WASHINGTON STATE BOARD OF HEALTH

Board Member Orientation

- 2023 -

Congratulations on being appointed to the Washington State Board of Health.

This orientation packet is designed to give you a complete overview of the Board of which you are now a Member and your role in this group.

WASHINGTON STATE BOARD OF HEALTH

BOARD MEMBER ORIENTATION

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WASHINGTON STATE BOARD OF HEALTH

BOARD MEMBER ORIENTATION

ABOUT THE WASHINGTON STATE BOARD OF HEALTH

The State Board of Health serves the people of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints ten members who fill three-year terms. The Board is comprised of:

- Two people representing consumers
- Four people with experience in health and sanitation, one of whom represents federally recognized tribes
- One elected official representing state cities, who is a member of a local board of health
- One elected official represents state counties who is a member of a local board of health
- One local health officer representing state local health jurisdictions
- The Secretary of Health

BOARD MEMBERS

CONSUMERS

Kelly Oshiro, JD, Vice Chair, is an Assistant Attorney General for the Washington Attorney General's Office serving the Department of Children, Youth and Families in Southwest Washington. She previously worked as a family law attorney at a local firm in Portland. Prior to law school, she worked as Demographic Research Analyst at the Office of Hawaiian Affairs preparing reports on health outcomes in Native Hawaiian populations and also served as a Healthcare Policy Analyst for Governor Neil Abercrombie in the State of Hawaii. Kelly received her undergraduate degree from the University of Washington and juris doctor from the University of Oregon.

Melinda Mindy Flores is deeply rooted in service, and benevolently works with underrepresented, underserved, and vulnerable communities. She is passionate about utilizing innovative and diverse strategies that stimulate inclusive practices with high-function systems to ensure equitable, quality health care systems for all.

Melinda "Mindy" Flores currently serves as the Dental Quality Assurance Manager at Swinomish Indian Tribal Community (SITC) Dental Clinic with a strong background in strategy, quality improvement, systems transformation, and facilitative leadership. Ms. Flores is also an executive team member of the newly developed dəxʷx̌ayəbus - Dental Therapy Education Program at Skagit Valley College (SVC) and its affiliated partner, SITC. dəxʷx̌ayəbus, pronounced as dahf-hi-ya-buus, is a Lushootseed tribal word meaning *Place of Smiles*. She is an active member of numerous national, state, and local health boards and community groups that support and promote oral health initiatives and programs.

Mindy earned a bachelor's degree from Seattle University and a master's with emphasis in Healthcare Management Administration. She shares a blessed life with her husband, Jesse and three keikis – Theodore Makana, Jesse Allen, and Amelie.

HEALTH AND SANITATION

Patty Hayes, RN, MN, Chair has over 35 years' experience in public health and policy. As Director of Public Health Seattle & King County, Patty oversaw the county's COVID-19 response, a staff of 1,500 and programs ranging from environmental health, chronic disease & injury prevention, direct services such as maternal-child health & school-based health, HIV/STD prevention and treatment, data and epidemiology, as well as jail health services and coordination of the EMS system in the County.

She retired in 2021. Prior positions included Executive Director of WithinReach, Assistant Secretary for DOH's Community Family Health Division and Director of DOH's Policy Legislative and Constituent Relations Office. Patty received her undergraduate and master's degree from the University of WA School of Nursing. Patty has received numerous awards including being inducted into the WA Nursing Hall of Fame in 2002; the UW Alumna Summa Laude Dignata Award in 2020; and the MLK Medal of Distinguished Service in 2021 from the King County Council.

Socia Love-Thurman, MD (Cherokee/Yuchi/Delaware) founded the University of Minnesota-Duluth's chapter of the Association of Native American Medical Students while at medical school, developing a national mentorship program for Native medical students and physicians. Following medical school, she pursued her Family Medicine specialty training at Seattle Indian Health Board (SIHB), later serving as their residency director. Dr. Love continues to demonstrate love and commitment to underserved communities in her new position as SIHB's Chief Health Officer, advocating for equitable health care.

Paj Nandi, MPH, a native of India, has lived in the U.S. for over 25 years and happily calls Seattle home. Early in his career, Paj worked in childhood education (India) and tuberculosis prevention (Thailand) and learned firsthand the value and efficacy of using culturally relevant and community-rooted approaches to improve health. Paj earned his Bachelor of Science degree in Community Health Education from Western Washington University and a Master of Public Health degree from the George Washington University in Washington D.C.

Paj is a seasoned public health practitioner, leader, and strategist with over 20 years of experience. He currently serves as an Associate Vice President at Desautel Hege (DH) Communications where he provides strategic counsel and leads key initiatives to advance equity-centered communications and DEI practices. Previously, he served as the Director of Community Relations and Equity for the Washington State Department of Health (DOH). As an agency leader, he advised the Secretary of Health, the State Health Officer, and other agency leaders on key equity and community relations issues and represented DOH on the Governor's Interagency Council on Health Disparities from 2016 to 2021. He also directed his team's work on various equity and social justice strategic initiatives, including during the COVID-19 pandemic response. In addition, Paj built and sustained partnerships with the Governor's Office, non-governmental entities, community-based organizations, and academic partners, with an emphasis on achieving health equity, centering community voices, and eliminating structural inequities.

Paj's prior experience at DOH, in healthcare, and private sectors include leading and managing statewide chronic disease prevention and management programs; working on maternal, child and adolescent health campaigns and priorities; and leading enterprise-wide employee health and wellness benefits efforts. He also served on the Board of the Washington State Public Health Association for seven years, including a term as President in 2016-17 and briefly served as faculty on the Health and Wellbeing Curriculum Committee for Leadership Tomorrow, a program designed to cultivate the next generation of Puget Sound leaders.

As part of exploring new pathways within public health practice, Paj recently co-founded a small, independent consulting firm specializing in health equity strategy, The Upstream Group. He also holds a Clinical Faculty position at the University of Washington's School of Public Health and has previously taught at the Gillings School of Public Health at the University of North Carolina—Chapel Hill and the Evergreen State College.

At home, Paj enjoys spending time his husband, their cat, and singing with his music circle.

HEALTH OFFICIAL FROM A FEDERALLY RECOGNIZED TRIBE EXPERIENCED IN MATTERS OF HEALTH AND SANITATION

Stephen Kutz, BSN, MPH, RS has served as a Tribal Council Member for approximately 20 years. Stephen received his Bachelor of Science in Nursing from Eastern Washington University and has worked as a nurse for 48 years. He received his Master's in Public Health & Tropical Medicine from Tulane University in 1992. He served 20 years on active duty as a nurse in the U.S. Army with 13 of those years spent in Preventive Medicine and Community Health. He also worked for over 12 years in a County Health Department in Washington State as Director of Public Health Nursing while also serving as the Health Department Director for 7 years. He has worked for this Tribe for 16 years, for six years he managed the Medical and Mental Health Clinic in Longview Washington as well as the Mental Health Clinic in Vancouver and Seattle, three years as Deputy Director, and now Executive Director of the Cowlitz Tribe Health and Human Services Department. He is involved deeply in Indian health and social services programs and policy formulation at the state and national level at numerous levels as demonstrated by his involvement on regional, statewide, and national committees and boards. He is an alternate delegate to the Affiliated Tribes of Northwest Indians along with National Congress of American Indians and serve as an Alternate and/or Delegate to the Northwest Portland Area Indian Health Board. He served as their delegate to the HHS Health Research Advisory Committee where he served as the co-chair as well as serving on the IHS Budget Formulation Committee, delegate to the Indian Health Care Improvement Act advisory committee and is currently their delegate the National Institute of Health as well as the Center for Disease Tribal advisory committee. Stephen serves as a delegate to the Washington State American Indian Health Commission and serves as the elected Chair and is on the board of directors. He is the Cowlitz Tribal delegate to the Washington State Indian Policy Advisory Committee to the Department of Social and Health Services who has further assigned him to represent them on the Behavioral Health Advisory Committee to the Division of Behavioral Health and Recovery. He currently works on the State Mental Health Committee that is advising the state in their efforts to redesign how Medicaid mental health services are delivered to AI/AN. He serves on the Governor's Health Advisory Council and is currently serving as the Chair. He is a founding board member of the Southwest Washington Regional Health Alliance, the Accountable Community of Health for SW Washington as well as the King County Accountable Community of Health. He is appointed by the Governor to the State Board of Health and has served there for approximately 10 years. The State Board of Health has appointed Stephen as their delegate to the Governors' Council on Health Disparities. He represents Tribes as the Tribal Co-Chair of the Foundations Public Health Services Steering Committee where Tribes are working in partnership with County Public Health, State Department of Health, and the State Board of Health to develop a comprehensive Public Health system that serves all the citizens of WA State.

Stephen has worked in Health Care for 50 years in hospitals (most all areas except for Obstetrics and Operating Room), clinics, and for Public Health. He has 13 years' experience in the Army Public Health as well as their Occupational Health programs, 12 years in the County Public Health, and 16 years in Tribal Health Care and Public Health. He was the Military Public Health Official at the Supreme Headquarters Allied Forces,
Europe at Mons, Belgium for 4 years in charge of all Public Health and Occupational Health for Luxembourg, Netherlands, and Belgium. He has been serving as the Incident Commander for the Cowlitz Tribes' health response to the Covid 19 pandemic and has been serving as the Public Health Official for that response.

Stephen has spent approximately 22 years immersed in the Indian Health Service side of Health Care. He began planning the Tribes Health and Human Services programs prior to their Tribes recognition and began serving as the Health Board Chair in 2002 where the formal planning process started. In 2002 they assumed management of their CHS program and although they received no funding for direct health care programs, initiated a primary care clinic in 2004 with a part time Family Nurse Practitioner and a volunteer Medical Assistant/Receptionist. Stephen hired their Health Care Director in late 2004 and they integrated Mental Health, Substance Use Disorder Treatment and Vocational Rehabilitation as well as an Elders Senior Nutrition program by the end of the year. From then until now they expanded to a clinic in Vancouver, Tukwila, and next month a new clinic in Dupont, Washington. In 2008 they expanded their Contract Health Service area from 7 to 10 counties and have developed the 10 largest user population of the 49 Tribes in the Portland Area with a user population of over 5100 tribal people from more than 286 Tribes. During this period, they received no financial backing from the Tribe and have accumulated over 30 million dollars in reserves to enhance their health Care system. They have almost 200 dedicated employees that have led to this success. Currently Stephen is working as the Health Clinic Director for

the Suquamish Indian Tribe where he is implementing their first tribal Health Clinic for their Tribe. They were a signatory of the Point Elliot Treaty in 1855 and had health care promised them in their treaty.

ELECTED COUNTY OFFICIALS

Katherine "Kate" Dean was elected to join the Jefferson County Board of County Commissioners in 2017 and represents District 1, Port Townsend. Kate moved to Jefferson County in 1999 and spent 10 years farming and working to grow the local food economy through businesses she co-founded including FinnRiver Farm and Mt. Townsend Creamery. Her experience as an entrepreneur is critical to her understanding of the local economy and community.

Kate left the farm but didn't go far; she started a consulting business that had her working on natural resource and rural economic development issues locally and regionally. Kate coordinated the Jefferson Landworks Collaborative (a farmland preservation and enterprise development initiative), managed WSU Extension's Small Farm Program, worked for WA Dept. of L&I, and was the Regional Director for the North Olympic Development Council.

Kate holds her Master's in Public Administration from the Evans School of Public Policy and Governance at the University of Washington. Her publications include USDA Farmland Changing Hands and Preparing for Climate Change on the North Olympic Peninsula.

Commissioner Dean serves on a number of statewide boards including the Puget Sound Partnership Leadership Council, the

Washington Sea Grant Advisory Council and she co-chairs the Association of Counties Legislative Steering Committee.

ELECTED CITY OFFICIALS

vacant

LOCAL HEALTH OFFICERS

Dimyana Abdelmalek, MD, MPH has been the Health Officer for Thurston County since July 2020. She has enjoyed working with community members, health officers throughout the state, as well as local and state partners on public health challenges. She has a bachelor's degree in integrative biology and history from the University of California at Berkeley and received her medical doctorate from the Albert Einstein College of Medicine in Bronx, New York. She attended Emergency Medicine Residency at Washington University in Saint Louis in Missouri and completed a Global Emergency Medicine Training Fellowship at Case Western University in Cleveland, Ohio where she earned a Master's in Public Health. When not working she enjoys volunteering, hiking, reading, and exploring Thurston County and Washington State.

SECRETARY OF HEALTH

Umair A. Shah, MD, MPH was appointed Secretary of Health by Governor Jay Inslee on December 21, 2020. Prior to this, Dr. Shah served as Executive Director and Local Health Authority for Harris County Public Health (HCPH) – the nationally accredited county public health agency for the nation's 3rd largest county with 4.7 million people.

Dr. Shah earned his BA (philosophy) from Vanderbilt University; his MD from the University of Toledo Health Science Center; and completed an Internal Medicine Residency, Primary Care/General Medicine Fellowship, and MPH (management), at the University of Texas Health Science Center. He also completed an international health policy internship at World Health Organization headquarters in Switzerland.

Upon completing training, Dr. Shah began a distinguished career as an emergency department physician at Houston's Michael DeBakey VA Medical Center. He started his formal public health journey as Chief Medial Officer at Galveston County's Health District before joining HCPH to oversee its clinical health system and infectious disease portfolio. Under his leadership, HCPH has won numerous national awards including recognition as Local Health Department of the Year from the National Association of County and City Health Officials (NACCHO) in 2016.

Dr. Shah currently holds numerous leadership positions with respected entities like the National Academies of Sciences, Engineering, and Medicine; U.S. Centers for Disease Control & Prevention; Trust for America's Health; Network for Public Health Law; and Texas Medical Association. He previously served as president of NACCHO (and its Texas affiliate) representing the nation's nearly 3,000 local health departments.

During his career, Dr. Shah has been a clinician, an innovator, an educator, and a leader in health.

BOARD STAFF

EXECUTIVE DIRECTOR

Michelle Davis manages the staff, serves as the Board's legislative liaison and oversees office operations. She represents the Board on a variety of external and interagency workgroups, including the Foundational Public Health Services Steering Committee. You can contact Michelle at (360) 236-4105, (360) 239-4312 or via email at **Michelle.Davis@sboh.wa.gov**

EXECUTIVE ASSISTANT

Melanie Hisaw provides office administration for the Board and its staff. She is responsible for all aspects of meeting coordination for the Board and the Governor's Interagency Council on Health Disparities. She functions as the human resources liaison and payroll representative. Phone: (360) 236-4104 |Email: **Melanie.Hisaw@sboh.wa.gov**

ADMINISTRATIVE ASSISTANT

Jo-Ann Huynh provides office administration for the Board and its staff, working closely with both the Administration and Communications Team to support the Board and Council. Phone: (360) 463-9069 |Email: **JoAnn.Huynh@sboh.wa.gov**

COMMUNICATIONS TEAM

Michelle Larson manages the communications team, and is responsible for overseeing production of publications, website design, web content management, and editing any written materials originating from the Board. Her position also manages the Board's social media, responds to media inquiries, and public records requests.
Phone: (360) 236-4102 Cell: (360) 819-0047| Email: **Michelle.Larson@sboh.wa.gov**

Anna Burns is responsible for the organization of meeting planning and materials, production of publications, website maintenance and editing any written materials originating from the Board. Anna also helps maintain the Board's social media platform. Phone: (360) 236-4101 |Email: **Anna.Burns@sboh.wa.gov**

Vacant – New CC2 position in 2023

HEALTH POLICY ADVISORS

Stuart Glasoe is a Board policy advisor focused on environmental health issues, such as drinking water safety, onsite sewage systems, commercial shellfish operations, and keeping of animals. He supports the Environmental Health Committee.
Phone: (360) 236-4111 |Email **Stuart.Glasoe@sboh.wa.gov**

Andrew Kamali is a Board policy advisor focused on issues related to foundational public health services, communicable disease, and environmental health issues including food safety, water recreation, and school environmental health and safety. He supports the Environmental Health Committee and the Health Promotion Committee.
Phone: (360) 584-6737 | Email at Andrew.Kamali@sboh.wa.gov

Molly Dinardo is the Board policy advisor focused on children and community health issues, such as newborn screening, immunizations, school health screenings and notifiable conditions. She supports the Health Promotion Policy committee.
Phone: 564-669-3455| Email at **Molly.Dinardo@sboh.wa.gov**

HEALTH DISPARITIES COUNCIL MANAGER

LinhPhung Huynh, is the Governor's Interagency Council on Health Disparities Manager. The Council is charged with creating an action plan to eliminate health disparities in Washington State. This person is the Board's primary contact with individuals, state agencies, and other organizations on health disparities and health equity issues. This person also serves as the Board and Council's tribal liaison.
Phone: 360-789-6860 | Email at **LinhPhung.Huynh@sboh.wa.gov**

HEALTH IMPACT REVIEW TEAM

Cait Lang-Perez is the Board's policy analyst responsible for conducting health impact reviews. Cait also conducts research to support Board policy and rule development projects.
Phone: (360) 628-7342 |Email: **Cait.Lang@sboh.wa.gov**

Lindsay Herendeen is the Board's policy analyst responsible for conducting health impact reviews. Lindsay also conducts research to support Board policy and rule development projects.
Phone: (360) 628-6823 |Email: **Lindsay.Herendeen@sboh.wa.gov**

Miranda Calmjoy is the Board's policy analyst responsible for conducting health impact reviews. Miranda also conducts research to support Board policy and rule development projects.
Phone: (360) 360-463-9069|Email: **Miranda.Calmjoy@sboh.wa.gov**

COMMUNITY ENGAGEMENT COORDINATOR

Hannah Haag is the Board's Community Engagement Coordinator responsible for ensuring the Board's work is informed by meaningful community engagement, particularly with individuals and organizations representing residents who have self-identified as having faced significant health inequities or as having lived experiences with public health related programs.
Phone: (564) 360-200-2810|Email: **Hannah.Haag@sboh.wa.gov**

EQUITY & ENGAGEMENT MANAGER

Ashley P Bell is the Board's Equity & Engagement Manager,

Phone: (xxx) xxx-xxxx|Email: **Ashley.Bell@sboh.wa.gov**

Complete Chapter | RCW Dispositions

Chapter 43.20 RCW
STATE BOARD OF HEALTH
Sections

NOTES:

Contagious diseases

abatement: RCW 70.05.070.

report of local officers and physicians: RCW 70.05.110.

Control of pet animals infected with diseases communicable to humans, state board of health duties: Chapter 16.70 RCW.

Death certificates: RCW 70.58.150 through 70.58.190.

Drinking water quality consumer complaints: RCW 80.04.110.

Food and beverage service workers' permits, prescribed by: RCW 69.06.010.

Health, department of: Chapter 43.70 RCW.

Hospitals

disclosure of information: RCW 70.41.150.

enforcement of board rules: RCW 70.41.040.

inspection: RCW 70.41.120.

Immunization program, state board of health participation: RCW 28A.210.060 through 28A.210.170.

Physicians, regulation of professional services: RCW 70.41.180.

Sexually transmitted diseases: Chapter 70.24 RCW.

Social and health services, department created: RCW 43.17.010, 43.20A.030.

43.20.030 State board of health—Members—Chair—Staff support—Executive director, confidential secretary—Compensation and travel expenses of members.

43.20.035 State board of health—Cooperation with environmental agencies.

See RCW 43.70.310.

43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.

(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.

In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary.

(2) In order to protect public health, the state board of health shall:

(a) Adopt rules for group A public water systems, as defined in RCW 70.119A.020, necessary to assure safe and reliable public drinking water and to protect the public health. Such rules shall establish requirements regarding:

(i) The design and construction of public water system facilities, including proper sizing of pipes and storage for the number and type of customers;

(ii) Drinking water quality standards, monitoring requirements, and laboratory certification requirements;

(iii) Public water system management and reporting requirements;

(iv) Public water system planning and emergency response requirements;

(v) Public water system operation and maintenance requirements;

(vi) Water quality, reliability, and management of existing but inadequate public water systems; and

(vii) Quality standards for the source or supply, or both source and supply, of water for bottled water plants;

(b) Adopt rules as necessary for group B public water systems, as defined in RCW 70.119A.020. The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;

(c) Adopt rules and standards for prevention, control, and abatement of health hazards and nuisances related to the disposal of human and animal excreta and animal remains;

(d) Adopt rules controlling public health related to environmental conditions including but not limited to heating, lighting, ventilation, sanitary facilities, and cleanliness in public facilities including but not limited to food service establishments, schools, recreational facilities, and transient accommodations;

(e) Adopt rules for the imposition and use of isolation and quarantine;

(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of

remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and

(g) Adopt rules for accessing existing databases for the purposes of performing health related research.

(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those on-site sewage systems with design flows of less than three thousand five hundred gallons per day.

(4) The state board may delegate any of its rule-adopting authority to the secretary and rescind such delegated authority.

(5) All local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health. In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not less than fifty dollars, upon first conviction, and not less than one hundred dollars upon second conviction.

(6) The state board may advise the secretary on health policy issues pertaining to the department of health and the state.

[2011 c 27 § 1; 2009 c 495 § 1; 2007 c 343 § 11; 1993 c 492 § 489; 1992 c 34 § 4. Prior: 1989 1st ex.s. c 9 § 210; 1989 c 207 § 1; 1985 c 213 § 1; 1979 c 141 § 49; 1967 ex.s. c 102 § 9; 1965 c 8 § 43.20.050; prior: (i) 1901 c 116 § 1; 1891 c 98 § 2; RRS § 6001. (ii) 1921 c 7 § 58; RRS § 10816.]

NOTES:

Effective date—2009 c 495: "Except for section 9 of this act, this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 14, 2009]." [2009 c 495 § 17.]

Findings—1993 c 492: "The legislature finds that our health and financial security are jeopardized by our ever increasing demand for health care and by current health insurance and health system practices. Current health system practices encourage public demand for unneeded, ineffective, and sometimes dangerous health treatments. These practices often result in unaffordable cost increases that far exceed ordinary inflation for essential care. Current total health care expenditure rates should be sufficient to provide access to essential health care interventions to all within a reformed, efficient system.

The legislature finds that too many of our state's residents are without health insurance, that each year many individuals and families are forced into poverty because of serious illness, and that many must leave gainful employment to be eligible for publicly funded medical services. Additionally, thousands of citizens are at risk of losing adequate health insurance, have had insurance canceled recently, or cannot afford to renew existing coverage.

The legislature finds that businesses find it difficult to pay for health insurance and remain competitive in a global economy, and that individuals, the poor, and small businesses bear an inequitable health insurance burden.

The legislature finds that persons of color have significantly higher rates of mortality and poor health outcomes, and substantially lower numbers and percentages of persons covered by health insurance than the general population. It is intended that chapter 492, Laws of 1993 make provisions to address the special health care needs of these racial and ethnic populations in order to improve their health status.

The legislature finds that uncontrolled demand and expenditures for health care are eroding the ability of families, businesses, communities, and governments to invest in other enterprises that promote health, maintain independence, and ensure continued economic welfare. Housing, nutrition, education, and the environment are all diminished as we invest ever increasing shares of wealth in health care treatments.

The legislature finds that while immediate steps must be taken, a long-term plan of reform is also needed." [1993 c 492 § 101.]

Intent—1993 c 492: "(1) The legislature intends that state government policy stabilize health services costs, assure access to essential services for all residents, actively address the health care needs of persons of color, improve the public's health, and reduce unwarranted health services costs to preserve the viability of nonhealth care businesses.

(2) The legislature intends that:

(a) Total health services costs be stabilized and kept within rates of increase similar to the rates of personal income growth within a publicly regulated, private marketplace that preserves personal choice;

(b) State residents be enrolled in the certified health plan of their choice that meets state standards regarding affordability, accessibility, cost-effectiveness, and clinical efficaciousness;

(c) State residents be able to choose health services from the full range of health care providers, as defined in RCW 43.72.010(12), in a manner consistent with good health services management, quality assurance, and cost effectiveness;

(d) Individuals and businesses have the option to purchase any health services they may choose in addition to those included in the uniform benefits package or supplemental benefits;

(e) All state residents, businesses, employees, and government participate in payment for health services, with total costs to individuals on a sliding scale based on income to encourage efficient and appropriate utilization of services;

(f) These goals be accomplished within a reformed system using private service providers and facilities in a way that allows consumers to choose among competing plans operating within budget limits and other regulations that promote the public good; and

(g) A policy of coordinating the delivery, purchase, and provision of health services among the federal, state, local, and tribal governments be encouraged and accomplished by chapter 492, Laws of 1993.

(3) Accordingly, the legislature intends that chapter 492, Laws of 1993 provide both early implementation measures and a process for overall reform of the health services system." [1993 c 492 § 102.]

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1992 c 34: See note following RCW 69.07.170.

Effective date—Severability—1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

Savings—1985 c 213: "This act shall not be construed as affecting any existing right acquired or liability or obligation incurred under the sections amended or repealed in this act or under any rule, regulation, or order adopted under those sections, nor as affecting any proceeding instituted under those sections." [1985 c 213 § 31.]

Effective date—1985 c 213: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect June 30, 1985." [1985 c 213 § 33.]

Severability—1967 ex.s. c 102: See note following RCW 43.70.130.

Rules and regulations—Visual and auditory screening of pupils: RCW 28A.210.020.

43.20.100 Biennial report.

The state board of health shall report to the governor by July 1st of each even-numbered year including therein suggestions for public health priorities for the following biennium and such legislative action as it deems necessary.
[2009 c 518 § 23; 1977 c 75 § 44; 1965 c 8 § 43.20.100. Prior: 1891 c 98 § 11; RRS § 6007.]

43.20.145 Food service rules—Consideration of federal food code—Safety standards for Asian rice-based noodles and Korean rice cakes.

(1) The state board shall consider the most recent version of the United States food and drug administration's food code for the purpose of adopting rules for food service.

(2)(a) In considering the adoption of rules for food service, the state board shall consider scientific data regarding time-temperature safety standards for Asian rice-based noodles and Korean rice cakes.

(b) For the purposes of this subsection (2):

(i) "Asian rice-based noodles" means a rice-based pasta that contains rice powder, water, wheat starch, vegetable cooking oil, and optional ingredients to modify the pH or water activity, or to provide a preservative effect. The ingredients do not include products derived from animals. The rice-based pasta is prepared by using a traditional method that includes cooking by steaming at not less than one hundred thirty degrees Fahrenheit, for not less than four minutes.

(ii) "Korean rice cake" means a confection that contains rice powder, salt, sugar, various edible seeds, oil, dried beans, nuts, dried fruits, and dried pumpkin. The ingredients do not include products derived from animals. The confection is prepared by using a traditional method that includes cooking by steaming at not less than two hundred seventy-five degrees Fahrenheit, for not less than five minutes, nor more than fifteen minutes.

[2016 sp.s. c 20 § 2; 2003 c 65 § 2.]

NOTES:

Findings—Intent—2016 sp.s. c 20: "(1) The legislature finds that Asian rice-based noodles and Korean rice cakes are cultural foods that possess different time-temperature safety standards from other foods sold for human consumption. The legislature finds that Asian rice-based noodles kept at room temperature are safe for consumption within four hours of the time that the product first comes out of hot holding at temperatures at or above one hundred thirty-five degrees, or when the product has a pH of 4.6 or below, a water activity of 0.85 or below, or has been determined by the department to not be a potentially hazardous food based on formulation and supporting laboratory documentation submitted to the department of health by the manufacturer. Further, the legislature finds that Korean rice cakes are safe for consumption within one day of manufacture.

(2)(a) This act is intended to direct the state board of health to consider new standards for time-temperature requirements of Asian rice-based noodles and Korean rice cakes intended for human consumption. Further, this act is intended to direct the state board of health to consider laws enacted by other states regarding standards for time-temperature and manufacturer package labeling requirements of Asian rice-based noodles and Korean rice cakes.

(b) The legislature does not intend to create a private right of action or claim on the part of any individual, entity, or agency against the state board of health, any contractor of the state board of health, or the department of health." [2016 sp.s. c 20 § 1.]

Intent—2003 c 65: "The United States food and drug administration's food code incorporates the most recent food science and technology. The code is regularly updated in consultation with the states, the scientific community, and the food service industry. The food and drug administration's food code provides consistency for food service regulations, and it serves as a model for many states' food service rules. It is the legislature's intent that the state board of health use the United States food and drug administration's food code as guidance when developing food service rules for this state." [2003 c 65 § 1.]

43.20.175 Violations—Injunctions and legal proceedings authorized.

See RCW 43.70.190.

43.20.185 Enforcement of health laws and state or local rules and regulations upon request of local health officer.

See RCW 43.70.200.

43.20.215 Right of person to rely on prayer to alleviate ailments not abridged.

See RCW 43.70.210.

43.20.230 Water resource planning—Procedures, criteria, technical assistance.

Consistent with the water resource planning process of the department of ecology, the department of health shall:

(1) Develop procedures and guidelines relating to water use efficiency, as defined in *section 4(3), chapter 348, Laws of 1989, to be included in the development and approval of cost-efficient water system plans required under RCW 43.20.050;

(2) Develop criteria, with input from technical experts, with the objective of encouraging the cost-effective reuse of greywater and other water recycling practices, consistent with protection of public health and water quality;

(3) Provide advice and technical assistance upon request in the development of water use efficiency plans; and

(4) Provide advice and technical assistance on request for development of model conservation rate structures for public water systems. Subsections (1), (2), and (3) of this section are subject to the availability of funding.

[1993 sp.s. c 4 § 9; 1989 c 348 § 12.]

NOTES:

***Reviser's note:** 1989 c 348 § 4 was vetoed.

Findings—Grazing lands—1993 sp.s. c 4: See RCW 79.13.600.

Severability—1989 c 348: See note following RCW 90.54.020.

Rights not impaired—1989 c 348: See RCW 90.54.920.

43.20.235 Water conservation—Water delivery rate structures.

Water purveyors required to develop a water system plan pursuant to RCW 43.20.230 shall evaluate the feasibility of adopting and implementing water delivery rate structures that encourage water conservation. This information shall be included in water system plans submitted to the department of health for approval after July 1, 1993. The department shall evaluate the following:

(1) Rate structures currently used by public water systems in Washington; and

(2) Economic and institutional constraints to implementing conservation rate structures.

[1998 c 245 § 58; 1993 sp.s. c 4 § 10.]

NOTES:

Findings—Grazing lands—1993 sp.s. c 4: See RCW 79.13.600.

43.20.240 Public water systems—Complaint process.

(1) The department shall have primary responsibility among state agencies to receive complaints from persons aggrieved by the failure of a public water system. If the remedy to the complaint is not within the jurisdiction of the department, the department shall refer the complaint to the state or local agency that has the appropriate jurisdiction. The department shall take such steps as are necessary to inform other state agencies of their primary responsibility for such complaints and the implementing procedures.

(2) Each county shall designate a contact person to the department for the purpose of receiving and following up on complaint referrals that are within county jurisdiction. In the absence of any such designation, the county health officer shall be responsible for performing this function.

(3) The department and each county shall establish procedures for providing a reasonable response to complaints received from persons aggrieved by the failure of a public water system.

(4) The department and each county shall use all reasonable efforts to assist customers of public water systems in obtaining a dependable supply of water at all times. The availability of resources and the public health significance of the complaint shall be considered when determining what constitutes a reasonable effort.

(5) The department shall, in consultation with local governments, water utilities, water-sewer districts, public utility districts, and other interested parties, develop a booklet or other single document that will provide to members of the public the following information:

(a) A summary of state and local law regarding the obligations of public water systems in providing drinking water supplies to their customers;

(b) A summary of the activities, including planning, rate setting, and compliance, that are to be performed by both local and state agencies;

(c) The rights of customers of public water systems, including identification of agencies or offices to which they may address the most common complaints regarding the failures or inadequacies of public water systems.

This booklet or document shall be available to members of the public no later than January 1, 1991.

[2009 c 495 § 2; 1999 c 153 § 56; 1990 c 132 § 3.]

NOTES:

Effective date—2009 c 495: See note following RCW 43.20.050.

Part headings not law—1999 c 153: See note following RCW 57.04.050.

Legislative findings—1990 c 132: "The legislature finds the best interests of the citizens of the state are served if:

(1) Customers served by public water systems are assured of an adequate quantity and quality of water supply at reasonable rates;

(2) There is improved coordination between state agencies engaged in water system planning and public health regulation and local governments responsible for land use planning and public health and safety; and

(3) Existing procedures and processes for water system planning are strengthened and fully implemented by state agencies, local government, and public water systems." [1990 c 132 § 1.]

Severability—1990 c 132: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1990 c 132 § 7.]

43.20.250 Review of water system plan—Time limitations—Notice of rejection of plan or extension of timeline.

For any new or revised water system plan submitted for review under this chapter, the department shall review and either approve, conditionally approve, reject, or request amendments within ninety days of the receipt of the submission of the plan. The department may extend this ninety-day time limitation for new submittals by up to an additional ninety days if insufficient time exists to adequately review the general comprehensive plan. For rejections of plans or extensions of the timeline, the department shall provide in writing, to the person or entity submitting the plan, the reason for such action. In addition, the person or entity submitting the plan and the department may mutually agree to an extension of the deadlines contained in this section.

[2002 c 161 § 1.]

43.20.260 Review of water system plan, requirements—Municipal water suppliers, retail service.

In approving the water system plan of a public water system, the department shall ensure that water service to be provided by the system under the plan for any new industrial, commercial, or residential use is consistent with the requirements of any comprehensive plans or development regulations adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the service area. A municipal water supplier, as defined in RCW 90.03.015, has a duty to provide retail water service within its retail service area if: (1) Its service can be available in a timely and reasonable manner; (2) the municipal water supplier has sufficient water rights to provide the service; (3) the municipal water supplier has sufficient capacity to serve the water in a safe and reliable manner as determined by the department of health; and (4) it is consistent with the requirements

of any comprehensive plans or development regulations adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the service area and, for water service by the water utility of a city or town, with the utility service extension ordinances of the city or town.
[2003 1st sp.s. c 5 § 8.]
NOTES:
Severability—2003 1st sp.s. c 5: See note following RCW 90.03.015.

43.20.270 Governor's interagency coordinating council on health disparities—Action plan—Statewide policy.

The legislature finds that women and people of color experience significant disparities from men and the general population in education, employment, healthful living conditions, access to health care, and other social determinants of health. The legislature finds that these circumstances coupled with lower, slower, and less culturally appropriate and gender appropriate access to needed medical care result in higher rates of morbidity and mortality for women and persons of color than observed in the general population. Health disparities are defined by the national institute of health as the differences in incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States.

It is the intent of the Washington state legislature to create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women. In meeting the intent of chapter 239, Laws of 2006, the legislature creates the governor's interagency coordinating council on health disparities. This council shall create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition.
[2006 c 239 § 1.]

43.20.275 Council created—Membership—Duties—Advisory committees.

(1) In collaboration with staff whom the office of financial management may assign, and within funds made expressly available to the state board for these purposes, the state board shall assist the governor by convening and providing assistance to the council. The council shall include one representative from each of the following groups: Each of the commissions, the state board, the department, the department of social and health services, the *department of community, trade, and economic development, the health care authority, the department of agriculture, the department of ecology, the office of the superintendent of public instruction, the department of early learning, the workforce training and education coordinating board, and two members of the public who will represent the interests of health care consumers. The council is a class one group under RCW 43.03.220. The two public members shall be paid per diem and travel expenses in accordance with RCW 43.03.050 and 43.03.060. The council shall reflect

diversity in race, ethnicity, and gender. The governor or the governor's designee shall chair the council.

(2) The council shall promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector, to address health disparities. The council shall conduct public hearings, inquiries, studies, or other forms of information gathering to understand how the actions of state government ameliorate or contribute to health disparities. All state agencies must cooperate with the council's efforts.

(3) The council with assistance from the state board, shall assess through public hearings, review of existing data, and other means, and recommend initiatives for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies.

(4) In order to assist with its work, the council shall establish advisory committees to assist in plan development for specific issues and shall include members of other state agencies and local communities.

(5) The advisory committee shall reflect diversity in race, ethnicity, and gender.

[2006 c 239 § 3.]

NOTES:

***Reviser's note:** The "department of community, trade, and economic development" was renamed the "department of commerce" by 2009 c 565.

43.20.280 Action plan for eliminating health disparities—Council meetings—Reports to the legislature.

The council shall consider in its deliberations and by 2012, create an action plan for eliminating health disparities. The action plan must address, but is not limited to, the following diseases, conditions, and health indicators: Diabetes, asthma, infant mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sudden infant death syndrome (SIDS), mental health, women's health issues, smoking cessation, oral disease, and immunization rates of children and senior citizens. The council shall prioritize the diseases, conditions, and health indicators according to prevalence and severity of the health disparity. The council shall address these priorities on an incremental basis by adding no more than five of the diseases, conditions, and health indicators to each update or revised version of the action plan. The action plan shall be updated biannually. The council shall meet as often as necessary but not less than two times per calendar year. The council shall report its progress with the action plan to the governor and the legislature no later than January 15, 2008. A second report shall be presented no later than January 15, 2010, and a third report from the council shall be presented to the governor and the legislature no later than January 15, 2012. Thereafter, the governor and legislature shall require progress updates from the council every four years in odd-numbered years. The action plan shall recognize the need for flexibility.

[2006 c 239 § 4.]

43.20.285 Health impact reviews—Obtaining and allocating federal or private funding to implement chapter.

The state board shall, to the extent that funds are available expressly for this purpose, complete health impact reviews, in collaboration with the council, and with assistance that shall be provided by any state agency of which the board makes a request.

(1) A health impact review may be initiated by a written request submitted according to forms and procedures proposed by the council and approved by the state board before December 1, 2006.

(2) Any state legislator or the governor may request a review of any proposal for a state legislative or budgetary change. Upon receiving a request for a health impact review from the governor or a member of the legislature during a legislative session, the state board shall deliver the health impact review to the requesting party in no more than ten days.

(3) The state board may limit the number of health impact reviews it produces to retain quality while operating within its available resources.

(4) A state agency may decline a request to provide assistance if complying with the request would not be feasible while operating within its available resources.

(5) Upon delivery of the review to the requesting party, it shall be a public document, and shall be available on the state board's web site.

(6) The review shall be based on the best available empirical information and professional assumptions available to the state board within the time required for completing the review. The review should consider direct impacts on health disparities as well as changes in the social determinants of health.

(7) The state board and the department shall collaborate to obtain any federal or private funding that may become available to implement the state board's duties under this chapter. If the department receives such funding, the department shall allocate it to the state board and affected agencies to implement its duties under this chapter, and any state general funds that may have been appropriated but are no longer needed by the state board shall lapse to the state general fund.

[2006 c 239 § 5.]

43.20.290 Obtaining and allocating federal or private funding.

The state board and the department shall collaborate to obtain any federal or private funding that may become available to implement the state board's duties under this chapter. If the department receives such funding, the department shall allocate it to the state board to implement its duties under this chapter, and any state general funds that may have been appropriated but are no longer needed by the state board shall lapse to the state general fund.

[2006 c 239 § 6.]

WASHINGTON STATE BOARD OF HEALTH
BYLAWS

Updated March 14, 2018
Updated October 11, 2017
Revised October 12, 2005
Adopted May 11, 2005

WASHINGTON STATE BOARD OF HEALTH

Table of Contents

ARTICLE I: MEMBERSHIP

Members

- The Governor appoints nine members of the Washington State Board of Health (the Board) as described in RCW 43.20.030.
- The Secretary of Health or a designee is the tenth member of the Board.

Terms of Office

- A term of office is three years. The Governor may re-appoint members to additional terms.
- A member whose term has expired may continue to serve until the Governor appoints his or her successor.
- A Board member may resign if he or she is no longer able to participate in Board meetings or complete his or her term, the member must submit a letter of resignation to the Board Chair, and complete the Governor's on-line resignation form.
- As vacancies occur on the Board by resignation, death, incapacity, etc., the vacancy shall be filled by appointment by the Governor for the remainder of the term.

