WASHINGTON STATE BOARD OF HEALTH

Notice of Public Meeting

Wednesday, April 10, 2024, 9:30 a.m. – 4:15 p.m.
Physical meeting location:
Spokane Public Library
906 W. Main Ave, Spokane, WA, 99201
Rooms: Central Events A & B
Virtual meeting: ZOOM Webinar
(hyperlink provided below)
Language interpretation available

Final Agenda

Time	Agenda Item	Speaker
9:30 a.m.	Call to Order & Introductions	Patty Hayes, Board Chair
9:35 a.m.	1. Approval of Agenda – Possible Action	Patty Hayes, Board Chair
9:40 a.m.	2. Approval of March 13, 2024, Minutes – Possible Action	Patty Hayes, Board Chair
9:45 a.m.	3. Public Comment	Please note: Verbal public comment may be limited so that the Board can consider all agenda items. The Chair may limit each speaker's time based on the number people signed up to comment.
10:15 a.m.	4. Announcements and Board Business	Michelle Davis, Board Executive Director
10:30 a.m.	5. The NATIVE Project	Toni Lodge, Chief Executive Officer of The NATIVE Project
10:45 a.m.	6. Department of Health Update	Scott Lindquist, Department of Health Kelly Cooper, Department of Health
11:05 a.m.	Break	
11:15 a.m.	7. Notifiable Conditions Implementation Update – Chapter 246-101 WAC	Dimyana Abdelmalek, Board Member Molly Dinardo, Board Staff Scott Lindquist, Department of Health
12:15 p.m.	Lunch	

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Time	Agenda Item	Speaker
1:30 p.m.	8. State Health Report Community Panel, Continued • Anastacia Lee, Board Member, Asians for Collective Liberation • Joseph Hunter, Recovery Coach Network Manager, Thriving Together North Central Washington • Kim Wilson, Community Health Worker Training Project Director, Better Health Together	Mindy Flores, Board Member Molly Dinardo, Board Staff Ashley Bell, Board Staff
3:00 p.m.	9. Memorandum of Understanding with the Department of Health – Possible Action	Michelle Davis, Board Executive Director
3:20 p.m.	Break	
3:30 p.m.	10. Rules Briefing – Handling of Human Remains WAC 246-500, Abbreviated Rulemaking to Implement Changes from SHB 1974 – Possible Action	Patty Hayes, Board Chair Shay Bauman, Board Staff
3:50 p.m.	11. Board Member Comments and Updates	
4:15 p.m.	Adjournment	

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- **To access the meeting online and to register:**
  https://us02web.zoom.us/webinar/register/WN_9P19xyCkRt6wJyEgSnLlhQ
  You can also dial-in using your phone for listen-only mode:
  Call in: +1 (253) 215-8782 (not toll-free)
  Webinar ID: 864 1850 4523
  Passcode: 682856

Important Meeting Information to Know:

- Times are estimates only. We reserve the right to alter the order of the agenda.
- Every effort will be made to provide Spanish interpretation, American Sign Language (ASL), and/or Communication Access Real-time Transcription (CART) services. Should you need confirmation of these services, please email wsboh@sboh.wa.gov in advance of the meeting date.
- If you would like meeting materials in an alternate format or a different language, or if you are a person living with a disability and need reasonable modification, please contact the State Board of Health at (360) 236-4110 or by email wsboh@sboh.wa.gov. Please make your request as soon as possible to help us meet your needs. Some requests may take longer than two weeks to fulfill. TTY users can dial 711.

Information About Giving Verbal Public Comment at Hybrid Meetings:

- For the public attending in-person: If you would like to provide public comment, please write your name on the sign-in sheet before the public comment period begins. We strongly encourage people to sign up with the Board by sending an email by 12:00 Noon the last business day before the meeting to: wsboh@sboh.wa.gov. As this is a business meeting of the Board, time available for public comment is limited (typically 2 to 4 minutes per person). The Chair will call on those who have signed up to speak to the Board, first. The amount of time allotted to each person will depend on the number of speakers present. If time remains, those who have not signed up ahead of time to speak to the Board will be called on to speak until the scheduled time for Public Comment comes to an end.
- For the public attending virtually: If you would like to provide public comment, please sign up through the Zoom webinar link by 12:00 Noon, the last business day before the meeting. Your name will be called when it's your turn to comment.

