

Statement of the Board on Possible Legislative Issues 2023-2025 Biennium

It is the policy (Policy 01-001) of the Washington State Board of Health (Board) to comment on legislative proposals that affect the Board's:

- [Statutory authority](#) and rules,
- [2022 State Health Report Recommendations](#), and
- [2017-2022 strategic plan](#) activities

This statement represents the Sense of the Board and is used to guide staff and Board members in their communications on legislative and budget proposals. The statement is not intended to be an exhaustive list of anticipated legislative topics but is focused on priority issues.

Foundational Public Health Services

The Board believes that [Public Health is Essential](#) and supports the [recommendations](#) developed by the Foundational Public Health Services (FPHS) Policy Workgroup to modernize the public health system and provide state funding to the governmental public health system for the delivery of FPHS, so services are available in every community. The governmental public health system must be able to monitor health, focus on prevention, assure health for all, and be capable of an all-hazards response. Providing ongoing sustained resources to the governmental health system is critical in order to address inequities, innovate, and modernize. This includes increasing the Board's capacity to meet its statutory obligations under chapter 43.20 RCW and other state laws.

The Board believes it is critical for the state to provide adequate, dedicated, stable funding for full implementation of FPHS statewide that keeps pace with inflation and demand for services. The Board ~~supports the Governor's proposed 2023-25 budget, which builds upon the current investment in FPHS by \$100 million~~[supports continuation of FPHS funding to the governmental public health system](#). The Board **opposes** reductions to funding for the governmental public health system, including changes in fee authority or reductions to funding sources such as the [Model Toxics Control Act](#).

Local Health Officer Authority

Washington's COVID-19 pandemic response has shown the critical importance of assuring our public health partners have evidence-based knowledge and resources to quickly identify and respond to disease outbreaks and other health threats. Much of the ability to respond to outbreaks and other public health threats in communities falls under the local health officer's authority. The local health officer is appointed by a county's local board of health. Local boards of health, local health administrators, and officers have a statutory duty to carry out the state's public health laws and rules. Public health

response should not be partisan or politicized. The Board **opposes** legislation that diminishes local health officer duties or authorities.

Advancing Health Justice and Equity in State Government

The Board recognizes that racism ~~is a public health crisis~~ is embedded within the health care delivery and public health system. Racism and other forms of discrimination have been and continue to be institutionalized and perpetuated through policies and practices that prevent meaningful community engagement and limit opportunity and access to important public services. Health inequities cannot be eliminated without addressing structural and institutional racism in these systems. The Board supports legislation that is anti-racist and prioritizes and operationalizes health justice and equity across state government.

The Board supports the Governor's Interagency Council on Health Disparities' (Council's) efforts to use a health justice framework to advance enduring health equity and social justice. Health justice centers the following principles: racial equity; collaboration across areas of study and work; upstream interventions that address root causes of inequities and injustice; adaptability; advocacy for systems change; and community-based strategies that uphold community power. Since 2006, the Council has heard from its advisory committees and members of the public, particularly communities most impacted by inequities, that the state needs to address structural and institutional inequities in our state system as a key strategy for eliminating health inequities. Therefore, the Board supports the Council's legislative proposal to update the Council's name, membership, duties, and authority in RCW 43.20 and related laws. The Board also supports the Council's decision package for increased, ongoing funding (General Funds-State) in the state's operating budget. These funds would support the Council's operations; enable enhancement of community/partner engagement, communications, and collaboration; and provide language assistance services and community compensation.

~~Furthermore, as part of its five year strategic plan, the Board commits to supporting the Governor's Interagency Council on Health Disparities (Council) and incorporating the Council's recommendations in the Board's State Health Report.~~

The Board supports systemic efforts to remove barriers to participation and promote inclusion and civic participation for historically marginalized communities and communities most impacted by policy decisions. One recent example includes legislation (2SSB 5793 – Chapter 245, Laws of 2022) allowing state agencies to compensate community members with lived experience or low income for participating in certain workgroups or Technical Advisory Committees. ~~The Board supports proposals that improve mechanisms and resources for include community members directly impacted by policies in relevant policy discussions, compensating them~~ community members and organizations for their time, effort, and expertise ~~and remove financial barriers so they can participate. The Board also supports proposals that improve coordination and resources for language assistance services, so community members~~

Commented [MD1]: Updated this section to reflect Council health justice framework, and their legislative proposal. Included support for community compensation, language access, honoraria for Tribal participation in policy development. Removed reference to Strategic plan.