Reimbursement for Expenses

- Board members appointed by the Governor may receive $50 for each day they attend official Board or committee meetings, or participate in other Board-approved activities. This will be done in accordance with RCW 43.03.240.
- A Board member who works full-time for any federal, state, or local government agency may not be paid for a day of service if they are also paid by their employer for working that day. Appointed Board members may be reimbursed for expenses associated with Board-approved meetings or activities. Reimbursements will be made consistent with RCW 43.03.050 and 43.03.060.
- As resources allow, meetings or activities for which members may be paid include participation in ad hoc committees; meetings with other government agencies, stakeholders and community groups; or testifying or presenting on behalf of the Board, at legislative meetings or professional conferences.

ARTICLE II: BOARD OFFICERS

Officers

- The officers of the Board consist of the Chair, Vice Chair, and the Chair Pro-Tem.

Elections/Terms of Office

- The Governor will appoint the Chair from among the nine appointed members consistent with RCW 43.20.030.
- The Chair shall serve for the duration of his or her appointment, or until the Governor appoints a successor.
- The Board shall elect a Vice Chair from the remaining eight appointed members. The election shall take place at a Board meeting, by a vote of the Board, preceding the end of the term or resignation of the sitting Vice Chair.
- The Vice Chair's term starts upon election and continues until the end of his or her appointment, until the Vice Chair resigns, or upon the request for replacement by the Chair that receives the concurrence of a majority of the Board.
- If both the Chair and Vice Chair are absent or have recused themselves from a meeting or agenda item, Board members shall elect one of the remaining members present to serve as Chair Pro-Tem.
- The Chair Pro-Tem shall serve for the duration of the absence or recusal.

Duties of Officers

- The Chair provides overall leadership to the Board, presides at all meetings and has all powers and duties conferred by law and these bylaws. The Chair or a designee shall represent the Board at official functions. The Chair shall approve and sign correspondence that reflects the Board's position on matters that aren't purely administrative in nature. This includes correspondence with the Legislature and other government agencies on matters of policy. The Chair may ask the Executive Director to sign correspondence as appropriate.
- The Vice Chair acts in the capacity of the Chair when the Chair is absent or recused because of a conflict of interest, or is otherwise unable to serve.
- The Chair Pro-Tem presides during Board meetings when the Chair and Vice Chair are absent or are otherwise unable to preside.

ARTICLE III: MEETINGS OF THE BOARD

Regular Board Meetings

- All Board meetings are subject to the Open Public Meetings Act Chapter 42.30 RCW.
- The Board shall adopt an annual schedule of dates and locations for regular meetings for each calendar year, and shall file it for publication with the Code Reviser. Agendas for regular meetings shall be posted to the Board's website 24 hours in advance, as required by RCW 42.30.077
- Regular meetings will generally take place on the second Wednesday of the month. As resources allow, meetings will occur at locations across the state.
- Any changes to the annual schedule shall be made at the discretion of the Board Chair, with the approval of the Board.
- The Chair or Executive Director may cancel a regular Board meeting for justifiable reasons, including the lack of sufficient agenda items.
- If the Board is unable to meet at a meeting location due to natural disaster including but not limited to fire, flood, earthquake, or other emergency, and the Board needs to meet to address the emergency, the Chair may move the meeting site to a place other than the published meeting site. Board staff will post the new meeting location to the Board's website and will send notice to interested parties at least one day before the meeting at the new site.

Special Board Meetings

- The Chair may call a special meeting of the Board at any time.
- Notice of a special meeting shall be provided in accordance with the Open Public Meetings Act, Chapter 42.30 RCW. Board staff will post the meeting announcement on the Board's website and will send notice by electronic mail to interested parties, 24 hours in advance of the meeting. The public notice will include a brief description of the meeting topics and specify the time and place.
- The Board may not take final action on any item that is not listed in the public notice.

Adjournment

- The Board may postpone a portion of any meeting already in progress and reconvene at another time and/or place by adopting a motion to adjourn. The motion must specify where and when the meeting will resume.
- A majority vote of the Board members at a meeting can approve a motion to adjourn even if there is not a quorum present. If all members are absent from a meeting, the Chair or Board staff may adjourn the meeting to a stated time and place.
- Whenever the Board adjourns a meeting, a notice of adjournment shall be conspicuously posted immediately on or near the door of the room where the meeting was held. The notice should include when and where the meeting will resume.

Hearing Continuances

- The Board may continue any hearing to a subsequent meeting by adopting a motion to continue consistent with RCW 42.30.100.
- For rulemaking, the Board must specify the place and time of a continued hearing in the motion to continue consistent with RCW 34.05.325(5).
- The Board must provide notice on the subsequent meeting agenda whether it is continuing public testimony or comment, or whether there will only be Board member discussion and possible action. Based on Board discussion, the Chair may choose to take additional comment or testimony.
- The Board will provide notice of a continuance consistent with RCW 42.30.090.

Meetings to be Open and Public

- All meetings of the Board, except for executive sessions are open to the public.
- The Board may meet in executive session, and exclude the public only under special circumstances listed in RCW 42.30.110. Before convening in executive session, the Chair will publicly announce the reason for excluding the public and the time when the executive session will end. If the meeting continues beyond the stated time, the Chair must publicly announce the extension and a new ending time.
- The Board may adopt a resolution, rule, order, or directive only in an open public meeting that has been properly noticed.
- The Board shall hold all meetings in facilities that are accessible to individuals with disabilities.
- The Board may not require a member of the public to register his or her name and other information, complete a questionnaire, or perform any other action as a precondition for attending a Board meeting.

Meetings Interrupted by Group or Groups of Persons

- If the disorderly conduct of a person or group of people makes it impractical to continue a Board meeting, the Chair of the Board should first order that the individuals interrupting the meeting leave the room. If that action fails to restore order, the Chair of the Board can clear the room. It can also adjourn the meeting and reconvene at another place selected by a majority vote of the Board members.
- If the Board clears the room or adjourns to another location, it may only act (vote) on matters that appeared on the approved meeting agenda.
- Representatives of the press or other news media, except those participating in the disturbance, must be allowed to attend even if the room has been cleared or the Board has reconvened elsewhere.
- The Board may determine how it might readmit any individuals who were not disrupting the meeting.

Meeting Minutes and Agendas

- Board staff shall take written minutes of all regular and special Board meetings. Board staff shall accurately capture the action of the Board on each question, and shall prepare the minutes for Board approval at the next regularly scheduled meeting.
- Board staff shall retain meeting minutes, agendas and materials consistent with record retention schedules and shall then transfer these records to the State archives for permanent retention.
- Board staff shall post a preliminary draft of the agenda for the next regularly scheduled Board meeting on the Board's website at least 14 days prior to meeting.
- Board staff shall post the final proposed agenda for the next regularly scheduled Board meeting on the Board's website at least seven days prior to the meeting.

ARTICLE III: MEETINGS OF THE BOARD (CONT'D)

- Board staff shall post minutes for the previous Board meeting and materials for the next regular meeting to the website at least five days prior to the next regular Board meeting date.
- Board members should review all posted meeting materials prior to the meeting.
- Minutes approved by the Board shall be made available on the Board's web site and distributed on request within three business days of adoption.
- Public notices and agendas regarding Board meetings shall include a statement that accommodations may be provided with advance written notice to Board staff. The public notice shall include contact information for making such requests.

Meeting Attendance

- All Board and Committee meetings should be attended by at least one member of the Board staff.
- Board staff taking the minutes shall record member attendance.

ARTICLE IV: MEETINGS PROCEDURES

Quorum

- A quorum is six (6) members of the Board.
- The Board may discuss issues and deal with administrative matters in the absence of a quorum, but it may adopt any resolution, rule, order, or directive during a meeting only if a quorum is present.
- The Board may entertain a motion to adjourn without a quorum.
- Anyone participating in the meeting, including a member of the public in the audience, may call for a roll call at any time after a quorum has been established. If a quorum is not present at the time of the roll call, no further actions can be taken by the Board unless additional members enter the room and re-establish a quorum.

Order of Business

- The final agenda will detail the order of business. The Chair has discretion to modify the agenda during the meeting to manage time. The Chair may not eliminate items from the agenda without concurrence of the Board.

Public Comment

- The Board Chair may solicit public comment on any agenda items during regular Board meetings.
- The Chair may determine the amount of time for public comment by each speaker based on the number of speakers, time available, and topics to be addressed.
- All regular meeting agendas shall include an item allowing for public comment. During these public comment periods, speakers may address any issue related to the Board's authority or public health.

ARTICLE IV: MEETINGS PROCEDURES (CONT'D)

Motions, Resolutions, and Rules

- All Board actions must be expressed by motion.
- To be accepted (passed), a motion must receive a majority of votes of the Board members present to be valid.
- Staff shall record all motions in the minutes.
- In the event that the Board takes an action that directly impacts a specific person or organization (such as a complaint, petition for rulemaking, or request for variance), staff shall notify the person or organization impacted in writing.
- No Board member or staff may use his or her position with the Board to endorse or oppose an issue unless a majority vote of the members of the Board approve of the position on the issue.
- The Board may adopt a policy that authorizes the Chair or a designee to represent the Board on issues before the Legislature.

Manner of Voting

- All votes, including those for elections, motions, and resolutions shall be voice vote.
- In lieu of voice vote, a Board member may request a roll call or show of hands vote.

Rules of Procedure

- The procedures used to conduct Board business will be determined by these bylaws, the Administrative Procedures Act, the Open Public Meetings Act, and the Board's authorizing statute, Chapter 43.20 RCW.
- If a procedural issue arises that is not covered by these bylaws and applicable state laws, and the Board cannot reach consensus on how to proceed, the Board will follow the procedures contained in the most current version of Robert's Rules of Order.
- Board staff shall provide a copy of Robert's Rules of Order at all Board meetings.

ARTICLE V: COMMITTEES OF THE BOARD

Policy Committees

- The Board may establish policy committees to help execute its work. Committees are advisory in nature and may make recommendations to the Board for Board action.
- Policy committees may consist of up to five Board members who volunteer to serve on the committee. Standing committees do not include members of the public as members.
- Each policy committee must select a Committee Chair.
- The Executive Director shall identify a lead staff person to support each policy committee.
- Board staff shall create a written summary of each policy committee meeting, and shall prepare the summary for policy committee approval at the next committee meeting.
- Board staff shall retain the summary and agendas consistent with record retention schedules, and shall then transfer these records to the State archives for permanent retention.

Ad Hoc Committees

- The Board may establish Ad-Hoc Committees to fulfill specific tasks.
- Ad-Hoc Committees shall be comprised of members recommended by Board members or staff.
- The committee must disband when it completes its assigned task(s).
- Each Ad-Hoc Committee shall select a Committee Chair unless one is selected by the Board.
- Ad-Hoc Committees may include subject matter experts or members of the public.
- All committee meetings are open and will be conducted as special meetings under the Open Public Meetings Act in accordance with RCW 42.30.080.

ARTICLE VI: AMENDMENTS

Amendment to the Bylaws

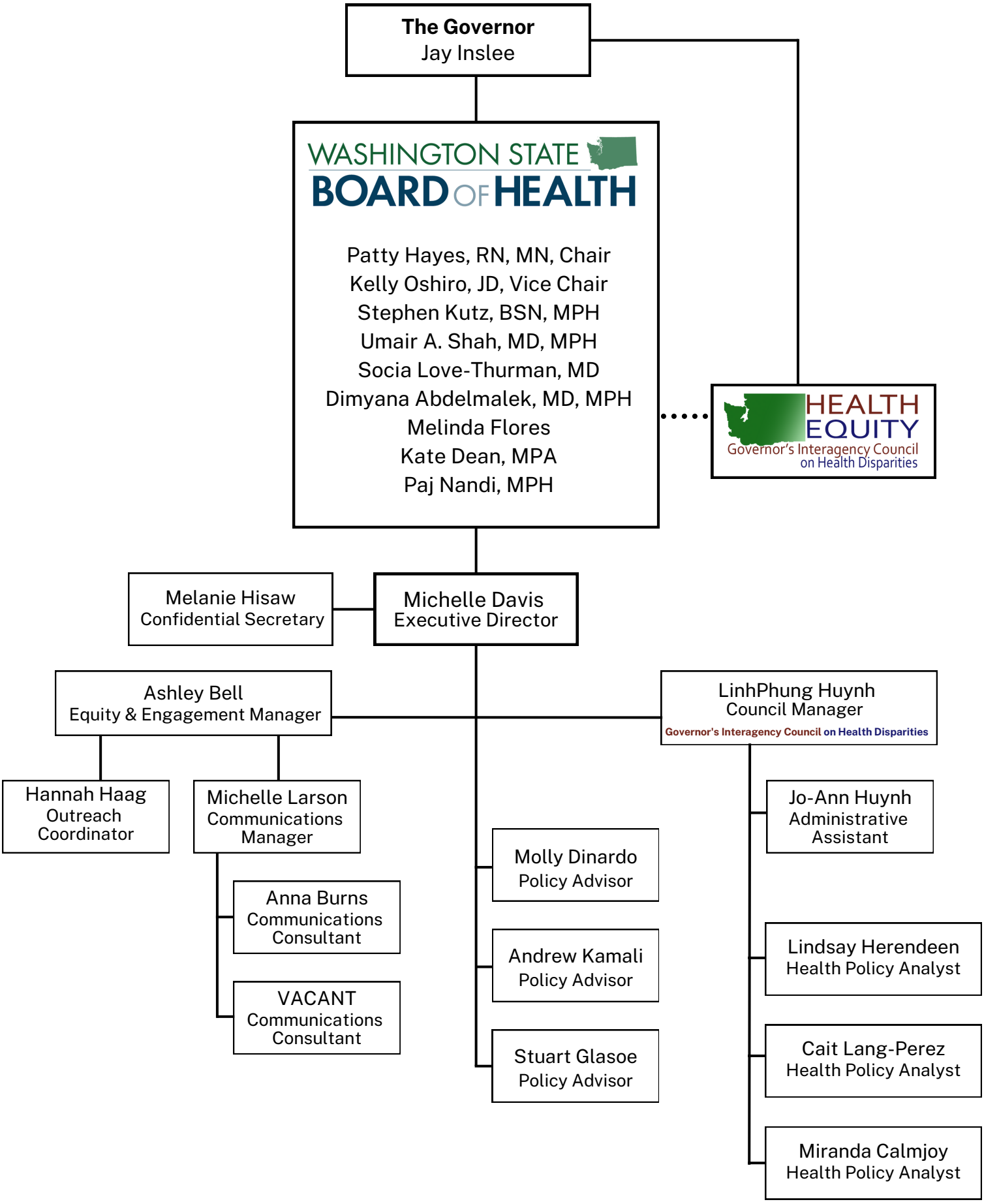
- Board Bylaws may be amended upon a two-thirds majority vote of the Board.

ARTICLE VII: CONSTRUCTION

Liberal Construction of Rules

- The Board will interpret these bylaws in a manner that best protects the public's health and furthers the intents of Chapter 43.20 RCW.

WSBOH Organizational Chart 2023



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Memorandum of Understanding Between The Washington State Department of Health and The Washington State Board of Health

I. Introduction

The State Board of Health serves the people of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board of Health recommends strategies and promotes health goals to the Legislature and Governor and regulates a number of health activities, including drinking water, immunizations, and food handling.

The Governor appoints ten members who fill three-year terms, with the exception of the Secretary of Health, who serves at the Governor's pleasure. Local health jurisdictions are represented by a local health officer, cities and counties are each represented by an elected official. There are two consumer representatives, and four members represent health and sanitation, one of whom represents the tribes.

The Board monitors the health of the people who live in Washington. It develops rules that protect and promote the public's health and prevent the spread of disease. The Board serves as a forum for the development of public health policy in Washington State, and advises the Secretary on health policy issues pertaining to the department and the state. The Board staffs the Governor's Interagency Council on Health Disparities which is responsible for developing a state action plan to eliminate health disparities by race/ethnicity and gender. The Board conducts Health Impact Reviews in consultation with the Council, and at the request of the Governor or a state legislator. The Board's offices and staff are housed at the Washington State Department of Health, which provides technical staff and other support to the Board under RCW 43.20.030 and this agreement.

The Department of Health was established by the Legislature in 1989 under Chapter 43.70 RCW as a way to focus public health attention on programs and issues previously spread across a number of other agencies. There are four divisions within the Department of Health and three centralized offices:

- Health Systems Quality Assurance,
- Prevention and Community Health,
- Environmental Public Health,
- Disease Control and Health Statistics,

Centralized Offices:

- Administrative Operations
- Center for Public Affairs
- Emergency Preparedness and Response

II. Purpose

This MOU focuses on the administrative relationship between the Board and the Department briefly described in statute in RCW 43.20.030, "The department of health shall provide necessary technical staff support to the board." The purpose of the MOU is to detail how the Board and the Department will interact in this regard in order to most effectively and efficiently accomplish the missions of each agency.

III. Definitions

For the purposes of this document the following words shall have the following meanings:
"Board" means the Washington State Board of Health in Chapter 43.20 RCW.
"Department" means the Washington State Department of Health in Chapter 43.70 RCW.
"Technical staff support" means administrative support and services and includes assignment of Department employees to serve as full-time or part-time staff to the Board, who may function as content or technical experts in assisting the Board in carrying out its day to day functions and duties. This term also includes the staff that supports the Interagency Council on Health Disparities. The term does not include the Board's Executive Director or his or her Confidential Secretary, both of whom are employed by the Board.

IV. Roles

The Department will provide necessary technical staff support services to the Board consistent with RCW 43.20.030.

The Board's Executive Director is responsible for overseeing all administrative activities, policies and procedures required to ensure the Board functions effectively. The Executive Director and Board comply with applicable state and federal laws, administrative rules, policies, collective bargaining agreements, and Governor's executive orders and directives.

The Department's Chief of Staff provides a conduit for the Executive Director to access agency internal resources and support services. The Executive Director consults with the Chief of Staff regarding issues such as rent, supply needs, budget coordination, human resource needs, and implementation of this MOU.

The Department will maintain a liaison to the Board. The liaison will monitor all regular board meetings to identify and track major regulatory and policy issues potentially impacting agency programs or politically sensitive issues. The liaison maintains regular contact with Department management and the Executive Director and if problems are identified helps assure the appropriate individuals are engaged.

When the Department or the Board develops recommendations or legislative proposals that may change the other's statutory authorities or impact their respective activities, both parties agree to provide to the other opportunities for comments on drafts as far in advance as possible. Comments will be considered in the formulation of recommendations. The board will have full access and use of the department's legislative, rules and policy tracking systems.

The Board participates in the agency's health equity and diversity and inclusion activities. This collaboration ensures strong communication and partnerships on initiatives and activities for the agency and the state.

The Center for Public Affairs (C4PA) will ensure that board staff are included in the planning and development of any C4PA high priority project that impacts or relies on statutes or regulations that are under the Board's authority.

V. Administrative Services

The Department agrees to provide administrative services to the Board including financial and business, human resources, risk management, information technology, records management, public disclosure, audit, performance and accountability, rule development and communications, as well as emergency preparedness support consistent with OFM guidelines and federal and state law. The Department will include a Board representative on Administrative Operations workgroups and teams that involve these types of services. The Board agrees to follow all Department policies and procedures associated with the services provided under this MOU. To assure adequate opportunity for policy review and comment, the Executive Director will serve on the department's policy review committee.

Financial Services
The Department provides financial services to the Board, including budget preparation, contract, procurement, and accounting and payroll services.

Budget
A portion of the Department's biennial appropriation will be allocated to support the Board in fulfilling its functions, including paying the costs of the Board's two exempt employees as well as technical staff support that the Department provides to the Board. The Executive Director and the Chief Financial Officer, or designee, will meet prior to budget preparation to discuss the Board's budget needs. In addition, the Department's Budget office will:

- Assist the Executive Director and Board in the preparation of biennial and supplemental budget requests and allotments and submit these materials to the Office of Financial Management (OFM) in conjunction with the Department of Health's submittals.
- Monitor expenditures and provide monthly status of expenditures as compared to allotments/spending plans to the Executive Director.
- For legislation impacting the Board, coordinate and finalize fiscal note submissions with written authorization by the Executive Director.
- Assist the Executive Director in developing and submitting the chart of accounts, salary projections, payroll coding changes, and other OFM or Department of Health budgetary requirements.
- Assist the Executive Director in responding to fiscal queries from legislative or OFM staff.

Contracts
The Department will provide contract support to the Board. Contracts may provide for direct services to clients, support services, technology acquisitions, and may be in the form of: interagency agreements and MOU with other state agencies, governments, tribes, as well as software licensing and data sharing agreements. The Department's Contract Unit will:
- Provide consultation and assistance to Board staff in the development of statements of work, and competitive solicitations.
- Conduct the solicitation process to include meeting any requirements of Department of Enterprise Services (DES), negotiate terms or assist in negotiations and conditions of contracts, process and prepare contracts for signature.
- Serve as liaison with DES on contractual matters.
- On all standard and nonstandard contracts, review and provide comments/ recommendations and negotiate directly with or assist in the negotiation with contractors, for any required modifications to statement of work and contract terms and conditions.
- Maintain contractual records and documentation such as receipt and control of all contract correspondence, amendments, advertisements, DES filings, solicitation information and other documents related to the contract.
- Provide guidance on contract matters to program managers or other operational staff, as

needed, including training to project managers and other employees in contracting practices and procedures.
- Ensure that signed contracts are communicated to all relevant parties to provide contract visibility and awareness, and interpretation to support implementation.
- Maintain the Enterprise Contracts Management System (ECMS) database for easy access to Board contract information.
- Serve as the point of contact for the Board on contractual matters, and act as contractual liaison between Board employees and contractors as needed.

Procurement
The Department will:
- Provide expertise in purchasing items, supplies, and services for the Board.
- Train Board staff in Department and state purchasing rules and requirements to ensure all purchasing transactions are completed properly.
- Track all capital asset inventories for Board.
- Seek the best pricing for Board following all purchasing rules.

Accounting and Payroll
The Department will:
- Assure payment of duly authorized vendor billings and contract services.
- Assure payment of duly authorized travel expenditures for Board staff and Board and Council members.
- Process bimonthly payroll and benefits for Board staff and qualifying Board members.
- Process all cash receipts/revenue received on behalf of the Board.

Business Operational Support Services

Mail Services and Materials Management
The Department will manage services provided by Consolidated Mail Services that includes the sorting and delivery of United States Postal Service and campus mail daily for the Board. The Department will provide Board support services such as the receiving and delivery of packages and maintaining an inventory of office supplies for Tumwater Campus copy rooms.

Facilities, Equipment and Furnishings
The Department will furnish the facilities, equipment and services needed for the Board staff to use in a manner equal to those afforded Department employees, including conference and meeting rooms and motor pool vehicles.

The Board will follow the Department's processes and procedures in using, requesting or replacing any facilities, equipment or services.

Records Management & Public Records Disclosure

The Department will serve as primary records custodian for records created in the course of providing administrative support (HR, IT, Financial, etc.) to the Board. In the event of the dissolution of this MOU, both the Department and Board will jointly review such records to determine what records would be required to remain under the custody of the Department, and what records would be appropriately transferred to the Board or other designated entity. The Department will:
- Assist the Board with the creation and maintenance of a records retention schedule, including presenting any recommended changes to the State Records Committee for approval as appropriate.

- Assist the Board, upon request, with any requirements (activities or paperwork for the transfer of records to the State Records Center, the State Archives or the Digital Archives, and disposition of records that have met their retention period.
- Ensure the Board Executive Director is informed of training opportunities in the areas of Records Management and Public Records Disclosure so that Board staff may participate as appropriate.
- Ensure the Board Executive Director is informed of any initiatives or changes in the areas of Records Management or Public Records Disclosure that could significantly impact the Board.
- Provide administrative support, upon request, for large-scale public records requests.
- Notify the Board of public records requests submitted to the Department, if the request pertains to a topic for which the Department and Board have shared work.

The Board will respond to requests for public records, submitted to the Board, independently of the Department; however the Department will assist the Board in searching for responsive records that are in electronic form residing on the Department's network systems.

The Board will notify the Department of public records requests submitted to the Board, if the request pertains to a topic for which the Department and Board have shared work.

Office of Civil Rights and Risk Management

The Department will process claims for damages against the Board and its employees. This will include, on the Board's behalf, interaction with the state risk manager, claim settlement, arrangement for defense counsel, and coordination with assistant attorneys general from that agency's tort division. The Department Risk Manager will consult with the Board Executive Director upon receipt of a claim, and at every major step until the claim is resolved. The Department will not authorize settlement of a claim against the Board for more than five thousand dollars without approval of the Executive Director.

The Board is included in the Department's tort liability coverage provided through the self-insurance liability fund (Chapter 4.92 RCW). The Department may assess the Board a proportionate share of its liability insurance premium as if the Board were a sub-division of the Department. The Board's share may only be based on number of employees and/or its claims history.

In support of the Department's Title VI/Limited English Proficiency Non Discrimination Policy, Equal Access for Individuals with Disabilities Policy, and Language Access Plan, the Office of Civil Rights and Risk Management (CRRM) and the Center for Public Affairs (C4PA) have jointly convened a Title VI/ADA Liaisons group. The Executive Director shall appoint a Title VI/ADA Liaison to serve on the group. The Department (through the Equity team within C4PA) will provide technical assistance and resources to assist the Board with implementing the Department's Language Access Plan and to be compliant with the Equal Access for Individuals with Disabilities Policy, including access to the CTS Language Link telephonic interpreter services line and access to any resources set aside for document/web/video/publication translation or ADA compliance.

Emergency Preparedness

The Department will include the Board and its staff in campus emergency response plans and Board staff will participate in emergency response drills. The Board is encouraged to provide a representative to the safety and emergency response committee.

The Board shall complete and update as necessary a continuity of operations plan under the guidance of the Department's emergency preparedness staff. In case of emergency, and

resulting unavailability of Board staff, per this agreement and the Board's Continuity of Operations Plan, the execution of the State Board of Health's essential functions will devolve to the Department.

The Information Service Office (ISO) will provide the Board with data sharing consultations, and vendor acquisition consultations to ensure compliance with state and federal requirements. The Department will also facilitate or conduct information asset risk and security assessments. ISO will also provide security administration for Secure File Transfers (SFT) and tokens for remote access, conduct security assessments of new and existing technology solutions used for increasing the value of the services provided by the Board, conduct assessments of business processes used to distribute information and provide assistance with investigating suspected data breaches, unauthorized disclosures and potential information loss.

Audit

The Department will provide internal audit and advisory services, external audit liaison services, and may provide assistance and training on the Ethics in Public Service Act to the Board and Board staff.

The Department's professional internal audit and advisory services provide independent and objective assessments and assurances on the effectiveness of operations, controls, systems, and processes affecting the Board. The Board may request specific audit or advisory services through the Chief of Staff.

The Department's Office of Internal Audit also serves as liaison with external auditors, including the State Auditor's Office, JLARC, and federal regulators. The Department will provide liaison services for any audit or investigation by the State Auditor's Office affecting the Board. The Department will provide liaison services for other external audits or investigations affecting the Board upon request.

The Department will provide assistance and training on the Ethics in Public Service Act (RCW 42.52) to the Board and board staff upon request. In addition, the Department's internal audit director is a designated official for receiving Whistleblower complaints. Any Board member or staff member can file a Whistleblower complaint with the internal audit director.

Performance and Accountability

The Department will:

- Provide expertise and technical assistance in performance management, quality improvement and strategic planning to the Board.
- Include Board staff in trainings on performance management, quality improvement and strategic planning.
- Track and monitor improvement projects for the Board, upon request.
- Assist the Board in building a performance management dashboard, upon request.

Information Technology Services

The Department provides information technology planning, management, and support services to the Board.

The Department will assist in assessing and recommending technologies or services that meet State Enterprise and Department standards. This includes information technology consulting services, technical assistance and procurement services. The Board agrees to purchase standard technologies that can be supported by the Department.

The Department will assist with information technology activities related to applications and data, such as; project planning, business analysis, information technology security, public records research and disclosure requests, World Wide Web, data administration, and Geographic Information Systems (GIS).

The Department will provide desktop, laptop and handheld services such as; standard hardware and software installation, email support, approved handheld device support, file storage space, voice communications, video conferencing, and web conferencing.

Human Resources

RCW 43.20.030 allows the Board to employ an executive director and confidential secretary, who serve at the Board's pleasure. The Department assigns some Department employees to serve as full-time or part-time support to the Board. In this capacity, these employees report to the Board's Executive Director for work assignments and directions, leave usage, annual reviews and all general daily activities. The Secretary (or his or her designee) delegates authority for the hiring and termination of Department employees serving as full-time or part-time staff to the Executive Director, and those other Human Resources (HR) functions that require Appointment Authority delegation. The Board's Executive Director will notify the Chief of Staff on actions related to recruitment and discipline prior to implementation. This includes the use of interns and volunteers as applicable.

The Department will provide support and consultation on human resources activities in accordance with all applicable laws, rules, Department policies and procedures, and the collective bargaining agreement by and between the State of Washington and the Washington Federation of State Employees. The Office of Human Resources will designate a point of contact for the Board for HR activities which include but are not limited to:

- Classification
- Compensation
- Labor Relations
- Corrective/Disciplinary Actions
- Reduction in Force
- Performance Development Plans
- Recruitment
- Applicable RCW and WAC interpretation
- Application of collective bargaining language
- Training and Development
- Worker's Compensation claims

The Department's Office of Human Resources will also partner with the Executive Director to ensure that Department employees that work with the Board are aware of human resource policies, related expectations for employees and how to raise questions and address issues that arise. The Executive Director will use the Department's established human resource processes, procedures, and systems. Concerns regarding HR activities will be raised to the HR point of contact for the Board or the HR Director for discussion and/or action.

In order to ensure on-going communications the Executive Director and the HR point of contact for the Board will meet regularly. When the HR Office becomes aware of any significant workforce issues that might have an impact on the staff of the Board (such as a reduction in force action), the HR Office will communicate with the Executive Director as early and often as possible. The HR Office will seek the Executive Director's input into changes impacting Board staff and will consider that input before any changes are made.

Rule Making

The Board of Health has broad rulemaking authority. Some of these rules are implemented by the Department of Health, or local health jurisdictions with Department assistance or oversight. All of the divisions implement rules adopted under the Board's regulatory authority. The Board and Department agree to work together in developing rules that impact one another, and processes to adopt such rules. Rulemaking may proceed under leadership of Board staff or Department staff depending on available resources, and priorities of either party.

In many cases, Department program staff will take on the management of the rule development process, formulating proposals as recommendations to the Board. Alternatively, the Board may direct its staff to manage and lead a rule development process. Determining who will lead rule development will be based upon mutual agreement between the Executive Director and the Department's liaison to the Board, in consultation with the affected programs. Regardless of whether Board staff or Department staff leads the rule development, the Department's processes, forms and memos will be used during rulemaking for consistency. In addition, the Department will be responsible for:

- Filing all forms with the Code Reviser
- Maintaining the official rulemaking file
- Maintaining information in the Rules Management System Database

The Board may also choose to delegate its rule making authority to the Department under RCW 43.20.050 and Board policy.

Communications

The Department and Board will work together on internal and external communication when appropriate. The Executive Director will have access to the Center for Public Affairs for consultation and assistance and will be consulted for recommendations on proposals to change processes. The Board will have access to C4PA services such as livestreaming, video production and graphic design as it becomes available.

When the Board initiates a public announcement or news release, the Board's staff will draft the announcement. If the announcement or news release pertains to a Department program or activities such as those implemented under a Board's rule, Board staff will solicit input from Department staff. The Board will distribute the announcement or news release to the media upon the Executive Director's approval. The Department will share routinely updated media distribution lists with the Board's Communications Consultant.

When the Department is preparing to issue an announcement or news release related to a program implemented under the Board's rules, Department staff will provide the Board's Communications Consultant and Executive Director an opportunity to review and comment.

Board and Department communication staff will notify one another of any media interviews related to programs implemented under the Board's rules, on issues of mutual interest, or issues or work that relate to the Board's authority. Board and Department communications staff will share Governor's alerts with one another. Board and Department communication staff will meet regularly and the Board's communication consultant may participate in the Department's media relations work groups.

VI. Review and Effective Date

Review

The Executive Director, in consultation with the Board Chair will review this agreement with the Chief of Staff by the end of each biennium. The agreement may be revised when necessary and upon mutual written agreement of the Secretary and the Board Chair.

Effective Date

This agreement takes effect on the date of execution and shall remain in full force and effect until modified by mutual agreement of both parties.

Dated this 4th day of Feb, 2019

Secretary of Health, Department of Health

Chair, Board of Health

WASHINGTON STATE BOARD OF HEALTH

BOARD MEMBER ORIENTATION

ABOUT THE GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

OUR COUNCIL

The Governor's Interagency Council on Health Disparities (Health Disparities Council) was established by the Legislature in 2006 (RCW 43.20.270 – 43.20-280). The Council is advisory—it provides policy recommendations to agencies, the Governor, and the Legislature on ways to promote health equity and eliminate health disparities.

The Council has 17 members: a Chair appointed by the Governor; two members of the public; and representatives of 14 state agencies, boards, and commissions. The State Board of Health representative to the Council is currently Stephen Kutz. The Council is staffed by the State Board of Health.

OUR VISION

Guided by our North Star that is Equity, we honor the broad differences and bonding similarities that make up this state. The power entrusted to us by the people inspires us to be channels for change. We shift power by sharing priorities, being transparent and reflective, and disrupting oppressive practices so everyone has the opportunity to thrive.

We intentionally act to heal wounds and cultivate trust; instilling equity into every level of government and beyond, assuring true democracy's light shines on all communities.

OUR TASKS

ACTION PLAN: Create a state action plan for eliminating health disparities by race/ethnicity and gender.

- The Council submitted its first action plan to the Governor and Legislature in 2010.
- To date, the Council has submitted 11 action plan updates with recommendations on a variety of topics, including the healthcare workforce, health insurance coverage, behavioral health, language access, environmental justice, adverse birth outcomes, and promoting equity in state government.

EQUITY IN STATE GOVERNMENT: The Council prioritizes promoting equity in the social determinants of health to ultimately achieve health equity.

- The Council submitted a recommendation to the Governor in 2016 to create a statewide equity initiative.
- The Council provided staffing for the Office of Equity Task Force (2019 – 2020). The Task Force's proposal and final recommendations serve as a foundation for our state's Office of Equity.
- The Council's current priority is to review and recommend updates to its statute. Members will focus on re-envisioning the Council's authority and responsibilities in way that complements efforts from partners such as the Office of Equity, the Environmental Justice Council, and state ethnic commissions.

HEALTH IMPACT REVIEWS: The Council collaborates with the State Board of Health in the development of Health Impact Reviews requested by the Governor or the Legislature.

- Health Impact Reviews are non-partisan, objective, evidence-based analyses of legislative or budgetary proposals to determine how changes may impact health and equity.
- Since 2014, the Board has completed 112 Health Impact Reviews at the request of the Governor and 57 different legislators.
- HIR analysts complete reviews on a variety of topics related to social determinants of health, including education, behavioral health, labor and employment, environment, transportation, and the criminal legal system.
- Legislators have used HIRs for a variety of purposes, including to refine a policy direction, to understand whether the evidence supports community concerns about potential unintended consequences or equity implications, to build support and conversation around their bill, to inform their vote on a colleague's bill, in budget negotiations, etc.

OUR OPERATING PRINCIPLES

EMBRACE EQUITY: Equity is a journey toward well-being, where everyone has the opportunity to reach their full potential, as defined by those impacted by inequity. Equity is not equality—equity acknowledges that everyone is not starting from the same place. Equity is achievable and requires unwavering commitment to prioritizing resources and supports toward communities of color and other marginalized communities. Achieving equity requires us to identify, name, and dismantle institutional racism and oppression.

FOCUS ON RACISM: We are committed to promoting equity for all historically marginalized communities. However, we recognize that racism is ingrained in our history and deeply embedded in our institutions today, leading to the inequities we see across all sectors. Therefore, while we seek to challenge and undo all forms of oppression, we are committed to centering racism as our primary focus.

PRIORITIZE SOCIAL DETERMINANTS OF HEALTH: We acknowledge that health is much more than access to healthcare services or absence of injury and illness. Health starts where we live, learn, work, and play and is shaped by our exposures and experiences across the lifespan. We recognize that achieving health equity requires equitable opportunity across all sectors. Therefore, we embrace our interagency structure and ability to work across government sectors to promote equitable opportunity for all.

CENTER COMMUNITY: We recognize that we can only achieve health equity if communities impacted by health inequities are at the center of our work. We acknowledge that communities know best their assets, needs, and solutions. We strive to recognize and share power and structure our meetings to foster meaningful engagement. We will find opportunities as a Council, individual members, and staff to attend community meetings to listen, learn, and seek input to guide our work. We will strive to incorporate stories of lived experience into our reports and recommendations.

COMMIT TO BOLD ACTION: Health inequities exist because of racism and oppression that hinder opportunities for communities to thrive. Eliminating racism and oppression requires revolutionary change. We commit to using the authority we have and our collective influence to push for revolutionary change. We will use our time in Council meetings to engage in action-oriented discussions and we will commit as individual Council members to be bold and serve as champions for equity in our respective agencies.

BE VIGILANT FOR UNINTENDED CONSEQUENCES: Policy, program, and budget decisions can have adverse unintended consequences if equity is not intentionally and systematically considered. We commit to using an equity lens in the development of recommendations as a Council and in our decisions as individual Council members in our respective agencies. We honor the Seven Generation Principle as standing in the present, while looking back three generations to the wisdom and experience of our ancestors, thinking about issues in the current context, and planning forward for three generations for the protection of our children and the generations to come.

WASHINGTON STATE BOARD OF HEALTH

2017 - 2022 Strategic Plan

GENERAL OVERVIEW

The Washington State Board of Health (Board) was established by the Washington State Constitution in 1889 to serve the health and safety of the people of Washington.

The Board monitors the public's health and serves as a public forum to inform health policy in Washington state. The Board provides recommendations to improve health to the Legislature and Governor, and regulates many health activities.

We engage in policy and rule development, conduct health impact reviews, and promote partnerships that advance the public's health and improve health equity.

Vision Statement

Our vision is that the health, safety, and wellbeing of all people in Washington will improve.

Mission Statement

Our mission is to provide statewide leadership in developing and promoting policies that prevent disease and improve and protect the public's health for all people in Washington. This mission is achieved by:

- Reviewing and monitoring the health status of all people in Washington;
- Initiating and supporting policy development, analyzing policy proposals, providing guidance, and developing rules;
- Promoting system partnerships; and
- Fostering public participation in shaping the health system.

Strategic Plan Goals

- Strengthen the Public Health System
- Promote prevention to improve health and wellness
- Promote Health Equity
- Promote Healthy and Safe Environments

Statutory Authority

The State Constitution, Article XX, Section 1 states: "There shall be established by law a State Board of Health and a Bureau of Vital Statistics in connection therewith, with such powers as the legislature may direct." The Board's primary authorizing statute is chapter 43.20 RCW. Section 020 describes the composition of the Board, while section 050 describes most of its powers and duties.

This latter section contains the broad, general authorities that underlie most traditional public health activities in this state, such as clean drinking water standards, communicable disease control and reporting, food safety, and regulation of onsite septic systems.

In addition, some three dozen statutory sections outside of chapter 43.20 RCW grant the Board a variety of authorities. The Board also provides staff to the Governor's Interagency Council on Health Disparities. The statutory sections granting the Board its operating authorities are listed in Appendix A

Organizational Structure

Chapter 43.20 RCW describes Board membership and staffing, and describes many of its duties. Our ten members include:

- The Secretary of Health or his designee,
- Four individuals experienced in health and sanitation, one of whom is a health official from a federally recognized tribe,
- An elected county official who serves on a local board of health,
- An elected city official who serves on a local board of health,
- A local health officer, and
- Two consumer representatives.