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Information About Giving Written Public Comment:

- Please visit the Board's Meeting Information webpage for details on how to provide written public comment.

WASHINGTON STATE BOARD OF HEALTH

Draft Minutes of the State Board of Health
March 13, 2024
Hybrid Meeting
ASL (or CART) and Spanish interpretation available
Swinomish Casino and Lodge
12885 Casino Dr, Anacortes, WA 98221
WA Walton Conference Room
Virtual meeting: ZOOM Webinar

State Board of Health Members present:

Patty Hayes, RN, MSN, Chair
Kelly Oshiro, JD, Vice Chair
Paj Nandi, MPH
Stephen Kutz, BSN, MPH
Kate Dean, MPA
Socia Love-Thurman, MD
Mindy M. Flores, MBA-HCM
Dimyana Abdelmalek, MD, MPH
Tao Sheng Kwan-Gett, MD, MPH, Secretary's Designee
Michael Ellsworth, JD, MPA, Secretary's Designee

State Board of Health Members absent:

Umair A. Shah, MD, MPH

State Board of Health staff present:

Michelle Davis, Executive Director
Melanie Hisaw, Executive Assistant
Michelle Larson, Communications Manager
Anna Burns, Communications Consultant
Andrew Kamali, Health Policy Advisor
Molly Dinardo, Health Policy Advisor
Shay Bauman, Health Policy Advisor
Jo-Ann Huynh, Administrative Assistant
LinhPhụng Huỳnh, Council Manager
Lilia Lopez, Assistant Attorney General
Hannah Haag, Community Engagement Coordinator
Ashley Bell, Equity & Engagement Manager

Guests and other participants:

Roger Parker, Department of Health
John Thompson, Department of Health
Anna Howard, Department of Health
Anthony Steyermark, Department of Health
Shelly Guinn, Department of Health
Mike Means, Department of Health

Patty Hayes, Chair, called the public meeting to order at 9:00 a.m. and read from a prepared statement (on file).

1. **APPROVAL OF AGENDA**
   Motion: Approve March 13, 2024, agenda
   Motion/Second: Member Dean/Member Kutz. Approved unanimously

2. **ADOPTION OF JANUARY 10, 2024, MEETING MINUTES**
   Motion: Approve the January 10, 2024, minutes
   Motion/Second: Member Flores/Member Nandi. Minutes approved as corrected. Approved unanimously

3. **PUBLIC COMMENT**
   Chair Hayes opened the meeting for public comment and read from a prepared statement (on file).

   Gerald Braude, Port Townsend, talked about the importance of language, saying the wording of COVID-19 shots prevent transmission was removed from the Department of Health (Department) website. G. Braude talked about the vaccine mandates, no evidence that the shots prevent transmission, and the damage from the requirement of the COVID-19 vaccine for state workers and communities.

   Alison Mondi, Policy Director of Arcora Foundation, talked about the importance of oral health, and that health inequities in communities create a disproportionate burden of oral disease. A. Mondi talked about community water fluoridation being one of our country's top achievements in public health. A. Mondi said leading health experts have studied fluoridation for decades concluding the safety and efficacy of good oral health.

   Natalie Chavez talked about the dangers of the COVID-19 vaccine and cited stories of vaccine injuries including myocarditis, menstrual irregularities, and death from complications following injections. N. Chavez cited React19.org, saying one co-founder is a medical doctor and practicing surgeon, who is now vaccine injured after receiving the COVID-19 vaccine.

   Bill Osmunson, a dentist, talked about the dangers of water fluoridation. B. Osmunson said the Board's rules are to assure safe and reliable drinking water, citing that a national toxicology program reported that fluoride is contributing to lower IQ and is not safe.