Commented [MD2]: Member Hayes recommends substituting "racism as a public health crisis" with an recognition that it is embedded within the health care delivery and public health system.

Commented [MD3]: Deleting this text as it is not relevant to legislative activities.

[can better access resources, including public health services, and participate in policy development.](#)

[-The Board recognizes that interaction with Tribes, as sovereign nations, and Tribal members requires processes and resources that are unique and distinct from community engagement. The Board supports proposals that would remove barriers and enhance resources/mechanisms for compensation of Tribal participation in Washington state government policy development and other efforts \(e.g., honoraria\).](#)

Through a proviso in the 2019-2021 operating budget, the Legislature directed the Council to convene an Office of Equity Task Force to develop an operations plan for a future Washington State Office of Equity. In 2020, the Board endorsed the Task Force's recommendations as well as legislation that created the Washington State Office of Equity. The Board supports legislative proposals that align with the Task Force's recommendations, including proposals that assure ongoing and adequate funding for the Office of Equity.

[Data Disaggregation](#)

Disaggregated data can reveal inequities across and within groups and are instrumental for public health efforts to prevent and control diseases and conditions. 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 data in greater detail is essential to identifying and eliminating health inequities, undoing institutional racism, and advancing equity within public health and the broader governmental system.

Collecting and analyzing disaggregated data helps the governmental public health system identify and address health inequities and [can help policy makers prioritize resources for communities.](#) The COVID-19 pandemic shed light on the systemic and structural inequities in the healthcare 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.

[The National Academies released recommendations to improve health equity in federal policy-making, including recommendations related to advancing data sovereignty and disaggregating race/ethnicity data.](#) The Board supports legislation that aligns with these federal recommendations and legislative action to ensure the collection of disaggregated race/ethnicity and language data, beyond Census-level categories. The Board also supports the collection of data variables that help in identifying and eliminating health inequities. Examples of these types of variables include but are not limited to housing status, Veteran status, sexual orientation, gender, gender identity, occupation, income, and disability status. [If collected transparently, consistently, and](#)

Commented [MD4]: Added National Academies recommendations, and clarifying edits regarding data collection.

Commented [MD5]: Member Oshiro recommended emphasizing data disaggregation for policy makers to make better informed decisions regarding disparities within communities. Governmental public health system includes SBOH, DOH, Local health jurisdictions (including local boards of health), as well as Washington's federally recognized tribes and tribal health centers.

through individual self-report, ~~Variables these variables such as these~~ can provide insight into the social ~~and political~~ determinants of health and equity while respecting an individual's autonomy. The Board also supports legislation that improves how data link up and work together across public health and health care systems, to enable more meaningful collection, analysis, and use of these data ~~to improve the interoperability of public health and health care data systems to ensure functionality to facilitate the collection and meaningful use of these data.~~

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Health and wellness of people who are pregnant or postpartum and their children

The Board supports enhancing systems and support for people who are pregnant or postpartum, infants, and children, and the monitoring of mortality due to pregnancy-related conditions. The Board recognizes that institutional racism contributes to high rates of ~~mortality~~ preventable pregnancy-related deaths, and barriers to accessing reproductive and perinatal health care in Washington ~~due to pregnancy related conditions.~~

Commented [MD7]: Added additional detail re: DOH MMRP, and AIHC addendum.

In alignment with this recognition, ~~The Board supports the recommendations in the Council's Literature Review on Inequities in Reproductive Health Access, as required by SSB 6219 (2018)~~ the Board supports recommendations in the Department of Health's 2023 Maternal Mortality Review Panel Report (MMRP), and Healthy Pregnancy Advisory Committee Report on Strategies for Improving Maternal and Infant Health Outcomes. The Board also supports the Tribal and Urban Indian Leadership recommendations from the American Indian Health Commission (AIHC) addendum in the MMRP report, which underscore the importance of Tribally led and informed solutions to maternal and pregnant person health.