The Board employs an executive director and a confidential secretary. The Department of Health provides necessary technical staff support to the Board. These employees include four policy staff and a communications professional. The staff organizational chart and the Board's fiscal information is located in Appendix B

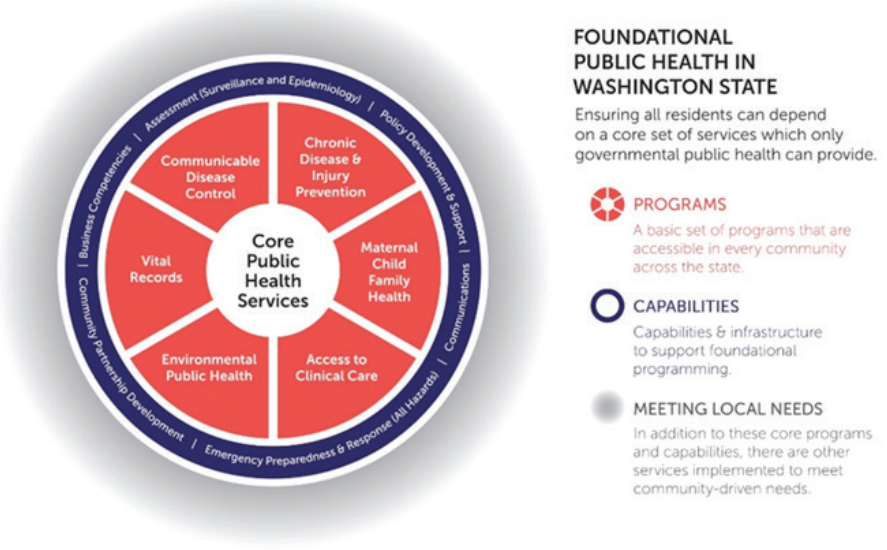
GOAL 1: STRENGTHEN THE PUBLIC HEALTH SYSTEM

Objective 1: Contribute to Public Health's Capacity to Control Disease and Respond to Public Health Emergencies

- ***Activity:*** Hold a briefing following emergency event exercises to identify potential gaps in public health response.
- ***Activity:*** Assure Notifiable Conditions rules are up to date.
- ***Activity:*** Monitor the impact of multi-drug resistant infections to understand the state's response capacity.
- ***Activity:*** Develop a protocol for emergency rulemaking to prevent and control the spread of infectious disease during emerging outbreaks and epidemics. *(Underway)*

Objective 2: Maintain and Strengthen the Organizational Capacity of the Public Health Network

- ***Activity:*** Work in partnership with local health to advance public health and promote stronger state/ local coordination by participating in WSALPHO membership meetings.
- ***Activity:*** Provide a public forum to promote local health successes and identify challenges and opportunities within the public health system (e.g. oral health strategy, local health's drinking water/ on-site efforts, CAFOs). *This activity will include:*
  - *Inviting local health officials and local Boards of Health to join Board of Health meetings.*
  - *Holding Board of Health meetings in locations outside of Thurston County.*
  - *Maintaining a website that provides information about local Boards of Health.*
- ***Activity:*** Endorse strategies to implement and fully fund Foundational Public Health Services (FPHS) *This activity will include:*
  - *Participating in FPHS workgroups.*
  - *Monitoring FPHS efforts through regular updates to the Board.*
  - *Participate in active communications such as webinars and social media to promote awareness of FPHS to engage local communities.*
- ***Activity:*** Increase awareness of the Board's role and authority and communicate information regarding how to engage the Board to other agencies, organizations, and community groups.



GOAL 2: PROMOTE PREVENTION TO IMPROVE HEALTH & WELLNESS

Objective 1: Increase the Availability, Accessibility, and Utilization of Preventative Health Services

- ***Activity:*** Work with the Department of Health to engage stakeholders to identify possible inconsistencies in the immunizations rules, and strategies to reduce the administrative burden to schools while decreasing the number of children who are out of compliance with school immunization requirements. *(Underway)*
- ***Activity:*** Convene an advisory committee to review the Board's 2006 immunization criteria and make recommendations to the Board on potential revisions. *(Underway)*
- ***Activity:*** Engage in conversations with partners (e.g. DOH, LHJs) to identify ways to improve the public health system's response to disease outbreaks.
- ***Activity:*** Work with partners to promote fluoridation of drinking water and its oral health benefits.
- ***Activity:*** Hold briefings on, and endorse when appropriate, partner activities supporting the Oral Health Initiative. *(Ongoing)*
- ***Activity:*** Assure child health rules are current (Newborn Screening, Vision Screening, Immunization rules, etc. *(Ongoing)*

Objective 2: Promote a Preventative Approach to Improve Behavioral Health and Wellness

- ***Activity:*** Support and promote statewide efforts and partnerships (such as the State Prevention Advisory Group) that work to improve behavioral health and wellness and expand capacity to address behavioral health infrastructure.
- ***Activity:*** Hold briefings on pertinent behavioral health and wellness topics (e.g. Adverse Childhood Experiences, mitigation of toxic stresses, Accountable Communities of Health activities, Healthier WA initiative, etc.) and identify how the Board's work or authority intersects with each topic.

Objective 3: Encourage Healthy Behaviors

- ***Activity:*** Improve nutrition and increase physical activity/ access to nutritious foods by participating in Washington's Food Insecurity Nutrition Incentives Project to improve the nutrition status of low income households participating in the Supplemental Nutrition Assistance Program. *(Underway)*
- ***Activity:*** Support efforts to reduce youth access to tobacco and vaping by encouraging the state to increase the age for purchasing tobacco from 18 to 21.
- ***Activity:*** Identify and pursue opportunities to highlight the adverse health impacts of vaping.
- ***Activity:*** Monitor the use of vaping products among youth and the emerging evidence regarding health impacts.
- ***Activity:*** Hold a briefing on opioid abuse and unintentional overdose deaths in Washington, and statewide efforts to address this issue.
- ***Activity:*** Hold a briefing on youth marijuana use.
- ***Activity:*** Explore authorities related to and feasibility of rulemaking to increase the utilization of immunization registries.

GOAL 3: PROMOTE HEALTH EQUITY

Objective 1: Support Statewide Initiatives to Reduce Health Disparities

- ***Activity:*** Support the Governor's Interagency Council on Health Disparities *(Ongoing). This activity will include:*
  - *Annual updates to the Board regarding Council recommendations.*
  - *Incorporate Council recommendations in the Board's State Health Report.*
- ***Activity:*** Complete Health Impact Reviews for the Governor and Legislature. *(Ongoing)*
- ***Activity:*** Support partners work to promote health equity through activities such as writing letters, resolutions, sharing communications, etc.

Objective 2: Integrate Health Equity Awareness into Board Activities

- ***Activity:*** Include disparities data and other equity considerations in Board briefings and reports.
- ***Activity:*** Require cultural humility training for Board staff (and members when resources allow)
- ***Activity:*** Assure government to government (tribal relations) training for Board staff (and members when resources allow).
- ***Activity:*** Establish and integrate processes for applying an equity lens to Board policy development.
- ***Activity:*** Develop a plan to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- ***Activity:*** Explore opportunities to use an equity lens in Board communications

GOAL 4: PROMOTE HEALTHY AND SAFE ENVIRONMENTS

Objective 1: Promote environmental health in urban, suburban, rural, and recreational settings

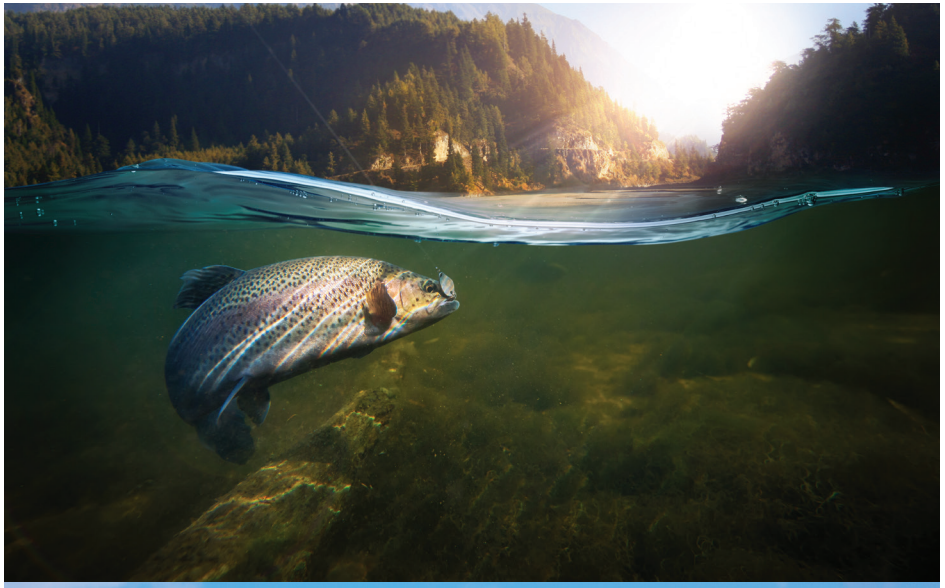
- ***Activity:*** Monitor on-site sewage systems operations and improvements. *This activity will include:*
  - *Review and update rule as needed.*
  - *Support efforts to fully fund local implementation of local on-site sewage systems plan*
- ***Activity:*** Hold a briefing on zoonotic diseases in Washington, including emerging diseases.
- ***Activity:*** Promote safe and reliable drinking water systems.
- ***Activity:*** Convene state agencies and partners to support efforts to reduce exposure to environmental toxics and toxins and address environmental health.

Objective 2: Promote environmental health in urban, suburban, rural, and recreational settings

- ***Activity:*** Work with state and local partners to increase the understanding and identification of potential public health risks and hazards in schools and appropriate techniques and procedures for addressing these risks.
- ***Activity:*** Assess and improve school environmental health and safety rules.
- ***Activity:*** Help create a coalition of support for safe and healthy schools.
- ***Activity:*** Support DOH in engaging local health jurisdictions, OSPI, and school districts and partners to cooperatively strengthen efforts to improve Environmental Health and safety in schools.
- ***Activity:*** Support and advance efforts to improve school safety (e.g. emergency preparedness and response).

Objective 3: Monitor the Health Effects of Climate Change

- ***Activity:*** Adjust rules for effects on water systems, sewage systems, food supply, air quality and zoonotic effects.
- ***Activity:*** Monitor health effects (need for cooling, stress, health disparities) associated with climate change.



APPENDIX A

Page 1:

GENERAL POWERS AND DUTIES	RCW
Composition of SBOH	43.20.030
Serve as public forum	43.20.050(1)
Adopt rules for accessing existing databases for health-related research	43.20.050(2)(g)
Prepare biennial health report to Governor each even-numbered year	43.20.100
All local boards of health, health officials, officers of state institutions, police officers, and all other state and local government employees shall enforce SBOH rules or be subject to a fine of not less than fifty dollars on first conviction and not less than one hundred dollars on second conviction	43.20.050(5)
CHILDREN'S HEALTH	**RCW**
Immunizations	
Adopt rules on proof of immunizations for school and day care attendance	28A.210.080
Prescribe form of written records for in schools and daycares for immunizations	28A.210.100
Adopt rules that establish requirements for "full immunization"	28A.210.140
Prenatal and Newborn Testing for Congenital Disorders	
Adopt rules for prenatal diagnosis of congenital disorders, which group disability insurance for childbirth must cover when medically necessary	48.21.244
Specify screening tests for newborn infants	70.83.020
Specify what positive tests for newborns must be reported to Department of Health	70.83.030
Adopt rules for testing newborns for congenital disorders	70.83.050
Visual And Auditory Screening	
Adopt rules for auditory and visual screening in schools	28A.210.020
COMMUNICABLE DISEASES	**RCW**
General Authority	
Adopt rules for prevention and control of infectious and noninfectious diseases	43.20.050(2)(f)
Adopt rules for isolation and quarantine	43.20.050(2)(e)
Adopt rules to restrict persons with contagious diseases on school premises	28A.210.010
Disease Reporting	
Specify by rule the diseases physicians must report to the local health officer	70.05.090
Specify by rule the contagious diseases local health officials or physicians must report to State Board of Health	70.05.110
Human Remains	
Adopt rules for receipt and conveyance of human remains	43.20.050(2)(f)
May adopt rule requiring embalming of deceased persons	18.39.215

Page 2:

Sexually Transmitted Diseases	
Adopt rules for sexually transmitted diseases (STDs): investigation, diagnosis, detention, treatment, counseling, confidentiality, reporting human disease	Ch. 70.24
Tuberculosis	
Adopt rules for reporting and due process standards for testing, treating and detaining infected individuals (see local health officials, 70.28.035)	70.28.032
VITAL STATISTICS	**RCW**
Adopt rules specifying information required on birth certificates	70.58.055
Determine evidence required for legitimation of paternity for new birth certificate	70.58.095
ENVIRONMENTAL HEALTH	**RCW**
General Authority	
Adopt rules to prevent health hazards and nuisances related to disposal of human and animal excreta and animal remains	43.20.050(2)(c)
Adopt rules for environmental conditions in public facilities including food service establishments, schools, recreational facilities, and transient accommodations	43.20.050(2)(d)
Contaminated Properties	
Adopt rules for processes to force decontamination of properties used for illegal drug manufacturing	64.44.010 and 64.44.070(1)
Food Service	
Consider most current FDA Food Code when adopting rules	43.20.145
Adopt rules for food and beverage service worker permit requirements	69.06.010
Set uniform statewide food handler permit fee	69.06.020
Adult family home caregiver training must meet SBOH standards for food workers	70.128.250
Molluscan Shellfish	
Adopt rules for sanitation of growing areas and operations, considering most current version of national shellfish sanitation program model ordinance	69.30.030
On-Site Sewage Systems	
Adopt rules for design, construction, operation, and maintenance of systems with design flows of less than 3,500 gallons per day	43.20.050(3)
Approve training programs for pumping and inspecting on-site sewage systems	35.67.020, 35.92.020, 36.94.020, 57.08.005
Adopt rules for repair of existing failing systems adjacent to marine waters	90.48.264
Outdoor Music Festivals	
Adopt rules for siting, development, and sanitation of outdoor music festivals	70.108.040
Pesticide Poisoning	
Adopt rules for reporting by physicians and health care providers to Department of Health of pesticide poisonings	70.104.055

APPENDIX A (CONT'D)

Page 3:

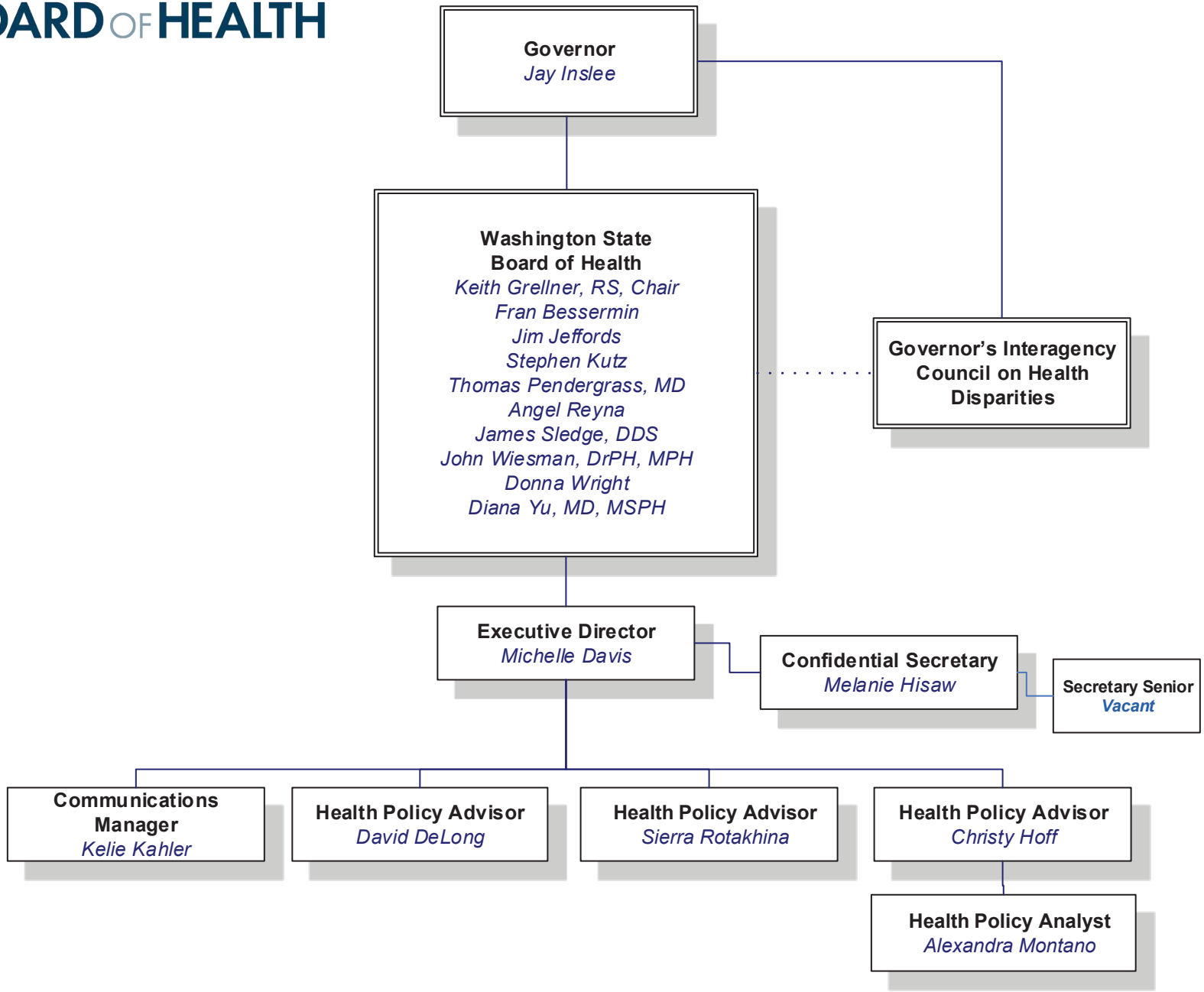
Public Drinking Water Systems	
Adopt rules for Group A public water systems	43.20.050(2)(a)
Adopt rules for Group B public water systems	43.20.050(2)(b)
Department of Health and local health agencies shall implement SBOH drinking water rules	70.119A.060
Transient Accommodations	
Adopt rules regarding health, safety and sanitation in transient accommodations	70.62.240
Water recreation	
Adopt rules on safety, sanitation, and water quality for water recreation facilities	70.90.120
Zoonotic Diseases	
Adopt rules on importation and possession of pet animals to control diseases in humans	16.70.040
Adopt rules to prevent and control infectious diseases, including vector borne illnesses	43.20.050(2)(f)
HEALTH EQUITY	RCW
Convene and staff Governor's Interagency Council on Health Disparities	43.20.275
Develop health impact reviews in collaboration with Council on Health Disparities	43.20.285
CONSULTATION AND INTEGRATION WITH DEPARTMENT OF HEALTH	RCW
Review and comment on applications from health professionals seeking regulation	18.120.040
May delegate rule making authority to Secretary of Health	43.20.050(4)
May advise Secretary of Health on health policy	43.20.050(6)
Review need for advisory committees under respective jurisdictions biennially	43.70.040(2)
Promote and assess health care along with Secretary of Health and receive list of priority health study issues for consideration of inclusion in state health report	43.70.050
Receive reports from Secretary of Health and take action as determined necessary	43.70.130
Consult on public health services improvement plan	43.70.520
Adopt such rules necessary to entitle state to participate in federal funding, unless prohibited by law	70.01.010
Advise on medical education programs regarding pesticide poisoning	70.104.057
Receive from Secretary of Health emergency medical services and trauma care system plan for consideration during preparation of state biennial health report	70.168.015
CONSULTATION AND INTEGRATION WITH OTHER STATE AGENCIES	RCW
Consult with Director of Licensing on training requirements for cosmetologists, barbers and manicurists	18.16.100
Consult with Director of Licensing on salon and barber shop sanitation requirements	18.16.175
Consult with Secretary of Department of Social and Health Services on nursing home rules	18.51.070

Page 4:

Consult with Superintendent of Public Instruction about exclusion from school entry for students lacking required immunizations	28A.210.120 and 28A.210.160
Integrate policies with Director of Ecology	43.21A.140 and 43.70.310
Consult with Department of Corrections about defining "possible risk" for HIV infection at state correctional facilities	70.24.370
INTEGRATION WITH LOCAL HEALTH JURISDICTIONS	RCW
May remove local health official for failure to enforce SBOH rules	70.05.120
Local officials must apply SBOH health and sanitation standards to mobile home parks -- $100 fine to park owner	59.20.190
Establish guidelines for health district funds	70.46.080
Develop health services standards for any county that withdraws from a health district	70.46.090
Remove local health officer as registrar of vital statistics for neglect of duties	70.58.020

APPENDIX B

WASHINGTON STATE BOARD OF HEALTH



Washington State Board of Health
December 2016

The Washington State Board of Health is established in the State Constitution and serves our state by working to understand and prevent disease across the entire population. The Board provides leadership through rulemaking and policy development, and by offering a public forum that enables citizens to help shape state health policy.

Services

Develop statewide policy recommendations and explore ways to improve the public's health. In 2016, the Board issued it 2016 State Health Report. This report outlines highlights strategic directions that deserve the attention of the Governor, Legislature and senior management across state agencies. The 2016 report includes recommendations that: support state funding for Foundational Public Health Services; promote health equity in Washington state; and advance school health.

Engage the public through public meetings, and outreach to local boards of health and advisory groups. The Board holds public forums and briefings on newborn screening, youth tobacco use, and the health status of Washington residents.

Staff and support the Governor's Interagency Council on Health Disparities. The Council is charged with creating recommendations for eliminating health disparities by race, ethnicity and gender. The Council's June 2016 report includes a recommendation for the Governor to create policy to promote equity in state government. The Council's current focus is on assisting state agencies to intentionally consider equity impacts of program, policy, and budget decisions.

Conduct health impact reviews, upon the request of legislators or the Governor. A health impact review provides an objective analysis of how a proposed legislative or budgetary change may impact health and health disparities in Washington.

Develop public health and safety rules. The Board engages the regulated community, the public, and other partners to examine best practices and review scientific literature for many health rules including:

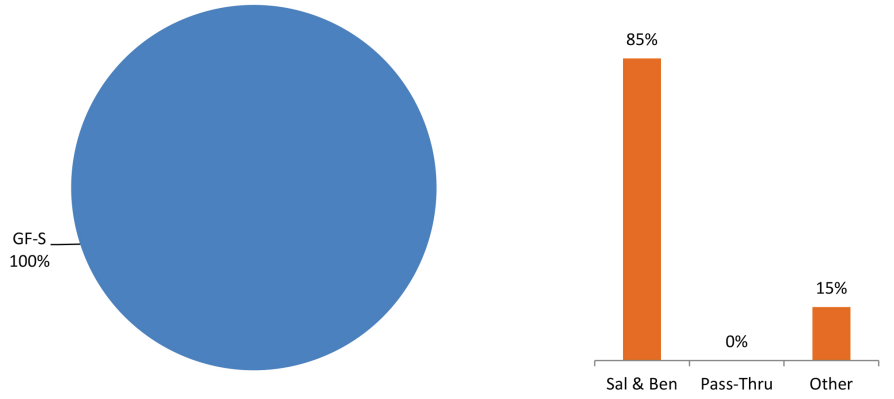
- Disease reporting
- Vital Statistics
- Drinking water systems
- Septic tanks/ onsite sewage disposal
- HIV testing and partner notification
- Immunizations
- Food service
- School environmental health
- Hotels and Motels
- Newborn screening

Stakeholders:

- Local health jurisdictions and governments
- State agencies including: Department of Health, Office of Superintendent of Public Instruction, the departments of Ecology, Agriculture, Corrections, Fish and Wildlife, Social and Health Services, Health Care Authority, and Early Learning
- Tribes and the American Indian Health Commission
- Commissions on African American, Asian Pacific American, and Hispanic Affairs
- Regulated entities including: hotels and motels, health care facilities and providers, pool operators, onsite systems designers, drinking water system operators, grocers, restaurant owners, funeral home directors, public school districts, private schools, water purveyors, and shellfish growers

2015-17 Biennium

Washington State Board of Health Fiscal Information



Total	1,592,050	0	0	0	1,592,050	1,328,670	0	263,380

Recent Funding History

2009-11 biennium:

- One-time GF-S reduction of $119,000 per fiscal year for health impact reviews

2011-13 biennium:

- One-time GF-S reduction of $119,000 per fiscal year for health impact reviews
- In the December 2011 Early Action budget, SBOH was permanently reduced by $68,000 GF-S per fiscal year.

2013-15 biennium:

- GF-S funding of $119,000 per fiscal year was restored for health impact reviews

2007-2015: Awarded multi-year federal grant for health disparities.

August 2015: Federal grant for health disparities ended.

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON

WASHINGTON STATE
BOARD OF HEALTH

2017 - 2022
Strategic Plan

WASHINGTON STATE BOARD OF HEALTH

HEALTH RULES TITLE 246 WAC

Chapter	Title	RCW
246-90	Local Board of Health Membership	E2SHB 1152 (Chapter 205, Laws of 2021)
246-100	Communicable and other certain diseases	43.20.050, 70.24.017, 70.24.022, 70.24.034, 70.24.050, 70.24.070, 70.24.130
246-101*	Notifiable conditions	43.20.050, 43.70.545, 70.104.030, 70.104.055
246-105	Immunization of child care and school children	28A.210.140, 28A.210.100
246-110	Contagious disease—school districts and day care centers	43.20.050, 28A.210.010
246-170*	Tuberculosis--prevention, treatment & control	70.28.032
246-203	General sanitation	43.20.050
246-205*	Decontamination of illegal drug sites	64.44.010, 64.44.070
246-215	Food service	43.20.050, 43.20.145, 43.20.148, 66.24.240, 66.24.244, 69.80.060
246-217	Food worker cards	43.20.050, 69.06.010, 69.06.020, 69.06.080
246-260	Water recreation facilities	70.90.120, 43.20.050
246-262	Recreational water contact facilities	70.90.120, 43.20.050
246-270*	Sewer systems--certification for water district involvement	43.20.050, 57.08.065
246-272A	On-site sewage systems	43.20.050, 70A.105, 70A.110, RCW 90.48.264
246-272C	On-site sewage system tanks	43.20.050
246-280	Recreational shellfish beaches	43.20.050
246-282	Sanitary control of shellfish	69.30.030, 43.20.050
246-290	Group A public water supplies	43.20.050, 70A.100, 70A.120, 70A.125, 70A.130

246-291	Group B public water systems	43.20.050, 70A.125, 70A.100
246-360	Transient accommodations	70.62.240
246-366	Primary and secondary schools	43.20.050
246-366A	Environmental Health and Safety Standards for Primary and Secondary Schools Note: This chapter is suspended	43.20.050
246-374	Outdoor music festivals	43.20.050
246-376	Camps	43.20.050
246-390	Drinking water laboratory certification rules	43.20.050, 70A.125
246-491*	Vital statistics certificates	70.58A.020, 70.58A.530, 70.58A.902
246-500	Handling of human remains	43.20.050
246-650	Newborn screening	70.83.020, 70.83.050
246-680	Prenatal tests -- congenital and heritable disorders	48.21.244, 48.44.344, 48.46.375
246-760	Auditory and visual standards -- school districts	28A.210.020
246-80-012	Prohibition of Vitamin E Acetate	43.20.050

Asterisk (*) identifies chapters that have shared authority with Secretary of Health.

To request this document in an alternate format or a different language, please contact Kelie Kahler, State Board of Health Communication Manager, at 360-236-4102 or by email kelie.kahler@sboh.wa.gov

WASHINGTON STATE BOARD OF HEALTH

GENERAL POWERS AND DUTIES	RCW
Composition of SBOH	43.20.030
Serve as public forum	43.20.050(1)
Adopt rules for accessing existing databases for health-related research	43.20.050(2)(g)
Prepare biennial health report to Governor each even-numbered year	43.20.100
All local boards of health, health officials, officers of state institutions, police officers, and all other state and local government employees shall enforce SBOH rules or be subject to a fine of not less than fifty dollars on first conviction and not less than one hundred dollars on second conviction	43.20.050(5)
CHILDREN'S HEALTH	**RCW**
Immunizations	
Adopt rules on proof of immunizations for school and day care attendance	28A.210.080
Prescribe form of written records for in schools and daycares for immunizations	28A.210.100
Adopt rules that establish requirements for "full immunization"	28A.210.140
Prenatal and Newborn Testing for Congenital Disorders	
Adopt rules for prenatal diagnosis of congenital disorders, which group disability insurance for childbirth must cover when medically necessary	48.21.244
Specify screening tests for newborn infants	70.83.020
Specify what positive tests for newborns must be reported to Department of Health	70.83.030
Adopt rules for testing newborns for heritable, metabolic, or congenital disorders	70.83.050
Visual and Auditory Screening	
Adopt rules for auditory and visual screening in schools	28A.210.020
COMMUNICABLE DISEASES	**RCW**
General Authority	
Adopt rules for prevention and control of infectious and noninfectious diseases	43.20.050(2)(f)
Adopt rules for isolation and quarantine	43.20.050(2)(e)
Adopt rules to restrict persons with contagious diseases on school premises	28A.210.010
Disease Reporting	
Specify by rule the diseases physicians must report to the local health officer	70.05.090

Specify by rule the contagious diseases local health officials or physicians must report to SBOH	70.05.110
Human Remains	
Adopt rules for receipt and conveyance of human remains	43.20.050(2)(f)
May adopt rule requiring embalming of deceased persons	18.39.215
Sexually Transmitted Diseases	
Define, for the purposes of controlling and treating sexually transmitted diseases, the following terms: blood-borne pathogen, medical treatment, sexually transmitted disease, and test for a sexually transmitted disease	70.24.017
Adopt rules authorizing interviews that state and local public health officials may conduct to investigate the source and spread of disease	70.24.022
Define behaviors that endanger the public health; designate facility standards for those detained per court order; and establish standards for counseling and education	70.24.034, 70.24.070
Establish procedures for laboratory confirmation of sexually transmitted disease and anonymous reporting	70.24.050
Adopt rules for sexually transmitted diseases and other blood-borne pathogens, including reporting requirements, confidentiality, investigations, behaviors that endanger public health, specimens that may be obtained and test that can be administered, and risk of exposure and transmission in occupational settings, jail settings, and correctional facilities	70.24.130
Tuberculosis	
Adopt rules for reporting of TB cases, and due process standards for testing, treating and detaining infected individuals	70.28.032, 70.28.035
VITAL STATISTICS	RCW
Adopt rules specifying pertinent information relative to the birth and manner of delivery necessary for statistical study (confidential portion of the birth certificate)	70.58A.020, 70.58A.902
ENVIRONMENTAL HEALTH	RCW
General Authority	
Adopt rules to prevent health hazards and nuisances related to disposal of human and animal excreta and animal remains	43.20.050(2)(c)
Adopt rules for environmental conditions in public facilities including food service establishments, schools, recreational facilities, and transient accommodations	43.20.050(2)(d)
Contaminated Properties	
Adopt rules for processes to force decontamination of properties used for illegal drug manufacturing	64.44.010, 64.44.070(1)
Food Service	

Consider most current FDA Food Code when adopting rules	43.20.145
Adopt rules for food and beverage service worker permit requirements	69.06.010
Set uniform statewide food handler permit fee	69.06.020
Adult family home caregiver training must meet SBOH standards for food workers	70.128.250
Molluscan Shellfish	
Adopt rules for sanitation of growing areas and operations, considering most current version of national shellfish sanitation program model ordinance	69.30.030
On-Site Sewage Systems	
Adopt rules for design, construction, operation, repair, and maintenance of systems with design flows of less than 3,500 gallons per day	43.20.050(3), 70A.105 70A.110 90.48.264
Approve training programs for pumping and inspecting on-site sewage systems	35.67.020, 35.92.020, 36.94.020, 57.08.005
Outdoor Music Festivals	
Adopt rules for siting, development, and sanitation of outdoor music festivals	70.108.040
Pesticide Poisoning	
Adopt rules for reporting by physicians and health care providers to Department of Health of pesticide poisonings	70.104.055
Public Drinking Water Systems	
Adopt rules for Group A public water systems	43.20.050(2)(a), 70A.100, 70A.120, 70A.125.010, 70A.130
Adopt rules for Group B public water systems	70A.125.010, 70A.100 43.20.050(2)(b),
Department of Health and local health agencies shall implement SBOH drinking water rules	70A.125.060
Transient Accommodations	
Adopt rules regarding health, safety and sanitation in transient accommodations	70.62.240
Water recreation	
Adopt rules on safety, sanitation, and water quality for water recreation facilities	70.90.120
Zoonotic Diseases	

Adopt rules on importation and possession of pet animals to control diseases in humans	16.70.040
Adopt rules to prevent and control infectious diseases, including vector borne illnesses	43.20.050(2)(f)
HEALTH EQUITY	**RCW**
Convene and staff Governor's Interagency Council on Health Disparities	43.20.275
Develop health impact reviews in collaboration with Council on Health Disparities	43.20.285
CONSULTATION AND INTEGRATION WITH DEPARTMENT OF HEALTH	**RCW**
Review and comment on applications from health professionals seeking regulation	18.120.040
May recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department	43.20.050(1)
May delegate rule making authority to Secretary of Health	43.20.050(4)
May advise Secretary of Health on health policy related to the department and state	43.20.050(6)
Review need for advisory committees under respective jurisdictions biennially	43.70.040(2)
Promote and assess health care along with Secretary of Health and receive list of priority health study issues for consideration of inclusion in state health report	43.70.050
Receive reports from Secretary of Health and take action as determined necessary	43.70.130
Adopt such rules necessary to entitle state to participate in federal funding, unless prohibited by law	70.01.010
Advise on medical education programs regarding pesticide poisoning	70.104.057
Receive from Secretary of Health emergency medical services and trauma care system plan for consideration during preparation of state biennial health report	70.168.015
CONSULTATION AND INTEGRATION WITH OTHER STATE AGENCIES	**RCW**
Consult with Director of Licensing on training requirements for cosmetologists, barbers and manicurists	18.16.100
Consult with Director of Licensing on salon and barber shop sanitation requirements	18.16.175
Consult with Secretary of Department of Social and Health Services on nursing home rules	18.51.070
Consult with Superintendent of Public Instruction about exclusion from school entry for students lacking required immunizations	28A.210.120, 28A.210.160
Integrate policies with Director of Ecology	43.21A.140, 43.70.310
INTEGRATION WITH LOCAL HEALTH JURISDICTIONS	**RCW**
May remove local health officer or administrator for failure to enforce SBOH rules or public health laws	70.05.120
Local officials must apply SBOH health and sanitation standards to mobile home parks, $100 fine to park owner	59.20.190

Establish guidelines for health district funds	70.46.080
Develop health services standards for any county that withdraws from a health district	70.46.090
Remove local health officer as registrar of vital statistics for neglect of duties	70.58A.050
Adopt rules establishing the appointment process for members of local boards of health who are not elected officials	43.20 (Chapter 205, Laws of 2021)

HEALTH IMPACT REVIEWS

RCW 43.20.285

A Health Impact Review (HIR) is an objective, non-partisan, evidence-based analysis that provides the Governor and Legislators with information about how proposed legislation may impact health and equity in Washington state.

The State Board of Health conducts HIRs in collaboration with the Governor's Interagency Council on Health Disparities. Staff complete HIRs on a first-come, first-serve basis. We:

- Work to understand the intent of the proposed legislative or budgetary change.
- Conduct a review of published literature to determine how the bill may impact health and equity.
- Apply objective criteria to evaluate the evidence.
- Talk to key informants to understand how the bill may impact people in Washington state.
- Provide a final report.
- Testify on HIR findings upon request.

Requesters use HIR findings to:

- Understand the evidence to refine a policy direction.
- Determine if a bill will have the intended impact.
- Understand potential unintended consequences of a bill.
- Talk with colleagues about a bill.

Previous requesters have stated that HIRs are an important tool to inform legislative decision-making, provide credible evidence about a bill's potential impacts, and present unbiased data and information

Staff have completed 107 HIRs at the request of 56 different Legislators since 2013.

EXAMPLES OF HEALTH IMPACT REVIEWS

- Improving maternal health outcomes by extending coverage during the postpartum period (SB 5068)- Senator Randall
- Providing a sales and use tax exemption for adult and baby diapers (SB 5309)- Senator Rivers
- Requiring coverage for hearing instruments for children and adolescents (HB 1047)- Representative Wicks
- Concerning solitary confinement (HB 1312)- Representative Peterson
- Requiring the option of in-person learning unless prohibited by the governor, secretary of health, or a local health officer (SB 5464)- Senator L. Wilson

MAKE A REQUEST TODAY

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WASHINGTON STATE BOARD OF HEALTH

HEALTH EQUITY Governor's Interagency Council on Health Disparities

WASHINGTON STATE
BOARD OF HEALTH

2022 STATE HEALTH REPORT

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Since 1891, the Washington State Board of Health (Board) has been responsible for providing recommendations for legislative action related to improving the public's health. The Board has produced a biennial State Health Report since 1977. The purpose of the report is to identify "public health priorities for the ensuing biennium and such legislative action as it deems necessary." RCW 43.20.100 requires the Board to produce the report in even numbered years for the Governor's review and approval. The Board's 2022 State Health Report focuses on:

Improving Public Health's Response to Health Inequties through Data Reform.

Recommendations include:

- Providing adequate funding to the Office of Equity to lead a community-centered process aligned with Washington's pro-equity and anti-racism (PEAR) plan and playbook to develop enterprise-wide standards for the collection, analysis, storage, and protection of disaggregated demographic data, starting with race and ethnicity data.
- Directing and providing funding to state agencies to enhance interoperability of data systems to facilitate the collection, analysis, storage, and protection of uniform, disaggregated demographic data.
- Actively monitoring and participating in opportunities to advocate for improvements in federal standards for interoperability and disaggregated demographic data collection.

Removing Barriers to Health Care Insurance and Care Coverage.

Recommendations include:

- Expanding access to health insurance for individuals at least 19 years of age who are income-eligible, regardless of immigration status.
- Employing strategies identified by the Tubman Center for Health and Freedom to ensure access to the type of health care services that members of marginalized communities most rely on, including but not limited to: requiring insurers to cover to cost of health care utilized by Washington communities, including complementary and alternative medicine (CAM), employing health care providers from the communities they are serving, incentivizing providers who use the health care that communities who have been historically or are currently marginalized prefer to use, and removing systemic barriers to care, such as cost and insufficient provider networks, so that communities can access timely, culturally based care.

Improving Access to Culturally and Linguistically Appropriate Health Services.

Recommendations include:

- Expanding culturally and linguistically appropriate health care services, including but not limited to prescription information translation and increased access to interpretation services for medical appointments.
- Provide funding to establish a task force made up of public health, health care, community-based organizations, and appropriate state agencies to conduct an assessment and develop a baseline report regarding the provision of culturally and linguistically appropriate and accessible formats for communities served, as well as recommendations for improvement as applicable.

Making School Environments Healthy and Safe.

Recommendations include:

- Removing the budget proviso that prevents revision and implementation of the Board's school environmental health and safety rules.
- Requiring the Department of Health, local health jurisdictions, OSPI, and the Board to work together to conduct a school environmental health and safety review and needs assessment to inform updates to the K-12 School Health and Safety Guide as well as future rulemaking.
- Prioritizing funding for K-12 school HVAC system maintenance and necessary upgrades to minimize transmission of contaminants and communicable diseases.
- Actively monitoring and participating in opportunities to advocate for federal indoor air quality standards in the built environment.