   Lisa Templeton, Informed Choice Washington (ICW), representing thousands of concerned members in Washington, talked about reports of measles and statistics of the unvaccinated and vaccinated. L. Templeton said Measles, Mumps, and Rubella reports are based on Immunization Information Systems data that is not accurate and is an attempt to scare. L. Templeton said data should come from the annual report that schools are required to submit.

   Sue Coffman, Clallam County, talked about why the public no longer trusts the government, citing a recent Congressional roundtable in Washington D.C. S. Coffman

talked about how the public was swayed to believe in the gene therapy platform, saying natural immunity was denied, resulting in trillions of dollars, and destroyed lives.

Stuart Cooper, Executive Director of a Watchdog Group, said the coalition brings awareness to environmental toxins. S. Cooper talked about a Centers for Disease Control and Prevention (CDC) survey showing the increase in dental fluorosis, saying citizens are overexposed, and recommended zero fluoride from 0 to six months of age.

Brenda Staudenmaier talked about the dangers of water fluoridation, saying it is linked to lead, and said recent studies show the adverse effects and irreversible damage to developing brains and organs.

Karen Spencer talked about the myriad of health problems, including organ disease, they experienced from fluoride poisoning and decades of irreversible damage. K. Spenser said they use filters, and when switching to bottled water, symptoms cleared in days.

Melissa Leady talked about the Pro-Equity Anti-Racism (PEAR) playbook, which looks at social equity determinates, saying the closing of schools is an example of harm. M. Leady said lives were disrupted, and collateral damage was caused by the closing of schools.

John Mueller, a retired professional civil engineer with 25 years in water and wastewater treatment, talked about water contamination and the dangers of water fluoridation. J. Mueller talked about fluoride as an unpurified industrial pollutant and mass medication without informed consent as a violation of public trust.

Cheryl Robinson, a retired school nurse, talked about the importance for medical providers to wear masks and take precautions in their clinics. C. Robinson talked about the number of people who died and had COVID-19, saying that more safeguards and education are needed.

Laura Breymann, a practicing family physician in Seattle, said COVID-19 is still a serious threat. L. Breymann talked about the evidence regarding the dangers of Long COVID. L. Breymann talked about the importance of continued education, good masks, and indoor air quality.

Sarah Hanaler talked about the reality of Long COVID, the importance of air quality improvements, and access to low and free testing and high-quality masks. S. Hanaler talked about the importance of isolation guidance from the CDC.

4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

Michelle Davis, Board Executive Director, shared the Board team's gratitude for meeting on the land of the Swinomish Tribe. Executive Director Davis thanked Board Member Mindy Flores for connecting the Board to the Swinomish Tribe. Executive Director Davis discussed the Board team's visit to Tribal facilities, including the Dental Therapy Simulation Lab at Skagit Valley Community College, the dəxʷx̌ayəbus Dental Therapy Program and Dental Clinic, and the didgʷálič Wellness Center. Executive Director Davis thanked these facilities for their hospitality.

Executive Director Davis directed Board Members to the day's meeting materials packet (materials on file).

Executive Director Davis introduced Shay Bauman, who joined the Board as a Policy Advisor on February 1, 2024. Shay's portfolio will include topics around environmental public health, with a focus on the natural environment.

Executive Director Davis reviewed the Board's recent correspondences. The correspondence includes a response to a complaint against local health officials in Snohomish County and a denial letter for a rulemaking petition on color vision deficiency screening.

Executive Director Davis reviewed the Board's recent rule filings. The recent rule filings include a continuation of the emergency rule around on-site sewage system proprietary products and an order of adoption for the permanent version of these rules.

Executive Director Davis discussed a request for the Board to hold a hearing to explore ways to improve the health status of the citizenry regarding fluoride exposure. Executive Director Davis said that in the past, Board staff have shared similar requests with the Board's policy subcommittees, and neither committee has expressed an interest in reviewing this topic. Executive Director Davis said that the Board may consider holding a public forum on this topic. Executive Director Davis asked the Board about their current interest regarding this request.

Kate Dean, Board Member, asked how this hearing request might differ from agenda item 10. Executive Director Davis replied that agenda item 10 is a petition for rulemaking, which is a request to specifically amend Board rules. Executive Director Davis said that the petitioner requested two separate actions: a petition to amend Board rules and an opportunity for those concerned about fluoride exposure to present their evidence to the Board.

