment)

Mary Cavanagh, from Sammamish, said she submitted a petition earlier to request to add mucopolysaccharidosis (MPS II), to Chapter 246-650 WAC. Ms. Cavanagh shared her personal story about her son and why she submitted the petition. Her son and family suffered a terrifying journey of misdiagnosis for over 10 years before a urine test led to a correct diagnosis and her son was able to begin enzyme replacement therapy.

Kim Tuminello, co-founder & director of advocacy for creatine deficiencies, and mom of two children with GAMT. She submitted the petition requesting to amend Chapter 246-650 WAC to add Guanidinoacetate methyltransferase (GAMT) deficiency as a condition for newborn screening. GAMT is a recessive genetic disorder that can be easily detected with blood spot. Her children were both born with GAMT but her son was not diagnosed until age 10. He suffers 100 seizures a day and is in special education. Her daughter was diagnosed at birth has had no therapy, is a straight A student and leads a typical life. She hopes WA will consider adding Newborn Screening for GAMT now to save babies lives. She said it's effective, affordable, and considered the no brainer of NBS.

Heidi Wallace, talked about GAMT deficiency disorder, which was recently added to the Recommended Universal Screening Panel (RUSP) that the Secretary of the Department of Health and Human Services (HHS) recommends for states to screen as part of their state universal newborn screening programs. She has 2 children, her daughter was originally mis-diagnosed and her youngest son was diagnosed early and is perfectly healthy. She said there are over the counter supplements with three ingredients that can counter the neurotoxin that builds up in the body, resulting in seizures and a myriad of issues that follow. Costs are around \$15,000 from birth to adult, but astronomical costs to family and society for those not treated. New York, Australia and other places have been successful with screening.

Bill Osmunson, DDS, MPH, spoke about the National Toxicology Program (NTP) that included 159 studies showing that fluoride causes cognitive neuro damage to humans. He cited information regarding toxic issues and conditions caused by fluoride, including brain damage to children and lost wages.

Dennis Fynn, spoke in opposition to a COVID-19 immunization requirement for K-12 school entry, saying it should be an opt-in policy without coercion. He said children may be in the hospital for other reasons, that may have COVID and vaccination should not be required.

Sue Coffman, Informed Choice Washington (ICW), spoke in opposition to the COVID-19 vaccine requirement. She talked about the lack of trust with some government leaders and policy makers, and talked about the dangers of the vaccine, saying the safety and efficacy is being overlooked.

Natalie Chavez, spoke in opposition to the COVID-19 vaccine requirement. She talked about websites for support and a movie about vaccine injuries, saying we need to focus on answers not politics.

Melissa Leady, Clark County Resident, spoke in opposition to the COVID-19 vaccine requirement, and said there is missing, inaccurate and conflicting hospital and vaccine data by the Department of Health.

A.L. Rickard, King County resident, spoke in support for the mask mandate in healthcare facilities and prisons and overall support for universal masking in high-risk settings. Mr. Rickard said he had loved ones that are high risk. He said there are marginalized communities that are disproportionately affected, and we've already lost over 15,000 residents to COVID-19.

Sasha Anderson, Fremont resident, spoke in support for the mask mandate in healthcare facilities and prisons, for at least a year to come up with a plan. She said the majority of those dying are vaccinated and we need to prevent the spread by masking. She has long-covid and said vulnerable people must be able to access health care.

Sol Villarreal, spoke in support for the mask mandate in health care facilities and prisons. They shared statistics, saying masks are the best preventative measure, and talked about politicians trying to get re-elected.

Anna Wolak, King County resident, a research engineer, spoke in support for the mask mandate in health care facilities and prisons. They are immunocompromised and since the mask mandate, haven't had any problems. They said people can be maimed by long-term COVID and until there is a cure, we are all canaries in a coal mine.