Decreasing Youth Use of Tobacco, Nicotine, and Vapor Products.

Recommendations include:

- Prohibiting the sale of all flavored nicotine and tobacco products to the public, including vapor products, to reduce the appeal and use of these products by youth and young adults.
- Considering the regulation of flavored combustible and vapor cannabis products to reduce the appeal and use of these products by youth and young adults.

Strengthening Washington's Public Health System through Continued Investments.

Recommendations include:

- Prioritizing continued and expanded foundational public health investments in the 2023-2025 biennium as well as future biennia to ensure Washington's governmental public health system can continue to 1) assess and control communicable diseases and enhance environmental public health services and 2) improve services over the life course and improve business capacities.

It should be noted that the 2022 report highlights some issues and recommendations that were highlighted by the Board in prior reports. This is because these issues were not adequately addressed in previous biennia.

While there are numerous topics that deserve to be highlighted in this report—mis- and disinformation and trust in the public health system; the impact of structural racism, sexism, and ableism on the public's health; effects of climate change in Washington; injury and violence prevention; and substance misuse and prescription drug overdose, to name a few—the 2022 report highlights actionable, statewide public health policy initiatives and recommendations deserving of the Governor's and Legislature's attention over the next biennium.

Acknowledgements

We would like to thank the community groups and public health partners that Board staff met with to understand their public health priorities. Where applicable, their voices have been incorporated into this report.

RECOMMENDATIONS

RECOMMENDATION 1:
Improving Public Health's Response to Health Inequities through Data Reform

Health equity exists when all people can attain their full health potential and no one is disadvantaged from achieving this potential because of their skin color, country of origin, level of education, sex, gender, sexual orientation, age, religious or spiritual beliefs, job, neighborhood, socioeconomic status, and disability.[1] Data are core to making visible the longstanding inequities in our health care system and their impacts on our communities, particularly Black and Indigenous communities and communities of color.

Lack of data collection capacity, particularly disaggregated data, erases and further harms groups that have been most impacted by inequities. The Board and the Governor's Interagency Council on Health Disparities have heard from communities for years that they feel invisible. For example, advocates for finer data collection and reporting of Asian populations (e.g., Filipino, Indonesian, Japanese, Lao, Pakistani, Vietnamese) often feel completely unseen and unheard in the data when they are lumped into the broad "Asian" reporting category. Often these populations share many of the health inequities experienced by other groups, as well as unique health experiences not typically reported, but they are not seen when the data are aggregated into one broad category. Among other harms, this impedes their ability to apply for and receive grant funding to address the inequities in their communities. Communities have consistently asked us to collect data in a more disaggregated way.

Disaggregated data that reveal inequities across and within groups are instrumental for public health efforts related to preventing and controlling other diseases and conditions. However, collection of demographic data in Washington is currently decentralized and inconsistent, often working within the parameters of outdated federal data standards.

The Federal Office of Management and Budget (OMB) established the current minimum standards for collecting race and ethnicity data in 1997. The OMB standard consists of two reporting categories for ethnicity (Hispanic or Latino, Not Hispanic or Latino) and five reporting categories for race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). OMB encourages additional granularity where it is supported by sample size and as long as the additional detail can be aggregated back to the minimum standard set of race and ethnicity categories.

Data disaggregation, 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. Collection and analysis of disaggregated data helps the governmental public health system identify and address health inequities and prioritize resources to communities. Further, democratizing data and allowing communities to use their own data to mobilize for action and achieve transformative change in programs, policies, and services, is a crucial step in dismantling existing structures of power and returning control of data to the people that allow it to exist.[2]

COVID-19 shed a bright 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.

As highlighted by the 2020 Office of Equity Task Force, the COVID-19 pandemic laid bare the inequities and contradictions in our systems. In the most devastating way, the pandemic has reinforced an undeniable truth: we can only be as healthy as our communities which are most marginalized and furthest from opportunity. As with other crises, the impact and burden have been disproportionately shouldered by tribes, communities of color, immigrant communities, communities with lower income and wealth accumulation, the LGBTQIA+ community, the disability community, and vulnerable labor forces. As a stark example, agricultural and food processing workers exist at the paradoxical intersection of being essential and underserved. This is not by coincidence—health inequities and barriers to information, testing, and health care are manifestations of systemic discrimination and institutional oppression that have long privileged some at the expense of others.[3]

1 Definition is informed by the Department of Health's Health Equity Workgroup
2 Data Democratization: The Unsung Hero of Health Equity. Health Leads, June 2020. Accessed July 2022.
3 Office of Equity Task Force Final Proposal. Governor's Interagency Council on Health Disparities, 2020. Accessed July 2022.

RECOMMENDATION 1:
Improving Public Health's Response to Health Inequities through Data Reform (cont'd)

In March 2021, the Board adopted revisions to chapter 246-101 WAC, Notifiable Conditions. Included among the many updates to this chapter of rule is the requirement for health care providers and facilities, laboratories, and local health jurisdictions to report patient-identified disaggregated race, ethnicity, and language data as standard reportable data components that must accompany a report of a notifiable condition to public health authorities. The rules, which go into effect January 1, 2023, include four reporting categories for the patient's ethnicity, 72 reporting categories for the patient's race, and 50 categories for the patient's preferred language.

Notifiable conditions reporting is one piece of a broader system of public health data collection. Public health and health care partners lack unified data standards that allow for timely, consistent collection and sharing of disaggregated data. Within existing data sets, there can be inconsistences (e.g., data are missing altogether) and inaccuracies (e.g., aggregating American Indian and Alaska Native identities into the white reporting category). Lack of consistency and standardization in data collection hinders data sharing and data integration – where information can be linked across data sets to give a more informative, meaningful picture of how people live their lives – and prevents public health from performing comparison analyses or longitudinal studies to address health inequities.

These data are only as good as the public health system's ability to receive and analyze them for meaningful use. Interoperability – the ability for systems to share and exchange data – of public health data systems must be prioritized. There is an urgent need to not only standardize the type of data collected but the way data are used and shared among public health agencies and programs. The Board recognizes the need to simultaneously assess all health-related data systems from an agency level and to work with community partners, other state agencies, federal partners, and tribes to identify next steps toward synchronizing the collection and protection of disaggregated demographic data across multiple data sources. The sheer scope and magnitude of this longer-term, systemwide effort is tantamount to data collection reform. Systemic problems deserve and require systemic solutions.

Community leadership and tribal consultation are critical to this work. Trusted messengers clearly communicated to the Board during its Notifiable Conditions rulemaking the need and urgency to collect demographic variables in health-related datasets that more accurately reflect communities in Washington. This requires going beyond more traditional data variables and response options (e.g., broad categories for race, ethnicity, sex, and language) to include variables such as housing status, country of origin, tribal affiliation and Indigenous background, veteran status, sexual orientation, gender, occupation, income, and disability status. Variables such as these can provide keen insight into the social and political determinants of health.

This requires centering community voice in decision making regarding the collection of detailed demographic data. Further, indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data. It derives from tribes' inherent right to govern their peoples, lands, and resources.[4] Therefore, consultation with Washington's 29 tribes and two urban Indian health programs is essential to protect tribal data sovereignty.

The Board recommends the Governor and Legislature take action to:

- Provide adequate funding to the Office of Equity to lead a community-centered process aligned with Washington's pro-equity and anti-racism (PEAR) plan and playbook to develop enterprise-wide standards for the collection, analysis, storage, and protection of disaggregated demographic data, starting with race and ethnicity data.
- Direct and provide funding to state agencies to enhance interoperability of data systems to facilitate the collection, analysis, storage, and protection of uniform, disaggregated demographic data.
- Actively monitor and participate in opportunities to advocate for improvements in federal standards for interoperability and disaggregated demographic data collection.

4 United States Indigenous Data Sovereignty Network. Accessed July 2022.

RECOMMENDATION 2:
Removing Barriers to Health Care Insurance and Care Coverage

Despite significant gains in health insurance coverage after the implementation of the Affordable Care and Patient Protection Act's (ACA) and subsequent Medicaid expansion in 39 states, about ten percent of Americans do not have health insurance.[5]

During 2019 and 2020, the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics observed that 14.4 percent of U.S. adults aged 18–64 years were uninsured. Among all race and Hispanic origin subgroups, those adults most likely to be uninsured were Hispanic (30.4%) followed by non-Hispanic Black (14.6%), non-Hispanic White (9.7%), and non-Hispanic Asian (7.8%) adults. Among the Hispanic origin subgroups included, those most likely to be uninsured were of Central American (42.2%) origin followed by Mexican or Chicano (33.6%) origin. Adults of Cuban (22.7%) origin were more likely to be uninsured than those of Puerto Rican (14.8%) and Dominican (12.9%) origin.[6]

In 2019, Washington's uninsured rate was 6.5%[7] and rates varied by county.[8] Although significantly higher than the recent lowest uninsured rates set in 2016-17, the 2019 rate is still lower than the state's uninsured rate before the implementation of the ACA major health coverage expansion components in 2014. Still, inequities remain. For example, the uninsured rate of the Hispanic population (16.8%) in 2019 was nearly four times as high as the uninsured rate for non-Hispanic Washingtonians (4.5%) that same year.[9, 10]

Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.[11]

Health care costs are a key factor in deciding whether to seek care. About four in ten U.S. adults say they have delayed or gone without medical care in the last year due to cost, with dental services being the most common type of care adults report putting off due to cost.[12] Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, including preventive care and treatment for chronic illnesses.[13]

During the 2021 legislative session, Board staff conducted a Health Impact Review (HIR)[14] of House Bill (HB) 1191. The proposal would have required the Health Care Authority to extend Apple Health coverage by creating a new, state-only funded plan for all individuals, regardless of immigration status, who are at least 19 years of age, have a countable income equal to or below 133% of the federal poverty level, are not incarcerated, and are not eligible for categorically needy medical assistance as defined in the Social Security Title XIX State Plan. The HIR noted that evidence indicated that HB 1191 would likely increase access to health insurance for individuals at least 19 years of age who are income-eligible, regardless of immigration status, and that some eligible individuals may enroll in health insurance, which would likely increase access to and use of healthcare services, improve health outcomes, and decrease health inequities by immigration status.

5 Health Insurance Coverage in the United States: 2020. United States Census Bureau, September 2021. Accessed July 2022.
6 QuickStats: Percentage of Uninsured Adults Aged 18–64 Years, by Race and Selected Hispanic Origin Subgroup — National Health Interview Survey, United States, 2019–2020. MMWR Morb Mortal Wkly Rep 2022;71:834. DOI: http://dx.doi.org/10.15585/mmwr.mm7125a3
7 Washington State Health Services Research Project: Statewide Uninsured Rate Remained Unchanged from 2018 to 2019. Research Brief No. 98, December 2020. Washington State Office of Financial Management. Accessed July 2022.
8 2012-19 County Uninsured Rates Chart Book: Washington State. Washington State Office of Financial Management Health Care Research Center, February 2021. Accessed July 2022.
9 Washington State Health Services Research Project: Statewide Uninsured Rate Remained Unchanged from 2018 to 2019. Research Brief No. 98, December 2020. Washington State Office of Financial Management. Accessed July 2022.
10 Note: more recent data on the uninsured rates in Washington State and nationally are challenging to interpret as the COVID-19 pandemic significant impacts on health insurance coverage due to high unemployment rates and underreporting.
11 Healthy People 2020: Access to Health Services. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed July 2022.
12 Americans' Challenges with Health Care Costs. Kaiser Family Foundation, July 2022. Accessed July 2022.
13 Healthy People 2030: Health Care Access and Quality. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Accessed July 2022.
14 A Health Impact Review (HIR) is an objective, non-partisan, evidence-based tool that provides the Governor and Legislators with information about how proposed legislation may impact health and health equity.

RECOMMENDATION 2:
Removing Barriers to Health Care Insurance and Care Coverage (cont'd)

Ensuring access to the full range of reproductive health care is critical in light of the Supreme Court's decision on Dobbs v. Jackson Women's Health Organization, in which the court held that the U.S. Constitution does not confer a right to abortion and effectively overruling both Roe v. Wade and Planned Parenthood v. Casey. In 2018, Board staff conducted a literature review on inequities in reproductive health care access. Staff identified 45 unique barriers to reproductive health care access, including insurance status and coverage, difficulty navigating the insurance system, cost of care and other associated costs, and limited language access and lack of culturally and linguistically appropriate services.[15] Many of the identified barriers still exist today --- a troubling reality given our national maternal mortality crisis.[16]

Section 1332 of the ACA permits a state to apply for a State Innovation Waiver (also referred to as section 1332 waiver) to pursue innovative strategies for providing residents with access to high quality, affordable health insurance while retaining the basic protections of the ACA. On May 13, 2022, Washington submitted a section 1332 waiver application that would allow anyone, regardless of immigration status to purchase insurance coverage through the Washington Health Benefit Exchange.[17] If approved, the Exchange expects a 1.1% to 1.4% increase per year in access to marketplace coverage as well as state-funded premium assistance for newly eligible individuals through the year 2033.[18] The Board supports efforts such as these to expand insurance coverage and access to health care for all Washington residents.

However, those who are covered by health insurance are not immune to the burden of health care costs. About one-third of insured adults worry about affording their monthly health insurance premium, and 44% worry about affording their deductible before health insurance kicks in.[19] Further, inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to health inequities.

Mainstream insurance coverage typically does not cover complementary and alternative medicine (CAM) services such as massage therapy, acupuncture, herbal medicine, or traditional or indigenous medicine – services that may be more sought out by communities who have been historically or are currently marginalized. Discrimination in health care settings (e.g., unfair and disrespectful treatment by a health care provider, or discrimination based on ability to pay, type of insurance, ability to speak English, racial/ethnic background, and gender) has been significantly associated with the use of herbal medicines.[20] Among Black adults, racial discrimination was associated with greater CAM use, regardless of institutional setting. In other words, discrimination in any institutional context (settings such as work, education, law enforcement, and the service sector) has an important effect on health care behavior of Black adults, including the choice to look beyond conventional sources of health care.[21]

In 2021, the Tubman Center for Health and Freedom (TCHF), in partnership with Byrd Barr Place and other community-based organizations around Puget Sound, conducted a mixed method research survey to examine the ways in which the communities that are most often marginalized by the mainstream medical system tend to and care for the health and wellness of themselves and their family members.[22] The Wellness Equity by Lifting-up Local Under-reported Solutions (WELL US) study highlights a lack of insurance coverage for preferred care modalities, overall sense of dissatisfaction with health insurance coverage, and major barriers to seeking medical attention including cost, racism or harassment, fear of discrimination, inability to find a provider, and language barriers.

15 Report to the Legislature: Literature Review on Inequities in Reproductive Health Care Access. Governor's Interagency Council on Health Disparities, January 2019. Accessed August 2022.
16 Gingrey JP. Maternal Mortality: A US Public Health Crisis. Am J Public Health. 2020 Apr;110(4):462-464. doi: 10.2105/AJPH.2019.305552. PMID: 32159977; PMCID: PMC7067092.
17 Washington Section 1332 Waiver Application. Washington Health Benefit Exchange, June 2022. Accessed July 2022.
18 Ibid.
19 Americans' Challenges with Health Care Costs. Kaiser Family Foundation, July 2022.
20 Thorburn S, Faith J, Keon KL, Tippens KM. Discrimination in health care and CAM use in a representative sample of U.S. adults. J Altern Complement Med. 2013 Jun;19(6):577-81. doi: 10.1089/acm.2012.0586. Epub 2013 Jan 11. PMID: 23308362; PMCID: PMC3673613.
21 Shippee TP, Schafer MH, Ferraro KF. Beyond the barriers: racial discrimination and use of complementary and alternative medicine among Black Americans. Soc Sci Med. 2012 Apr;74(8):1155-62. doi: 10.1016/j.socscimed.2012.01.003. Epub 2012 Feb 18. PMID: 22386637; PMCID: PMC3341177.
22 Wellness Equity by Lifting-up Local Under-reported Solutions (WELL US) Study. The Tubman Center for Health & Freedom. Accessed July 2022.

RECOMMENDATION 2:
Removing Barriers to Health Care Insurance and Care Coverage (cont'd)

The study also found that BIPOC, disabled and LGBTQIA+ community members utilize significant amounts of what is considered "alternative" medicine[23] and that vitamins and supplements are widely used to support health in marginalized communities.[24]

Expanding insurance coverage and ensuring that coverage meets the needs of Washington's diverse communities are essential to improving the health and wellness of our residents and reducing health inequities.

The Board recommends the Governor and Legislature take action to:

- Expand access to health insurance for individuals at least 19 years of age who are income-eligible, regardless of immigration status.
- Employ strategies identified by TCHF to ensure access to the type of health care services that members of marginalized communities most rely on, including but not limited to:
  - Requiring insurers to cover to cost of health care utilized by Washington communities, including CAM.
  - Employ health care providers from the communities they are serving.
  - Incentivize providers who use the health care that communities who have been historically or are currently marginalized prefer to use.
  - Remove systemic barriers to care, such as cost and insufficient provider networks, so that communities can access timely, culturally based care.

23 TCHF's study recognizes that CAM or "alternative" medicine is not alternative for all communities, and that CAM is only referred to as "alternative" in comparison to mainstream medicine.
24 Wellness Equity by Lifting-up Local Under-reported Solutions (WELL US) Study. The Tubman Center for Health & Freedom. Accessed July 2022.

RECOMMENDATION 3:
Improving Access to Culturally and Linguistically Appropriate Health Services

Adequate health insurance alone cannot remove every barrier to care, and regardless of coverage, culturally and linguistically appropriate services (CLAS) must be provided to all patients.

In 2004, the U.S. Department of Health and Human Services' Office of Minority Health (OMH) developed CLAS Standards to advance health equity, improve quality of services, and work toward the elimination of health disparities. Standards were updated in 2013. The principal standard of CLAS is to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.[25]

OMH evaluated national CLAS implementation and found that CLAS activities such as hiring skilled interpreters; training staff; and collecting race, ethnicity, and language data can be costly to organizations. However, it is more costly not to implement the Standards because of adverse patient outcomes and the financial burden of errors and inefficiencies that CLAS can reduce.[26]

Research has consistently demonstrated the persistent gap in the provision of culturally and linguistically appropriate care and the impact on equity and health outcomes.[27] The absence of culturally and linguistically appropriate care can impact the quality-of-care delivery for limited English proficiency (LEP) patients by increasing time to treatment, reducing quality of patient-provider communication, increasing risk of adverse events, and increasing hospital lengths of stay.[28, 29, 30]

During the 2022 legislative session, the Board conducted a Health Impact Review (HIR) of ESHB 1852. The proposal would have required the Pharmacy Quality Assurance Commission to adopt rules establishing requirements for the translation of prescription drug labels and prescription information. The HIR noted that evidence indicated the proposal would have the potential to result in more pharmacies providing translated prescription drug labels and other prescription information, improving access to culturally and linguistically appropriate services for some people with limited English proficiency (LEP), which would likely improve health outcomes and decrease health inequities. The bill passed the House and died in the Senate.

From September 2013 through August 2015, the Governor's Interagency Council on Health Disparities received a grant from the federal Office of Minority Health to raise awareness and promote adoption of the CLAS Standards. During the two-year grant period, Council staff provided information, resources, technical assistance, and training on the CLAS Standards to several state agencies and other public and private health-related organizations.[31]

In addition to these training modules, there have been a variety of tools designed to ensure culturally and linguistically appropriate care. For example, the U.S. Department of Health and Human Services' Office of Minority Health houses a variety of free continuing education and e-learning programs for health care administrators, providers, and other personnel; the American Academy of Pediatrics has developed a Culturally Effective Toolkit for providers; the Cross Cultural Health Care Program based out of Seattle provides training and consulting on culturally competent communication and practices across cultures and languages in health care; Washington State managed

25 Think Cultural Health: National Culturally and Linguistically Appropriate Services Standards. U.S. Department of Health and Human Services. Accessed July 2022.
26 Awareness, Knowledge, Adoption, and Implementation of the National CLAS Standards in Health and Health Care Organizations Evaluation Project: Summary of Key Findings. U.S. Department of Health and Human Services, Office of Minority Health. Accessed July 2022.
27 Ethn Dis. 2020 Autumn; 30(4): 603–610. Published online 2020 Sep 24. doi: 10.18865/ed.30.4.603
28 Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. 2007;19(2):60-67. 10.1093/intqhc/mzl069
29 John-Baptiste A, Naglie G, Tomlinson G, et al.. The effect of English language proficiency on length of stay and in-hospital mortality. J Gen Intern Med. 2004;19(3):221-228. 10.1111/j.1525-1497.2004.21205.x
30 Lindholm M, Hargraves JL, Ferguson WJ, Reed G. Professional language interpretation and inpatient length of stay and readmission rates. J Gen Intern Med. 2012;27(10):1294-1299. 10.1007/s11606-012-2041-5 10.1007/s11606-012-2041-5
31 CLAS Standards Training and Resources. Governor's Interagency Council on Health Disparities. Accessed July 2022.

care plans have cultural awareness plans and committees to guide their work; community health boards are employing initiatives to provide culturally relevant information to their communities; and the Department of Health is currently implementing Engrossed Substitute Senate Bill 5229 (Chapter 276, Laws of 2021) which requires health professions to adopt rules to require their licensees to complete health equity continuing education training at least once every four years.

Despite the abundance of training resources available, there is currently no indicator to measure levels of access to CLAS in health care and public health throughout Washington State. The Board believes that understanding the current provision of CLAS across the state by major health care and hospital systems, independent health care providers, public health clinics, community-based organizations, and more, is key to improving patient experience and health outcomes as well as reducing health inequities.

The Board recommends the Governor and Legislature take action to:

- Expand culturally and linguistically appropriate health care services, including but not limited to prescription information translation and increased access to interpretation services for medical appointments and emergency room visits.
- Provide funding to establish a task force made up of public health, health care, community-based organizations, and appropriate state agencies to conduct an assessment and develop a baseline report regarding the provision of culturally and linguistically appropriate health care services for communities served, as well as recommendations for improvement as applicable.

RECOMMENDATION 4:
Making School Environments Healthy and Safe

RCW 43.20.050(2)(d) requires the Board to adopt rules for environmental health and safety in all schools, and the Board has done so since 1960. The Board initiated rulemaking in 2004 in response to significant public comment that chapter 246-366 WAC, Primary and Secondary Schools, was outdated and needed to be modernized to address issues related to indoor air quality, drinking water safety, and safety in areas such as laboratories and playgrounds. In July 2009, the Board adopted an updated set of rules, chapter 246-366A WAC, Environmental Health and Safety Standards for Primary and Secondary Schools, that would establish consistent, statewide standards to help assure that schools are designed, built, and maintained to protect children and help prevent illness and injury. That same year, the Legislature suspended implementation of the rules, citing concerns with the financial impact of the new rules, through a budget proviso:

> The department of health and the state board of health shall not implement any new or amended rules pertaining to primary and secondary school facilities until the rules and a final cost estimate have been presented to the legislature, and the legislature has formally funded implementation of the rules through the omnibus appropriations act or by statute.[32]

Unfortunately, suspension of rule implementation has been included in each state operating budget since the 2009-2011 biennium. With the budget proviso in place, the Board can neither implement the 2009 rules, nor can it update these rules to address environmental health factors such as indoor air quality, climate change, and more with the most up-to-date science.

During the 2021-2022 school year, 295 public school districts[33] served 1,091,429 students[34] and 758 private schools served 104,426 students[35] in Washington. In a typical school year, students spend over 1,000 hours in school facilities, not including after-school activities. Children are disproportionately impacted by changes in their environment, and these impacts are often amplified by racial inequities that further drive health inequities.

Environmental public health professionals play a critical role in helping identify risks, potential problems, and solutions to improve health and safety. Regular health and safety inspections can help identify air quality issues and assess for toxins and other hazards to help prevent illness and injury. Prior to the COVID-19 pandemic, only twelve of Washington's thirty-five local health jurisdictions had established school environmental health and safety programs. These programs have been negatively impacted by the pandemic as resources have had to shift from activities like school safety inspections to COVID-19 response.

Indoor air quality is a key component of student health and performance. However, ventilation rates in most schools are below recommended levels, and growing evidence shows positive impacts of outdoor air ventilation. Improved indoor air quality, from either outdoor air ventilation or removal of pollution sources, results in improved student performance. Board staff completed a review of literature in October and November 2021 related to air quality and academic performance.

- Indoor air quality in school settings may impact student performance through multiple pathways, including through impacts to respiratory health outcomes and absenteeism. Available evidence also suggests that indoor air quality in school settings may impact student performance directly.
- Math and reading scores are significantly impacted by a number of indoor air quality metrics, including the type of HVAC system, particulate counts, carbon dioxide concentration, and ventilation rates.
- School location and outdoor air quality may also contribute to indoor air quality, which could exacerbate existing educational inequities.

32 Engrossed Substitute Senate Bill 5693, Section 222(1); Chapter 297, Laws of 2022
33 About School Districts. Washington Office of Superintendent of Public Instruction. Accessed July 2022.
34 Washington State Report Card: State Summary, 2021-2022 School Year. Washington Office of Superintendent of Public Instruction. Accessed July 2022.
35 Best Washington Private Schools (2022). Private School Review. Accessed July 2022.

RECOMMENDATION 4:
Making School Environments Healthy and Safe (cont'd)

The COVID-19 pandemic continues to highlight the importance of ventilation to reduce transmission and spread of respiratory illnesses. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) maintains standards about ventilation and standards on some of the air contaminants that can be involved in indoor air quality problems, but there are currently no federal minimum standards for indoor air quality or the broader built environment.[36]

As we attempt to emerge from the pandemic, we must prioritize indoor air quality and ventilation. Although billions of federal dollars were made available to assist schools during the pandemic, early rounds of COVID-19 relief funds did not prioritize indoor air or ventilation infrastructure in K-12 schools. The Board is pleased that additional federal support will be provided to schools through in the American Rescue Plan Act (ARPA). The ARPA includes providing technical assistance to schools, including a Clean Air in Buildings Checklist that all buildings can use to improve indoor ventilation and air filtration, as well as the opportunity for schools, public buildings, and state, local, and tribal governments to make ventilation improvements and upgrades using ARPA funds.[37]

Climate change will worsen existing indoor environmental problems and indoor air quality, and it may introduce new problems as the frequency or severity of adverse outdoor conditions change. Warmer temperatures and shifting weather patterns have led to more frequent and severe wildfires, and Washington has experienced a significant increase in poor air quality days due to wildfire smoke. Children, particularly those with pre-existing diseases such as asthma and diabetes, are especially at risk for experiencing adverse health effects from smoke exposure.[38]

Children also suffer directly from the increased severity and duration of heat waves. Studies performed in multiple countries have shown an increase in child morbidity and mortality during extreme heat events. There is a >90% chance that by the end of the 21st century, average summer temperatures will exceed the highest temperatures ever recorded in many regions across the world, putting children and their families at increasing risk of heat injury.[39]

Climate change is also increasing the frequency and severity of other extreme weather events, such as extreme precipitation, flooding, and storms, which can result in damage to buildings and allow water or moisture to enter indoor environments. Increased indoor dampness and humidity can lead to increases in mold, dust mites, bacteria, and other biological contaminants indoors. Extreme weather events can also create conditions that support increases in and the spread of pests and infectious agents that can make their way indoors.[40]

Schools are a community hub that provides shelter from adverse weather events and wildfire smoke, and protecting the health and safety of students, faculty, and administrators is a key component to protecting the broader community. Ensuring our state's minimum standards for school environmental health and safety are up to date and reflect the best possible science are critical to equitably identifying and addressing the most common environmental causes of injuries and illnesses in Washington schools in a rapidly changing climate.

The Board recommends the Governor and Legislature take action to:

- Remove the budget proviso that prevents revision and implementation of the Board's school environmental health and safety rules.
- Require the Department of Health, local health jurisdictions, OSPI, and the Board to work together to conduct a school environmental health and safety review and needs assessment to inform updates to the K-12 School Health and Safety Guide as well as future rulemaking.
- Prioritize funding for K-12 school HVAC system maintenance and necessary upgrades to minimize transmission of contaminants and communicable diseases.
- Actively monitor and participate in opportunities to advocate for federal indoor air quality standards in the built environment.

36 Indoor Air Quality. United States Department of Labor, Occupational Safety and Health Administration. Accessed July 2022.
37 National COVID-19 Preparedness Plan. The White House. Accessed July 2022.
38 Which Populations Experience Greater Risks of Adverse Health Effects Resulting from Wildfire Smoke Exposure? U.S. Environmental Protection Agency, November 2021. Accessed August 2022.
39 Paulson, J. A., et al. Global Climate Change and Children's Health. Pediatrics, 136(5), 992–997. 2015. https://doi.org/10.1542/peds.2015-3232
40 Indoor Air Quality and Climate Change. United States Environmental Protection Agency, December, 2021. Accessed July 2022.

RECOMMENDATION 5:
Decreasing Youth Use of Tobacco, Nicotine, and Vapor Products

Smoking and tobacco products are the leading cause of preventable disease, disability, and death in the United States. Cigarette smoking in particular is responsible for more than one in five deaths per year the United States[41] and Washington State.[42] The Board recognizes exposure to all forms of inhaled products, including tobacco, vaporized nicotine products with electronic devices, and cannabis smoking have an adverse effect on health, which worsens with long-term use.

Youth and young adults under age 18 years are far more likely to start using tobacco than adults; nearly 9 out of 10 adults who smoke started by age 18. According to the U.S. Surgeon General, there is a strong association between the use of e-cigarettes, cigarettes, and the use of other burned tobacco products by young people.[43]

Despite decreasing use of tobacco products generally among middle and high school students in recent years, e-cigarettes, or vapor products, have been the most commonly used tobacco product among youth since 2014.[44] Nationally, about one out of every 35 middle school students, and about one out of every nine high school students reported current (i.e., past 30 days) use of e-cigarettes.[45]

The 2021 Washington State Healthy Youth Survey found that vapor products are the most common nicotine product used by youth. The prevalence of current (i.e., past 30-day) vapor product use among 6th graders (3%), 8th graders (5%), 10th graders (8%, and 12th graders (15%) significantly increased from 2018.[46]

The effects of nicotine exposure during youth and young adulthood can be long-lasting and can include lower impulse control and mood disorders. The nicotine in vapor products can prime young brains for tobacco use and addiction to other drugs.[47] Preventing youth initiation of tobacco and other nicotine use is critical to stem the tide of tobacco-related mortality, morbidity, and economic costs.[48]

Research consistently shows that flavors, and associated advertising, contribute to the appeal, initiation, and use of tobacco and nicotine products, including vapor products, particularly among adolescents and young adults.[49, 50, 51] According to the National Youth Tobacco Survey, among students who reported current use of any tobacco product, 79.1% (high school: 80.2%; middle school: 74.6%) reported using flavored tobacco product(s) in the past 30 days.

41 Smoking & Tobacco Use Fast Facts. Centers for Disease Control and Prevention, June 2021. Accessed July 2022.
42 Tobacco and Vapor Products Data and Reports. Washington State Department of Health. Accessed July 2022.
43 Fact Sheet: E-Cigarette Use Among Youth and Young Adults, A Report of the Surgeon General. U.S. Department of Health and Human Services, Office of the Surgeon General. Accessed August 2022.
44 Smoking & Tobacco Use: Youth and Tobacco Use. Centers for Disease Control and Prevention, March 2022. Accessed July 2022.
45 Gentzke AS, Wang TW, Cornelius M, et al. Tobacco Product Use and Associated Factors Among Middle and High School Students — National Youth Tobacco Survey, United States, 2021. MMWR Surveill Summ 2022;71(No. SS-5):1–29. DOI: http://dx.doi.org/10.15585/mmwr.ss7105a1
46 Washington State Healthy Youth Survey 2021 Results. Accessed July 2022.
47 Know the Risks: E-Cigarettes and Young People. U.S. Department of Health and Human Services, Office of the U.S. Surgeon General. Accessed August 2022.
48 Ibid.
49 Huang L. L., Baker H. M., Meernik C., et al. Impact of non-menthol flavours in tobacco products on perceptions and use among youth, young adults and adults: a systematic review. Tob Control. 2017;26(6):709-719.
50 Garrison K. A., O'Malley S. S., Gueorguieva R., et al. A fMRI study on the impact of advertising for flavored e-cigarettes on susceptible young adults. Drug Alcohol Depend. 2018;186:233-241.
51 Goldenson N. I., Kirkpatrick M. G., Barrington-Trimis J. L., et al. Effects of sweet flavorings and nicotine on the appeal and sensory properties of e-cigarettes among young adult vapers: Application of a novel methodology. Drug Alcohol Depend. 2016;168:176-180

RECOMMENDATION 5:
Decreasing Youth Use of Tobacco, Nicotine, and Vapor Products (cont'd)

At the request of members of the Legislature, Board staff have conducted multiple HIRs in recent years that found evidence that prohibiting the sale of flavored vapor products is likely to decrease initiation and use of these products among adolescents and young adults. Most recently, HIRs of the following legislative proposals introduced during the 2020 legislative session.

House Bill 1932, Concerning vapor products.[52]

Among other requirements, this bill would have prohibited the sale of flavored vapor products and flavored cannabis vapor products and regulated vapor product advertising.

Strong evidence

- Prohibiting the sale of flavored vapor products will likely decrease initiation and use of vapor products among adolescents and young adults
- Decreasing initiation and use of vapor products among adolescents and young adults will likely decrease initiation and use of tobacco products among these populations.

Very strong evidence

- Decreasing use of vapor products among adolescents and young adults will likely improve health outcomes
- Decreasing use of tobacco products among adolescents and young adults will improve health outcomes.

House Bill 2454[53] and companion Senate Bill 6254[54], Relating to protecting public health and safety by enhancing the regulation of vapor products.

Among other requirements, these bills would have banned the sale of vapor products containing vitamin E acetate and flavored vapor products, other than tobacco flavored products.

Very Strong evidence

- Prohibiting the sale of flavored vapor products will likely decrease initiation and use of vapor products among adolescents and young adults
- Decreasing initiation and use of vapor products among adolescents and young adults will likely decrease initiation and use of tobacco products among these populations
- Decreasing use of vapor products among adolescents and young adults will likely improve health outcomes
- Decreasing use of tobacco products among adolescents and young adults will improve health outcomes.

52 Health Impact Review of HB 1932, Concerning vapor products (2019 Legislative Session). Washington State Board of Health, September 2019. Accessed July 2022.
53 Health Impact Review of HB 2454, Relating to protecting public health and safety by enhancing the regulation of vapor products (2020 Legislative Session). Washington State Board of Health, January 2020. Accessed July 2022.
54 Health Impact Review of SB 6254, Relating to protecting public health and safety by enhancing the regulation of vapor products (2020 Legislative Session). Washington State Board of Health, January 2020. Accessed July 2022.

RECOMMENDATION 5:
Decreasing Youth Use of Tobacco, Nicotine, and Vapor Products (cont'd)

There has been promising movement to limit or prohibit youth use of tobacco, nicotine, and vapor products in recent years. In 2019, the Washington State Legislature passed Engrossed House Bill 1074 (Chapter 15, Laws of 2019), which raised the minimum age of purchase for tobacco and vapor products to 21 years. This law went into effect January 1, 2020.

In April 2022, the State of Washington settled a lawsuit against JUUL Labs, Inc., which controls more than 70% of the U.S. e-cigarette market share, for allegedly violating the Consumer Protection Act and Washington's vapor products legislation (RCW 70.345) by marketing flavored vapor products to youth. As a result of the settlement, JUUL must pay Washington $22.5 million, stop advertising that appeals to youth – including most social media promotion – accurately market the nicotine content and effects of the nicotine in its products, and implement a robust secret shopper program and online purchase age verification.[55] Additionally, the U.S. Food and Drug Administration issued marketing denial orders to JUUL for all their products currently marketed in the United States. The FDA cited JUUL's premarket tobacco product applications lacked sufficient evidence regarding the toxicological profile of the products to demonstrate that marketing of the products would be appropriate for the protection of the public health.[56]

Furthermore, the Board supports the FDA's proposal to prohibit menthol as a characterizing flavor in cigarettes as described in Docket No. FDA-2021-N-1349, Tobacco Product Standard for Menthol in Cigarettes. As articulated in the proposed rule, research shows that restricting the range of flavored tobacco products benefits youth tobacco prevention efforts. In 2009, Congress prohibited the use of characterizing flavors (except tobacco and menthol) in cigarettes due to the appeal of those products to youth. Following passage of this law, while overall smoking rates decreased, the use of menthol cigarettes increased, suggesting that the remaining flavor continued to hold appeal to youth and adult smokers.[57] The proposed rule prohibiting menthol closes this loophole and removes the only remaining flavored cigarette (except tobacco) available in the United States.

The tobacco industry aggressively targets its marketing to certain populations, including young people, women, and racial and ethnic minority groups, particularly Black people. These groups are more likely to smoke menthol cigarettes compared to other population groups.[58] The tobacco industry strategically and aggressively targeted the Black community with menthol cigarettes for decades, including placing more advertising in predominantly Black neighborhoods and publications, and appropriating culture in marketing.[59] Non-Hispanic Black or African American people who smoke cigarettes, regardless of age, are more likely to smoke menthol cigarettes than people of other races or ethnicities who smoke cigarettes.[60] It is estimated that approximately 40% of excess deaths due to menthol cigarette smoking in the U.S. between 1980 - 2018 were those of African Americans.[61]

Washington legalized the sale, purchase, and use of recreational cannabis for people 21 years of age and older in in 2012. Per the 2021 Healthy Youth Survey, approximately 1% of 6th graders, 3% of 8th graders, 7% of 10th graders, and 16% of 12th graders have reported using cannabis in the past 30 days.[62] Given the well documented role of flavors in encouraging tobacco use among youth and young adults, the Board believes emerging cannabis control policies should consider lessons from tobacco control to prevent youth cannabis use. In a 2019-2020 survey of eight Northern and Central California public high schools, a substantial proportion of adolescent cannabis users are choosing flavored cannabis products, including both combustible and aerosolized products.[63] Researchers acknowledge restrictions that prohibit sales of any characterizing flavors, such as recent local and state restrictions on the sale of flavored tobacco products could help address rising adolescent interest in new tobacco products and cannabis use.[64]

55 AG Ferguson: JUUL must pay Washington $22.5 million over its unlawful advertising practices. Washington State Office of the Attorney General, April 2022. Accessed July 2022.
56 FDA Denies Authorization to Market JUUL Products. U.S. Food and Drug Administration, June 2022. Accessed July 2022.
57 Courtemanche C.J., Palmer M.K., Pesko M.F. Influence of the Flavored Cigarette Ban on Adolescent Tobacco Use. American Journal of Preventive Medicine. 2017;52(5):e139-e146.
58 Menthol Smoking and Related Health Disparities. Centers for Disease Control and Prevention, June 2022. Accessed August 2022.
59 Why tobacco is a racial justice issue. Truth Initiative, August 2020. Accessed August 2022.
60 Menthol Smoking and Related Health Disparities. Centers for Disease Control and Prevention, June 2022. Accessed August 2022.
61 Ibid.
62 Washington State Healthy Youth Survey 2021 Results. Accessed July 2022.
63 Werts M, Urata J, Watkins SL, Chaffee BW. Flavored Cannabis Product Use Among Adolescents in California. Prev Chronic Dis 2021;18:210026. DOI: http://dx.doi.org/10.5888/pcd18.210026
64 Ibid.

RECOMMENDATION 5:
Decreasing Youth Use of Tobacco, Nicotine, and Vapor Products (cont'd)

The Board believes that the potential reduction in morbidity and mortality by banning flavored nicotine and tobacco products, including vapor products, could greatly improve the health and welfare of people in Washington, particularly youth and young adults. Local governments are restricted by preemption from prohibiting or restricting flavors within their jurisdictions. Therefore, the State needs to take this action to protect future generations from a lifetime of nicotine addiction.