Socia Love-Thurman, Board Member, asked whether there have been public forums on fluoride exposure in the past. Executive Director Davis said that the Board did some work around fluoride in 2015. Executive Director Davis noted that the Board directing that work was much different than the current Board. Executive Director Davis said that as a part of that work, the Board was presented with recommendations to be adopted and that these 2015 recommendations were submitted as a part of written public comment for today's meeting (materials on file).

Steve Kutz, Board Member, asked which rules the petitioner requested the Board to amend and for staff to provide Board Members with a copy of the fluoridation Revised Code of Washington. Executive Director Davis said that the Board will discuss the petition at a later agenda item and that the section is Washington Administrative Code (WAC) 246-290-220, which does not specifically mention fluoride. Andrew Kamali, Board staff, confirmed that this section is more focused on meeting and conforming to specific standards, and there is no state requirement around water fluoridation. Andrew said that there is a section of the WAC that mentions fluoride, WAC 246-29-0460, which is not a part of the requested petition.

Kelly Oshiro, Board Vice Chair, asked whether there may be duplication in terms of what the Board would be reviewing for the petition and hearing requests. Executive Director Davis said that there have been some similarities in the materials and does not know for sure all the elements the panel might cover.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee, discussed not seeing the value in this hearing as a pediatrician. Member Kwan-Gett noted the importance of oral health and that a public hearing about a topic like improving children's oral health instead could be valuable. Member Kwan-Gett said the safety of fluoride is not to be adjudicated in a public forum but by a review of scientific literature, and that there are many other pressing issues that the Board could conduct public hearings about, such as children's mental health.

Member Kutz discussed primarily seeing water fluoridation addressed at the local level, and that may be the most appropriate place to address decision-making around this topic.

Patty Hayes, Board Chair asked whether there were any Board Members interested in holding a forum. No members indicated interest. Chair Hayes then requested staff to provide Board Members with a copy of WAC 246-29-0460.

Executive Director Davis provided an update as to the outcomes of the 2024 Legislative Session affecting the Board's work.

Executive Director Davis discussed the Board's anticipated school environmental health and safety rules project. The Board will receive $750,000 to convene a Technical Advisory Committee (TAC) to review and update school environmental health and safety rules, pending the Governor's budgetary approval. Executive Director Davis said that the Board will review and update the school environmental health and safety rules; collaborate with the Office of Superintendent of Public Instruction (OSPI); assist the Department of Health (Department) in completing an environmental justice assessment; and working with partners to develop a report for the Governor and Legislature. The school environmental health and safety report will detail priority sections and subject areas of the proposed rules and recommendations for implementation. Executive Director Davis shared about the staffing and services the Board would be able to bring on to support the project with this funding.

Executive Director Davis shared legislative updates regarding the Governor's Interagency Council on Health Disparities (Council). Executive Director Davis noted that while the Council's agency requested legislation, House Bill (HB) 2346, was not adopted by the Legislature this year, the Council received funding to support its operations for the first time since the establishment of the Council Manager position in 2006. Executive Director Davis said that the Council received $56,000 for this fiscal year, over $1.1 million for fiscal year 2025, and discussed the Council's staffing and engagement plans for this funding.

Executive Director Davis discussed the Board's expected work around newborn screening, talking about Senate Bill (SB) 6324, screening newborn infants for branched

chain ketoacid dehydrogenase kinase (BCKDK) deficiency. Executive Director Davis said that the Board is being tasked with reviewing this condition for inclusion in the state's newborn screening panel and with submitting a report to the Legislature. Executive Director Davis said that the Board will be receiving $215,000 to carry out this work. Executive Director Davis talked about SB 5829, screening newborn infants for congenital cytomegalovirus (cCMV). Executive Director Davis said SB 5829 tasks the Board to review cCMV in 2025 and provides the Department with funding to develop educational resources for pregnant people and providers.

Member Kutz asked if there is a difference in the process when the Legislature requests the Board to add a newborn screening condition and the Board's normal process for considering conditions. Executive Director Davis said that the conditions the Board considers often come from recommendations through a federal body or petitions for rulemaking.