Becca Peter, San Juan County resident, spoke in support for the mask mandate in health care facilities and prisons. They shared about their son's recent malignant brain tumor, that fortunately responded to radiation and chemo, saying he did well as he was able to avoid risk elsewhere. Their son sometimes removes his mask due to vomiting and nose bleeds, and masks give a valuable layer of protection. They said it's sad that lobbyists and hospital administrators are choosing this over protecting the most vulnerable.

Susanna Garrett, King County resident, spoke in support for the mask mandate in health care settings and prisons. They suffered a miscarriage due to COVID-19 and said there's a lot of data showing that health care settings and prisons should keep the mask mandate.

Sara Cohen, spoke in support for the mask mandate in health care settings and prisons, first for healthcare workers and second for patients. They said healthcare workers deserve a safe workplace, and sickness further disrupts our already strained system. Removing this mandate jeopardizes patients' health, and once the mandate is lifted, it's harder for providers to implement policies. They talked about death that still occurs from COVID and Severe Acute Respiratory Syndrome (SARS).

Tejal Mankad, King County resident, spoke in support for the mask mandate in health care settings and prisons, saying they suffer chronic sickness from asthma. She said 15,000 have already died from COVID-19 and she has personally lost loved ones. She said the pandemic is not over and that universal masking offers protection.

Elise Denham Probasco, Whatcom County resident, spoke in support for the mask mandate in health care settings and prisons. She has a chronic illness that makes her high risk for COVID. She said the public wants the burden on the sick and she's ok with staying away from restaurants and concerts. For the immunocompromised, this is not a cold or the flu, it's life and death. She can work and do some healthcare remotely, but those in prisons and long-term care cannot. Those with other options have a financial privilege. Please keep the mask requirement, just like universal gloves after the AIDS crisis.

There was a brief pause due to the loss of Internet connectivity in the building.

Lisa Templeton, spoke in opposition to the COVID vaccine for school requirement and the mask requirement. She asked the Board to pay attention to vaccine injury data. She said the notion of mask wearing is not founded in science, and she expressed her empathy to the earlier callers. She said countless studies show masks don't protect and that Dr. Fauci said in March 2020 that wearing masks may make people feel better, but they don't provide the protection assumed.

(In-person public comment)

Gerald Braude, Port Townsend resident, started by welcoming Commissioner Kate Dean from Jefferson County. He asked people to read the Cochrane Study that claims research studies show masks don't work. Mr. Braude talked about the dangers of the vaccine, saying the Board hasn't discussed once the Vaccine Adverse Event Reporting System (VAERS) data from the Centers for Disease Control (CDC) that shows 34,000 deaths from the COVID vaccine. He said there's only positive talk about the vaccine, but this doesn't change the fact of documented deaths from blood clotting, acute aortic dissection, and stillborn cases soon after the vaccine was administered.

Chair Grellner closed the public comment at 11:48 a.m.

4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director greeted the Board and directed Board members to materials in their packets (see Tab 4).

Ms. Davis mentioned that all materials are on the Board's website and that TVW is livestreaming the meeting.

Ms. Davis noted that this is the first in person meeting since March 2020 and the first hybrid meeting of the State Board of Health (Board). She acknowledged the efforts of the staff team in supporting the Board and testing the technology. Ms. Davis highlighted that changes have been made to the meeting format to improve access—ASL and Spanish language interpretation is being provided. The meeting agenda and rules hearing materials are available in Spanish. Zoom closed caption options are also available. The Board is pleased to expand access in this way.

Ms. Davis stated that 5pm today is the cutoff for bills to get out of the house of origin.

Ms. Davis highlighted that the Health Impact Review team has received and completed 7 requests for Health Impact Reviews for this fiscal year. She mentioned the packet materials and asked if Board members had questions.

5. DEPARTMENT OF HEALTH UPDATE

Tao Sheng Kwan-Gett, Chief Science Officer and Secretary's Designee, provided an update on the COVID-19 response (see presentation on file), including current data, end of federal public health emergency, and end of state mask order in health care, long-term care, and correctional facilities. Member Kwan-Gett shared other population health data that the state health department is focusing on to reduce health inequities. Member Kwan-Gett highlighted transformational action the state health department was taking, including expanding leadership capabilities, refreshing external communications, and strengthening community links through various community engagement activities.