The Board recommends the Governor and Legislature take action to:

- Prohibit the sale of all flavored nicotine and tobacco products to the public, including vapor products, to reduce the appeal and use of these products by youth and young adults.
- Consider the regulation of flavored combustible and vapor cannabis products to reduce the appeal and use of these products by youth and young adults.

RECOMMENDATION 6:
Strengthening Washington's Public Health System through Continued Investments

Washington State has a fundamental responsibility to protect the public's health.[65] The governmental public health system, comprised of the Board, Department of Health, local health jurisdictions, and sovereign tribal governments, has a critical and unique public safety role that is focused on protecting and improving the health of families and communities. As a system, we work to help people live healthier, longer lives. When our people are healthier, the economic health and vitality of our communities is improved.

Washington's governmental public health system provides unique services to communities across the state. The public relies on and expects this system to identify disease outbreaks early and prevent them from spreading; keep our food and drinking water safe; and work with community partners to plan, prioritize, and implement services that meet the communities' greatest needs and make the best use of resources. In order to achieve a fully functioning public health system that can provide these services, the state must adopt and fund the Foundational Public Health Services (FPHS), so they are available in every community.

In 2018, a statewide FPHS baseline assessment was conducted to identify the degree to which FPHS is currently implemented and operating, estimated costs and funds needed for full implementation, and services most likely to benefit from possible new service delivery models.[66] The baseline assessment determined that no foundational program or capability is fully or significantly implemented across all responding agencies. This suggests that FPHS in Washington State do not currently meet the condition of "must exist everywhere, to work anywhere."[67] There was wide variability in service gaps across agencies and statewide system. The baseline assessment estimated the total cost to implement FPHS statewide was nearly $600 million, with a funding shortfall of approximately $225 million.

The legislature has begun addressing the chronic underfunding and resulting detrimental effects on people, communities, and the state's economy. Over the past few biennia, the legislature allocated funds toward FPHS infrastructure with historic investments during the 2021-2023 biennium:

Biennium	Amount[68]
2017-2019	$18 million
2019-2021	$28 million
2021-2023	$125 million

A portion of the 2017-2019 biennial budget funds appropriated by the Legislature was invested in new service delivery models by funding four shared service demonstration projects. These projects focused on sharing staff, expertise, and technology across LHJs to deliver specific FPHS in communicable disease and assessment.

Investments during the 2019-2021 biennium provided much needed capacity for the governmental public health system to pivot and rapidly respond to the COVID-19 pandemic. The COVID-19 pandemic has illustrated the importance of a fully funded and functional public health system. While investments from previous and current biennia have made some critical improvements that positioned the public health system to respond to COVID-19 better than it would have without these funds, chronic underfunding of FPHS resulted in the system continuing to play catch-up in response to a global pandemic. The COVID-19 pandemic has emphasized the need to adequately fund FPHS and shift focus from reactive, crisis-driven strategies to more proactive strategies to protect and preserve public health.

65 RCW 43.70.512
66 Note: tribes were not included in the baseline assessment as they were engaged in a tribally-driven process to define FPHS delivery framework, costs, and gap analysis.
67 Washington State Public Health Transformation Assessment Report, BERK Consulting, September 2018. Accessed July 2022.
68 $15 million for FPHS, $3 million to implement the Governor's lead directive.

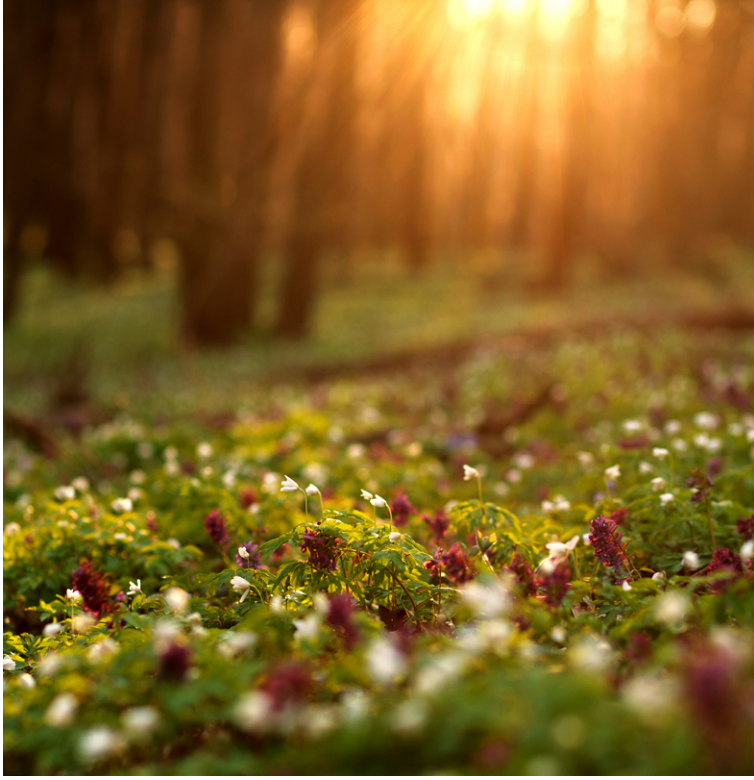
RECOMMENDATION 6:
Strengthening Washington's Public Health System through Continued Investments (cont'd)

Most recently, FPHS funding in the current biennium has helped expand capacity and services provided by the governmental public health system. Examples include environmental public health data, planning, land use, and inspections; cross-cutting capabilities such as information technology, emergency preparedness, surveillance, and community partnership; and communicable disease data, planning, and investigations; public health lab investments, and promoting immunizations.

The investments in FPHS, first with one-time funding and subsequently with ongoing funding is an important step forward. However, even with historic investments by the legislature, more is needed to fully fund FPHS and protect the public's health.

The Board recommends the Governor and Legislature take action to:

- Prioritize continued and expanded foundational public health investments in the 2023-2025 biennium as well as future biennia to ensure Washington's governmental public health system can continue to 1) assess and control communicable diseases and enhance environmental public health services and 2) improve services over the life course (e.g., chronic disease, injury prevention, maternal and child health) and improve business competencies (e.g., technology, leadership, facilities and operations).



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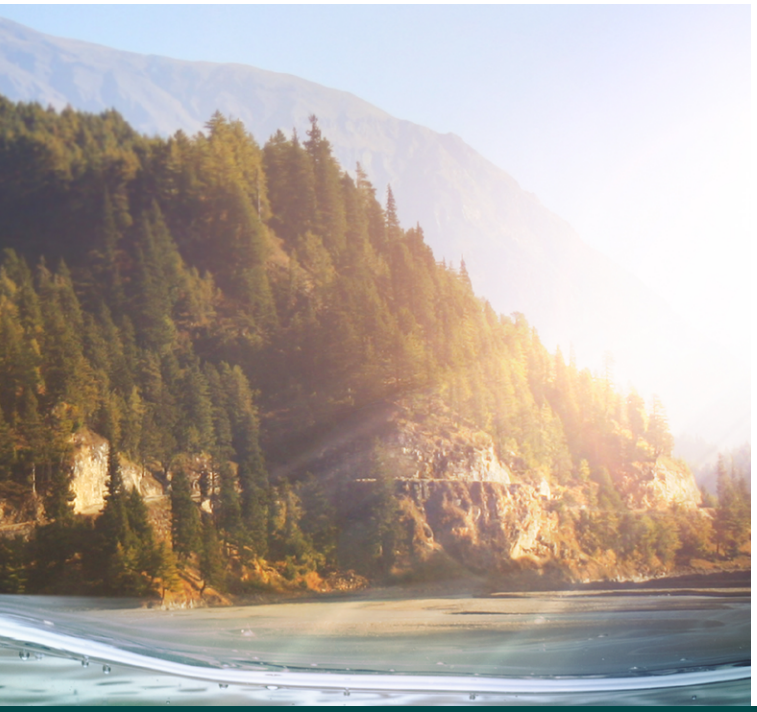

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WASHINGTON STATE BOARD OF HEALTH

BOARD MEMBER ORIENTATION

BOARD MEETING PROCESS

MEETINGS – WHEN AND WHERE

The Board typically meets on the second Wednesday of each month, usually 7 to 8 times a year. The Board tries to hold its meetings in locations across the state, as resources allow. All Board meetings are open to the public and are held accessible facilities. All regular Board meetings are also held in a hybrid format to allow the public, presenters, and Board members to participate virtually. Board members are encouraged to participate in person. The Executive Assistant will contact Board members in advance of each meeting to confirm your availability and to find out whether you will be attending virtually or in-person. If you are unable to participate or attend a meeting in person, please let the Executive Assistant know as soon as possible. During the COVID-19 Pandemic, the Board shifted from in-person meetings to virtual meetings. The Board resumed meeting both in-person and virtually (hybrid setting) in March 2023.

INTRODUCING NEW BUSINESS

The State Board of Health (Board) is a policymaking body that offers a forum to engage people in the public health system. The Board develops environmental health and public health and safety rules and promotes policies to protect and improve the public's health. The Board's authority is established in state laws covering a range of issues such as **communicable disease, prenatal and newborn disease screening, childhood immunizations, drinking water, food safety, human remains, water recreation, on-site sewage systems, animal waste, school environmental health and safety, and shellfish sanitation**.

The Board can also recommend to the secretary means for **obtaining appropriate citizen and professional involvement in all public health policy formulation** and other matters related to the powers and duties of the department. The Board is further empowered to **hold hearings** and **explore ways to improve the health status of the citizenry**.

As a Board Member, you play an important role by providing statewide leadership in **developing and promoting policies that prevent disease** and **improve and protect the public's health for all people in Washington**. Board members shape these policies through discussions at Board meetings, requesting briefings, listening to public comment and rulemaking work.

Introducing new business to the Board is an important way to fulfill your role, and the Board's mission.

When you have an issue you or your community cares about and you want the Board to work on it, think through what your intended outcome is for bringing this issue to the Board. Your intended outcome will help shape your request of the Board and Staff members. [see chart on page 2]

Next, consult with Board staff about the best approach for raising this issue with the Board:

Intended Outcome	Possible Resulting Board Action(s)
Strong relationship with community groups	• Briefing at an upcoming policy subcommittee or Board Meeting • Board or Staff attendance at an event
Be present and learning in a particular issue area	• Briefing at upcoming Board meeting • Staff research and present information to Board
Support an effort or group	• Letter of support from Board • Board or Staff attendance at an event
New or changed regulations	• Staff review existing regulations • Open existing rules for evaluation • Write new rules
Create policy recommendations	• Include issue area in **State Health Report** or **SBOH Strategic Plan** • Write Board Resolution or publication

1. **Contact a Policy Advisor, the Executive Director, or the Community Engagement Coordinator on staff at the Board to bring up this issue.** Board Staff are always available to meet with you. Our job is to support you in doing the work of the State Board of Health, and that means that we are here to support you in whatever you need to do your work at the Board, including:
    a. Researching topics
    b. Creating fact sheets (MythBusters | FAQs) or talking points
    c. Creating briefings
    d. Adding your item to the Board Meeting Agenda
    e. Updating you on the Board's history with a particular topic, legislation, WAC, etc.
    f. Helping you identify where a topic falls within the Board's authority and policy priorities; or if it doesn't fall within the Board's work, helping connect you to the appropriate agencies that have authority for the topic.
2. **Mention it during a Sub-Committee meeting.** Sub-committee meetings are an informal chance to connect with Board Staff and get updates on upcoming work. Whether or not the meeting agenda specifically calls out a time for new topics, please feel free to bring up new topics during these meetings
3. **Mention it during a Board meeting during the Member Comment agenda item.** This can be a very informal mention, e.g., "I'm interested in learning more about xxx topic. Could we look into this?", or it could be a more formal mention, e.g., "I request that the Board have a briefing/xxx/xxx on xxxx topic by xxxx group at a future meeting."

NOTE: Contacting a staff member prior to the Board meeting to strategize about the best way to approach the topic is useful and appreciated although not required.

The State Board of Health needs your voice, expertise, and community connections! If you have questions or concerns about how to accomplish the work you want to do at the SBOH, please reach out to Board staff.

Board members may request updates or briefings for a future agenda at board meetings, policy committee meetings or by contacting the Board's Executive Director.

DRAFT AGENDA

The Executive Director works with Board staff to develop a draft agenda. After consultation with the Board Chair, the Communications team will distribute a draft agenda by close of business two weeks prior to each regularly scheduled meeting. The draft agenda is distributed via the Board's general email to Board members, Board counsel, presenters, and the Board's general interested parties' distribution list. This list includes the Governor's staff, Washington State Association of Local Public Health Official members (via Listserv), Department of Health leadership, and partner organizations and interested parties who have requested receipt of the agenda.

The draft agenda will include the name of a Board sponsor and/ or staff member assigned to each item to facilitate Board consideration of that item. The Executive Director makes assignments to policy advisors based on their established portfolio and workload. Policy Advisors will reach out to board members to determine willingness or desire to serve as a sponsor on topics that they have expressed interest in. Policy advisors must obtain a sponsor before an item can be included on the draft agenda.

REGULAR BOARD MEETING MATERIALS

The deadline for meeting materials is at noon, nine days prior to the meeting. This ensures ample time for staff to review, finalize, post, and upload materials to the website and share materials with interpreters. Materials should be concise and provide adequate information for the Board to understand any recommended policy change and help frame policy discussions. If a Board member is a sponsor of a particular agenda item, the staff will work closely with the sponsor in the development of presentation materials.

Any additional written material, including correspondence, reports, extensive memoranda, or other material which has been transmitted to the Board offices for a meeting by the written public comment deadline for the meeting, will be posted to the website. Materials received after the written comment deadline may not be posted to the website until after the meeting. Staff will make every effort to bring hard copies of these materials to the Board meeting.

Board members will receive a link to the Board meeting materials one week prior to a regular board meeting. All Board members should familiarize themselves with meeting materials before the meeting. A full packet of materials for regularly scheduled Board meetings is emailed to Board Members one week prior to the meeting. An updated meeting packet is then sent again to Board Members and staff the Friday before a meeting to include the written Public Comments. Board members are not expected to have reviewed public comments that come in after the deadline until the next Board meeting.

There are occasions when the Chair may convene the Board for a Special meeting. Special meetings may be scheduled to enable the Board to take action on an issue with urgent deadlines that may not fit within the regular Board meeting schedule. In the past, the Board has had special meetings to determine whether it was safe to meet in person during a pandemic, to receive a report from an investigator regarding local health officer actions, and to review and decide on a petition for rulemaking. If the Board needs to meet for a special meeting, the Executive Assistant will poll members to determine their availability. Once a date and time is identified that allows for a quorum of Board members to meet, staff will send out a public announcement and post meeting information to the Board's webpage. Under the Open Public Meetings Act, meeting notice must occur at least 24 hours prior to a Special meeting. Any associated meeting materials will be sent to Board members as soon as possible.

FINAL AGENDA

One week prior to the meeting (typically by 5:00pm) the Final Agenda, all meeting materials, and the draft minutes from the previous meeting will be posted to the Board's website and distributed via e-mail to Board members, Board counsel, the Governor's health policy advisor, various Department of Health staff, various state agency staff, WSALPHO Listserv, and members of the public on the mailing list.

BOARD OF HEALTH WEB SITE

The Board of Health web site includes meeting dates, agendas, minutes, and meeting materials. Meeting materials are posted by COB one week before each Board meeting. Public comments received by the written public comment deadline of 12:00 Noon the Friday before each meeting are posted to the website by 5pm the Friday before the meeting. The website also includes information about Board of Health authorities, rules, and past projects. We strive to keep this information up to date. If you see an error or have difficulty finding information, please contact the Board's Communication Manager.

AT THE MEETING

Meeting materials are downloaded on iPads which are distributed to the Board members at the Board meeting. For members attending virtually, the emailed meeting materials packet contains the same materials. Board members can also access meeting materials on the Board's website. The public can access these documents on the Board's webpage, and to conserve resources one paper copy is available at the Board meeting.

The Board Sponsor or assigned staff will introduce each agenda item. Staff can develop talking points for Sponsors to aid them in introducing the topics. Presentations typically include a brief orientation to the issue, presenter introductions, and a description of the materials in the Board members' i-pads. Staff will highlight any draft motions for the Board's consideration on that item. Staff will also summarize or distribute any e-mailed testimony at this time.

The Board values meeting access and equitable participation opportunities and so provides American Sign Language (ASL) and Spanish interpretation at every regular Board and Technical Advisory Group meeting. Staff work with interpreters ahead of time to prepare for the meeting, and will remind Board members, presenters, and public commenters to speak slowly and take a breath between sentences to support interpretation services. For any technical terms, please say the term once, pause, explain any acronyms that will be used for that term in the presentation, and repeat the term, pausing to assure interpretation is complete.

Board staff support our interpreters during meetings and may provide in-the-moment feedback from interpreters to anyone speaking in the meeting. This may include reminders to pause between sentences, to explain visuals or to explain acronyms, among other supports. See Interpreter Tips. Additionally, the Board schedules its in-person meetings at ADA accessible locations.

PUBLIC COMMENT

Each regular meeting includes a public comment period. The Board Chair will determine the structure for public comment and may limit public comment period for each person to manage the Board's time/agenda or allow each person signed in the opportunity to comment. Members of the public may submit written material during the

public comment period. Public comment periods are typically listening sessions. Board members may ask clarifying questions, but the Board does not take action or respond during public comment.

The public may submit written public comments through the Board's website or via mail. Staff will collect any written comment submitted by COB, two business days prior to each meeting (for Wednesday meetings, the deadline is the Friday prior) and present it to the Board as that agenda item is considered on the day of the Board's meeting. Materials received after the comment deadline may be forwarded to Board members via email or placed in the next regular meeting's materials. Board members are not expected to have reviewed comments received after the comment deadline until the following meeting.

From time to time, the Board may schedule Special meetings. Depending on the meeting content and the Chair's discretion, a special meeting may or may not have a public comment period.

WASHINGTON STATE BOARD OF HEALTH

2024 Meeting Schedule

Approved by the Board November 8, 2023

	Meeting Date	Location
Board	**Wednesday** **January 10, 2024**	**Hybrid:** • **Physical Location; Washington State Department of Health, 111 Israel Road S.E., Tumwater, WA 98501, Building: Town Center 2, Rooms 166 & 167** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.**
Board	**Wednesday** **March 13, 2024**	**Hybrid:** • **Physical Location; To Be Determined (TBD), possibly La Conner, WA, Swinomish Indian Tribal Community** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.**
Board	**Wednesday** **April 10, 2024**	**Hold date – meet only if necessary**
Board	**Wednesday** **June 12, 2024**	**Hybrid:** • **Physical Location; To Be Determined (TBD)** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.** *(note: WA State Association of Local Public Health Officials (WSALPHO) Annual meeting is in Spokane, June 4-6, 2024)*
Board	**Wednesday** **July 10, 2024**	**Hold date – meet only if necessary**

Board	**Wednesday August 14, 2024**	**Hybrid:** • **Physical Location; Capitol Campus, Cherberg Building, Conference Room ABC, 304 15 Ave SW, Olympia, WA 98501** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.**
Board	**Tuesday October 8, 2024**	**Hybrid:** • **Physical Location; To Be Determined (TBD) or Yakima** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.** *(note: WA State Public Health Association (WSPHA) Annual conference is in Yakima, October 9-11, 2024. The WSALPHO Environmental Public Health Directors meeting is Oct 1-4 in Leavenworth)*
Board	**Wednesday November 13, 2024**	**Hybrid:** • **Physical Location; Tumwater, WA** • **Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.**

Start time is 9:30 a.m. unless otherwise specified. Time and locations subject to change as needed. See the Board of Health Web site and the Health Disparities Council Web site for the most current information.

Last updated 11/08/2023

SBOH Standing Policy Sub-Committee Information Sheet

The Board currently has two established policy committees to help execute its work. The Board could choose to establish additional committees. Under Board bylaws, these committees are advisory in nature. Committees can consist of up to five members who volunteer to serve on the committee. Committees currently meet quarterly in February, May, September, and December of each year.

Board staff include three policy advisors who cover topics associated with the Board's two standing committees. Agendas may include rulemaking updates from staff, legislative updates, informational briefings on health promotion and environmental health topics related to the Board's authority and legislative priorities, and preparation for upcoming Board meetings. Sub-committee meetings also serve as a forum for Board members to request information or have staff follow-up on health promotion and environmental health topics of interest.

Policy Advisors work collaboratively to cover each committee and determine which bodies of work fit within each committee. This is done by considering capacity, expertise, and specific foci or interest within an issue. Although there are general bodies of work for each subcommittee, a particular rule, issue, or other topic may have touch points within both subcommittees.

Health Promotion Committee
Scope: Covers topics such as notifiable conditions, immunizations, handling of human remains, newborn screening, communicable diseases, standards for prenatal testing, auditory and visual standards, and more. Sample previous agendas and meeting notes can also provide an overview of the work of this committee.
Policy Advisors: Molly Dinardo, Andrew Kamali

Environmental Health Committee
Scope: Covers topics such as public drinking water systems, on-site sewage systems, animal waste, food safety, water recreation, shellfish sanitation, school environmental health and safety, transient accommodations, and more. Sample previous agendas and meeting notes can also provide an overview of the work of this committee.
Policy Advisors: Stuart Glasoe, Andrew Kamali

In addition, as called out in RCW 43.20.050, the Board may create ad hoc committees to work on discrete topics such as review of Board policies. The Board also creates technical advisory committees (example 1, example 2) made up of people with expertise and or representing diverse interests to advise on topics such as immunizations, diseases for newborn screening, or other select public health issues.

The Board's Bylaws state:

- The Board may establish policy committees to help execute its work. Committees are advisory in nature and may make recommendations to the Board for Board action.

- Policy committees may consist of up to five Board members who volunteer to serve on the committee. Standing committees do not include members of the public as members.
- Each policy committee must select a Committee Chair.
- The Executive Director shall identify a lead staff person to support each policy committee.
- Board staff shall create a written summary of each policy committee meeting and shall prepare the summary for policy committee approval at the next committee meeting.
- Board staff shall retain the summary and agendas consistent with record retention schedules and shall then transfer these records to the State archives for permanent retention.

<u>Ad Hoc Committees</u>

- The Board may establish Ad-Hoc Committees to fulfill specific tasks.
- Ad-Hoc Committees shall be comprised of members recommended by Board members or staff.
- The committee must disband when it completes its assigned task(s).
- Each Ad-Hoc Committee shall select a Committee Chair unless one is selected by the Board.
- Ad-Hoc Committees may include subject matter experts or members of the public.
- All committee meetings are open and will be conducted as special meetings under the Open Public Meetings Act in accordance with RCW 42.30.080.

2023 Council Meeting Schedule
Approved by the Council December 15, 2022
Updated March 20, 2023

	Meeting Date	Location
Council	**Thursday February 16, 2023**	**TBD:** Online via ZOOM Meeting, hyperlink provided on website and agenda. Possibly meet in person and virtual (hybrid) depending on updated guidance.
Council	**Tuesday ~~May 23, 2023~~ rescheduled to May 10, 2023**	**Hybrid:** • **Physical Location; Labor & Industries Auditorium, 7273 Linderson Way SW, Tumwater, WA 98501** • **Virtual via ZOOM Meeting, hyperlink provided on website and agenda. Public Attendees can access the meeting online.**
Council	**Thursday August 17, 2023**	**Hybrid:** • **Physical Location; TBD** • **Virtual via ZOOM Meeting, hyperlink provided on website and agenda. Public Attendees can access the meeting online.**
Council	**Wednesday September 13, 2023**	**Hybrid:** • **Physical Location; TBD** • **Virtual via ZOOM Meeting, hyperlink provided on website and agenda. Public Attendees can access the meeting online.**
Council	**Thursday December 14, 2023**	**Hybrid:** • **Physical Location; TBD** • **Virtual via ZOOM Meeting, hyperlink provided on website and agenda. Public Attendees can access the meeting online.**

Last updated 3/23/2023

Please see the Health Disparities Council Web site for the most current information.

Chapter 42.30 RCW

OPEN PUBLIC MEETINGS ACT

Chapter Listing | RCW Dispositions

Sections

NOTES:

Drug reimbursement policy recommendations: RCW 74.09.653.

42.30.010
Legislative declaration.

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

[1971 ex.s. c 250 § 1.]

NOTES:

Reviser's note: Throughout this chapter, the phrases "this act" and "this 1971 amendatory act" have been changed to "this chapter." "This act" [1971 ex.s. c 250] consists of this chapter, the amendment to RCW 34.04.025, and the repeal of RCW 42.32.010 and 42.32.020.

42.30.020
Definitions.

As used in this chapter unless the context indicates otherwise:

(1) "Public agency" means:

(a) Any state board, commission, committee, department, educational institution, or other state agency which is created by or pursuant to statute, other than courts and the legislature;

(b) Any county, city, school district, special purpose district, or other municipal corporation or political subdivision of the state of Washington;

(c) Any subagency of a public agency which is created by or pursuant to statute, ordinance, or other legislative act, including but not limited to planning commissions, library or park boards, commissions, and agencies;

(d) Any policy group whose membership includes representatives of publicly owned utilities formed by or pursuant to the laws of this state when meeting together as or on behalf of participants who have contracted for the output of generating plants being planned or built by an operating agency.

(2) "Governing body" means the multimember board, commission, committee, council, or other policy or rule-making body of a public agency, or any committee thereof when the committee acts on behalf of the governing body, conducts hearings, or takes testimony or public comment.

(3) "Action" means the transaction of the official business of a public agency by a governing body including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of a governing body when sitting as a body or entity, upon a motion, proposal, resolution, order, or ordinance.

(4) "Meeting" means meetings at which action is taken.

[1985 c 366 § 1; 1983 c 155 § 1; 1982 1st ex.s. c 43 § 10; 1971 ex.s. c 250 § 2.]

NOTES:

Severability—Savings—1982 1st ex.s. c 43: See notes following RCW 43.52.374.

42.30.030
Meetings declared open and public.

All meetings of the governing body of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in this chapter.

[1971 ex.s. c 250 § 3.]

42.30.040
Conditions to attendance not to be required.

A member of the public shall not be required, as a condition to attendance at a meeting of a governing body, to register his or her name and other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.
[2012 c 117 § 124; 1971 ex.s. c 250 § 4.]

42.30.050
Interruptions—Procedure.

In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are interrupting the meeting, the members of the governing body conducting the meeting may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the members. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the governing body from establishing a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting.
[1971 ex.s. c 250 § 5.]

42.30.060
Ordinances, rules, resolutions, regulations, etc., adopted at public meetings—Notice—Secret voting prohibited.

(1) No governing body of a public agency shall adopt any ordinance, resolution, rule, regulation, order, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given according to the provisions of this chapter. Any action taken at meetings failing to comply with the provisions of this subsection shall be null and void.

(2) No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.
[1989 c 42 § 1; 1971 ex.s. c 250 § 6.]

42.30.070
Times and places for meetings—Emergencies—Exception.

The governing body of a public agency shall provide the time for holding regular meetings by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body. Unless otherwise provided for in the act under which the public agency was formed, meetings of the governing body need not be held within the boundaries of the territory over which the public agency exercises jurisdiction. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day. If, by reason of fire, flood, earthquake, or other emergency, there is a need for expedited action by a governing body to meet the emergency, the presiding officer of the governing body may provide for a meeting site other than the regular meeting site and the notice requirements of this chapter shall be suspended during such emergency. It shall not be a violation of the requirements of this chapter for a majority of the members of a governing body to travel together or gather for purposes other than a regular meeting or a special meeting as these terms are used in this chapter: PROVIDED, That they take no action as defined in this chapter.
[1983 c 155 § 2; 1973 c 66 § 1; 1971 ex.s. c 250 § 7.]

42.30.075
Schedule of regular meetings—Publication in state register—Notice of change—"Regular" meetings defined.

State agencies which hold regular meetings shall file with the code reviser a schedule of the time and place of such meetings on or before January of each year for publication in the Washington state register. Notice of any change from such meeting schedule shall be published in the state register for distribution at least twenty days prior to the rescheduled meeting date.

For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by statute or rule.
[1977 ex.s. c 240 § 12.]

NOTES:

Effective date—1977 ex.s. c 240: See RCW 34.08.905.

Public meeting notices in state register: RCW 34.08.020.

42.30.077
Agendas of regular meetings—Online availability.

Public agencies with governing bodies must make the agenda of each regular meeting of the governing body available online no later than twenty-four hours in advance of the published start time of the meeting. An agency subject to provisions of this section is not required to post an agenda if it does not have a web site or if it employs fewer than ten full-time equivalent employees. Nothing in this section prohibits subsequent modifications to agendas nor invalidates any otherwise legal action taken at a meeting where the agenda was not posted in accordance with this section. Nothing in this section modifies notice requirements or shall be construed as establishing that a public body or agency's online posting of an agenda as required by this section is sufficient notice to satisfy public notice requirements established under other laws. Failure to

post an agenda in accordance with this section shall not provide a basis for awarding attorney fees under RCW 42.30.120 or commencing an action for mandamus or injunction under RCW 42.30.130.

[2014 c 61 § 2.]

NOTES:

Intent—Finding—2014 c 61: "The legislature intends to promote transparency in government and strengthen the Washington's open public meetings act. The legislature finds that it is in the best interest of citizens for public agencies with governing bodies to post meeting agendas on web sites before meetings. Full public review and inspection of meeting agendas will promote a greater exchange of information so the public can provide meaningful input related to government decisions." [2014 c 61 § 1.]

42.30.080
Special meetings.

(1) A special meeting may be called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. Written notice shall be deemed waived in the following circumstances:

(a) A member submits a written waiver of notice with the clerk or secretary of the governing body at or prior to the time the meeting convenes. A written waiver may be given by telegram, fax, or electronic mail; or

(b) A member is actually present at the time the meeting convenes.

(2) Notice of a special meeting called under subsection (1) of this section shall be:

(a) Delivered to each local newspaper of general circulation and local radio or television station that has on file with the governing body a written request to be notified of such special meeting or of all special meetings;

(b) Posted on the agency's web site. An agency is not required to post a special meeting notice on its web site if it (i) does not have a web site; (ii) employs fewer than ten full-time equivalent employees; or (iii) does not employ personnel whose duty, as defined by a job description or existing contract, is to maintain or update the web site; and

(c) Prominently displayed at the main entrance of the agency's principal location and the meeting site if it is not held at the agency's principal location.

Such notice must be delivered or posted, as applicable, at least twenty-four hours before the time of such meeting as specified in the notice.

(3) The call and notices required under subsections (1) and (2) of this section shall specify the time and place of the special meeting and the business to be transacted. Final disposition shall not be taken on any other matter at such meetings by the governing body.

(4) The notices provided in this section may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage.

[2012 c 188 § 1; 2005 c 273 § 1; 1971 ex.s. c 250 § 8.]

42.30.090
Adjournments.

The governing body of a public agency may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting the clerk or secretary of the governing body may declare the meeting adjourned to a stated time and place. He or she shall cause a written notice of the adjournment to be given in the same manner as provided in RCW 42.30.080 for special meetings, unless such notice is waived as provided for special meetings. Whenever any meeting is adjourned a copy of the order or notice of adjournment shall be conspicuously posted immediately after the time of the adjournment on or near the door of the place where the regular, adjourned regular, special, or adjourned special meeting was held. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw, or other rule.
[2012 c 117 § 125; 1971 ex.s. c 250 § 9.]

42.30.100
Continuances.

Any hearing being held, noticed, or ordered to be held by a governing body at any meeting may by order or notice of continuance be continued or recontinued to any subsequent meeting of the governing body in the same manner and to the same extent set forth in RCW 42.30.090 for the adjournment of meetings.
[1971 ex.s. c 250 § 10.]

42.30.110
Executive sessions.

(1) Nothing contained in this chapter may be construed to prevent a governing body from holding an executive session during a regular or special meeting:

(a) (i) To consider matters affecting national security;

(ii) To consider, if in compliance with any required data security breach disclosure under RCW 19.255.010 and 42.56.590, and with legal counsel available, information regarding the infrastructure and security of computer and telecommunications networks, security and service recovery plans, security risk assessments and security test results to the extent that they identify specific system vulnerabilities, and other information that if made public may increase the risk to the confidentiality, integrity, or availability of agency security or to information technology infrastructure or assets;

(b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;

(c) To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;

(d) To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;

(e) To consider, in the case of an export trading company, financial and commercial information supplied by private persons to the export trading company;

(f) To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;

(g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW 42.30.140(4), discussion by a governing body of salaries, wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;

(h) To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;

(i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency.

This subsection (1)(i) does not permit a governing body to hold an executive session solely because an attorney representing the agency is present. For purposes of this subsection (1)(i), "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning:

(i) Litigation that has been specifically threatened to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party;

(ii) Litigation that the agency reasonably believes may be commenced by or against the agency, the governing body, or a member acting in an official capacity; or

(iii) Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency;

(j) To consider, in the case of the state library commission or its advisory bodies, western library network prices, products, equipment, and services, when such discussion would be likely to adversely affect the network's ability to conduct business in a competitive economic climate. However, final action on these matters shall be taken in a meeting open to the public;

(k) To consider, in the case of the state investment board, financial and commercial information when the information relates to the investment of public trust or retirement funds

and when public knowledge regarding the discussion would result in loss to such funds or in private loss to the providers of this information;

(l) To consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026;

(m) To consider in the case of the life sciences discovery fund authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information;

(n) To consider in the case of a health sciences and services authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information.

(2) Before convening in executive session, the presiding officer of a governing body shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the presiding officer.

[2014 c 174 § 4; 2011 1st sp.s. c 14 § 14; 2010 1st sp.s. c 33 § 5; 2005 c 424 § 13; 2003 c 277 § 1; 2001 c 216 § 1; 1989 c 238 § 2; 1987 c 389 § 3; 1986 c 276 § 8; 1985 c 366 § 2; 1983 c 155 § 3; 1979 c 42 § 1; 1973 c 66 § 2; 1971 ex.s. c 250 § 11.]

NOTES:

Intent—2014 c 174: See note following RCW 28B.30.904.

Liberal construction—Effective dates—2005 c 424: See RCW 43.350.901 and 43.350.903.

Severability—Effective date—1987 c 389: See notes following RCW 41.06.070.

42.30.120
Violations—Personal liability—Civil penalty—Attorneys' fees and costs.

(1) Each member of the governing body who attends a meeting of such governing body where action is taken in violation of any provision of this chapter applicable to him or her, with knowledge of the fact that the meeting is in violation thereof, shall be subject to personal liability in the form of a civil penalty in the amount of five hundred dollars for the first violation.

(2) Each member of the governing body who attends a meeting of a governing body where action is taken in violation of any provision of this chapter applicable to him or her, with knowledge of the fact that the meeting is in violation thereof, and who was previously assessed a penalty under subsection (1) of this section in a final court judgment, shall be subject to personal liability in the form of a civil penalty in the amount of one thousand dollars for any subsequent violation.

(3) The civil penalty shall be assessed by a judge of the superior court and an action to enforce this penalty may be brought by any person. A violation of this chapter does not constitute a crime and assessment of the civil penalty by a judge shall not give rise to any disability or legal disadvantage based on conviction of a criminal offense.

(4) Any person who prevails against a public agency in any action in the courts for a violation of this chapter shall be awarded all costs, including reasonable attorneys' fees, incurred in connection with such legal action. Pursuant to RCW 4.84.185, any public agency which prevails in any action in the courts for a violation of this chapter may be awarded reasonable

expenses and attorney fees upon final judgment and written findings by the trial judge that the action was frivolous and advanced without reasonable cause.
[2016 c 58 § 1; 2012 c 117 § 126; 1985 c 69 § 1; 1973 c 66 § 3; 1971 ex.s. c 250 § 12.]

42.30.130
Violations—Mandamus or injunction.

Any person may commence an action either by mandamus or injunction for the purpose of stopping violations or preventing threatened violations of this chapter by members of a governing body.
[1971 ex.s. c 250 § 13.]

42.30.140
Chapter controlling—Application.

If any provision of this chapter conflicts with the provisions of any other statute, the provisions of this chapter shall control: PROVIDED, That this chapter shall not apply to:

(1) The proceedings concerned with the formal issuance of an order granting, suspending, revoking, or denying any license, permit, or certificate to engage in any business, occupation, or profession or to any disciplinary proceedings involving a member of such business, occupation, or profession, or to receive a license for a sports activity or to operate any mechanical device or motor vehicle where a license or registration is necessary; or

(2) That portion of a meeting of a quasi-judicial body which relates to a quasi-judicial matter between named parties as distinguished from a matter having general effect on the public or on a class or group; or

(3) Matters governed by chapter 34.05 RCW, the Administrative Procedure Act; or

(4)(a) Collective bargaining sessions with employee organizations, including contract negotiations, grievance meetings, and discussions relating to the interpretation or application of a labor agreement; or (b) that portion of a meeting during which the governing body is planning or adopting the strategy or position to be taken by the governing body during the course of any collective bargaining, professional negotiations, or grievance or mediation proceedings, or reviewing the proposals made in the negotiations or proceedings while in progress.
[1990 c 98 § 1; 1989 c 175 § 94; 1973 c 66 § 4; 1971 ex.s. c 250 § 14.]

NOTES:

Effective date—1989 c 175: See note following RCW 34.05.010.

Drug reimbursement policy recommendations: RCW 74.09.653.

Mediation testimony competency: RCW 5.60.070 and 5.60.072.

42.30.200
Governing body of recognized student association at college or university—Chapter applicability to.

The multimember student board which is the governing body of the recognized student association at a given campus of a public institution of higher education is hereby declared to be subject to the provisions of the open public meetings act as contained in this chapter, as now or hereafter amended. For the purposes of this section, "recognized student association" shall mean any body at any of the state's colleges and universities which selects officers through a process approved by the student body and which represents the interests of students. Any such body so selected shall be recognized by and registered with the respective boards of trustees and regents of the state's colleges and universities: PROVIDED, That there be no more than one such association representing undergraduate students, no more than one such association representing graduate students, and no more than one such association representing each group of professional students so recognized and registered at any of the state's colleges or universities.
[1980 c 49 § 1.]

42.30.205
Training.

(1) Every member of the governing body of a public agency must complete training on the requirements of this chapter no later than ninety days after the date the member either:

(a) Takes the oath of office, if the member is required to take an oath of office to assume his or her duties as a public official; or

(b) Otherwise assumes his or her duties as a public official.

(2) In addition to the training required under subsection (1) of this section, every member of the governing body of a public agency must complete training at intervals of no more than four years as long as the individual is a member of the governing body or public agency.

(3) Training may be completed remotely with technology including but not limited to internet-based training.
[2014 c 66 § 2.]

NOTES:

Findings—Short title—Effective date—2014 c 66: See notes following RCW 42.56.150.

42.30.210
Assistance by attorney general.

The attorney general's office may provide information, technical assistance, and training on the provisions of this chapter.
[2001 c 216 § 2.]

42.30.900
Short title.

This chapter may be cited as the "Open Public Meetings Act of 1971".
[1971 ex.s. c 250 § 16.]

42.30.910
Construction—1971 ex.s. c 250.

The purposes of this chapter are hereby declared remedial and shall be liberally construed.
[1971 ex.s. c 250 § 18.]

Washington State Board of Health
Policy & Procedure

Policy Number:	**2000-001**
Subject:	**Considering Delegation of Rules to Department of Health**
Approved Date:	**November 8, 2000 (Revised August 13, 2014)**

Policy Statement

In some instances, the Washington State Board of Health may determine it is appropriate to delegate its authority for rulemaking to the Department of Health (RCW 43.20.050). The Board and the Department recognize the need to balance both broad constituent participation and administrative efficiency when making decisions about any rule delegation. For this reason, the Board and the Department have agreed on certain policy considerations to assist Board members in their decisions related to rule delegation.