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Additionally, the Board supports recommendations in the Council's Literature Review on Inequities in Reproductive Health Access, as required by SSB 6219 (2018). The Board also supports the Council's position (adopted September 2022) to use a Reproductive Justice framework when considering and addressing inequities in health and access and recognizes that a legal right to abortion and other reproductive health care services ~~is critical~~. A Reproductive Justice framework expands beyond personal choice, focusing on access to services and emphasizing the human right to maintain personal bodily autonomy, the autonomous right to have children, not have children, and raise the children we have in safe and sustainable communities. The Board shares the Council's commitment to understanding how racialized power systems limit access to health and opportunity and commits to centering racial justice in our work and consideration of proposed legislation-

The Board also supports the recommendations in the Department of Health's Healthy Pregnancy Advisory Committee Report on Strategies for Improving Maternal and Infant Health Outcomes.

Commented [MD8]: These recommendations are replaced with the more recent Maternal Mortality Review Panel Report.

Newborn Screening

The Board has the authority to define and adopt rules for newborn screening in Washington. The rules ~~is~~ includes the list of conditions the Department of Health's Newborn Screening program must screen all newborns for. ~~If the Board adds a new condition, the~~ ~~Once the~~ Department must assess the programmatic and fiscal impacts to the current program. The Washington Health Care Authority's Medicaid Program covers about forty percent of births in Washington. The addition of new conditions may require the Department and Health Care Authority to request an increase in the newborn screening fee to cover the costs of new screening tests, staff time and follow-up services for babies with positive screens, and other programmatic and administrative costs. The Board supports funding requests to increase the newborn screening fee to cover the costs associated with new conditions.

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Commented [MD10]: Recommend support of EJ Council's funding request.

Healthy Environment for All (HEAL) Act

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

Health Impact Reviews

Under RCW 43.20.285 the Board conducts [Health Impact Reviews](#) (HIRs) at the request of the Governor or a legislator. HIRs are objective, non-partisan, evidence-based analyses of proposed legislative or budgetary changes to determine the potential impacts on health and equity. The Board receives funding for 1.6 FTE through the Foundational Public Health Services budget, which contributes 2.6 FTE total to conduct HIRs. HIRs improve the state's ability to use evidence to inform policy and to promote health and equity. While the Board supports additional state and legislative efforts to assess equity impacts of legislative proposals, the Board recognizes the unique value that HIRs add to legislative decision-making. The rigorous HIR research approach, which uses both quantitative and qualitative research, as well as lived experience, provides legislators with a nuanced understanding of how proposed policy may impact the status quo and health and equity in the state. The Board supports the retention of

Commented [MD11]: This section updated to reflect current staffing.

HIRs and will continue to offer assistance and support to ensure any new proposed tools align with and do not duplicate the work of HIRs.

The Board supports legislative action to ensure long-term, sustainable solutions to obtain peer-reviewed literature access for HIR work. The Board believes that there is also a need for all state entities (agencies, boards, commissions, councils, etc.) to have access to research and published literature to inform evidence-based policy and program development.

School Environmental Health and Safety

The Board believes that all children should be able to attend schools that are built, maintained, and operated to ensure a safe and healthy environment. The Board supports removal or amendment of the budget proviso that suspends the Board's rules related to environmental health and safety standards for primary and secondary schools (Chapter 246-366A WAC). Until the Board's suspended school rules can be implemented, the Board supports the Department of Health's [November 2016](#) recommendations in response to the Governor's directive on lead as they relate to school environmental health and safety.

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The Board has long recognized that ongoing, regular inspections and technical assistance provided by local health jurisdictions are critical to ensuring schools are designed, built, and maintained to protect students' health. Only eighteen of Washington's thirty-five local health jurisdictions have school environmental health and safety programs. In order to provide basic health and safety protections for all school children across the state, local health jurisdictions must have sufficient resources and capacity to conduct school environmental health and safety inspections.

Indoor air quality is a key component of a healthy school environment. Higher ventilation rates can improve absenteeism and student performance, as well as reduce transmission and spread of respiratory illness, including SARS-CoV-2 (the virus that causes COVID-19). Indoor air quality can also be adversely impact by increased wildfire and extreme weather events. Regular inspection, maintenance, and repairs of heating, ventilation, and air conditioning (HVAC) systems, as well as adequate ventilation to dilute contaminants, can improve indoor air quality and school safety.