Chair Hayes said that in other states there have been legislative actions to add conditions without a similar review process and that it is a testament to the Board's process that the Washington State Legislature is asking them to do this process.

Member Kutz asked if the Board has ever denied a condition for inclusion in the past. Executive Director Davis said that the Board had considered cCMV in 2021 and chose not to add it at the time but directed staff to review the condition in 2025.

The final legislative update was regarding HB 1974, disposing of human remains. Executive Director Davis said the Board is being tasked with making a small change in its handling of human remains rules to reduce the holding period from 90 days to 45 days.

The Health Impact Review team will give a presentation about their work during the Legislative session at the end of the fiscal year.

Member Dean shared an environmental health budget proviso approved by the Legislature to fund septage capacity across the state. Member Dean said that this issue is little understood but is particularly important for counties like theirs that must ship their septage out of the county.

Member Dean asked whether the Department could provide an update on the Secretary of Health's plans to respond to the Center for Disease Control's (CDC) updated guidance around respiratory viruses. Member Kwan-Gett said that the Department's epidemiologists and infection prevention staff have been looking at the changes and will have an update in the next few weeks. Member Kwan-Gett said that in the past, the Department has placed high priority on being aligned with the CDC, but they also want to help people understand the additional control and prevention measures they can take.

5. NEWBORN SCREENING ANNUAL REPORT

Kelly Oshiro, Board Vice Chair, introduced this agenda item and invited Department of Health (Department) staff to present. John Thompson, Department of Health, described

the Newborn Screening (NBS) program, an overview of the reporting requirements for the program, and its annual report (presentation on file).

Anna Howard, Department of Health, displayed the NBS interactive dashboard with data on specimen collection compliance, specimen transit compliance, and annual quality measures. Anna said the data goes back to 2018, the last year the NBS program submitted a public report and shows quality and compliance metrics for all submitters (i.e., birth facilities). Anna said a user can filter data by birth year, hospital and non-hospital births, and more. Anna added that this dashboard serves as a quality improvement resource for the NBS program and submitter facilities.

Steve Kutz, Board Member, spoke about conditions that were previously considered by the Board but were not added. Member Kutz asked whether the NBS program has adequate staffing to follow updated research on these conditions. John shared examples of two conditions that did not meet the Board's criteria for addition in the past but will be considered again. These conditions are mucopolysaccharidosis type II (MPS-II) and congenital cytomegalovirus (cCMV) infection. John added that, in the past, the NBS program received support from graduate students in public health programs to conduct an economic evaluation of candidate conditions. John discussed envisioning a different arrangement in the future along with further staffing changes for the program.

Member Kutz emphasized the challenge of having accurate race and ethnicity information in datasets. Member Kutz said the data presented today showed zero (0) positive cases in the Native reporting category and is not convinced that no Native people in Washington were born with an NBS condition. Member Kutz recalled an example of the erasure of Native people in Medicaid datasets when there were changes to federal data collection standards and said that programs often work within very flawed systems. Anna responded that Member Kutz brought up a great point and shared that the NBS program is also concerned about the validity of its race data. Anna clarified that a baby's race is reported on the NBS card, but program staff do not know whether it's being reported by the provider's assumption of the baby's race or if it's coming from the parent, or if it is information that is collected from medical records. Anna said that NBS staff are working to compare data with the birth certificate system because race and ethnicity information on those certificates may be fuller and more accurate.

Paj Nandi, Board Member, expressed a shared interest in data validity and meaningful representation in data, as well as seeing information on geographic location and household income because those factors also contribute to health inequities. Member Nandi said the Governors Interagency Council on Health Disparities has created great recommendations on disaggregating data and asked if the NBS program collects data separately for the Asian and Pacific Islander reporting categories. Anna responded that NBS screening cards contain the reporting categories of Asian, Black, white, Native American, Hispanic, and Hawaiian and Pacific Islander, adding that birth certificate data are more granular, with around 15 reporting categories available.