The Board's decision to delegate a specific rule will be made on a case-by-case basis. The Board will determine the breadth of the delegation, which may range from specific aspects of a single rule section to a broader body of regulatory authority, such as an entire chapter of rules. Each Board delegation is for a single rulemaking process unless specified in an approved motion to be a continuing delegation until rescinded. Once a rule has been delegated, the Department will keep the Board informed about the rule making process through periodic progress reports. The Board may rescind its delegation at any time.

When considering delegation of authority to modify or adopt a rule, the Board may consider the following:

- The extent to which the proposed rule revision is expected to include editorial and/or grammatical changes that do not change the substance of the rule;
- The extent to which the proposed rule seeks to adopt federal requirements in which the state has little or no discretion;
- The extent to which the substance and direction of the proposed rule is expected to have broad public and professional consensus;
- The extent to which the proposed rule may make significant changes to a policy or regulatory program; and

- The extent to which the rule revision process would benefit from the Board's role as a convener of interested parties.

Procedure

When the Board receives a request from the Department to delegate authority for rulemaking, the Executive Director will review the request compared with the above policy considerations. The Executive Director will prepare or direct staff to prepare a recommendation for the Board to consider at its next most convenient meeting. The Executive Director will consult with the Board Chair and members of any appropriate policy committee to formulate the recommendation. The Board will then act on the request, which may include delegating authority to the Department as requested or otherwise specifying the rulemaking authority it delegates.

If the Board is not scheduled to meet again within two months and the Department justifies a pressing need to begin rulemaking, the Board's Chair may call a special meeting of the Board to consider the request. The Executive Director will send the request for delegation to all Board members prior to the meeting.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2001-001**
Subject:	**Monitoring and Communicating With the Legislature About Legislation Relevant to the State Board of Health**
Approved Date:	**January 10, 2001 (Revised June 13, 2012)**

Policy Statement

The Washington State Board of Health monitors and communicates with the Legislature on proposed legislation that:

- Has a direct impact on the Board's statutory powers and duties;
- Runs counter to the Board's intent or direction as stated in existing rule;
- Is directly related to priorities established by the Board each biennium, supported by a Board-approved strategic plan, work plan, interim document, or final report;
- Is directly related to a policy issue addressed in the Board's "Statement on Likely Legislative Issues."
- May adversely impact the public health system.

Procedure

Prior to each legislative session, Board staff, under the direction of the Executive Director, will identify policy issues that are likely to come before the Legislature that have any bearing on the Board's broad statutory authority, its rule making activities, or its priorities. The Executive Director will present a list of these issues to the Board for discussion at a meeting prior to legislative session. The Board may choose to adopt a "Statement on Likely Legislative Issues" that reflects the Board's position on those issues.

During legislative session, Board staff will routinely review legislative bill introductions, committee agendas, and monitor legislative meetings. The Executive Director will provide regular legislative updates to Board members, which may include: upcoming hearings or work sessions, staff activities, bill summaries and recommendations, and budget information.

Action on Bills of Interest

Board staff, in consultation with the Executive Director, shall prepare a summary of concerns, draft messages, and suggested technical solutions for the Chair's approval that Board members or staff may use to communicate the Board's position to a bill's sponsor, appropriate committee chairs, other legislators, and legislative staff.

The Executive Director and the Board Chair or his or her designee must review and approve all correspondence to legislators and legislative staff that conveys the Board's position on legislation or other issues before the Legislature. The correspondence should routinely be copied and sent to the Office of the Secretary – Policy, Legislative, and Constituent Relations.

Responsibility for Communicating with the Legislature
The Board Chair may recommend a specific amendment or other action on proposed legislation to legislators or legislative staff on behalf of the Board, if the Chair believes the position is generally consistent with the wishes of the majority of the Board. The Executive Director or Board staff may transmit or deliver these communications for the Chair.

A Board member may communicate his or her views on Board letterhead and may ask Board staff to help communicate his or her views only if the communication is consistent with Board position and this policy.

This policy is not intended to prevent a Board member from communicating with the Legislature on proposed legislation or other matters of personal interest to the member. However, in these cases, the Board member must clarify that his or her communications do not necessarily reflect the views of the Board and that he or she is acting on his or her own personal behalf.

Agency Request Legislation
Board staff must prepare agency request legislation according to Office of Financial Management (OFM) guidelines and schedules. The Executive Director shall work closely with other state agencies to assure the bill does not conflict with other agency authorities. Consistent with OFM guidelines, all agency request legislation must receive Governor's approval before the Executive Director may seek sponsors or promote the bill to legislators.

Recommendations to the Governor
If the Legislature passes a bill that the Board has testified on or sought amendments to, Board staff, in consultation with the Executive Director and Board Chair, may develop a recommendation to the Governor to sign, partially veto, or veto the legislation. The memo must briefly describe the bill, the Board's position, and recommend Governor's action (sign, partial veto, or veto). Prior to submitting a memo to the Governor's office, staff must complete an enrolled bill analysis for the Governor's executive policy analyst assigned to the legislation.

PDC Reporting
Any Board or staff member who has in-person contact with legislators or legislative staff, including in meetings and at hearings, regarding legislation on behalf of the Board must report the activity to the Executive Director. This report must include the date of the communication, length of time spent with the individual(s), and the topic of discussion, including bill numbers. The Executive Director may need to include these reports in the Board's consolidated quarterly lobbying report as required by the Public Disclosure Commission under RCW 42.17A.635.

Washington State Board of Health
Policy & Procedure

Policy Number: **2001-002**

Subject: **Payment for Professional Development Expenses**
Approved Date: **March 14, 2001 (Revised June 13, 2012)**

Policy Statement

The Washington State Board of Health encourages Board members and staff to participate in activities that further professional development as it relates to the Board's work. Professional activities may include conferences, workshops, classes or memberships in professional organizations.

Procedure

The Executive Director may approve payments, consistent with the Office of Financial Management policies and guidelines, for Board or staff member professional development activities. Board members and staff must submit requests in writing to the Executive Director. The request should include information about the activity including registration and other related costs, as well as a description of anticipated benefit and relevance to the Board work. The Executive Director may deny the request based on any number of factors including, but not limited to, the budget, workload distribution or lack of relevance to the Board's work.

Board members and staff are responsible for payment of membership fees, dues, or other charges for professional associations, societies, fraternities, or other groups. The Executive Director may grant payment of a membership fee if the requesting member or staff can demonstrate the membership provides a clear and specific benefit to the Board, for example, professional organizations that offer substantial discounts to individuals or their agencies for seminars, conferences, publications, etc. In these cases, the Board benefits directly from the participation in the organization and may pay for memberships.

The Board will pay for professional development activities that staff are required to participate in as part of their assigned job duties.

Nothing in this policy statement should be construed to limit individual Board members or staff from making payments of their own funds to sponsor professional meetings or to become members of professional groups or in any other way to restrict their professional collaborations within the limits of state law and related codes of professional ethics.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2001-004**
Subject:	**Letters of Support from the Washington State Board of Health**
Approved Date:	**March 14, 2001 (Revised June 13, 2012)**

Policy Statement

The Washington State Board of Health is authorized to explore ways to improve public health and the health status of the people of Washington. In some instances this is accomplished through public statements in support of programs, policies, grant or funding initiatives proposed by other governmental units or private non-profit entities. This policy provides a set of criteria to assist Board members in their decisions related to issuing letters of support.

Procedure

Any state, local, or tribal government or any private non-profit entity with a mission related to public health, health care, or the social determinants of health may ask the Board for a letter of support for a program, policy, grant or funding initiative. For the purposes of this policy and procedure providing a letter of support may also include adding the Board's name to a letter signed by multiple organizations. Recognizing that requests for letters of support often need to be acted upon in a short time frame, the Board authorizes the Chair to approve or deny a request on behalf of the Board. The Chair may consult with individual members or submit the request to the entire Board for its consideration. The Chair or Executive Director will notify Board members when letters of support are approved by the Chair. Board staff may follow up with the requester to obtain more information about the proposal to assist the Board with decision making.

The Chair or Board may consider the following criteria when approving or disapproving a request:

- The program, policy or funding initiative is consistent with one or more of the Board's approved priorities, or the project advances the public's health in a way the Board finds to be particularly important because of some emerging public health threat or inadequately addressed health issue, and;
- In the Board's opinion, the requester's proposed program, policy or budget initiative is thoughtfully conceived, contains realistic goals and outcome targets, and seems within the requester's capability to accomplish.

The Chair or Board may approve more than one request for a letter of support for a competitive grant, as long as each request satisfies the criteria for approval. Requests that contain conflicts of interest as described in RCW 42.52.020 are not eligible for approval.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2002-001**
Subject:	**Publications of the State Board of Health**
Effective Date:	**June 12, 2002 (Revised June 13, 2012)**

Policy Statement

The Washington State Board of Health is committed to producing clear, accurate, high-quality publications in an economic, cost-effective manner that effectively communicates the Board's policy recommendations and fulfills statutory requirements.

Procedure

RCW 43.20.050 authorizes the Board to "explore ways to improve the health status of the citizenry" and to "advise the secretary on health policy issues pertaining to the department of health and the state." The Board will post policy recommendations and reports on its website. The Board will alert interested parties about new reports, significant research findings and policy recommendations.

For the purpose of this policy, state publications are defined in chapters 40.06 and 40.07 RCW as annual and biennial reports, special reports required by law, state agency newsletters, periodicals, magazines, and other printed informational material intended for general dissemination to the public or the Legislature. Publications do not include business forms, preliminary draft reports, working papers, typewritten correspondence, interoffice memoranda, staff memoranda, or news releases sent exclusively to the media.

The Board will produce only those publications required by law or those for which the Executive Director, in accordance with RCW 40.07.030, has determined that the benefits to the public clearly exceed the costs of preparation, printing, and distribution. Publications required of the Board by law are:

- The biennial state health report to the governor as defined in RCW 43.20.100;
- Other reports to the Legislature or legislative committees on specific health policy issues as required by legislation.

Any Board publication prepared for the Legislature must be reviewed and approved by the executive policy and budget divisions of the Office of Financial Management (OFM).

Distribution of Board publications to the Legislature shall be done in accordance with OFM's Agency Publications Guide (http://www.ofm.wa.gov/reports/pubguide.asp. The Board may not distribute publications directly to the members of the Legislature unless:

- The document was specifically required by act of the Legislature;
- The document was specifically requested by a legislator, legislative committee, or legislative staff;
- Distribution of the document is necessary to convey the governor's policy positions; or
- Distribution of the document is essential for Board operations.

It is the intent of the Board, when feasible, to reduce costs, improve access, and comply with RCW 43.41A.115 and RCW 43.41A.125 by making its publications available in electronic format on its website.

The Board will strive for consistency in the use of style and grammar. Its primary style and grammar reference shall be the "Executive and General Correspondence Guidelines" (Executive Assistants Group, revised 2010 http://www.executiveassistantsgroup.com/index_files/Exec_Gen_Corresp_Guidelines_August_2010b.pdf). Issues not addressed in this document can be researched using the following hierarchy of sources:

- Webster's II New College Dictionary
- Chicago Manual of Style

All Board publications available to the public shall contain language that conforms to the Americans with Disabilities Act by informing individuals with special needs how they can request alternative formats or special accommodations. The preferred phrasing is; "For people with disabilities, this document is available in other formats on request."

The Board shall produce and distribute its publication in accordance with the Agency Publications Guide (http://www.ofm.wa.gov/reports/pubguide.asp).

Washington State Board of Health
Policy & Procedure

Policy Number:	**2005-001**
Subject:	**Responding to Petitions for Rule-Making**
Approved Date:	**November 9, 2005 (revised August 13, 2014)**

Policy Statement

RCW 34.05.330 allows any person to petition a state agency to adopt, repeal, or amend any rule within its authority. Agencies have 60 days to respond. The agency can deny the request—explaining its reasons and, if appropriate, describing alternative steps it is prepared to take—or it must initiative rule-making. If a petition to repeal or amend a rule is denied, a petitioner can appeal the agency's decision to the Governor.

This policy defines who must be notified and consulted when the Board is petitioned, who may respond on behalf of the Board, and whether Board action is required.

- **Board Response**: When the Board receives a written petition for rule-making within its authority that clearly expresses the change or changes requested, the Board will respond within 60 days of receipt of the petition. The response will be made at the direction of the Board. The response will be in the form of a letter from the Chair denying the petition or informing the petitioner the Executive Director has been directed to initiate rule-making.

- **Consideration of the Petition:** The Chair may place a petition for rule-making on the agenda for a Board meeting scheduled to be held within 60 days of receipt of the petition. Alternatively, if the Board does not have a regular meeting scheduled within 60 days of receipt of the petition, or if hearing the petition at the next regular meeting would defer more pressing matters, the Chair shall call a special meeting of the Board to consider the petition for rulemaking.

Procedure

- **Notifications:** Board staff, in consultation with the Executive Director, will respond to the petitioner within three business days acknowledging receipt of the petition and informing the petitioner whether the request is clear. The Executive Director or staff will notify Board members that a petition for rule-making has been received and will be brought to the Board for consideration at the next regularly scheduled board meeting or will be considered at a special meeting. If

no regular meeting is scheduled before the 60-day response deadline, or if the agenda for the regular meeting cannot accommodate the petition, the Executive Director will notify the Chair of the need to schedule a special board meeting for the purposes of considering the petition. Upon Board action on the petition, the Executive Director shall assure Board members receive electronic copies of the final petition response.

- **Appeals:** If a petitioner appeals the Board's decision to deny a petition to the Governor, the Executive Director will inform the Board of the Governor's action on the appeal at the next scheduled Board meeting.

- **Consultation:** The Executive Director and Board staff will gather background information for the Board's use when it considers the petition. In this regard, the Executive Director will consult with the Board member who sponsored the most recent revisions to the rule being challenged or the appropriate policy committee. The Executive Director may also consult with appropriate representatives of the implementing agency or agencies, and may consult with stakeholders as appropriate.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2005-002**
Subject:	**Media Guidelines: Guidance for news media relations and reporter contacts**
Approved Date:	**January 11, 2017**
Supersedes:	**October 9, 2013** **December 7, 2005**

Policy Statement

Public perception of the Washington State Board of Health will be influenced by the reports that people read, hear, and see in newspapers, on the Internet and in social media, and on radio and television news. The Board's goal in media and public relations is to be an open, professional, and responsive organization. A media policy predicated on access will help Washington residents understand the value of the Board's work.

This policy's purpose is to define who must be notified when the Board or its staff is contacted by the media and who should best respond on behalf of the Board.

Procedure

- Media requests for information and interviews will receive immediate attention. Reporters and editors work on deadlines, and timely responses need to be the standard. If another priority prevents a prompt response, a courtesy call should be made to the reporter confirming what information is requested and advising when the requested information will be available.

- The main point of contact for the media is the Communications Consultant. This individual is responsible for responding to media inquiries; fielding media requests and questions; developing contacts; writing and disseminating news releases; and other duties, including but not limited to: tracking media requests and stories; providing information to reporters that is a matter of record; and obtaining details about the reporters' deadlines and the nature of their stories. Board or staff members who are contacted by the media should refer the reporter to the Communications Consultant.

- The Executive Director is the media spokesperson for the Board. The Executive Director may delegate this responsibility to the most knowledgeable staff person or Board member based on the reporter's story or angle. The Executive Director will consult with subject matter experts, usually a staff or Board member, prior to accepting an in-person, on-camera or phone interview. During an interview, the

Communications Consultant will be available to offer advice, to counsel those being interviewed, and sit in on interviews.

- Often times media requests for information are made in response to a press release, trending issue, or hot topic. The Communications Consultant, Executive Director, and appropriate subject matter expert will meet in advance of a Board meeting or public hearing to discuss potential media opportunities. This may include developing a set of talking points and key messages; media coaching; and clarifying media roles and responsibilities at a Board meeting or public hearing. When the Communications Consultant is unavailable, the Executive Director may delegate these tasks to another staff member.

- Board and staff members are not prohibited from talking to the media. Board and staff members must identify themselves as individuals to the reporter if they are not the official Board spokesperson. Board and staff members must notify the Executive Director and Communications Consultant before and after participating in a media interview. A short email summarizing questions and the answers provided is the easiest and most effective method of reporting a media contact. Board and staff members who comment as private citizens about Board related issues should recognize that their remarks reflect on the Board and that their comments and the information they share with a reporter may be interpreted as the official statement of the Board.

- At times, interview requests may deal with topics that concern both the State Board of Health and the Department of Health. Although it isn't necessary to gain permission from the Department of Health before doing an interview, it often may be helpful to consult with the department's communications office and/or program employees. This is a professional courtesy and may be useful in developing and delivering strong, consistent public health messages.

- It's important to make sure reporters understand the Board's role, making clear that the State Board of Health and the Department of Health are not one and the same. Taking a few moments to clarify can help avoid confusion and erroneous information about the Board appearing in news stories. If an interview request deals with subject matter outside the Board's areas of responsibility, the best course of action may be to refer the reporter to the Department of Health.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2013-002**
Subject:	**Social Media**
Approved Date:	**October 10, 2018**
Supersedes:	**October 9, 2013**

Policy Statement

The Washington State Board of Health (Board) uses social media to increase the public's awareness of and interest in the Board's work. The Board's social media will support and align with Board priorities, work, and strategic plan. This policy provides direction on social media management; oversight and development of accounts and content; Board and staff member obligations; and record retention of social media sites created and maintained by the Board.

Definition

For the purpose of this policy, social media means the integration of technology, social interaction, and content creation across the internet through websites and applications to the public for the purposes of increasing awareness, education, and general interest in the Board's work. Forms of social media may include blogs, wikis, photo and video sharing, podcasts, social networking, ideation, bookmarking, discussion boards, gamification, virtual reality, augmented reality, and chatbots; as well as technology and applications that are yet to be developed.

Management of Board Social Media Accounts

The Board's Communications Manager manages all social media accounts. Account management includes working with Board members and staff to develop content, monitoring accounts, and administering policies for appropriate conduct, content, security, and records retention.

Social media accounts are agency resources. Staff may not establish social media accounts using their work email addresses, without obtaining written approval from the Executive Director and coordinating content with the Communications Manager.

Contributing Content for Board Social Media

Board members and staff are encouraged to submit content to share on Board social media sites. To submit content, Board members and staff send the draft content or suggestions via email to the Communications Manager. The Communications Manager may request additional information regarding the submission, and may edit the content.

The Communications Manager will submit the content to the Executive Director for review, and will post the content upon approval. Proposed content should:

- Align with the Board's priorities, work, and strategic plan,
- Advance public health,
- Inform the public of ways to improve health, prevent disease or injury,
- Identify emerging public health threats

Content must be properly attributed to original sources.

Board Member and Staff Obligations Regarding Personal Use of Social Media

This policy is not intended to prohibit Board members or staff from using or accessing social media outside the workplace, on their own time, using personal resources.

Board members and staff may choose to retweet and share the Board's social media posts to help increase awareness of the Board's work. Board members or staff who retweet and share the Board's social media posts must identify any views they express or comments they post as being their own and not the official views of the Board. Depending on the particular circumstances, using a personal account to share Board information may create a public record subject to disclosure.

Board members and staff should be aware that when posting comments, some sites will pull information from the commenter's profile and post it as an identifier. Expect no privacy.

Conduct of Agency Business on Personal Social Media Sites Is Prohibited

Board members and staff may not conduct or discuss Board business on personal social media sites. Doing so may be a violation of the Open Public Meetings Act, chapter 42.30 RCW.

Disclosure of Confidential Agency Information Is Prohibited

Board members and staff may not post confidential information about the Board, any Board or staff member, partners or stakeholders, or anyone else on any social media site. Board members and staff may not share any media that includes confidential or private information (such as photos with draft reports on desks or computer screens in the background).

Use of WSBOH Name, Logo and Media is Strictly Limited

Board members and staff may use agency media (photos, images, or video) with attribution to the Washington State Board of Health. However, use of the agency's name or logo to promote personal causes or political beliefs, solicit or conduct outside employment, or engage in similar unofficial usage, or other usage in violation of the

Ethics in Public Service law, RCW 42.52 is prohibited. Staff may list the Board as their employer on a personal social media site.

Personal Responsibility

Board members and staff should be aware that an individual is responsible for anything he or she posts or writes on a personal social media site. Consider the fact that every interaction you have on social media, even if it starts out as private, could end up open to the public, and expect no privacy.

Retention of Social Media

The Communications Manager will retain the Board's social media consistent with the Washington state records retention requirements schedule. Social media is subject to public disclosure under the Public Disclosure Act, chapter 42.56 RCW. Retention of social media will be conducted using the Washington State Department of Health retention application software.

Washington State Board of Health
Policy & Procedure

Draft Policy Number:	**2015-001**
Subject:	**Responding to Complaints Against a Local Health Officer or Administrative Officer Under RCW 70.05.120**
Approved Date:	**January 14, 2015 (Revised November 9, 2022)**

Policy Statement

RCW 70.05.120 allows any person to file a complaint with the Washington State Board of Health (Board) alleging the failure of the local health officer or administrative officer to carry out the laws or the rules and regulations concerning public health. The Board will review complaints that allege a local health officer or administrative officer has refused or neglected to obey or enforce the provisions of chapters 70.05, 70.24 and 70.46 RCW, or Board rules, regulations, or orders. The Board will review a complaint to determine whether it merits a preliminary investigation. The Board may dismiss a complaint that is beyond the scope of RCW 70.05.120, lacks sufficient information to support a preliminary investigation, or is frivolous in nature. If the Board determines a preliminary investigation is warranted, the Board will assign staff or a third-party investigator, as appropriate, to conduct a preliminary investigation and to report their findings to the Board. The Board will then review the findings of the investigation and determine how to proceed. The Board may determine that further information is necessary, close the complaint, or hold a hearing based on the findings of the preliminary investigation.

Procedure

1) **Complaint Review and Notifications:** Board staff, in consultation with the Executive Director, will respond to the complainant within five business days acknowledging receipt of the complaint. The Executive Director or staff will notify Board members that a complaint has been received and will be brought to the Board for review at the next regularly scheduled Board meeting. If no regular meeting is scheduled within 60 days of receipt of the complaint, or if the agenda for the regular meeting cannot accommodate review of the complaint, the Executive Director will notify the Chair of the need to schedule a special Board meeting for the purpose of reviewing the complaint. The Executive Director will also notify the subject local health official and will provide a copy of the complaint for their information and review and inform the official that they may provide a written response to the complaint if they so choose. The Executive Director will notify the complainant and the subject local health official of dates and times that the Board is scheduled to review or discuss the complaint. As part of the initial review, the Board will determine whether a complaint falls within its authority to review, and whether the complaint merits further action. Board staff may consolidate multiple complaints against

the same official(s) about the same subject matter for review. The Board may dismiss a complaint that is beyond the scope of RCW 70.05.120, lacks sufficient information to support a preliminary investigation, or is frivolous in nature. The Board will notify the complainant(s) and the local health official named in the complaint(s) of complaint dismissal.

2) **Preliminary Investigation:** If the Board determines that a complaint is within the scope of RCW 70.05.120, and merits further review, the Board may direct staff to conduct a preliminary investigation. The Board may identify a Board member to be available for consultation with staff during the preliminary investigation. If a Board member is consulted, they will recuse themself from further participation in resolution of the complaint. The Board may direct staff to hire a third-party investigator to conduct the preliminary investigation when necessary to avoid a potential conflict of interest with the Board. The preliminary investigation may include but may not be limited to: a review of relevant statutory and rule authorities; gathering other background information and evidence; and interviewing the complainant, the local health official named in the complaint, and others regarding the complainant's allegations. Background information includes, but is not limited to, laws, rules, court decisions, and documents submitted by the complainant and local health official named in the complaint, and other state or local entities involved or implicated in the complaint. In addition to conducting interviews, the individual(s) designated to conduct the investigation may consult with content or industry experts, appropriate representatives of named or implicated agencies, and others as appropriate. The Board may request the Department of Health to provide assistance in conducting the preliminary investigation.

3) **Findings:** Board staff or a third-party investigator assigned to conduct the investigation will present the findings of the preliminary investigation and a recommendation for Board consideration at a Board meeting. As described above, Board staff will notify the complainant and subject local health official of the date and time of the Board meeting at which the Board will review findings. The complainant and local health official named in the complaint will be given the opportunity to provide comment at the meeting.

4) **Review of Findings** Based on the findings of the preliminary investigation, the Board will determine how to proceed. For example, it may request further information if it cannot reach a conclusion based on the results of the preliminary investigation; close the complaint if it concludes that the local health officer or administrative officer did not refuse or fail to obey or enforce the provisions of chapter 70.05, 70.24 or 70.46 RCW, or Board rules, regulations, or orders; or, hold a hearing under the Administrative Procedure Act (APA), chapter 34.05 RCW to determine if the local officer is guilty of the alleged acts.

5) **Hearing:** If a hearing is called, the Board will designate a presiding officer for the proceedings in accordance with RCW 34.05.425. The Board, members of the Board, or an Administrative Law Judge (ALJ) with the Office of Administrative Hearings (OAH) may serve as the presiding officer. If an ALJ is designated, the Board will determine the scope

of the ALJ's duties at that time. The ALJ's scope of duties may include presiding over the hearing and/or serving as decision maker. If an ALJ is involved, OAH will schedule the proceedings. The proceedings will be conducted in accordance with the APA and applicable procedural rules.

6) **Notice of Final Disposition**: Unless the Board has called a hearing and OAH has notified the local health official named in the complaint(s) of the final disposition, the Board will notify the complainant(s) and the local health official of the final disposition of the complaint.

Washington State Board of Health
Policy & Procedure

Policy Number:	**2018-001**
Subject:	**Handling Variances, Exemptions, and Waivers in State Board of Health Rules**
Approved Date:	**August 8, 2018**

Background

The State Board of Health (Board) has broad authority to adopt rules on a number of public health and safety topics. These rules may include provisions regarding variances, exemptions, or waivers allowed under the rules, which may be granted by the Washington Department of Health (Department), local health jurisdictions, or the Board.

Variances, exemptions, and waivers are different types of exceptions that support flexible and reasonable application of Board rules depending on the particular situation. The terms are not defined in the regulations referenced below, but the general dictionary definitions of these words can be used to understand the distinctions between them:

- **Variance** means a modified means of meeting a rule requirement.
- **Exemption** means relief from a rule requirement.
- **Waiver** means the setting aside of a rule requirement.

As outlined in Table 1 of this policy, one or more of these exception provisions are used in twelve Board rules. In addition, state rules on reclaimed water administered by the Washington Department of Ecology reference Board waiver authority in chapter 246-290 WAC, *Group A Public Water Supplies*, for approval of direct potable reuse of reclaimed water.

In most cases, authority to grant exceptions is assigned to the Department, local board of health, or local health officer. Only three rules directly involve the Board. Two rules assign decision-making authority to the Board and a third provides the Board with optional approval authority:

1) WAC 246-262-160: Authorizes the Board to act on variance requests to requirements of chapter 246-262 WAC, *Recreational Water Contact Facilities*.
2) WAC 246-290-060: Authorizes the Board to act on requests for variances, exemptions, or waivers to requirements of chapter 246-290 WAC, *Group A Public Water Supplies*.
3) WAC 246-260-201: Authorizes the Department or local health officer to act on variance requests to requirements of chapter 246-260 WAC, *Water Recreation Facilities*. However, the Board may require that variance requests be submitted for Board review and approval.

Policy Statement

Variances, exemptions, and waivers are valuable tools in Board rules. The Board plays a limited role directly granting such exceptions in implementing the rules. Where required in rules, the Board will consider requests for variances, exemptions, and waivers under the procedure outlined below.

New or revised Board rules can help refine the Board's limited role granting these exceptions and help align provisions for variances, exemptions, and waivers across Board rules. The following should be taken into consideration as Board rules containing these provisions are next updated:

- Variances, exemptions, and waivers should be clearly defined and correctly applied in all Board rules.
- Approval authority for variances, exemptions, and waivers should rest with the health agency where it best protects public health and safety, ensures accountability, and is most easily administered.
- Unless it provides needed flexibility, rules granting variances, exemptions, or waivers should avoid listing multiple or optional approval authorities and should instead authorize one agency.
- For ease of administration, rules authorizing local health jurisdictions to approve variances, exemptions, or waivers should identify local health officers rather than local boards of health as the approval authority.
- Provisions in chapter 246-260 WAC and chapter 246-262 WAC should be aligned—or combined if the rules are consolidated—and should assign approval authority to either the Department or local health officer.
- Where meaningful, annual reporting to the Board on activity related to variances, exemptions, and waivers can be required. If required, such reporting should occur consistently.

Board Procedure

Where required in rule, the Board will consider requests for variances, exemptions, and waivers. As noted previously, two rules require Board action: chapter 246-262 WAC, *Recreational Water Contact Facilities*, and chapter 246-290 WAC, *Group A Public Water Supplies*. Chapter 246-262 WAC lacks any process requirements, so the following procedures apply in full. In contrast, WAC 246-290-060 and Policy J.28 of the Department's Office of Drinking Water outline a few process requirements that should be applied to dovetail with Board process requirements starting at the point of application to the Department. Variance and exemption requests under WAC 246-290-060 must be considered in accordance with 40 CFR s. 141.4 (variances and exemptions to National Primary Drinking Water Regulations).

Submittal of Requests

Requests should be addressed to the Board Chair and signed by an authorized agent of the owner/operator of the facility or utility (not a third-party agent). With applications to the Department of Health under WAC 246-290-060, the Board Chair should be copied. The request should include and describe the following:

- name and address of the facility or utility, name of the owner/operator, and name and information for the lead contact;
- rule citation authorizing Board action;
- the specific rule or rules for which a variance, exemption, or waiver is sought;
- the situation, need, and justification for the request;
- supporting documentation and technical analysis developed or used to assess the request and meet the intent of the regulation to ensure health and safety;
- steps taken to mitigate concerns or risks; and
- commitment to carry out conditions or follow–up actions that may be applied to the request.

Receipt and Notification

Upon receipt of a request, Board staff, in consultation with the Executive Director, will respond to the requester within five business days acknowledging receipt of the request. The Executive Director or staff will notify Board members that a request has been received and will be brought to the Board for consideration at the next regularly scheduled Board meeting. The Board will strive to complete its

work and respond to a request within 60 days. If no regular meeting is scheduled within 60 days of receipt, or if the agenda for the regular meeting cannot accommodate review of the request, or if staff need more time to complete its review, the request may be addressed at the following Board meeting. The Executive Director or staff will notify the requester of dates and times that the Board is scheduled to meet and consider the request. As part of its initial review, the Board will determine whether a request falls within its authority to review. If the Board determines that a request falls outside the scope of its authority, staff will notify the requester of this and close the request.

Review and Board Action

The Board may identify a sponsoring Board member and will direct staff to review the request on the basis of relevant laws, industry standards, health and safety guidelines, and other relevant material. Board staff will coordinate and consult with the Department and other subject matter experts as appropriate in reviewing the request.

The sponsor and Board staff assigned to review the request will present their findings and recommendation to the Board. The Board may ask a Department representative to provide a recommendation or technical analysis to help inform Board discussions. The Board may invite the requester to present the request and respond to questions from the Board at its meeting.

Following review, the Board may grant the request, grant the request with conditions, deny the request, or ask for additional information before acting on the request. The Board may grant a variance, exemption, or waiver from rule requirements if it meets the substantive requirements of the rule allowing a variance, exemption, or waiver. Variances and exemptions granted to public water systems must be conditioned on a compliance schedule in accordance with WAC 246-290-060(6). The decision will be made by the Board in public meeting. Once the Board has made its decision, Board staff will follow up with a written notice to the requester. If the Board denies a request, the notice will contain information about how the requester may appeal the decision.

Boards and Commissions Membership Handbook

Role of a Board Member and Resources Available

Laws Affecting Board Activities

Board Transactions

Office of the Governor

January 2013

To accommodate persons with disabilities, this document is available in alternative formats and can be obtained by contacting the Office of the Governor at (360) 902-4111. TTY/TDD users should contact the Governor's Office via the Washington Relay Service at 711 or 1-800-833-6388.

THIS PUBLICATION IS AVAILABLE ELECTRONICALLY AT **www.governor.wa.gov**

Message from the Governor

Congratulations on your appointment! Thank you for your willingness to serve the people of Washington state. As Governor, I am committed to increasing our citizens' faith in government. Our state needs public servants who share my vision of open and accountable government. Your service on a board or commission is a tremendous opportunity to influence the decisions and actions taken by our government.

Your gubernatorial appointment carries a great deal of responsibility. You will be expected to maintain the highest level of ethical standards and avoid the appearance of conflicts of interest. Your preparation for and regular attendance of meetings are vital to the success of your term. Your level of participation will directly correlate to the satisfaction you derive from your experience.

As you put your time and considerable talents to work, it is critical that you keep the public interest in mind. You are not only a representative; you are an ambassador to your community.

Again, I deeply appreciate your commitment to public service and improving the quality of life in Washington. I know you will do a great job!

Sincerely,

Jay Inslee

THE ROLE OF A BOARD MEMBER AND RESOURCES AVAILABLE

Citizen Participation through Boards and Commissions

Washington's system of boards and commissions is fundamental to encouraging the use of citizen talent and interest in affairs of the state, keeping government innovative and responsive, and improving the performance of state agencies and institutions.

Our citizens have enjoyed a long tradition of participation in state government. Through representation on boards and commissions, Washington residents are offered an important avenue to help create effective and equitable policies. Citizen involvement contributes to the success of government and the quality of life enjoyed by our families and communities.

Citizen participation works at all levels of state government. It encompasses a broad range of issues, such as education, the environment and natural resources, general government, social services, economic development and transportation. Some boards appointed by the Governor shape policy for major state agencies and departments, others prepare regulations governing program areas, and some serve solely in an advisory capacity.

In selecting members, the Governor strives to create geographic, gender and ethnic diversity. This helps ensure that decisions reached and services rendered more adequately reflect the populations being served.

Types of Boards and Commissions

Boards and commissions are created by state laws and rules, executive orders, and federal laws and regulations.

Each board is unique in its purpose, mission and role. It is especially important that members be familiar with their board's governing statutes or other authorizing directives so they understand the framework within which the board must operate. Copies of your board's governing statutes or authority may be obtained from your staff employees. The three main types of boards are:

Advisory Boards. These may be created by the Governor, Legislature, individual agencies or existing boards. The members serve as advisers on policy matters to the appointing authority responsible for administering policy. Advisory boards may study policy and make recommendations for changes or implementation. Advisory boards do not have authority to enforce policy or create rules, but their analysis and recommendations can play an important role in furthering the effective operation of state government.

Policy-Making Boards. These boards generally receive their authority by statute. Policies are created through careful analysis and interpretation of legislative intent, as set forth in law. Policy-making boards often serve as governing boards for an agency. The boards may be responsible for directing the agency, approving budgets, creating and implementing agency policy, or appointing the agency director. Members of these boards have final decision-making authority.

Regulatory Boards. These boards may have some of the responsibilities of the advisory and policy boards, depending on the statute or order under which they were created.
Usually, these boards are created by the Legislature, and perform rule-making or quasi-judicial functions. In fulfilling these functions, the board may operate as a legislative body or as a review and appeals body. As an appeals body, regulatory boards hear individual cases and issue rulings; board decisions, however, are subject to judicial appeal.

Some regulatory boards have the responsibility to determine the competence of members of a professional or occupational group. Such boards examine and license members of occupations to practice in the state, and take disciplinary or corrective actions, such as revoking or suspending licenses.

The Advisory Role

Members of advisory bodies provide an important link among the public and agencies, the Legislature and the Governor. The information that members provide about community needs and opinions can have a profound effect on state policies and lead to better service. Advisory board members play a very special role in creating recommendations on important societal and governmental issues.

If you are appointed as a member of an advisory board, you will be expected to:

- Interpret community opinions, attitudes and needs to agencies, the Legislature and the Governor.
- Study programs and services, and analyze issues and needs.
- Offer proposals and recommend changes in programs, policies and standards.
- Provide the public with information and interpretation of department and state policies, programs and budgets.

Advisory boards support and counsel departmental and gubernatorial staff. They make important recommendations about policy. Most advisory boards, however, do not create or administer policy, programs or services, unless this power is granted to them by their governing statute.

When presenting recommendations to an agency, the Legislature or the Governor, it is essential that board members keep the following in mind:

- Recommendations should be in written form.
- Ideas should be expressed in clear and concise language.
- Proposed solutions should be viable and cost-effective.
- Recommendations should identify reasons for the changes suggested.
- Advice should reflect the views of a consensus or a majority of board members.

About Policy Making

As a board member, you are responsible for being knowledgeable about board policies and changes. Understanding the fundamental meaning and characteristics of policy is essential.

Policy is a written statement intended to be a guiding principle that defines an organization's intent and direction. It is most useful when set forth in broad terms so that it remains applicable and usable for a long period of time. It should not be so detailed that it dictates how, when or where things must be done. Policy should be stated clearly and concisely.

Policy may be amended, rewritten or abolished. Thus, policy should be reviewed periodically to ensure that it remains appropriate.

Board interpretative policy statements should be made available to the public in compliance with the Administrative Procedure Act, RCW 34.05.230. This requirement is most applicable to regulatory boards.

Rule Making

Most boards are granted authority by the Legislature to establish the rules and regulations necessary to implement their own statutory powers; however, a board may not pass rules which go beyond the scope of its statute.

A rule is any agency order, directive or regulation of general applicability, as defined in RCW 34.05.010 (15). It may set forth standards and expectations in general terms or may deal specifically with day-to-day objectives. A rule, rather than a policy, is adopted when the subject matter affects the public or another agency of government, or when the statute directs that a rule be adopted. Once adopted, a rule has the force of law, and all people or entities to whom the rule applies must adhere to it. Failure to adhere to the rule may subject a person to a penalty or administrative sanction.

Legal Guidelines. Because rules often affect the public, they must be adopted in compliance with the Administrative Procedure Act (Chapter 34.05 RCW). In developing rules, board members should keep the following guidelines in mind:

- The board must have statutory authority to adopt the rules, and may adopt only those rules supported by statute.
- The board may not adopt a rule which conflicts with law or the state Constitution.
- The board must comply with the Administrative Procedure Act on rule-making procedures.
- The board's legal counsel from the Attorney General's Office should approve all proposed rules.
- The board must give notice to the public on the intent to adopt the proposed rule, and hold a public hearing.
- Rules must reflect a consensus or a majority of members of the board.
- The board must take into account the economic impact of the proposed rule on consumers, businesses, industries and others who may be affected.

Being an Effective Board Member

Despite the different sizes and types of Washington boards and commissions, it is imperative that board members recognize they are in a critical position to shape and influence board decisions and actions. It is important that each member keeps informed and up-to-date on issues, legislative activity and statutes affecting their board.

Attendance. Regular attendance is essential so that decisions will represent the opinions of the board as a whole. In addition, regular attendance enables board members to keep abreast of board concerns and helps ensure that issues are examined from a variety of perspectives. The bylaws of your board should define attendance requirements. A person may forfeit his or her position on the board as a result of poor attendance.

Preparation. Adequate preparation is another requisite for effective board membership. Your board's staff members will provide reports, proposals and other information to help you make informed decisions. Do not hesitate to request additional information you need to make thoughtful and appropriate decisions.

In a nutshell, effective board members:

- Attend all board meetings.
- Are well prepared for meetings.
- Recognize that serving the public interest is the top priority.
- Recognize that the board must operate in an open and public manner.
- Are knowledgeable about the legislative process and issues affecting the board.
- Examine all available evidence before making a judgment.
- Communicate well and participate in group discussions.
- Are aware that authority to act is granted to the board as a whole, not to individual members.
- Exhibit a willingness to work with the group in making decisions.
- Recognize that compromise may be necessary to reach consensus.