Member Kwan-Gett explored the challenge that the Department faces in addressing health disparities across the state and focused on several approaches the Department has adopted to begin this work, including the concept of 7 generation, a new Department structure which reflects equity, innovation and engagement, new branding and storytelling efforts, including a new quarterly speaker series called Public Health Connects, and a focus on OneHealth—health of humans, animals and the environment.

Steve Kutz, Board Member asked for information on how patients served by Medicaid impact the numbers and statistics presented on health disparities in Washington. He commented on the lack of ability to address health in the 5-10 minutes that doctors have with Medicaid-served patients, and the need for Medicaid to pay for preventative healthcare.

Member Kutz asked what the Department's plan is for continuing COVID-19 testing sites and vaccination sites once the federally allotted supplies are no longer available.

He would like to know what the plans are to transition to a long-term response to COVID-19 testing and vaccination.

Member Kwan-Gett responded that the question around Medicaid services highlights the need for the Department to have the ability to have flexible and de-aggregated data so we can have a better understanding of those impacts. He also commented that the Social Determinants of Health are really the biggest determinants of public health and highlighted the need to develop stronger collaboration with healthcare, housing employment, transportation, and called for a very collaborative approach.

Member Kwan-Gett responded to the second question that the challenges for COVID-19 testing and vaccination are great. He said the Department is committed to doing all it can to make sure that access to testing and vaccination is not dependent on your ability to pay. The Department will also work with their sister agencies on this as the Department does not control all pieces of this work.

The Board recessed for lunch at 12:25 p.m. and reconvened at 1:30 p.m.

6. BRIEFING – SCHOOL ENVIRONMENTAL HEALTH & SAFETY, FINDINGS FROM THE UNIVERSITY OF WASHINGTON REPORT—moved to after Agenda item 10

Stuart Glasoe, Board Staff, introduced the item, describing the genesis of the report as a legislative proviso in the 2021-23 state operating budget, the scope of the University of Washington's (UW) research on K-12 school environmental health and safety, and the intersection with Board rules for primary and secondary schools. Juan Gamez Briceño, Department of Health, gave an overview of the Department's project statement of work with the University of Washington, background on health and safety concerns with emphasis on polychlorinated biphenyls (PCBs), survey results of school regulations in other states and local school inspection programs in Washington, and key findings and recommendations (presentation on file).

Member Hayes asked if the report was forwarded to the legislature and if there was an invitation to present to any committee. Mr. Gamez Briceño said the report was sent to the legislature but no presentation. Member Hayes asked whether there is a plan for the interim to request committee discussion of the report and the issues around the school proviso and student health and safety. Mr. Gamez Briceño said there are currently no plans. Mr. Glasoe added that staff can look into it as next steps and will continue to work on the issues when staff update the Board in June on the school rules.

Member Kwan-Gett asked about indoor air quality and HVAC systems. Would upgrades have a meaningful impact on respiratory conditions and PCBs, or are they different issues requiring different strategies? Mr. Gamez Briceño said that for schools without modern systems there are ways to improve ventilation and the Department can provide guidelines, but many schools lack funding to improve indoor air quality. He offered to follow up in coming discussions and involve the Department's new indoor air quality specialist. Member Kwan-Gett said there are so many benefits to improving indoor air quality in schools.

Member Kutz said it would be good to educate Board members on the budget proviso and how the Board has not been able to do anything with the rules. He added that he hoped UW would have surveyed a couple schools for PCB rates. The issue needs conversation with industrial hygienists because ventilation repairs in old buildings can stir up PCBs.