Mindy Flores, Board Member, commended the program staff for their thoughtfulness and effort to collect data to improve specimen delivery and testing timeliness. Member Flores asked how the NBS program delivers culturally appropriate care as they screen

and process specimens, noting today's presentation showed that most NBS-confirmed specimens seemed to be in non-hospital settings. Member Flores also requested that program staff include information on exclusions and exceptions in future presentations to address the limitations of the program's data. Anna responded that moving forward, staff will make sure to include footnotes in their reports and presentations.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee said there are children living healthy and happy lives who otherwise would not be without the NBS program. Member Kwan-Gett said the Department is collaborating with the Washington Hospital Association and other health system partners to improve how they collect demographic data, including disaggregated data. Member Kwan-Gett added that updates to technical and other processes are required for this valuable work and partners will proceed slowly and methodically.

Vice Chair Oshiro asked if the data presented regarding the median age of treatment were recorded before or after the new courier service. John confirmed the data were from before the courier service. Vice Chair Oshiro asked whether treatment for conditions might occur earlier based on the new courier service. John said that a baby needs to be born and live for at least 18 hours, and the ideal time for specimen collection is between 18 to 48 hours after birth. John said the NBS lab would then receive specimens on day three or four, testing takes around 36 hours to be run initially, and then any abnormal specimens are retested. John added that the NBS lab would contact affected families around day four or five, and if they can get in for diagnostic testing, that can often happen within 24 hours. John said things can move quickly, and the courier service will help move the needle in the right direction for early condition detection.

Vice Chair Oshiro expressed interest in seeing data that includes household income, especially regarding the median age of treatment, and further disaggregated data showing differences among various conditions tested. Vice Chair Oshiro said data based on factors like location, race, and ethnicity can help reduce health disparities, especially at the start of life. Vice Chair Oshiro suggested the Legislature would likely appreciate a follow-up report, especially if the NBS program asks for additional funding in the future.

The Board took a break at 11:11 a.m. and reconvened at 11:20 a.m.

6. REQUEST FOR DELEGATED RULEMAKING – ON-SITE SEWAGE SYSTEMS, 246-272a-110 WAC

Kate Dean, Board Member introduced the rulemaking. Andrew Kamali, Board staff explained the rulemaking request. Andrew added that it is unlikely that this change will be controversial as this request came from the industry.

Roger Parker, Department of Health, presented on the scope of rulemaking and potential changes. The potential change is to add residential treatment testing to the requirements. Roger reviewed testing protocols over time. Over time as new testing had been adopted, organic sewage and other parts were no longer being tested. Roger explained this gap was pointed out in the rulemaking request and this testing change will not impact very many manufacturers.

Steve Kutz, Board Member asked if this would retroactively impact proprietary systems that are already in use.

Roger stated there are only a couple of systems in place already, and this change would not impact those systems. Roger said this gives current and future systems more options for testing.

Motion: The Board delegates to the Washington Department of Health rulemaking authority to amend WAC 246-272A-0110, Table I, Category 2 to incorporate the necessary testing requirements for Category 2 treatment products.

Motion/Second: Member Kutz/Member Kwan-Gett. Member Flores abstained. Approved unanimously.

7. **SWINOMISH TRIBE**

Mindy Flores, Board Member, introduced the members of the panel.

Dr. Rachael Hogan, Swinomish Dental Clinic Director, shared the dental clinic's vision to provide holistic and culturally responsive oral health care, its range of dentistry services, and its collaboration with other Tribal health services. Dr. Hogan also shared some highlights from the previous year, including increases in their patient base and staffing.

Dr. Cheyanne Warren, dəxʷx̌ayəbus-Dental Therapy (DT) Education Program Director, thanked the Swinomish Tribe and Skagit Valley College for their contributions to the program. Dr. Warren gave a brief overview of the dental therapy model and its use in the United States. Dr. Warren then spoke about the dəxʷx̌ayəbus-DT Program's curriculum, student experience, and facilities.

Beverly Keyes, didgʷálič Wellness Center Director, shared about the Center, saying, "it is a different kind of opioid treatment facility." Beverly described the Center's history and mission to remove barriers to care. Beverly gave an overview of the medical and social services the Center provides, from primary care, counseling, and case management to transportation and childcare while parents are visiting the Center.