The Board supports the Environment Justice Council's 2024 Climate Commitment Act funding recommendations that relate to school environmental justice, as well as proposals legislation to adequately fund school repair and remediation strategies to improve school environmental health and safety programs, and -as well as- legislation to assess, improve, and update ventilation systems and other infrastructure strategies to improve health, safety, and indoor air quality in school facilities.

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On-Site Sewage Systems

The Board recognizes that on-site sewage systems are an important and effective means of treating and dispersing effluent if the systems are properly permitted, sited, operated, and maintained. The Board supports legislation that preserves the authority of local health officers and boards of health to develop and implement on-site sewage system regulations and plans which protect public health and meet community needs. The Board supports efforts to assure local on-site site sewage management programs have adequate capacity and funding, including assessment of local septage handling and capacity.

Commented [MD13]: Updated to include septage capacity assessment (WSAC).

Food Safety

The Board recognizes that food service is evolving. The COVID-19 pandemic has, and continues to have, major impacts on food service and has prompted creative ideas to improve food access and equitable entry into the restaurant industry. This session, the Board anticipates legislation on topics including microenterprise or commercial kitchens, community pantries and/or refrigerators, foods offered in bed and breakfast settings, and regulations of non-permanent structures. The Board's support of food service-related legislation depends on whether the proposal includes critical public health safeguards that uphold essential food safety standards (including but not limited to permitting, inspections, plan review, time to temperature controls, and other public health measures).

Food Safety

The Board would oppose legislation that would exempt currently unregulated practices such as microenterprise home kitchens from fundamental environmental health and safety requirements for food service facilities.

Aquatic and Water Recreation Facilities

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

Shellfish Sanitation

The Board recognizes that sanitary controls are essential for the safe production, harvest, processing, and marketing of shellfish. Historically, the Board's rulemaking authority and the Department of Health's regulatory authority have focused on the commercial and recreational harvest of bivalve molluscan shellfish such as clams, oysters, mussels, and geoduck. The Board supports legislation that preserves and strengthens sanitary controls for molluscan shellfish. The Board and its partners have observed shifting needs related to climate change, marine biotoxins, and other shellfish,

Commented [MD14]: Adds clarification regarding wSHB 1010, and refers to HIR.

such as crab. In 2021, 2022, and 2023, bills were proposed, but did not pass, that would amend chapter 69.30 RCW, Sanitary Control of Shellfish. The proposed bills would allow the Board to conduct rulemaking to establish sanitary controls for commercial crab harvesting and processing and grant the Department of Health authority to regulate commercial crab as it pertains to marine biotoxins such as domoic acid and paralytic shellfish poisoning. The 2023 bill will again be considered in the 2024 Legislative Session and the Board supports its passage. The Board has completed an HIR on SHB 1010.

Drinking Water

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

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

Governor's Directive on Lead and Childhood Lead Poisoning Prevention

Governor Inslee issued Directive 16-06 on May 2, 2016, to address lead remediation in the built environment. Environmental pathways for lead exposure include drinking water at homes, schools, and outdoor areas.

The Board continues to support the Department of Health's November 2016 report recommendations to the Governor, including continuing the initial investment made to test drinking water at schools, provide remediation funds to replace fixtures, improve remediation assistance for low-income and rental properties, and provide focused blood testing for children at greatest risk of exposure to lead and subsequent case management. The Board was pleased with the passage of E2SHB 1139 during the 2021 legislative session, which requires lead testing and remediation in school drinking water. The Board also supports:

- Updating the *Health and Safety Guide for K–12 Schools in Washington State*.
- Gathering data to evaluate and update chapter 246-366A WAC, Environmental Health and Safety Standards for Primary and Secondary Schools, including

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Commented [MD16]: Added Childhood lead poisoning, and information related to the Department's recent presentation on lead.

updates to align with E2SHB 1139 and recent revisions made to the federal lead and copper rules.