Chair Grellner reflected that Friday is a cutoff day for bills and it might be an opportune time to work with Director Davis to craft a letter to budget writers asking for removal of the school proviso. He added that the next update of rules will take years, and the longer the proviso stays in place the further it pushes out the rule update. Chair Grellner added that, having done some of this work locally, schools need help from an independent entity working through these issues and there are things that can be done with schools under the old rules while working on updating the rules. The proviso is the biggest impediment. Mr. Gamez Briceño said the Department has used foundational public health funding to post videos on school practices and to offer additional training. Member Hayes offered support for writing a letter and suggested referencing the importance of foundational public health services funding and other funding in this work.

Motion: The Board directs Chair Grellner, other interested members, and Director Davis to draft a letter to the legislature regarding removal of the school proviso in the state operating budget and related issues.

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

7. RULES HEARING – HANDLING OF HUMAN REMAINS, NATURAL ORGANIC REDUCTION, CHAPTER 246-500-055 WAC

Patty Hayes, Board Member, introduced this agenda item with a brief reminder of the Board's authority in this work. Member Hayes also reminded Board members about the presentation Board staff gave at the Board's January 9th meeting, that included a request to initiate exception rulemaking to fix a typo and clarify rule language in WAC 246-500-055. The Board approved this proposal and directed staff to submit the proposed edits to the rule, which were filed on January 31st.

Molly Dinardo, Board Staff introduced the hearing and directed Board members to the English and Spanish translated hearing materials in their Board packets. She noted that Board staff are in the process of testing the translation of Board hearing materials into Spanish based on a recent directive from the Department of Health's Office of Public Affairs and Equity (OPAE) to agency staff to ensure vital rules hearing documents are translated. The goal is to make rules hearings more accessible. She also gave a brief overview of this rulemaking, including background on the rule, the scope of this rulemaking project, the timeline for this work, the proposed edits to the rule, and comments received during the open public comment period (see presentation on file).

There were no questions from Board members before the rules hearing began.

Chair Grellner began the rules hearing at 1:43 pm. He announced that no one had signed up to give public testimony and closed the public hearing at 1:44 pm.

Motion: The Board adopts the proposed revisions to WAC 246-500-055, as published in WSR 23-04-100, with any revisions described and agreed upon by the Board at today's meeting. The Board directs staff to file a CR-103, Order of Adoption, and establish an effective date.

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

8. BRIEFING – NEWBORN SCREENING, MUCOPOLYSACCHARIDOSIS (MPS II) QUALIFYING ASSUMPTION ANALYSIS FINDINGS, – POSSIBLE ACTION

Kelly Oshiro, Board Vice Chair gave a brief reminder of the Board's authority to adopt rules for screening Washington-born infants for hereditary conditions. Vice Chair Oshiro also reminded Members that the Board received a petition in October requesting to add Mucopolysaccharidosis Type II (MPS II) as a candidate condition for newborn screening (NBS) in Washington. At the Board's November meeting, Board members declined the petition and directed staff to return to the Board to present a qualifying assumption analysis on the condition for further consideration.

Molly Dinardo, Board Staff provided an overview of the Board's policy when evaluating candidate conditions for the newborn screening panel. She reminded Board members of the Board's process for evaluating conditions, and that before a technical advisory committee (TAC) can be convened to review a condition against the Board's five newborn screening criteria, a preliminary review should be done to determine whether there is enough scientific evidence available to apply the Board's criteria for inclusion. Ms. Dinardo and John Thompson, Director of Newborn Screening Program, Department of Health, then presented findings on MPS II based on their review of the federal committee's report recommending MPS II for the recommended uniform screening panel (RUSP), in relation to the Board's newborn screening criteria (presentation on file).

Member Hayes asked what questions are being explored by the New York pilot program. Dr. Thompson said that New York in the past twenty years has been at the forefront of newborn screening and expanding panels. For MPS II screening, New York is an early adopter state. He said he is unsure what their research questions are.

Member Hayes asked that since MPS II screening cannot be integrated in the newborn screening lab's current workflow, would a potential proposal to add MPS II to Washington's screening panel require the proposal to go to the state legislature for approval? Dr. Thompson shared that the Department would need to either develop a screening method specifically for MPS II to piggyback on existing methods, or the Department would need to purchase new instruments and install them. Either way, there would be a fair amount of work required.