» Do not let personal feelings toward other board members or staff interfere with their judgment.

Resignations. If you are unable to complete your term, it is important to inform the Governor's Office and the appropriate staff from your board. A letter of resignation should be sent to the Governor indicating the date your resignation is effective and whether you are able to serve until a replacement is named.

Board Staff Members

Some boards have employees dedicated to perform daily administrative tasks. However, there are a number of boards that work within a state agency or have access to advice from the agency, with no exclusively dedicated staff. In such cases, the agency usually provides support services. Board members must keep in mind that staff have other job responsibilities outside of their board duties.

Staff Functions. The primary function of the board staff is to carry out the rules, policies and programs developed by the board. In addition, staff members notify board members of pertinent issues and legislative activity. They may also arrange meetings, prepare meeting materials, compile background information and conduct research.

Board staff members also serve as a liaison to other boards and agencies, the Attorney General, the Legislature and the public. Staff members are a valuable resource to boards. A good staff member can enhance the productivity and effectiveness of a board. Board members should not hesitate to ask staff for reasonable help in carrying out their responsibilities.

Office of the Attorney General

The state Attorney General is the state's chief legal officer and is elected for a term of four years. The Attorney General is responsible for providing a broad range of legal services to public officials and others.

Legal Counsel. The Attorney General serves as legal counsel to the Governor, members of the Legislature, state officials, and boards and commissions. The Attorney General advises and represents state agencies as they fulfill their official duties, issues legal opinions, and defends state officials and employees for actions performed in their official capacities and in good faith.

When to Involve Your Assigned Counsel. Each board and commission is assigned an Assistant Attorney General to provide valuable information and advice about statutes and legal issues. A board that follows the advice of its Assistant Attorney General is immune from liability and is far less likely to find itself involved in legal problems.

Board members may request the following services from their Assistant Attorney General:

» Assurance that board decisions and actions fall within statutory authority.

» Questions about conflict of interest.

» Review of proposed regulations and revisions, and the drafting of such documents in legally correct language.

» Evidence in support of complaints, and the cross-examination of witnesses in disciplinary hearings.

» General legal advice about board actions and activities.

Legal Fees. The board should be aware that its budget will be charged for all advice and service rendered by the Office of the Attorney General. Agencies generally have budgeted funds for this purpose, but they are limited.

The Office of Financial Management

The Office of Financial Management (OFM) was established to coordinate and integrate the biennial budget proposals of state agencies with the long-range, unified planning goals of the state. In addition, OFM advises the Governor and Legislature on matters of planning, management and policy. It also provides policy direction, and reviews business and management practices of state agencies and institutions. The director of OFM is appointed by and serves at the pleasure of the Governor.

Policy Support. The Governor's Executive Policy Office is one of several divisions within OFM. This unit works most closely with boards and commissions. It is composed of executive policy advisors who are responsible for advising the Governor on areas of state government such as education, transportation, social services, general government, the environment and natural resources, and economic development.

The Governor's Executive Policy Office reviews all legislation proposed by state agencies. The policy advisors then track the legislation and provide analyses. Policy advisors are very knowledgeable in their areas and an excellent resource if you require information on issues, legislation or statutes. They also can direct you to other resources both within and outside OFM.

The Office of State Human Resources

The Office of State Human Resources (OSHRD) is a valuable resource that appointees should consult for guidance and training when dealing with hiring or other human resource issues. If your board has the responsibility of hiring the agency head, it is critical that all board members have a clear understanding of the state's hiring process and follow appropriate procedures.

Recruitment/Hiring. Because agency heads are exempt from state civil service laws, there is considerable latitude in the hiring process. OSHRD can assist the board in developing an appropriate recruitment strategy. Remember to communicate with the Governor's Office and keep the Governor's staff updated on the progress of recruitment and hiring efforts.

Evaluation of Agency Head. Once the decision to hire has been made, the board must make it clear to the agency head what is expected and how the board intends on measuring that person's success. Regular, periodic performance reviews of the agency head are crucial to determine how well the expectations of the board and the Governor are being met. The board should develop and agree upon the best method for conducting performance reviews of the agency head. This is another area where the board should use the expertise of OSHRD staff.

Supervisory Responsibilities. For the board and agency head to work successfully together, the role of the board versus that of the agency head must be clear. Who supervises the agency head? Who supervises other staff members? Clear understanding of these issues will help ensure a successful working relationship.

LAWS AFFECTING BOARD ACTIVITIES

Restrictions and Requirements

As a Governor's appointee, you must be aware of certain restrictions and requirements that may affect you during your tenure:

- Board members must be familiar with and operate at all times within their board's governing statutes and bylaws, and state and federal laws.

- To ensure accountability, all applicable policies and procedures adopted by the board should be in written form.
- No board member may make unilateral decisions or take action without the consent of the board as a whole.
- At professional or industry gatherings, or in other settings where appearance may be construed as representing the board, individual board members must use discretion to avoid the appearance of speaking for the board, unless specifically authorized to do so.
- Board members must keep in mind that their mission is to serve the public, and that it is inappropriate to use board membership to create a personal platform.
- Members are restricted by RCW 42.52.130, 140, 150 and 42.18.230 from accepting or soliciting anything of economic value as a gift, gratuity or favor if it is given only because the member holds a responsible position with the state.
- Questions about board issues should be directed to the board's administrative or executive officer, who will see that all board members receive full information by the next regular meeting.
- Details of board investigations, personnel files or business discussed at closed executive sessions should not be disclosed unless they are part of the public record.

Open Public Meetings Act

The Open Public Meetings Act applies to nearly all boards and commissions. To determine whether the Act applies to your board, consult the Assistant Attorney General assigned to your board. Regardless of whether the Act applies, all boards should comply with open meeting requirements to the extent they can do so.

Notification of Meetings. The Open Public Meetings Act requires that all meetings of the governing body of a public agency, as well as some other meetings on policies affecting the public, be open to the public. In addition, the public must be notified of such meetings in a timely manner.

Confidential Transactions. Exceptions to the Open Public Meetings Act include confidential subjects such as personnel matters and real-estate transactions, which may be dealt with in executive sessions.

Public Disclosure. The minutes of all regular meetings must be recorded and made available for public inspection.

Accessibility Requirements. To afford members of the public who have disabilities an equal opportunity to participate, meetings subject to the Open Public Meetings Act are to be held in facilities which are wheelchair accessible. Public notices about such meetings must include a statement that sign language interpreters, materials in Braille, large print or tape, and other necessary auxiliary aids will be provided with advance notice. Notices should include the name and phone number of the individual responsible for coordinating such requests. Refer to RCW 42.30.010 and 42.30.900 for more information.

Reasonable Accommodation of Persons with Disabilities

In addition to the Open Public Meetings Act, the Americans with Disabilities Act (ADA) sets criteria for accessibility and accommodation. Under the ADA, people who have disabilities have a right to an equal opportunity for effective participation in the activities of boards and commissions, whether as appointed members or as members of the public.

Accessible Locations and Communications. Meetings and other board-sponsored activities should be held in wheelchair-accessible locations. Qualified sign language interpreters, materials in accessible formats such as Braille, large print and tape, and other forms of auxiliary aids for effective communications should be provided upon request.

Reasonable modifications should be made to policies or procedures, including travel reimbursement policies for members of boards, whenever such a policy or procedure creates a barrier to the full and equal participation of a person who has a disability.

As is true for all entities of Washington state government, boards and commissions are required to carry out five steps necessary to bring a public entity into compliance with the ADA. These steps are:

- Designate a responsible employee or ADA coordinator to plan and coordinate the entity's compliance efforts.
- Provide notice on a regular basis to employees, members, participants, other interested individuals and the public of the protections against discrimination on the basis of disability provided under the ADA.
- Establish and publish grievance procedures for the prompt and equitable resolution of complaints alleging discrimination on the basis of disability.
- Conduct a self evaluation to identify policies or practices that do not comply with the requirements of the ADA, and modify those policies and practices to bring them into compliance.
- Develop a transition plan that identifies any physical barriers that limit the accessibility of board programs, services or activities to people with disabilities; describes the methods and timetables for the elimination of those barriers; and designates the public official responsible for the implementing the plan.

A board that is administratively linked to a larger state entity may choose to incorporate its own ADA compliance activities into those of the host agency or institution.

Administrative Procedure Act

The Administrative Procedure Act applies primarily to those boards involved in rule making and adjudicative actions. The Act provides that any orders, directives or agency policies or procedures that have general applicability to the public must be adopted as rules in accordance with Chapter 34.05 RCW. You should always consult with your Assistant Attorney General when preparing and adopting rules.

Executive Branch Ethics in Public Service

The Ethics in Public Service Act places restrictions on the activities of those working with state agencies, boards, commissions or any other entity of state government.
Additionally, the Act provides that former state officers and employees may not benefit from or assist others regarding certain contracts or other decisions or transactions that they were involved in while in state service. State employees are prohibited from disclosing any confidential information acquired while in state service.

The Executive Ethics Board has jurisdiction to enforce the ethics laws and rules, and to order payment of penalties and costs.

All board members should familiarize themselves with the Ethics in Public Service Act, Chapter 42.52 RCW. The Assistant Attorney General assigned to your board can offer additional information.

Ethics and the Appearance of Fairness

As a board member, you are expected to uphold a high ethical standard. It is extremely important that board members avoid conflicts of interest or even the appearance of conflicts of interest.

Using a public position for private gain is improper and illegal. Similarly, actions benefiting close relatives are prohibited. There are penalties for violations of state ethics statutes.

The following are examples of conflicts of interest:

- Directing state contracts to a business in which you have a financial interest.
- Using confidential information for private investments.
- Accepting gifts or favors in exchange for certain regulatory rulings.
- Accepting gifts or favors in exchange for making certain purchases.
- Obtaining personal favors from employees.
- Accepting favors for disclosure of confidential information.
- Engaging in outside employment which assists non-governmental entities in their quests for state business.

Board members can avoid conflict of interest issues by being aware of and adhering to statutory restrictions, using good judgment, and being fair and equitable in decision-making. For additional information on provisions of the state ethics law, visit the Washington State Executive Ethics Board website at www.ethics.wa.gov/.

BOARD TRANSACTIONS

Each board should have a set of bylaws to direct and clarify its actions, procedures and organization. Board members are expected to adhere to bylaws and all relevant statutes.

Bylaws are the guidelines by which a board functions. According to Robert's Rules of Order, bylaws define the primary characteristics of an organization, prescribe how it should function, and include rules that are so important that they may not be changed without prior notice to members and formal vote and agreement by a majority of members.

An organization's bylaws include a number of articles, such as the following:

- Name of board
- Mission statement
- Membership
- Officers
- Meetings
- Executive board (if needed)
- Committees and subcommittees
- Parliamentary procedure, often including the name of the manual of parliamentary procedure the board will follow
- Amendment procedures for making changes in the bylaws

Bylaws should include expectations as well as guidelines for members. Issues such as attendance, responsibilities and discipline should be addressed in the bylaws.

Quorum

A quorum is the number of members who must be present to conduct official business. If a quorum is not present, any business transaction is null and void. The quorum protects against unrepresentative actions by a small number of individuals.

The bylaws should specify the number of individuals who constitute a quorum and whether a majority of this quorum may take action. In some cases, the governing statutes will establish what the quorum will be.

The minimum number of officers who must be present to conduct business includes a presiding officer and a secretary or clerk. If these officers are members of the board (as they usually are), they are counted in determining whether there is a quorum.

At meetings where a quorum is not present, the only actions that may be legally taken are to fix a time for adjournment, adjourn, recess or take measures to obtain a quorum (such as contacting absent members).

Order of Business

After the presiding officer has called the meeting to order, a board generally follows the order of business specified in its bylaws. If a board has not adopted an order of business, the procedure below is generally followed:

1. Reading and approving of minutes of previous meeting(s).
2. Reports of officers and standing (permanent) committees.
3. Reports of special (select or ad hoc) committees.
4. Special orders (matters previously assigned a special priority).
5. Unfinished business and general orders (matters introduced in previous meetings).
6. New business (matters initiated in present meeting).

The Chair and Voting

If the chair is a member of the board, he or she may vote just as any other member. When not a member of the board, the chair may vote whenever his or her vote will affect the outcome; to break or cause a tie; or to block or cause attainment of a two-thirds majority when it is necessary.

A chair has only one vote, and may not vote as a member of the board and as a presiding officer.

Voting by secret ballot is prohibited by the open meetings law.

Public Disclosure

State agencies and boards are required to have available for public inspection and copying their public records, such as procedural rules and statements of general policy, and other records, written or electronic, pertaining to the board's business. Exemptions to disclosure are limited and identified in statute.

Records relating to the conduct of official business are subject to disclosure even if they are on a personal computer.

For additional information on disclosure requirements and exemptions from disclosure, refer to Chapter 42.56 RCW or consult with your Assistant Attorney General.

Lobbying

There exists a very fine line between advising and lobbying. It is important that board members be aware of this distinction. Board members are in a unique position that allows them to provide information and recommendations on issues.

However, a board member becomes a lobbyist when he or she attempts to influence the passage or defeat of any legislation by the Legislature, or the adoption or rejection of any rule, standard, rate or other legislative enactment or any state agency action under the Administrative Procedure Act, RCW 18.185.200, Chapter 34.05 RCW.

Lobbying also includes trying to influence the Governor's actions on legislation that has passed both houses.

Quarterly Reporting. Any public entity that undertakes lobbying must submit quarterly reports that consolidate all lobbying expenditures made or incurred by the entity's departments or divisions during the calendar quarter. Lobbying includes in-person contacts by agency lobbyists or liaisons with legislators to influence action or inaction on legislation, as well as in-person contacts with legislative staff. Boards must report all gifts, travel, contributions and entertainment expenditures for legislators and staffers alike, whether using public or nonpublic funds.

What, When and Where. All lobbying must be accomplished within the established channels of the Legislature, such as testifying at hearings, contacting legislators and staff, etc.
According to the Public Disclosure Commission (PDC), lobbying does not include any of the following activities for public agencies:

- Agency requests for appropriations to OFM or requests by OFM to the Legislature for appropriations other than its own agency budget. (Once a budget request is before the Legislature, attempts to influence any portion of it does constitute reportable lobbying.)
- Recommendations or reports to the Legislature in response to a legislative request, whether oral or written, expressly requesting or directing a specific study, recommendation or report on a particular subject.
- Official reports, including recommendations submitted annually or biennially by a state agency as required by law.
- Requests, recommendations or other communications between or within local or state agencies. However, attempts to influence the Governor with respect to signing or vetoing legislation are considered reportable lobbying. Other communications or negotiations with the Governor's Office would not be reportable.
- Telephone conversations or preparation of written correspondence. Thus, only in-person contact, including testifying at hearings, is considered lobbying.
- Preparation or adoption of policy positions within an agency or groups of agencies. However, once a position is adopted, further action to advocate it may constitute lobbying.
- Attempts to influence federal or local legislation.

For details or additional information about lobbying, contact the PDC or your Assistant Attorney General.

Prohibition on Elections or Ballot Measures Using Public Resources. RCW 42.17.130 strictly forbids the use of public or agency facilities for the purpose of assisting a campaign for election of any person to any office or for the promotion or opposition to any ballot proposition unless they are activities which are a part of the normal and regular conduct of the office or agency.

Testifying at Hearings

Board members often have an opportunity to testify at hearings conducted by legislative, local government or community committees. When providing testimony on behalf of the board, members should refrain from expressing personal opinions.

Effective Testimony. To provide effective testimony, members should keep the following guidelines in mind:

- Testimony should be brief, concise and truthful.
- Avoid reading lengthy written testimony; instead, orally highlight important points in the written report.
- If others are offering similar testimony, try to coordinate information to avoid repetition.
- Avoid being technical.

- Be prepared to answer questions and comments by committee members. If you are unable to answer a question, offer to provide a written response later and always follow through.
- If you must give a personal opinion, make sure that the committee understands that you are not speaking for the board, but for yourself.
- Legislative staff members find it helpful to receive copies of written testimony prior to the hearing.

When Testifying Becomes Lobbying. Providing testimony is not a form of lobbying if it is done on behalf of the board and at the request of the committee. Testimony provided by individuals outside of board activities and for personal interest may be considered lobbying; therefore, the individual may have to register with the PDC. For applicability, contact the PDC or refer to Chapter 42.17 RCW.

Providing testimony may be deemed lobbying if a board member is visibly advocating an issue. Any contact with committee members or legislative employees after a hearing about testimony may be considered lobbying, and consequently must be reported under Chapter 42.17 RCW.

The News Media

The news media has the important function of informing the public about state government operations. In doing so, it provides a valuable communications link with the community. It is important to maintain a truthful, cooperative and open relationship with the media without violating privacy or other citizen rights.

The following are suggested guidelines for working with the media:

- Establish policies for media relations and designate staff people as media contacts.
- Be as open as possible and keep your focus on the business of the board. Personal opinions, especially those of other people, are inappropriate. The news media is not the avenue to air dissatisfactions or carry on conflicts among board members or agency employees.
- If you do not know the answer to a question or are unsure about an issue, refer the matter to a knowledgeable person in your agency or to the Governor's Office.
- If you believe it is important that the public have specific information, please notify the Governor's communications director.
- A "wise" board anticipates when an event in the community will stir the interest of the media. It provides materials that are responsive and informative, but which do not violate individual privacy or undermine the dignity and authority of the board. In such a case, inform the Governor's communications director prior to the release of any such information.
- Be aware that the comments you make in public may also have to be repeated in a court of law. Do not risk your personal integrity or that of another by thoughtless or unwarranted remarks.

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Washington State Board Member Terms

Member	Role	Appointed	Reappointed	Term Ends	County
Melinda (Mindy) Flores	Consumer****	04/19/22		07/01/24	King
Vacant	Elected Official (Cities)*			07/01/23	
Kelly Oshiro	Consumer	04/19/22	9/13/23	07/1/23, 7/01/2026	Clark, Pierce
Paj Nandi	Health & Sanitation	10/27/2023-7/1/2025		07/01/25	King
Stephen Kutz (Cowlitz tribal member, works for Suquamish tribe)	Health & Sanitation (tribes)***	03/31/11	08/02/13, 07/02/16, 07/01/19	07/01/22	Mason
Dimyana Abdelmalek	Local Health Officer**	10/31/2022	9/13/23	07/01/23, 7/01/26	Thurston
Kate Dean	Elected Official (Counties)*	02/24/23		07/01/24	Jefferson
Socia Love-Thurman	Health & Sanitation	04/19/22		07/01/24	King
Patty Hayes	Health & Sanitation	01/20/22	10/6/22, (10/18/23 as Chair)	07/01/22-no need to reapply, automatic new term until 07/01/25	King

At term is 3 years in length. The number of terms a member may serve depends on the Governor's appointment practice. Under Governor Inslee, a member may serve up to 3 full terms or 10 years, whichever is longer.

*Elected Official appointments include recommendations from the WA State Assn of Counties or the Assn of Cities, and term length may be impacted by the outcome of their elections. The Governor's office requires letters of support from these bodies as part of the appointment process.

**Local Health Officer appointment is informed by WSALPHO. Term length may be impacted by termination or retirement as health officer. The Governor's office requires a letter of support for their preferred candidate as part of this process.

*** One member with a background in health and sanitation must be a health official from a federally recognized tribe.

**** The Governor must consider any recommendations submitted by the State Council on Aging for one of the consumer positions.

October 2023

Board/Commission Travel Reimbursement Worksheet

Name: _____ **Month:** _____ **SBOH Contact:** Melanie Hisaw 236-4104

- Please be certain to indicate *departure time from* official station/residence and your *arrival time* back at the official station/residence as they determine your reimbursement.
- Attach all *original* lodging cost receipts. Receipts MUST have a "0.00" balance. If your receipt shows a balance even though you have paid it, Accounting will not reimburse you until the receipt shows a "0.00" balance.
- Attach all miscellaneous cost receipts *over $25.00*. Exception: baggage reimbursement requires a receipt regardless of the amount.
- Any miscellaneous expenses less than $25 DO NOT require a receipt but must be noted under other expenses.
- Note any unusual circumstances that would affect your travel voucher, such as spending the night with family/friends, meals that may have been provided.
- If you used a rental car, you MUST include your receipt for the gasoline that was purchased.
- Make sure to send receipts and worksheets together as to prevent loss of one or the other.
- Submit travel by the 5th of the month following the travel. *I.E. travel for July should be submitted by the 5th of August.*

DATE	FROM start city	TO end city	TIME LEFT AM or PM	TIME RETURN AM or PM	HOTEL COST	MILES TRAVELED (write MapQuest if unknown)	OTHER COST Parking•Shuttle Baggage•Ferry Taxi•Rental car gas	NAME OF MEETING/EVENT

Notes: _____

_____

Certification: I certify under penalty of perjury that the dates, times, locations and mileage claimed are true and correct and indicate necessary expenses incurred by me on official state business. No payment has been received by me for this claim. The monetary amounts claimed may be modified to comply with the travel regulations of the State Accounting and Administrative Manual or agency policy, whichever is more restrictive.

Signature_____ **Date**_____

Rules Process Overview

State Board of Health

What is a rule?

- A rule is an order or directive that agencies use to implement laws, establish policy and set standards.
- Rules may also:
  - Subject a person to a penalty or sanction if violated
  - Set qualifications for conveying privileges to people or entities
  - Set procedures or practices for agency hearings
  - Establish standards for licenses or permits, or revoking licenses or permits
  - Create product or material standards for goods before they can be sold or distributed in Washington

RCW 34.05.010

Who has the authority to adopt rules?

- The Legislature grants agencies the authority to adopt rules in state law
- RCW 43.20.050 – Primary Statute Outlining the Board's Powers and Duties, others include:
  - RCW 28A.210.080, 28A.210.100 & 28A.210.140 – Immunizations
  - RCW 69.30.030 – Sanitary Control of Shellfish
  - RCW 70.90.120 – Water Recreation Facilities
- Agencies must follow:
  - Administrative Procedures Act (Chapter 34.05 RCW)
  - Regulatory Fairness Act (Chapter 19.85 RCW)
  - HEAL Act (Chapter 70A.02 RCW)
  - Code Reviser Rules (Chapter 1-21 WAC)

What causes the Board to initiate rulemaking?

- Changes in state law
- Court order
- Petition
- Changes in federal rules or law
- Changes in the environment or technology
- Rules review
- Partner request
- Technical Advisory Committee recommendations

What does rulemaking entail? – Rulemaking Phases

Inquiry (CR-101 Phase)

Review Authorities

Determine Scope

Dear Tribal Leader/ Urban Indian Program Leader Letter

Identify Interested Parties

Announce Rulemaking

Proposal and Analysis (CR-102 Phase)

Tribal Consultation

Engage Interested Parties

Identify Options

Draft Text

Conduct Analysis

Seek Feedback

Hearing and Adoption (CR-103 Phase)

Brief the Board

Public Hearing

Board Deliberation

Adoption

Tribal Consultation

Notify Interested Parties

Implementation

At each phase

Code Reviser forms (CR 101, 102, 103 and 105) and other supporting materials

Review and approval (Board sponsors and staff, Assistant Attorney General, DOH leadership, Executive Director)

Filing and publication (Washington State Register)

Notification of interested parties

Phase 1 - Inquiry

Problem identification – staff check authority, determine scope, identify interested parties and potential controversies

Draft CR-101 (Pre-Proposal Statement of Inquiry) – complete materials and submit for review and approval

CR-101 is filed and published with the State Code Reviser

Staff alert interested parties.

Phase 2 – Proposal and Analysis

Interested party engagement

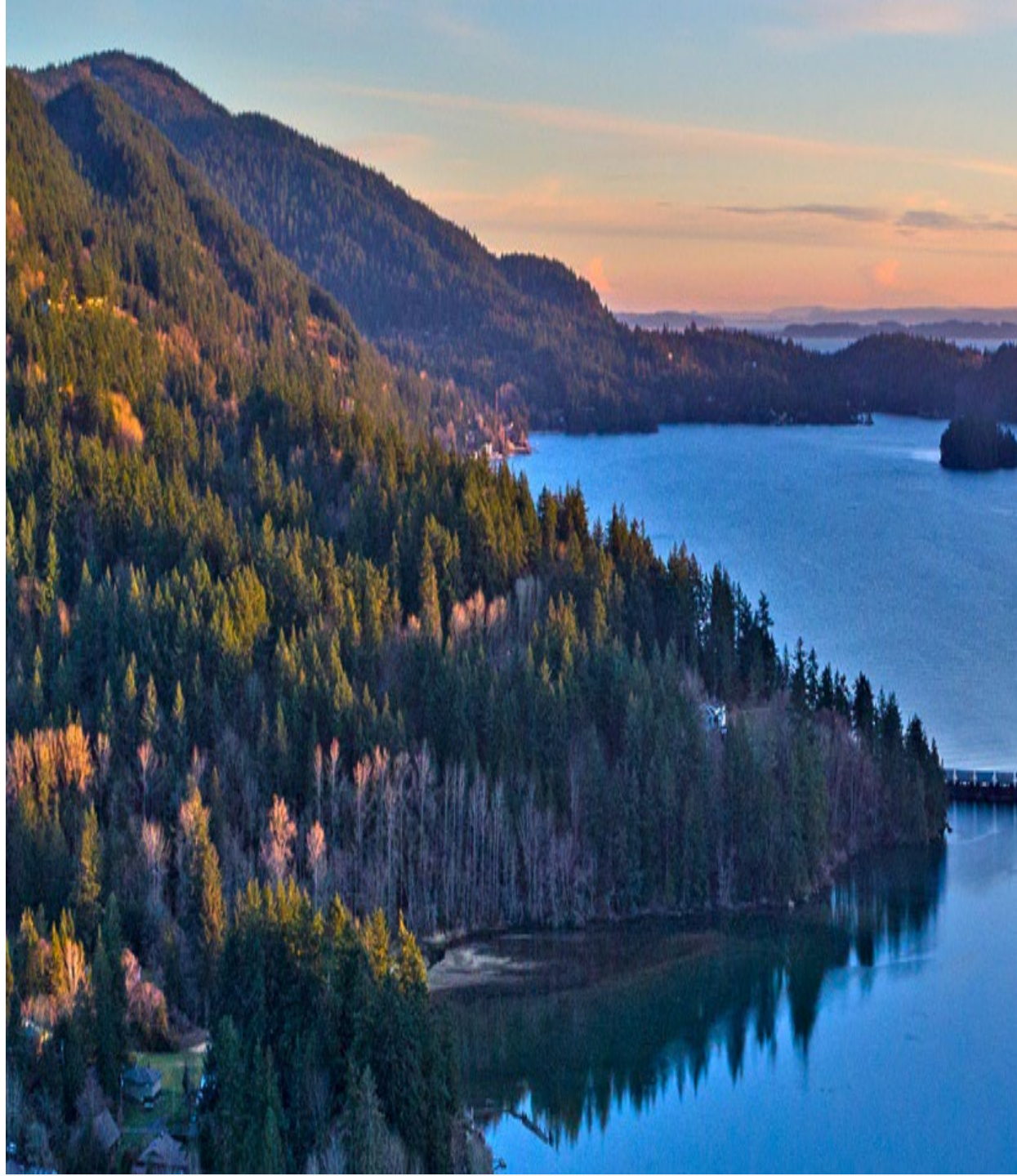
CR-102 (Notice of Proposed Rulemaking) Drafting

- Rule text
- Analyses (if required)

Review and Approval

CR-102 Filing and publication with State Code Reviser

Notifying interested parties and inviting comment



Phase 3 – Hearing and Adoption

Board briefing

Public hearing

Board discussion

- Reasons and merits of the change
- Any additional changes needed?
- Outstanding concerns and how they might be addressed.

Board action:

- Move to adopt the rule
- Continue rule hearing or decision
- Make changes to the proposed rule or re-propose
- Withdraw the rule

Phase 3 –Adoption and Implementation

Adoption

Summarize and respond to public comments

Finalize order of adoption (CR-103)

Review and approval

File and publish with Code Reviser

Notify interested parties

Rules become effective 31 days after the CR-103 is filed, unless a different date is set

Implementation

Implementation plan (Filed with CR-103)

- Technical assistance
- Development of guidance
- Rule reviews

Rules Analyses

Significant Legislative Analysis

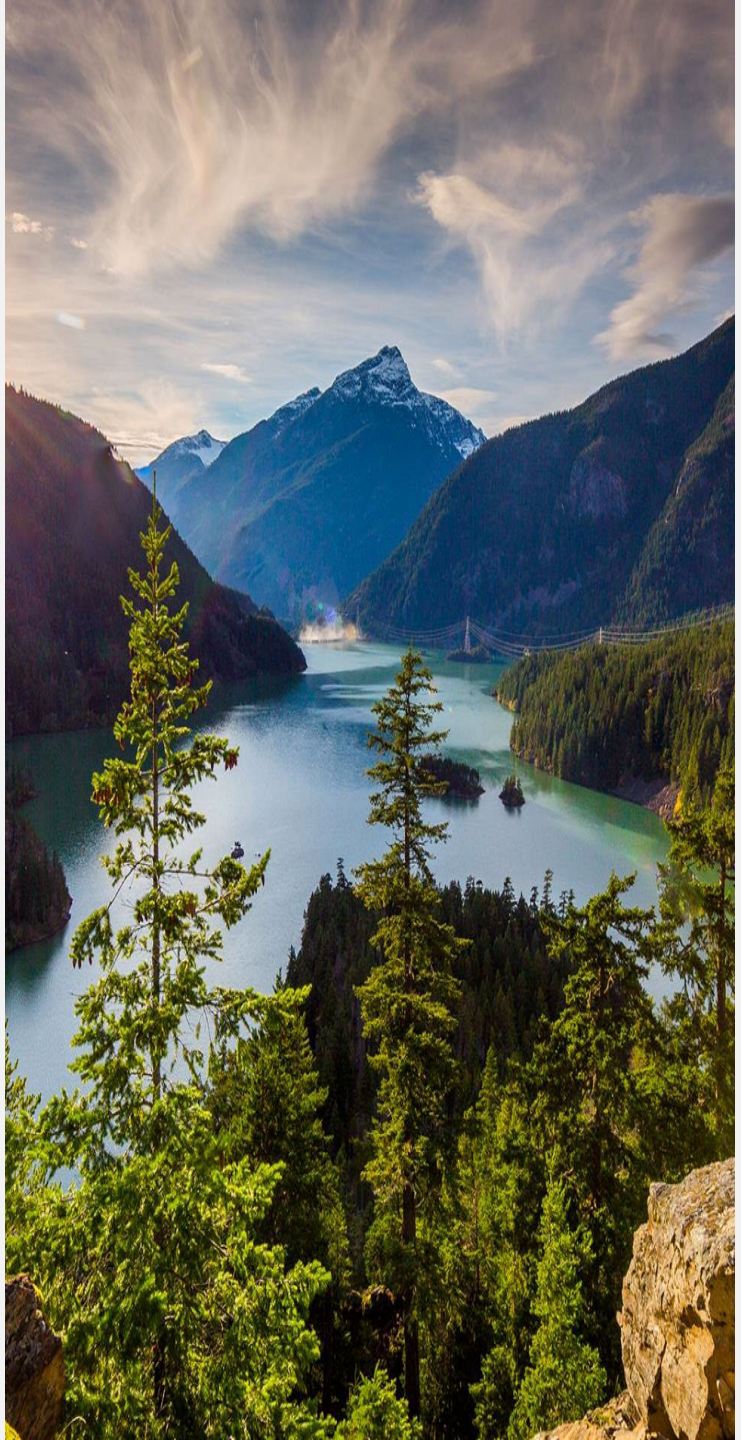
- Criteria for determining significant rules in Administrative Procedures Act (RCW 34.05)
- Requires summary of rulemaking and analysis of significant rule revisions
- Includes cost/benefit analysis

Small Business Economic Impact Statement

- Requirements in Regulatory Fairness Act (RCW 19.85)
- Applies to significant rules
- Identify and reduce financial impacts on small businesses

Environmental Justice Assessment

- Requirements in Environmental Justice law ("HEAL Act") (RCW 70A.02)
- Applies to significant agency actions, including significant rules
- Inform equitable distribution of environmental benefits and reduce environmental and health inequities



Abbreviated Rulemaking Process

Emergency

Rules are exempt from CR-101, 102, and analytical requirements. Rule package starts with CR-103E and memo. Effective for only 120 days.

Exception

Rules are exempt from the CR-101 and analysis requirements. Rule starts at the CR-102 stage.

Expedited

Rules are exempt from the CR-101, analysis and hearing requirements. Rule package starts with CR-105 form and memo.

Rulemaking Examples – Local Board of Health Composition

May 2021 ★ E2SHB 1152 Passes During 2021 Legislative Session

Jun 2021 CR-101 Filing ↓

Oct 2021 Informal Public Comment ↓

Nov 2021 Listening Session ↓

Jan 2022 Informal Public Comment ↓

Feb 2022 CR-102 Filing ↓

Formal Public Comment ↓

Apr 2022 Hearing & Adoption ↓

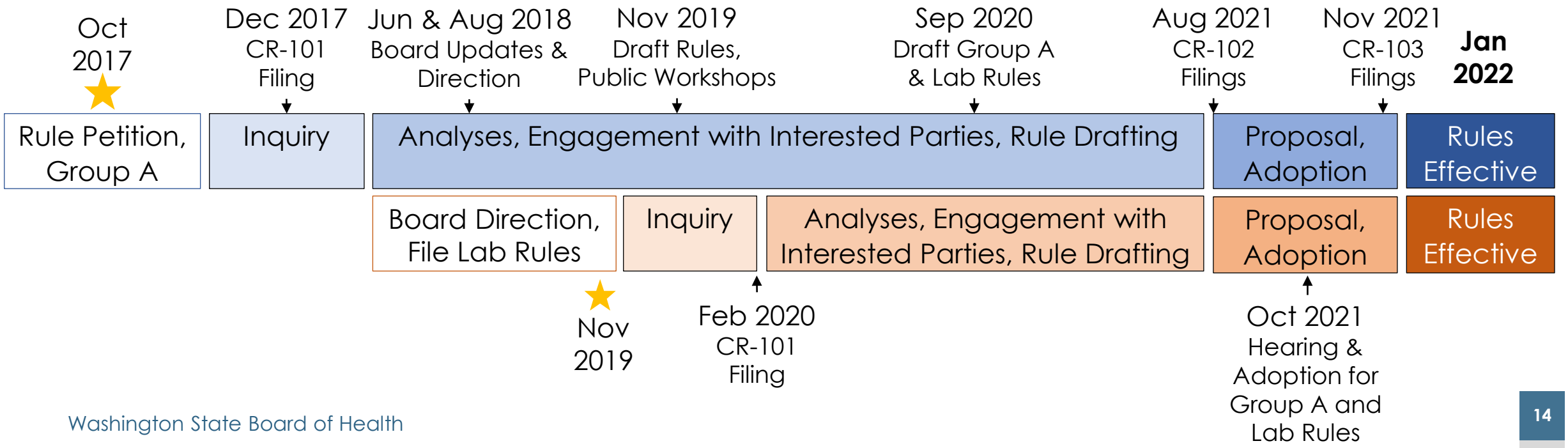
May 2022 CR-103 Filing ↓

Jul 2022 *Board implementation guidance*

Inquiry	Engagement with Interested Parties, Rule Drafting	Proposal, Adoption	New Rules Effective Chapter 246-90

Rulemaking Examples – Per and Polyfluoroalkyl Substances (PFAS) Drinking Water Rules

- Group A Drinking Water Supplies, Chapter 246-290 WAC
- Drinking Water Laboratory Certification and Data Reporting, Chapter 246-390 WAC



THANK YOU

WASHINGTON STATE BOARD OF HEALTH

To request this document in an alternate format or a different language, please contact the Washington State Board of Health at 360 236 4110 or by email at wsboh@sboh.wa.gov. TTY users can dial 711

WASHINGTON STATE BOARD OF HEALTH

June 10, 2022

Food and Drug Administration
U.S. Department of Health and Human Services
5630 Fishers Lane, Room 1061
Rockville, Maryland 20852

Subject: Comment on Proposed Rule "Tobacco Product Standard for Menthol in Cigarettes" Docket No. FDA-2021-N-1349

To Whom it May Concern:

The Washington State Board of Health (Board) is submitting a comment on the Food and Drug Administration's (FDA) proposed rule establishing a tobacco product standard for menthol in cigarettes. As a public health agency responsible for providing policy recommendations that seek to improve the health of Washingtonians, the Board supports this proposed rule.

Established by the Washington State Constitution in 1889 to serve the health and safety of the people of Washington, the Board monitors the public's health and serves as a public forum to inform health policy. The Board provides recommendations to improve health to the Legislature and Governor and regulates many health activities. The Board engages in policy and rule development, conducts health impact reviews[1], and promotes partnerships that advance the public's health and improve health equity.

The Board is one part of Washington's governmental public health system, along with the Washington State Department of Health (Department), 35 local health jurisdictions (LHJs), and sovereign tribal governments[2]. These entities work together to protect and improve the health of Washington's families and communities by providing Foundational Public Health Services.

The Board has statutory authority to adopt rules on a variety of public health topics ranging from drinking water and food service to newborn screening and school

[1] A Health Impact Review (HIR) is an objective, non-partisan, evidence-based tool that provides the Governor and Legislators with information about how proposed legislation may impact health and health equity.
[2] This includes 29 tribal governments and two urban Indian health programs represented by the American Indian Health Commission.

environmental health and safety. The Board serves as a public forum for members of the public to provide public comment on any issue related to public health.

The Board has long had an interest in promoting policies related to tobacco and vapor product use that benefit the public's health. In 2016 the Board adopted resolution 2016-01 encouraging the purchase age for tobacco products to raise to age 21, and in 2019, the Board used its authority to respond to the outbreak of e-cigarette and vapor product associated lung injury (EVALI) by adopting emergency rules banning flavored vapor products. Upon discovery by the United States Centers for Disease Control and Prevention (CDC) of vitamin E acetate as the likely causative ingredient of EVALI, the Board took steps to adopt emergency, and eventual permanent, rules prohibiting the use of vitamin E acetate in vapor products.

The Board has previously issued recommendations, through its biennial State Health Report, to the Governor and Legislature to improve health by decreasing the use of tobacco, nicotine, and vapor products. As part of this strategy, the Board recommended action be taken to prohibit the sale of flavored nicotine and tobacco products, including vapor products. A health impact review conducted in 2020 on proposed legislation (SB 6254) to prohibit flavored vapor products found very strong evidence that prohibiting the sale of flavored vapor products will likely decrease initiation and use of vapor products among adolescents and young adults. Additionally, the HIR found very strong evidence that decreasing use of tobacco products will improve health outcomes for these populations. The proposed rule is in alignment with the Board's recommendation to prohibit the sale of flavored tobacco products.

As articulated in the proposed rule, research shows that restricting the range of flavored tobacco products benefits youth tobacco prevention efforts. In 2009, Congress prohibited the use of characterizing flavors (except tobacco and menthol) in cigarettes due to the appeal of those products to youth. Following passage of this law, while overall smoking rates decreased, the use of menthol cigarettes increased, suggesting that the remaining flavor continued to hold appeal to youth and adult smokers[3]. The proposed rule prohibiting menthol closes this loophole and removes the only remaining flavored cigarette (except tobacco) available in the United States.