- Including environmental health and safety in decisions using the funding formula for school construction and modernization.
- Encouraging healthcare providers to follow DOH blood lead screening recommendations.
- Ongoing efforts to establish or improve existing data sharing agreements between the Department, Health Care Authority, and other public health agencies to access lead testing rates and related information for children enrolled in Medicaid.
- Updating the Washington State Plan Amendment (SPA) to add two new billable service areas (for home lead exposure assessments and targeted case management) and the upcoming implementation of the Interagency Agreement (IAA) to allow the Department to receive Medicaid Administrative Match.

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Preventing Smoking and Vaping

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In August 2016, the Board adopted [Resolution 2016-01](#) to increase the age of purchase for tobacco and vapor products from age 18 to 21 years. During the 2019 legislative session, EHB 1074 passed, raising the legal age for purchasing tobacco and vapor products from age 18 to 21 years. While EHB 1074 was an essential important public health intervention step to prevent youth access, Washington's Purchase Use and Possession (PUP) law needed further reform to prevent -still needs to reform its commercial tobacco laws, policies inequitable, and enforcement practices that negatively affect individuals, namely youth, specifically youth of color, and instead, shift the responsibility to commercial tobacco businesses or industry actors.

During the 2023 Legislative Session, ESSB 5365 passed, which increased monetary penalties for retailers that sell to underage youth, limited the circumstances in which youth could be detained, and modified sanctions and fines for underage youth purchase, use, or possession of commercial tobacco products. -which... The Board supports legislation that continues to improve PUP laws in Washington and reduces inequitable enforcement.

In addition, the Board supports enhancing current strategies to prevent the marketing, sales, and use of commercial tobacco products (cigarettes, e-cigarettes, cigars, hookah, heated tobacco, smokeless tobacco, etc.) and cannabis to youth, which may include including a ban on all restricting the sale of -flavored vapor and tobacco products and adding additional authority for the Secretary of Health to issue product bans and recalls of smoking and vapor products. The Board supports legislation that would improve regulation of Washington's vapor product industry, including requiring vapor ingredient disclosure and routine lab testing for vapor products, requiring signage regarding health risks of these products, removing the preemption of vapor product retail licensing, allowing for product bans and recalls, and instituting nicotine limits in products sold in Washington.

In response to an outbreak of e-cigarette and vapor product-associated lung injury, the Board adopted rules to ban the use of vitamin E acetate in vapor products. Compounds, such as Delta-8 THC, and other additives, continue to emerge on the market with little known about their impacts on health. The Board supports efforts to understand and address emerging compounds that result in negative health effects.

Oral Health

The Board acknowledges that expanded access to oral health care improves health outcomes because dental care is inextricably linked to whole-body health. In 2015, the Board adopted 7 recommended oral strategies after a collaborative multi-year project to assess the oral health needs of Washingtonians. The Board supports legislation that will advance its -Recommended Strategies to Improve the Oral Health of Washington Residents. In 2022, the Legislature tasked the Department with assessing oral health equity in the state (ESSB 5693), focusing on community water fluoridation. The Board supports recommendations in the Oral Health Equity Assessment report to reduce oral health inequities in Washington. In addition, the Board would also support the development of a state oral health officer at the Department of Health.

Commented [MD18]: Updated to reflect recent Department of Health work related to oral health in Washington.

Immunizations

The Board recognizes the research and data that demonstrate that immunizations reduce the incidence of vaccine-preventable disease in our community and protect those who are immunocompromised and those unable to be vaccinated. The Board supports legislation that helps reduce the number of children who are out of compliance with state immunization documentation requirements, assists schools and childcares in monitoring the immunization status of children, and increases immunization rates across all age groups. The Board supports additional funding to increase school nurse capacity and improve access to and use of the Washington State Immunization Information System.

The Board also supports the Department of Health's efforts to promote vaccination against COVID-19 respiratory viruses such as COVID-19 and RSV by making these vaccines accessible through the Washington Vaccine Association (WVA).

Obesity Prevention and Access to Healthy Food

The rate of increase in obesity among Washington residents has slowed compared to other states. The Board supports efforts to create equitable access to safe, well-lit public spaces that promote movement, including parks and playgrounds. The Board supports efforts to increase access to healthy foods including fresh fruits and vegetables, maintaining and expanding access to programs such as WIC, WIC/SNAP at farmers markets, USDA's school lunch program, and efforts to increase access to culturally relevant foods, reduce food insecurity, and increase opportunities for physical activity.