Member Oshiro asked if a TAC would address how Washington would screen babies for MPS II. Dr. Thompson responded that TACs typically make recommendations to the Board, and the Board would decide whether to add a condition to the NBS panel. If the Board adds a condition, the Department usually leads in implementation. The NBS

Program would identify necessary resources and how to leverage those resources, which may require requesting additional funding to support additional testing.

Member Kwan-Gett asked if other states, particularly those screening or doing a pilot program for MPS II, have performed a cost analysis or provided public health rationale for screening. Dr. Thompson said that he did not think so from an economic analysis standpoint, and he could contact other states to gather more information. He said MPS II screening in other states may have been mandated through the legislative process. He added that studies have modeled how many babies would be born with MPS II, but have not modeled medical outcomes thereafter.

Member Flores asked about the volume of tests performed at Seattle Children's Hospital and whether it is the only facility performing tests in the area. Dr. Thompson said the Department's NBS Program runs the screening program that screens all babies in the state. Seattle Children's Hospital is a diagnostic lab that runs tests with a different panel. They are different types of labs, and Seattle Children's Hospital has the capability of doing diagnostic testing to either confirm or rule out MPS II.

Member Flores asked if Seattle Children's Hospital is seeing demand or an uptick for diagnostic testing. Dr. Thompson said Seattle Children's Hospital has been taking care of babies with clinically identified MPS II for decades and that clinical identification has existed for 20 to 30 years. MPS II is coming to the attention of the Board because there have been advances in technology for screening and treatment. He continued that the predictive value means that for every 10 babies with a positive screen for MPS II through the NBS Program, approximately 1 baby would be confirmed to have MPS II. If Washington screens for MPS II, Seattle Children's Hospital would receive more specimens to do diagnostic testing, and there would be false positives within those specimens.

Member Dean asked for clarification on the meaning of the prevalence for MPS II. Dr. Thompson responded that the prevalence rate means we expect 1 baby to be born with MPS II every 9 or 10 months in Washington. If the state screens for MPS II, the NBS Program would be making a referral to a diagnostic lab for a positive NBS result every month or so. Member Dean asked if there are cases of MPS II not being caught or identified because the state is not screening. Dr. Thompson responded yes. He said the prevalence estimate is based on data from Illinois and Missouri, with no known missed cases.

Member Kutz asked about the turnaround rate for diagnostic testing. Dr. Thompson said the NBS Program includes a follow-up team that sends specimen for every positive screening result to the diagnostic lab. Seattle Children's Hospitals' turnaround time may be around 2 to 5 days and its results are reliable. Member Abdelmalek said she also had questions about confirmatory testing and capacity.

Chair Grellner asked how likely it is for a family with a history of MPS II to be referred to Seattle Children's Hospital by their healthcare provider. Dr. Thompson said if the medical system runs the way it should, there is a high likelihood for referral. However, not all pregnant individuals receive prenatal care and not all families with a history of MPS II understand their current risk or what they can do about it.

Member Kwan-Gett said it would be worth convening a Technical Advisory Committee (TAC) to dig into the data and explore the NBS criteria in depth. Member Hayes said there may not be enough data for a TAC to consider. Member Hayes made the following motion: *The Board determines that there is insufficient information available at this time to know whether MPS II meets the qualifying assumption for the Board's criteria for evaluating conditions for inclusion in the rule. The Board directs staff to update the information in two years and return to the Board for consideration at that time.*

Member Kutz affirmed Member Hayes' motion. He said information from other states' studies may become available within two years, which could give reason for the Board to address the topic sooner. When asked if the NBS Program monitors study results, Dr. Thompson confirmed that the NBS Program monitors the field and often learns from early adopter states. Vice Chair Oshiro said she would be interested in a staff analysis of other states' studies as well as hearing from Seattle Children's Hospital.