Targeted marketing of menthol cigarettes to people in low-income and communities of color has contributed to the disproportionate use of these products. For example, 89% of Black and 80% of Native Hawaiian smokers report using menthol cigarettes compared to 19% of White smokers[4,5]. Persons identifying as LGBTQ+ are also

[3] Courtemanche C.J., Palmer M.K., Pesko M.F. Influence of the Flavored Cigarette Ban on Adolescent Tobacco Use. American Journal of Preventive Medicine. 2017;52(5):e139-e146.
[4] Gardiner Philip, McGruder Carol. Adopt Citywide Restriction on the Sale of Menthol and all Other Flavored Tobacco Products, Including Flavored E-Juices in the City of New York. In: Health NYCCCo, ed: The African American Tobacco Control Leadership Council; 2019.
[5] Geoffrey M. Curtin, Sandra I. Sulsky, Cynthia Van Landingham, Kristin M. Marano, Monica J. Graves, Michael W. Ogden, James E. Swauger, Patterns of menthol cigarette use among current smokers, overall and within

significantly more likely to use menthol products than heterosexual smokers[6]. As the proposed rule notes, menthol cigarette smokers experience more difficulty quitting than non-menthol smokers, and the disproportionate use by some communities exacerbates health inequities.

Additionally, the use of tobacco by active-duty military personnel is higher than the general population[7]. Washington State is home to several US military bases and the proposed FDA rule would extend to cigarette sales in these locations, unlike any state or local tobacco control efforts. The proposed rule has the potential to reduce tobacco related health inequities among military members and their surrounding communities. The Board supports efforts to improve the health of military members who call Washington home.

Lastly, the Board supports the approach of the proposed rule to focus enforcement and penalties on the manufacturing of menthol products, not on possession of such products. This approach places the responsibility of compliance not on those who have been on the receiving end of marketing of menthol cigarettes, but those who produce tobacco products. The Board supports approaches to tobacco control that are equitable and do not increase the potential for disproportionate enforcement by state and local law enforcement of communities of color. Rather, the Board supports policies that, as articulated in Section I(A) of the proposed rule, are anticipated to have a particularly pronounced benefit among vulnerable populations and to substantially decrease tobacco-related health inequities. The Board appreciates and supports FDA's clarification on enforcement of the proposed rule on manufacturers as being the responsibility of the FDA.

For these reasons, and the public health benefits articulated in the FDA's proposed rule, the Board supports the proposed rule in Docket No. FDA-2021-N-1349, prohibiting the use of menthol in cigarettes and encourages FDA to adopt the proposed rule. The Board encourages the FDA to adopt the proposed rules with an immediate effective date for the immediate preservation of health and safety and reduction of tobacco related inequities. The Board further encourages the FDA to use its authority under section 910(b) of the Federal Food, Drug, and Cosmetics Act to prohibit the marketing and sale of all flavored tobacco products, including menthol and other flavored vapor products.

demographic strata, based on data from four U.S. government surveys, Regulatory Toxicology and Pharmacology, Volume 70, Issue 1, 2014, Pages 189-196.

[6] Tobacco in LGBT Communities. Washington, DC: Truth Initiative; 2018.

[7] 2018 Department of Defense Health Related Behaviors Survey (HRBS); https://www.rand.org/pubs/research_reports/RR4222.html

STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
PO Box 47990 • Olympia, Washington 98504-7990

April 26, 2023

U.S. Office of Management and Budget
725 17th St NW, Ste 50001
Washington, DC 20503

Subject: Comment on the Office of Management and Budget (OMB) Federal Interagency Technical Working Group of Race and Ethnicity Standards (Working Group) Statistical Policy Directive No. 15 (SPD 15)

The Washington State Board of Health (Board) appreciates the opportunity to submit comment on the OMB Working Group's initial proposals for revising federal race and ethnicity data collection and reporting standards (SPD 15).

It is the Board's firm position that disaggregating race and ethnicity data is instrumental for public health efforts to identify, prevent, and control diseases and conditions across communities in Washington. However, demographic data collection in Washington is currently decentralized and inconsistent, as agencies often must work within the parameters of outdated federal data standards. **Collecting race and ethnicity data in greater detail is essential to identifying and eliminating health equities, undoing systemic racism, and advancing equity within public health and the governmental system more broadly.**[1]

Established by the Washington State Constitution in 1889, the Board monitors the public's health and serves as a public forum to inform health policy. The Board accomplishes this by making policy recommendations to improve and protect the public's health to the Legislature and Governor, engaging in policy and rule development, and conducting health impact reviews. The Board is part of Washington's governmental public health system, which includes the Washington State Department of Health, 35 local health jurisdictions, sovereign Tribal Nations, and Indian health programs.[2] These entities work together to ensure that Foundational Public Health Services (FPHS) are available in every community across the state.

[1] Kauh TJ, Read JG, Scheitler AJ. The Critical Role of Racial/Ethnic Data Disaggregation for Health Equity. Popul Res Policy Rev. 2021;40(1):1-7. doi:10.1007/s11113-020-09631-6

[2] In Washington's governmental public health system, sovereign Tribal Nations and Indian health programs include 29 Tribal governments and two urban Indian health programs represented by the American Indian Health Commission (AIHC).

Disaggregated race and ethnicity data are essential to both the foundational programs and capabilities of Washington's Foundational Public Health Services. The governmental public health system needs disaggregated data to help conduct disease surveillance, identify, and address health inequities, respond to public health emergencies, prioritize resources for communities, and guide public health planning and decision-making at the state, regional, and local levels. These data also allow public health and governmental entities to provide more tailored, culturally relevant, linguistically appropriate, and effective services to communities. While the Board acknowledges that race and ethnicity are socio-political constructs, these data are fundamental to highlighting longstanding inequities within systems in Washington and their impacts on communities, particularly Black and Indigenous communities and communities of color.

As such, the Board issued a recommendation to the Governor's Office and Legislature through its biennial State Health Report aimed at improving public health's response to health inequities through data reform. One strategy the Board suggested included actively monitoring and participating in opportunities to advocate for improvements in federal standards for interoperability and disaggregated demographic data collection. In alignment with this strategy, the Board would like to state its support of the OMB's initial three proposals and provide comments regarding the OMB's request for implementation guidance.

The Board supports OMB's proposal 1, collecting race and ethnicity information using one combined question, as long as OMB includes detailed response options and respondents can select all categories that apply. Recently, the Board adopted revisions to its notifiable conditions rule, chapter 246-101 of the Washington Administrative Code (WAC). This rule outlines the required information that health care providers, health care facilities, laboratories, and other entities must report to public health authorities with each case of a notifiable condition.[3] As part of the recent revisions, the Board included the requirement for reporting patient-identified race, ethnicity, and preferred language based on community feedback. These new rules went into effect on January 1, 2023, and include 4 reporting categories for the patient's ethnicity (OMB standard plus "patient declined to respond" and "unknown"), 72 reporting categories for the patient's race (categories include and reaggregate to the OMB standard plus "other race", "patient declined to respond", and "unknown"), and 50 categories for the patient's preferred language.[4]

During the development of the rules, the Board received comments from community members regarding the need and urgency to collect demographic variables that more accurately reflect communities in Washington. In addition, community members inquired about the rationale for two separate race and ethnicity questions and why ethnicities and nationalities appeared under the race category reporting options in the Board's notifiable conditions rule. Creating a single, multiple-choice question would allow respondents to select options that more accurately reflect their race and ethnicity. **The Board recommends that OMB also update its race and ethnicity categories and definitions to include working definitions for nationality, heritage, and region**. These are overlapping concepts, and how people define these may vary based on their

[3] A notifiable condition is a suspected or confirmed case of selected diseases or conditions that entities in Washington must legally report to public health authorities.
[4] WAC 246-101-011 Reporting of patient ethnicity, race, and preferred language information.

lived experiences. **The Board recommends OMB work with other federal agencies and community leaders to ensure clear and consistent definitions and build a shared understanding of these concepts.**

The Board supports OMB's proposal 2, adding Middle Eastern or North African (MENA) as a new minimum category. Expanding MENA as a new minimum category, distinct from "white," will provide more accurate and meaningful information about MENA communities in Washington. This proposal also aligns with requests from community members in Washington for agencies to collect more disaggregated data. Inadequate or inaccurate data collection erases and harms community groups most impacted by systemic racism and inequities.

The Board supports OMB's proposal 3 and would like to underscore the importance of collecting detailed race and ethnicity categories by default. Collecting and analyzing disaggregated data helps the governmental public health system identify and address health inequities and prioritize resources for communities. The COVID-19 pandemic exposed systemic and structural inequities in the healthcare and public health systems. The collection and use of disaggregated data was, and continues to be, vital to identifying impacted populations. In addition, incorporating qualitative data – stories or anecdotes from impacted communities – into data collection methods, whenever possible, is essential to understanding social and political determinants of health that impact communities. Together disaggregated data and qualitative data 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.

OMB has the opportunity to require the collection of detailed data across federal, state, and local public health and governmental agencies. This will lead to more detailed and accurate race and ethnicity data, improving agencies' ability to identify and understand health disparities in their communities and their ability to evaluate efforts to remove barriers to care. **In future proposals, the Board recommends OMB consider collecting detailed demographic variables beyond traditional reporting and response options to include variables such as language spoken, housing status, veteran status, sexual orientation, disability status, etc.**

The Board supports the collection of self-reported, disaggregated race and ethnicity data and acknowledges that these data are only as good as the system's ability to receive and analyze them for meaningful use. The Board encourages OMB to review comments submitted by other Washington state agencies. Implementing the OMB's proposed changes in Washington will be a years-long and coordinated effort to ensure data system interoperability. While implementing changes will take time and financially impact agencies, these concerns should not overshadow the need for disaggregated data.

The Board thanks OMB for considering these comments and looks forward to continuing to participate in this work in the future.

Sincerely,

Keith Grellner, Chair
Washington State Board of Health

WASHINGTON STATE BOARD OF HEALTH

Date: March 9, 2022

To: Washington State Board of Health Members

From: Temple Lentz, Board Member

Subject: Briefing – Chapter 246-90 WAC, Local Board of Health Composition

Background and Summary:

During the 2021 legislative session, the Legislature passed Engrossed Second Substitute House Bill (E2SHB) 1152, Supporting measures to create comprehensive public health districts. Among other changes, the legislation creates new requirements for local board of health membership, requiring equal representation by elected and non-elected members. Newly required non-elected members must come from a prescribed list of health care, public health, and community groups.

E2SHB 1152 directs the State Board of Health (Board) to adopt rules to establish the appointment process of non-elected members. This process must be in a manner that is fair and unbiased, and which ensures, to the extent possible, a balanced representation of elected and non-elected peoples with a diversity of expertise and experience. The Board's rules must go into effect no later than July 25, 2022.

On June 9, 2021, the Board filed a CR-101, Preproposal Statement of Inquiry, to establish chapter 246-90 WAC, a new chapter, to implement E2SHB 1152. To date, Board staff have:

- Developed proposed rules in close collaboration with interested parties via two informal comment periods
- Begun updating existing Board publications that serve to orient local board of health members to the governmental public health system
- Filed a CR-102, Proposed Rule, on February 25, 2022 as WSR 22-06-063 with the code reviser and provided notice to interested parties of the formal public comment period

I have invited Sam Pskowski and Kaitlyn Donahoe, Board Staff, to provide a brief overview and update of this work, including formal public comments received thus far, in anticipation of a rules hearing at the Board's April meeting. The Board will not take action on this item today.

Staff

Sam Pskowski
Kaitlyn Donahoe

To request this document in an alternate format or a different language, please contact Kelie Kahler, Washington State Board of Health Communication Manager, at 360-236-4102 or by email at kelie.kahler@sboh.wa.gov. TTY users can dial 711.

PO Box 47990 • Olympia, WA 98504-7990
360-236-4110 • wsboh@sboh.wa.gov • sboh.wa.gov

Kratom – An Informational Briefing

06 May 2022

What is 'Kratom'?

Kratom, or *Mitragyna speciosa,* is a specific type of tree that is commonly found in Southeast Asia and Africa. The leaves found on these trees are known for having effects that are like those of alcohol or opium when consumed. Due to the known effects, Kratom is considered a new psychoactive substance, or NPS, of natural origin. Kratom is made up of a complex composition of different alkaloids. Little information is available on the interaction of these compounds in regard to safety of use for medical purposes.

In the United States, Kratom is currently being marketed to the public as an herbal supplement, known for having a multitude of effects when consumed by individuals. The most common forms of Kratom in the United States are either capsules (powder) or tea.

How is Kratom used?

Currently, Kratom is known for being used as an opiate replacement and has been reported as reducing effects of opioid drug withdrawal, specifically symptoms and cravings and to reduce pain.

Kratom is also known for being used for recreational purposes with reported effects including changing moods, perception, and behavior, as well as physiological effects.

*Specific effects listed below.

Is Kratom safe?

Currently Kratom is not included under the Controlled Substances Act and the U.S. Food and Drug Administration (FDA) has not approved it for any medical use.

The U.S. Drug Enforcement Administration (DEA) lists Kratom as a Drug and Chemical of Concern.

What are the effects of Kratom use/consumption?

Intended effects of use are:

- Stimulant like effects
- Opioid/sedative like effects

Reported effects include:

- Improved sexual performance & endurance
- Feelings of happiness, euphoria
- Pain relief
- Treatment of diarrhea, fever, diabetes, and hypertension

Side Effects

Mild:

- Nausea
- Constipation
- Dizziness
- Drowsiness

Severe Effects:

- Seizures
- High Blood Pressure (hypertension)
- Liver Problems

Why kratom?

Availability – can be purchased online, at convenience stores, or smoke shops

Affordability – less expensive and does not require a prescription, unlike prescribed opioids

Accessibility – in Washington, there are currently no restrictions on who can purchase Kratom

Kratom in the United States

While Kratom is not federally regulated, there are states that do have regulations in place, specifically Kratom Consumer Protection Act (KCPA).

KCPA is a bill that regulates the preparation, distribution, and sale of kratom products. KCPA limits the amount of specific alkaloid found in the product for sale and limits the buying age to those over either 18 or 21 years of age.

Legal in:

- Alaska
- California (except for San Diego)
- Colorado
- Connecticut
- Delaware
- Florida
- Hawaii
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- South Carolina
- South Dakota
- Tennessee
- Texas
- Virginia
- Washington
- West Virginia
- Wyoming

Legal with KCPA in:

- Arizona
- Georgia
- Nevada
- Utah

Banned in:

- Alabama
- Arkansas
- Indiana
- Rhode Island
- Vermont
- Wisconsin

Takeaway

While there is research underway, there is not much known overall about the health effects of use of Kratom. A deeper understanding is necessary to determine benefits and risks of Kratom use both for short and long-term use. Additional research will aid in determining if Kratom is safe, if it should require regulation, what it should be classified as, and if it can be approved for medical purposes.

Understanding that while use of Kratom can decrease the effects of withdrawal, individuals should understand that Kratom itself has the potential to be addictive, with subsequent withdrawal symptoms if use ceases. There are also side effects to note, such as nausea, constipation, dizziness, and drowsiness, and more severe effects including seizers, high blood pressure (hypertension), and liver problems.

References and Additional Resources:

Is kratom legal? A global analysis. Kratom.org. (2022, March 25). Retrieved May 6, 2022, from https://kratom.org/guides/laws/

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WASHINGTON STATE BOARD OF HEALTH

Local Board of Health Membership Rulemaking Frequently Asked Questions

1. **Why is the State Board of Health engaging in this rulemaking?**
   During the 2021 legislative session, the legislature passed Engrossed Second Substitute House Bill 1152 (E2SHB 1152), Supporting measures to create comprehensive public health districts. This legislation requires the Board to adopt rules regarding the selection/appointment process for non-elected members of local boards of health.

2. **What did E2SHB 1152 do?**
   Among other changes, the legislation requires local boards of health to expand their membership to include non-elected persons representing the following groups, as further defined in the new law:
   a. Public health, health care facilities, and providers;
   b. Consumers of public health; and
   c. Other community stakeholders representing certain organizations within the jurisdiction.

   Local boards of health must also include a tribal representative selected by the American Indian Health Commission if a federally recognized tribe holds reservation, trust lands, or has usual and accustomed lands within the county or district, or if a non-profit organization serves American Indian and Alaska Native people within the county or district. The legislation allows for local boards of health comprised solely of elected officials to retain their composition in certain circumstances. Future changes to local board of health composition must meet the requirements of the legislation.

3. **What is the scope of the Board's rulemaking?**
   The State Board of Health (Board) must adopt rules establishing the selection/appointment process for members of local boards of health who are not elected officials. In accordance with E2SHB 1152, the selection process must be fair and unbiased, and to the extent practicable, ensure the membership of local boards of health include balanced representation of elected and non-elected persons with a diversity of expertise and lived experience.

4. **Will the Board's rules define who is an elected member and who is a non-elected member of local boards of health?**
   Yes. The Board's rules will include a definitions section defining these terms. Where applicable, the Board's rules will align with definitions used in the underlying statute.

5. **Will the Board's rulemaking address tribal representatives?**

E2SHB 1152 gives the Board the authority to adopt rules establishing the selection/appointment process for members of local boards of health who are not elected officials. Board rules may include provisions related to tribal representatives. However, per the legislation, tribal representatives are selected by the American Indian Health Commission.

6. **Will the Board's rulemaking address voting abilities of non-elected members of local boards of health?**
   The Board does not have the authority to address the voting ability of non-elected members. E2SHB 1152 specifies that decisions by a local board of health related to the setting or modification of permit, licensing, and applications fees may only be determined by elected officials on the local board of health.

7. **Will the Board's rulemaking address how a local board of health should resolve votes resulting in a tie?**
   The Board does not have authority to address how local boards of health should resolve votes resulting in a tie.

8. **Are there exceptions to the new membership requirements for local boards of health?**
   E2SHB 1152 allows for local boards of health comprised solely of elected officials to retain its composition if the following conditions are met:
   a. For counties with a home rule charter, counties without a home rule charter, health districts consisting of two or more counties, and health districts consisting of one county:
      i. The local health jurisdiction must have had a public health advisory committee or board with its own bylaws established by January 1, 2021.
      ii. By January 1, 2022, the public health advisory committee or board must meet requirements established in RCW 70.46.140.
   b. For local boards of health made up of three counties east of the Cascade mountains:
      i. The local health jurisdiction has a public health advisory committee or board that meets the requirements established in RCW 70.46.140 by July 1, 2022.

9. **Who is required to comply with the Board's rules?**
   E2SHB 1152 revised several statutes related to local health boards, including those boards in: counties without a home rule charter (RCW 70.05.030), counties with a home rule charter (RCW 70.05.035), health districts of two or more counties (RCW 70.46.020), and health districts of one county (RCW 70.46.031). The Board recommends and encourages counties and districts impacted by the legislation to consult with their legal counsel to determine whether and how, they must comply with the Board's rules.

10. **When will these rules go into effect?**
    E2SHB 1152 requires the Board's rules to be in effect no later than July 25, 2022. Board staff expect to present proposed rules to the Board for their consideration at the April 2022 meeting, with a potential effective date of July 1, 2022. A more

detailed rulemaking timeline can be found on the Board's rulemaking web page. Please note that all dates are estimates.

11. How can I receive updates and provide input on the rules?

a. You can subscribe to the Board's Local Board of Health Composition email distribution list. You will receive rule notices, opportunities for feedback on draft rules, and other updates as we proceed with the rulemaking process.
b. You may also attend a public meeting and provide your comments. The Board's meeting schedule is posted on online. Every meeting is open to the public and includes a dedicated public comment period.

12. Who can I contact for more information?

a. Email questions to lbohcomposition@sboh.wa.gov
b. Contact Board of Health policy advisors:
    i. Kaitlyn Donahoe, 360-584-6737
    ii. Samantha Pskowski, 360-789-2358

Please note: The Board cannot and does not provide legal advice.

To request this document in an alternate format or a different language, please contact Kelie Kahler, State Board of Health Communication Manager, at 360-236-4102 or by email kelie.kahler@sboh.wa.gov

Talking Points Examples

Developed by Board staff for Board Member use at Board meetings

In preparation for the Board meeting next week, the Board Policy Advisors wanted to forward you some talking points on the agenda items you're sponsoring. Please see below. If you have any questions, do not hesitate to reach out to us.

Agenda Item 8: Update – Board Complaint Policy (Possible Action)

- Under RCW 70.05.120, any person may file a complaint with the Board concerning the failure of the local health officer or administrative officer to properly carry out certain public health laws and Board rules.
- In 2015, the Board adopted Policy 2015-001, Responding to Complaints Against a Local Health Officer or Administrative Officer, which establishes the procedure by which the Board will handle complaints received.
- Since the adoption of the policy, the Board has received and heard three complaints. In reviewing these complaints, staff have identified potential gaps in the policy that need updating.
- I'll now ask Kaitlyn Donahoe, Board Staff, to discuss proposed revisions to this policy for the Board's consideration.

Agenda Item 9: Petition – Request to Add MPS II to Chapter 246-650 WAC, Newborn Screening (Possible Action)

- Under the Administrative Procedures Act (RCW 34.05.330), any person can petition a state agency to request the adoption, amendment, or repeal of any rule
- Once an agency receives a petition, they have 60 days to review the request and either deny the petition in writing or accept the petition and initiate rulemaking
- On October 26,th the Board received a petition for rulemaking to add MPS II as a condition for newborn screening in Chapter 246-650 WAC
- I'll now pass it off to Molly Dinardo, Board Staff, to discuss the Board's authority around newborn screening conditions, and the petition request

Hello,

Below are talking points for the handling of human remains rules hearing. Please feel free to use/edit as you see fit. Looking forward to meeting you in person next week!

Agenda Item 7 – Rules Hearing – WAC 246-500-055, Human Remains Reduced Through Natural Organic Reduction (Possible Action)

- Board Members, as a brief reminder, the Board has the authority to adopt rules and standards related to the prevention and control of infectious and noninfectious diseases, which includes rules related to the receipt and final disposition of human remains.
- Chapter 246-500 WAC is the Board's rule that establishes these standards.

- At the Board's January 9th meeting, Members received a briefing on this rule and a proposal request from Board staff to initiate exception rulemaking to fix a typo and clarify rule language in WAC 246-500-055.
- Board Members approved this proposal and directed staff to submit the proposed edits to the rule, which were filed on January 31st.
- I have asked Molly Dinardo, Board Staff, to give some additional background on this rulemaking, the proposed rule edits submitted for public comment, and to share any comments received during the public comment period.
- The Board will then hold a public hearing on the proposed rule.

Good Afternoon,

In preparation for the Board of Health meeting next week, I wanted to forward you some talking points on agenda item 7, which you are listed as the point person on. I've included these below. Note the talking points are completely optional - feel free to read or add/remove items as you see fit. If you have any questions, please let me know.

Agenda Item 7: Request for Delegation for Rulemaking – Vital Statistics, Certificates, Chapter 246-491 WAC (Possible Action)

- Under RCW 70.58A.020(3), the State Board of Health has the authority to adopt, amend, or repeal rules specifying pertinent information in vital statistic records relative to birth and manner of delivery necessary for statistical study
- WAC 246-491-029 sets forth the specific information collected in the confidential section of live birth and fetal death certificates
- The Board received a recent request from the Department of Health to delegate their rulemaking authority so the Department can propose and adopt changes to WAC 246-491-029 based on new statutory requirements and processes affecting registration and certification of birth and fetal death certificates
- I'll now ask Molly Dinardo, Board staff, to talk more about the Board's authority, and she'll pass it off to Katitza Holthaus, Department staff, who will present more background on the Department's delegation request

Tips for Presenting with Language Interpretation

While developing talking points:

- Incorporate pauses for interpretation after introducing technical terms, proper nouns, dates, numbers, or figures.
    - Example: *"This briefing will discuss rulemaking around newborn screening for Ornithine Transcarbamylase Deficiency (OTCD)* ***[pause for interpretation, wait for cue from interpreter to continue],*** *Chapter 246-650 WAC* ***[pause for interpretation, wait for cue from interpreter to continue]"***
- Use acronyms where possible after introducing technical terms or proper nouns, and encourage other discussion members to do the same.
    - Example: *"For the remainder of this discussion, I will refer to this condition as OTCD."*
- If using visual presentation materials (e.g., tables), incorporate descriptive cues.
    - Example: *"This is a table showing XXXX. And now, we'll look at this part of the table…"*
- Avoid idioms or slang.

While delivering the presentation:

- Speak at a moderate pace. Your normal pace should be fine; you do not have to slow down so much that it is obvious.
- Take a breath after each sentence to give the interpreter time to deliver your message.
- People tend to read faster than they speak. If reading from a script, consciously slow down your pace and take a breath between sentences.
- Pause after introducing technical terms, proper nouns, dates, numbers, or figures to allow for interpretation.
- Keep your main attention on the audience but be aware of cues from the interpreters or staff to slow down.

Tips for speaking during discussions:

- State your name each time you begin talking.
- Try to avoid speaking while someone else is speaking. Interpreters can only choose one person to interpret for at a time, so your message might not be delivered if you are speaking at the same time as someone else.

Bob Ferguson
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M E M O R A N D U M

DATE: June 30, 2023

TO: Michelle Davis, Executive Director, State Board of Health

FROM: Lilia Lopez, Senior Counsel, Office of the Attorney General

SUBJECT: **Tips for Compliance with Public Records and Open Meetings Laws**

I. Public Records Act: Chapter 42.56 RCW

- All State Board of Health public records are subject to the Public Records Act (PRA) and may be disclosed to the public unless an exemption applies.

- A "public record" includes any writing containing information relating to the conduct of government prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. RCW 42.56.010.

- Records include handwritten or typed documents, emails, text messages, voicemails, and every other means of recording any form of communication.

- Records generated or maintained by either board staff or board members are equally subject to the PRA. When Board members have records that are also maintained by Board staff, the members' records are also subject to the disclosure request.

- The personal devices board members use for Board business are subject to the PRA's disclosure requirements. The Washington Supreme Court has determined there is no constitutional privacy interest in public records even when maintained on personal devices. *Nissen v. Pierce Cty.*, 183 Wn.2d 863, 883 (2015).

  Tip: Board members should send staff any external communications about board business that the board member receives. If a board member responds to an external

communication, they should include staff on the response. This will ensure that these public records are maintained on the agency system and will help alleviate or reduce the need for a board member to search a personal device in the event of a public records request.

***Note**:* By sharing records about board business with staff, board members can avoid inadvertently responding to something that should be addressed by the board rather than an individual member.

- When the State Board of Health receives a public records request that may encompass records maintained by a board member(s), staff will alert the member(s). The board member must then:

  - Conduct a good faith search of their own device(s) for relevant records unless certain they have none.

  - Turn over relevant public records to board staff so they can review the records to see if any exemptions apply and disclose the records (staff may redact records if an exemption applies).

  - These actions should fulfill the Board's responsibility to search for and disclose public records in response to a public records request, without unnecessarily affecting constitutional privacy rights in personal records. *Id.*[1]

  Tip: When using a personal device for Board work, establish a folder or folders in one place on your device so you can easily search the folder(s) if necessary.

  Friendly Reminder: Be aware that a person may sue an agency under the PRA. A court can award penalties of $100 per day for each day a record is improperly withheld plus fees and costs associated with the prevailing party's lawsuit.

II. Records Retention Act: Chapter 40.14 RCW

- Records must be retained according to the applicable records retention schedules.

[1] The *Nissen* case involved a requirement that the owner of a personal device sign an affidavit containing a sufficient factual basis to demonstrate the device contained only personal records or non-responsive public records, while also recognizing that some agencies, alternatively, provided means for transferring the public records from the personal device onto the agency's system, where it would be available in the case of a PRA request.

- Many records have a six-year retention period unless a shorter retention period is approved by the state records committee and certain agency heads. RCW 40.14.060.

- Transitory records may be destroyed when no longer needed.

    - Transitory records include things like emails with Zoom information for board meetings, scheduling records like Doodle polls, meeting announcements, members' copies of meeting materials, and working drafts. *See State Government General Records Retention Schedule*, Section 6, *Transitory Records*, and Section 1.7, *Meetings and Boards/Committee Support* (August 2021).

Tip: When Board staff send communications to Board members and keep their 'sent' communications, the Board member may delete the record when they no longer need it because staff's retention of the record fulfills the records retention requirement.

Tip: Board members should copy staff on communications they receive or engage in regarding Board business so that staff will be in a position to retain the document. This is also a good practice because it helps ensure that the record is maintained on the agency system if there is a PRA request. Once it is copied to staff, the board member will have fulfilled the records retention requirement by ensuring that it will be retained on the agency system and may delete it when they no longer need it.

Tip: Delete transitory records as soon as possible so they do not add unnecessary work when a public records request is received, or when discovery takes place as part of litigation.

NOTE: Once a public records request is received, records that fall within the scope of the request may NOT be deleted.

III. Open Public Meetings Act: Chapter 42.30 RCW

- Board meetings are subject to the Open Public Meetings Act (OPMA) and must be open to the public unless there is a reason to go into an executive session that is specifically allowed under the OPMA. RCW 42.30.030, RCW 42.30.010.

- A quorum of board members may not engage in action outside of an open meeting. "Action" is the transaction of official business including discussions, considerations, reviews, evaluations, and final actions. RCW 42.30.010. It is *not* only final action.

Tip: Never reply-all to emails from Board staff as that can create an illegal meeting if Board members begin discussing Board business via email.

- A group of members, who make up less than a quorum of members must be careful that their activities do not amount to taking "action." A quorum is 6 members under Board bylaws.

  Tip: Avoid serial meetings. A serial meeting occurs when one or two board members discuss board business and then talk with one or two different board members. Serial meetings result in Board business being improperly accomplished outside of open meetings.

- Board members may travel together or gather for purposes other than an open meeting as long as they do not discuss Board business. RCW 42.30.070.

  The Attorney General's Office Open Government Manual gives the following example:

  > Case example: The five-member school board attends the annual convention of the State School Association. Over dinner, three members discuss some of the ideas presented during the convention but refrain from any conversation about how they might apply them to the school district. All five travel together to and from the convention and the only discussion is over whether they are lost.
  >
  > Resolution: No violation occurred but the board members must be careful. The example is offered to highlight the level of awareness members of a governing body must have. It is not unusual for such situations to arise. For instance, the dinner discussion was among a majority of the members so a discussion about school district business would have been "action" and, without the required notice, would be in violation of the OPMA. Chapter 3 | Washington State.

Tip*:* Appearances matter when it comes to the OPMA. The media may take an interest in activity that looks like it violates the OPMA whether or not it ultimately does. If a few Board members are attending the same function, it could be prudent to keep seating arrangements to less than a quorum.

Friendly Reminder: Be aware that each Board member who attends a meeting where action is taken in violation of the OPMA, with knowledge of the fact that the meeting is in violation of the law, is subject a civil penalty in the amount of five hundred dollars for the first violation and one thousand dollars for subsequent violations.

WASHINGTON STATE BOARD OF HEALTH

Immunization Advisory Committee:
Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030

Updated November 8, 2017

The Washington State Board of Health (Board) has authority under RCW 28A.210.140 to adopt rules establishing the immunization requirements for child care or school entry.[1] WAC 246-105-030 outlines the antigens that children must be protected against for child care or school entry. The Board faces complex decisions about which antigens to include in the rules. As new vaccines are developed, some may be added to the Advisory Committee on Immunization Practices (ACIP) Recommended Childhood and Adolescent Immunization Schedule. In addition, antigens not already required for school and child care may be reviewed for potential inclusion in the immunization rule.

The Board considers factors other than those considered by the ACIP to address the unique needs of our state. The Board believes that approaching these decisions using Board developed rationale and criteria is the best method for protecting children and the community at large while balancing the interests of parents and families in Washington State.

In order to develop (and revise as needed) the criteria to guide this decision-making, the Board has engaged immunization stakeholders from public health, schools, child care, medicine, epidemiology, child advocacy, and medical ethics as well as consumers (parents). The Board established the Immunization Advisory Committee (IAC) in December 2005 to recommend criteria that a Technical Advisory Group (TAG) could use to evaluate which antigens to include in WAC 246-105-030 (Immunization of child care and school children against certain vaccine preventable diseases).

The original IAC met three times to develop the criteria and recommendations described in this report. In addition, between the second and third meeting of the IAC a TAG further refined the criteria and tested them against the pertussis antigen. The IAC reviewed and further refined the TAG's work at its final meeting in March 2006. These criteria were presented to the Board at the April 12, 2006 meeting.
The Board adopted the report as an interim report and asked that the TAG further refine the criteria and test them against three antigens (pertussis, tetanus, and diphtheria).

The TAG met on May 17, 2006. The results of the TAG deliberations were presented to and adopted by the Board on June 14, 2006. On July 11, 2017 the Board and Department of Health (Department) convened a separate TAG to evaluate the criteria and make recommendations to the Board regarding what updates should be made to the criteria. Board and Department staff presented the TAGs recommendations to the Board on November 9, 2017 and the Board adopted the recommended changes.

[1] Antigen means a substance, foreign to the body, which stimulates the production of antibodies by the immune system. Antigens include foreign proteins, bacteria, viruses, pollen and other materials.

FRAMEWORK

John Stuart Mill in On Liberty wrote, "The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant." This thesis has become known as the harm principle. The IAC endorsed the harm principle and interpreted it to mean that vaccine requirements for children entering child care and/or school are justifiable when without them:

- The state's obligation to protect the public's health and safety would be compromised.
- An individual's decision could place others' health in jeopardy;
- The state's economic interests could be threatened by the costs of care for vaccine preventable illness, related disability, or death, and by the cost of managing vaccine preventable disease outbreaks;
- The state's duty to educate children could be compromised.

ASSUMPTIONS

The IAC made two assumptions while drafting the criteria: (1) a process exists to opt out of immunization requirements by children attending either child care or school; and (2) vaccine(s) containing the antigen are accessible and that cost is not a barrier under the current system of universal purchasing, this would mean that the state purchases and distributes the vaccine.

PROCESS FOR REVIEWING ANTIGENS FOR POTENTIAL INCLUSION IN WAC 246-105-030

1. The Board reviews the proposed antigen to determine whether the two assumptions listed above have been met; whether there is adequate information specific to Washington State with which to evaluate the antigen against the nine criteria below; and whether there is some likelihood, based on a preliminary review, that the antigen might meet those criteria. Generally speaking the Board will wait until the Department of Health has made the vaccine containing the antigen(s) available to providers in Washington State.

2. If the Board determines that the assumptions above have been met, the Board will establish a TAG to review the antigen against the nine criteria below. For antigens that are part of a combination vaccine, each antigen will be considered separately against the criteria. The TAG must include representatives from the fields of public health, primary care, epidemiology, medical ethics, and representatives of diverse communities in Washington State. At the discretion of the Board sponsor, the TAG can also include consumers (parents); community members with diverse perspectives on immunizations; and representatives from the fields of school health, school administration, child care, child advocacy, immunization administration, and others important to the discussion and review. In addition to providing the TAG with current literature and other relevant information such as survey data, the Board will ask the Department of Health to supply current information about the antigen that is specific to Washington State.

3. At the TAG meeting(s) the Board sponsor is responsible for assuring (1) that each TAG member is provided with the opportunity to review and comment on if the antigen under consideration meets the framework and criteria and (2) that decisions about adding or removing antigens from the rule are based on the best available scientific evidence with

the understanding that the science will continue to evolve. Following this discussion each TAG member will be asked to provide their vote on whether or not they recommend that the Board add the antigen by initiating formal rule making. In addition to providing their vote, each TAG member will have an opportunity to provide comments about the antigen and how it does or does not meet the assumptions and criteria.

4. Board staff will provide the Board with the final vote tally, TAG Member ballot comments, and a brief summary of the TAG's deliberations on each of the nine criteria for consideration and possible action.

THE THREE CATEGORIES OF CRITERIA

The IAC grouped criteria into three categories: vaccine effectiveness, disease burden, and implementation.

NINE CRITERIA TO CONSIDER IN EVALUATING ANTIGENS

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.
2. The vaccine containing this antigen is effective as measured by immunogenicity[2] and population-based prevention data in Washington State, as available.
3. The vaccine containing this antigen is cost effective from a societal perspective.
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.
6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.
8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.
9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

EXPLANATIONS FOR THE NINE CRITERIA

I. Criteria on the effectiveness of the vaccine

- A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices (ACIP) and included on its recommended childhood and adolescent immunization schedule.

  The vaccine must be recommended by the ACIP. The ACIP reviews licensed vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes: (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine; (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data; (3) an assessment of cost effectiveness; (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups; (5) a review of the recommendations of other groups; and (6) a consideration of the feasibility of vaccine use in existing child and adult

[2] Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns.

- The antigen is effective as measured by immunogenicity and population based prevention data in Washington State, as available.

  In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

- The vaccine containing this antigen is cost effective from a societal perspective.

  This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

- Experience to date with the vaccine containing this antigen indicates that it is safe and has an acceptable level of side effects.

  Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

II. Disease Burden Criteria

- The vaccine containing this antigen prevents diseases with significant morbidity and/or mortality implications in at least some sub-set of the population.

  Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before the measles immunization was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

- Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

  Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, "activity" refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

III.Implementation Criteria

- The vaccine is acceptable to the medical community and the public

  It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general publics' acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246-105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

- The administrative burdens of delivery and tracking of vaccines containing this (these) antigen(s) are reasonable.

  Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

- The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

  Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

WASHINGTON STATE BOARD OF HEALTH

Immunization Advisory Committee:
Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030

Washington State Board of Health

PROCESS TO EVALUATE CONDITIONS FOR INCLUSION IN THE REQUIRED NEWBORN SCREENING PANEL

The Washington State Board of Health has the duty under RCW 70.83.050 to define and adopt rules for screening Washington-born infants for heritable conditions. Chapter 246-650-020 WAC lists conditions for which all newborns must be screened. Members of the public, staff at Department of Health, and/or Board members can request that the Board review a particular condition for possible inclusion in the NBS panel. In order to determine which conditions to include in the newborn screening panel, the Board convenes an advisory committee to evaluate candidate conditions using guiding principles and an established set of criteria.

The following is a description of the Qualifying Assumption, Guiding Principles, and Criteria which the Board has approved in order to evaluate conditions for possible inclusion in the newborn screening panel. The Washington State Board of Health and Department of Health apply the qualifying assumption. The Board appointed Advisory Committee applies the following three guiding principles and evaluates the five criteria in order to make recommendations to the Board on which condition(s) to include in the state's required NBS panel.

QUALIFYING ASSUMPTION

Before an advisory committee is convened to review a candidate condition against the Board's five newborn screening requirements, a preliminary review should be done to determine whether there is sufficient scientific evidence available to apply the criteria for inclusion.

THREE GUIDING PRINCIPLES

Three guiding principles govern all aspects of the evaluation of a candidate condition for possible inclusion in the NBS panel.

- Decision to add a screening test should be driven by evidence. For example, test reliability and available treatment have been scientifically evaluated, and those treatments can improve health outcomes for affected children.
- All children who screen positive should have reasonable access to diagnostic and treatment services.
- Benefits of screening for the disease/condition should outweigh harm to families, children and society.

CRITERIA

1. **Available Screening Technology:** Sensitive, specific and timely tests are available that can be adapted to mass screening.
2. **Diagnostic Testing and Treatment Available:** Accurate diagnostic tests, medical expertise, and effective treatment are available for evaluation and care of all infants identified with the condition.
3. **Prevention Potential and Medical Rationale:** The newborn identification of the condition allows early diagnosis and intervention. Important considerations:
    - There is sufficient time between birth and onset of irreversible harm to allow for diagnosis and intervention.
    - The benefits of detecting and treating early onset forms of the condition (within one year of life) balance the impact of detecting late onset forms of the condition.
    - Newborn screening is not appropriate for conditions that only present in adulthood.
4. **Public Health Rationale:** Nature of the condition justifies population-based screening rather than risk-based screening or other approaches.
5. **Cost-benefit/Cost-effectiveness:** The outcomes outweigh the costs of screening. All outcomes, both positive and negative, need to be considered in the analysis. Important considerations to be included in economic analyses include:
    - The prevalence of the condition among newborns.
    - The positive and negative predictive values of the screening and diagnostic tests.
    - Variability of clinical presentation by those who have the condition.
    - The impact of ambiguous results. For example the emotional and economic impact on the family and medical system.
    - Adverse effects or unintended consequences of screening.

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