The Board also supports maintaining funding for the Fruit and Vegetable Incentive Program, which provides incentives to people with low incomes experiencing food insecurity to support healthy food options.

Opioids

The Board supports the goals, strategies, and actions outlined in the updated [2021-2022 Opioid and Overdose Response Plan](#) and the forthcoming updated plan, to effectively combat the opioid epidemic. Its goals are to:

- Prevent opioid and other drug misuse.
- Identify and treat opioid misuse and stimulant use disorder.
- Ensure and improve the health and wellness of people who use opioids and other drugs
- Use data and information to detect opioid misuse, monitor health effects for persons who use drugs, analyze population health, and evaluate interventions.
- Support people in recovery.

◆ [The Board also supports recommendations from the Washington State Tribal Opioid and Fentanyl Summit. In addition, the Board supports Governor Inslee's updated budget strategy, as outlined in the 24-25 proposed supplemental budget, to expand funding for opioid and fentanyl education and awareness, health engagement hubs, low-barrier opioid treatment programs, overdose prevention efforts, and for Tribal governments to support response efforts to the opioid and fentanyl crisis in their communities.](#)

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Increase Access to Health Insurance Coverage

A number of efforts have increased access to affordable health insurance for people in Washington, including federal initiatives like the Affordable Care Act, Medicaid expansion, and American Rescue Plan Act, and state initiatives like Cascade Care. Access to health insurance increases access to and use of healthcare services and improves health outcomes. In 2021, the legislature passed supplemental legislation to further increase the affordability and availability of Cascade Care. This included a new premium and cost-sharing subsidy program administered by the state. ~~Coupled with expanded federal subsidies, some people will be able to enroll in a plan with premiums under \$10/month for the 2023 plan year. Starting in 2023, people will be able to sign up for health and dental plans on Washington Healthplanfinder. The legislature also took action to explore options for extending health insurance access regardless of immigration status. With the end of the federal COVID-19 Public Health Emergency, approximately 13% of Medicaid enrollees (300,000 people) in Washington may lose healthcare coverage, making access to affordable health insurance critical. Despite these efforts, the average health insurance premium doubled from 2014 to 2024. State agencies and partners continue to consider policies to make healthcare more affordable in Washington State.~~ The Board supports legislation that continues to build and sustain

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access to affordable health coverage across the state for all Washingtonians and legislation that alleviates cost concerns ~~of those who are underinsured.~~

Mental Health Services

The Board recognizes the disparate access to consistent and culturally appropriate mental health services in the state, particularly for historically marginalized communities and communities that have been disproportionately impacted by the COVID-19 pandemic. In recent years, there have been efforts to increase access to video and audio platforms that provide mental health services. The Board supports continued efforts to increase access to these and other mental health services across our communities.

The Board also recognizes the workforce challenges that plague the mental healthcare system. New provider types such as certified peer counselors have expanded capacity for support services, but gaps still exist. Additionally, studies continually show that there are public health benefits to providers reflecting the racial/ethnic diversity of their patients, by increasing trust, participation in care, and an increase in patient comfort. The Board supports efforts to increase and diversify the mental health workforce in Washington. The COVID-19 pandemic has had a profound impact on youth and families and exacerbated the need for access to age-appropriate services, especially in schools. During the 2023 session, the legislature revised certain education, training, experience, and exam requirements for behavioral health profession licensure (2SHB 1724) to address workforce barriers and support more behavioral health professionals practicing in Washington State. The Board supports efforts to make mental health services readily available to youth in Washington and increase social and emotional supports in schools.

Additionally, the Board recognizes the impacts of historical and intergenerational trauma and the disproportionate effects it has on the mental health of Native communities. As such, the Board supports legislation related to supporting Tribal-led and informed mental health and behavioral health services in Washington. Further, in the current Washington state mental and behavioral health systems, the role of Tribal sovereignty and recognition of the Indian health system are often overlooked. The Board supports legislation to clarify the role and authority of Tribal governments to improve the Washington state behavioral health system for better coordination and recognition with the Indian behavioral health system.

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Commented [MD22]: This section (second paragraph) updated to reflect 2023 legislative action.

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