Member Hayes said the question before the Board is whether to move forward with a TAC. She provided rationale for her motion, saying there would be a lot of holes in the information the TAC considers, including not being able to look at a cost-benefit analysis. Member Kutz said there seems to be barriers with diagnostic testing. Member Kwan-Gett agreed with Member Hayes about the challenge for the TAC and said he would be interested in hearing from a clinician as well as other states. He asked if it would be possible to access additional information without convening a TAC.

Member Hayes and Member Kutz withdrew their initial motion. Chair Grellner said these are some of the hardest decisions for the Board. He also confirmed with Dr. Thompson that without convening a TAC, the NBS Program could continue to monitor information on MPS II testing and alert the Board sooner than two years if there is additional information to consider.

Member Oshiro made a motion (below). Member Dean agreed with the motion and said information from larger states that have adopted newborn screening for MPS II would be valuable.

Motion: The Board determines that there is insufficient information available at this time to know whether Mucopolysaccharidoses Type II (MPS II) meets the qualifying assumption for the Board's criteria for evaluating conditions for inclusion in the rule. The Board directs staff to update the information *within* two years and return to the Board for consideration at that time. *Additionally, the Board will potentially receive another briefing within a year to hear from early adopter states, clinicians, or families.*

Motion/Second: Vice Chair Oshiro/Member Hayes. Approved unanimously

- PETITION – NEWBORN SCREENING, REQUEST TO ADD GUANIDINOACETATE METHYLTRANSFERASE (GAMT) DEFICIENCY TO [CHAPTER 246-650 WAC](#)**
Kelly Oshiro, Board Vice Chair gave a brief introduction to the petition process and

stated that on February 24th, the Board received a petition to add GAMT deficiency as a condition for newborn screening in chapter 246-650 WAC

Molly Dinardo, Board Staff, and John Thompson, Director of Newborn Screening Program, Department of Health, provided a presentation on GAMT deficiency guided by the Board's five criteria for newborn screening for the Board's consideration (see presentation on file).

Chair Grellner opened the topic to discussion and invited Board members to ask questions.

Board Member Kwan-Gett asked for differences between the GAMT Deficiency Screening and the MPS II Screening that were just discussed. Dr. Thompson stated that the main differences are: 1) GAMT deficiency screening can be done in conjunction with already existing testing of amino acids, and 2) the treatment is much less involved, with a home-level dietary modification as opposed to weekly medical visits. Board Member Kwan-Gett followed up to ask if there is more experience in general with the GAMT deficiency screening given the number of states, as well as other countries conducting the screening. Dr. Thompson stated no, not really, and shared that because the condition is so rare, there have been few cases identified to date.

Board Member Dean asked after the provided economic analysis provided, if they thought it was applicable to Washington state and if they had any other insights. Dr. Thompson stated that he had not reviewed that portion in detail.

Board Member Abdelmalek reflected from her perspective as a clinician and shared several things that stood out to her for GAMT deficiency. Member Abdelmalek noted the rarity of GAMT deficiency, the importance of early screening, and the effectiveness of treatment. Member Abdelmalek also shared that she recognized that while data is limited, the case studies and stories describing the outcome disparities in sibling pairs and their time of treatment stood out as showing a potential to mitigate the majority of impacts.

Board Member Hayes agreed with Member Abdelmalek and put forward the motion for the Board to decline the petition for rulemaking at this time but directed staff to work with the Department to move forward with convening a technical advisory committee for the condition.

Board Member Dean asked a clarifying question regarding the prevalence of cases in Washington. She clarified that based on the data presented, in Washington, we might expect to find 1 case every 7 years. Dr. Thompson confirmed that this was correct.

Board Member Kutz asked if this would be relatively simple to add to existing processes, to which Dr. Thompson replied that yes, that is their expectation.

Motion: The Board declines the petition for rulemaking to add GAMT deficiency as a condition for newborn screening in Chapter 246-650 WAC but directs staff to work with the Department of Health to convene a technical advisory committee to evaluate GAMT

deficiency using the Board's process and criteria to evaluate conditions for inclusion in WAC 246-650-020 and then make a recommendation to the Board.

Motion/Second: Member Hayes/Member Abdelmalek. Approved unanimously

10. UPDATE – CHILD IMMUNIZATION RATES IN WASHINGTON STATE

Tao Sheng Kwan-Gett, Secretary's Designee, gave a brief introduction to the update. He said that the last briefing on this topic was in 2021 and that this would be an informational briefing, with no action required. He then introduced the Office of Immunization Director and Staff.

Jamilia Sherls-Jones, Office of Immunization Director, Department of Health, and Katherine Graff, School and Childcare Immunization Nurse Consultant, Department of Health, introduced themselves and gave a presentation about immunization laws and rules, current childcare and school-age immunization data, and strategies to improve vaccination rates for children and adolescents in Washington state (presentation on file).

Stephen Kutz, Board Member, asked the presenters whether they had data on which schools had staff tracking vaccination compliance. Ms. Jones said they are working on a plan within the Department to provide technical support for schools with limited staff capacity, but they do not have data on hand to identify how many schools might need this support. Ms. Graff talked about the Department's strategy to onboard schools to the Immunization Information System (IIS) modules, which makes it easier for schools to do immunization compliance work as it integrates students' medical records. She said about two-thirds of students in K-12 public schools attend a school that uses IIS modules, and the Department is looking to increase that number over time.

Member Kutz asked whether Medicaid childcare providers are required to provide vaccines as a condition for being reimbursed. Ms. Jones replied that she was not sure about the reimbursement condition, but she knows that if a Medicaid provider is enrolled in the Childhood Vaccine Program, they are required to offer all of the vaccines on the Centers for Disease Control and Prevention (CDC) schedule. Member Kutz replied that a step forward could be to talk to managed care companies about adding that requirement into contracts and the Office of Insurance Commissioner about reducing reimbursement rates for providers that do not provide vaccinations.

11. BOARD MEMBER COMMENTS

Keith Grellner, Board Chair called for any comments.

Member Kutz, said this is a different meeting than what we've been having.

Vice Chair Oshiro, thanked Board staff, and enjoyed visiting at lunch. She spoke about convening a TAC for GAMT. She said the Board will have a chance to solicit feedback, and it brought to her attention that there is a coalition of various community health Boards. She said it would be a wonderful opportunity to have a coalition come speak to the Board as they hear recommendations from TAC.

Executive Director Davis expressed her gratitude to the Board for the rich discussion. She mentioned feedback from her team on how Board members can raise items and how to navigate requests. She encouraged Board members to connect with policy advisors to identify topics the Board might find informative. She mentioned opportunities to practice leadership skills with committees and TACS, and she extended the offer to all Board members. She encouraged Board members to share the Board's work with other colleagues in other spaces. She commented on Member Hayes participation on the Public Health Advisory Board, and Member Abdelmalek participation on a local health officers' group, she said that Member Kutz serves as Chair of the American Indian Health Commission (AIHC). Consumer members can also bring issues within their communities to bring the work forward. Member Dean could connect the Board to the Washington State Association of Counties (WSAC) to share what's happening more on the county level for public health. She said the team is here to support Board members, and could explore these topics and partnerships on their behalf.

Member Kutz told the new Board members this is a great opportunity to serve on the TACs, and experts are available, and it is a great learning experience.

Member Hayes asked about the April and June meeting locations. Ms. Davis said it is likely we'll meet at the Labor & Industries auditorium again and possibly the Capitol Campus where the public can join physically and virtually. Member Hayes mentioned a tour of NBS lab, and asked if there was a way to have a future meeting at the Public Health Lab, and that it may help to align with the TAC report. Member Kutz said he recalls there is not much room for parking and Director Davis commented on potential challenges in maintaining an Open Public meeting during tours.

ADJOURNMENT

Keith Grellner, Board Chair, adjourned the meeting at 4:27 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Grellner, Chair

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