Jennifer La Pointe, SITC General Manager, shared from more than 20 years of experience in Tribal healthcare. Jennifer spoke about the services the Swinomish Tribe offers and their holistic approach toward healthcare. Jennifer spoke about the health disparities that Tribal Members experience and the challenges that Tribal health care providers face in trying to meet their community's needs. Jennifer spoke about the Tribe's efforts to recruit and support healthcare workers; for example, financially supporting a Tribal Member who is getting their Psychiatric Advanced Registered Nurse Practitioner license. Jennifer spoke about the Swinomish Tribal health system's plans for expansion, namely, developing a 24-hour on-call service and developing a full-service lab at their medical clinic.

Steve Kutz, Board Member thanked the Swinomish Tribe, saying they are changing the face of medicine, and praised their work with the opioid abuse epidemic in Washington State.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee, praised the Tribe's holistic and community-centered approach. Member Kwan-Gett said the Tribe was designing the healthcare everyone wished they had.

Kate Dean, Board Member, thanked the Swinomish Tribe for their presentation and for their work with the Jamestown S'Klallam Tribe on their Healing Clinic, which serves the Olympic Peninsula and Member Dean's Jefferson County. Member Dean asked how the Tribe brings a culturally grounded lens to their dentistry work.

Dr. Hogan replied that the Tribal dental clinic's work is guided and grounded by patients, unlike traditional private practice, which has a more professionally driven culture. Dr. Hogan said that the clinic will adjust their approach with consideration to the patient's background, feelings, and motivations when coming into the office and that there is a culture where patients can speak freely. Dr. Hogan said that the Tribal health programs all collaborate, so services can be provided in the space where the patient feels most comfortable as well.

Jennifer said that Tribal health staff are also a part of the community and the trust that their staff works to build. Jennifer spoke about the types of problems that patients affected by health disparities may present with and the vulnerabilities they may feel. Jennifer said that it is especially important for Tribal community members to know that their healthcare providers are from their community, considering the history of dominant medicine practicing in Tribal communities and then leaving.

Dimyana Abdelmalek, Board Member, praised the Swinomish Tribe for their work, saying that their approach to holistic care, removing barriers, and meeting patients where they're at resonated with her as a physician and public health practitioner.

Member Flores and Patty Hayes, Board Chair also shared their thanks with the Tribe.

The Board recessed for lunch at 12:24 p.m. and reconvened at 1:20 p.m.

8. PRO EQUITY ANTI RACISM (PEAR) PLAN

Paj Nandi, Board Member, shared excitement, and honor to sponsor the work on a Pro Equity Anti Racism (PEAR) Plan. Member Nandi spoke about previous experience working at the Department of Health (Department) when the concepts of equity and anti-racism were being introduced in state government in the late 2010s, and seeing the Washington State Office of Equity recently created to support agencies becoming anti-racist and pro-equity.

Member Nandi discussed wanting to ground the group in what is meant by equity since there are many definitions. Member Nandi shared the following definition: "Creating opportunities for historically underrepresented populations to have equitable access to equitable opportunity. Equity is also the process of allocating resources, programs, and opportunities to employees, customers, and residents to address historical

discrimination and existing imbalances. Therefore, equity requires an organizational commitment that all employees, customers, and residents will be provided equitable access to opportunities, resources, and the ability to fully contribute to a particular agency's mission and goals."

Ashley Bell, Board staff, presented information on the PEAR Plan process, including requirements for state agencies, the plan's components, and the Board's responsibilities (presentation on file). Ashley said that for this purpose, the Board is considered a state agency and is required to develop a PEAR Plan. Ashley added that timelines are flexible and very fast.

Member Nandi and Ashley invited Board Members to participate in an interactive conversation. Member Nandi said the PEAR Plan can put a framework into action that centers on social determinants of health, health in all policies, and determinants of equity. Member Nandi expressed that there are connections between the Board's work and the 15 Determinants of Equity, beyond traditional health care or public health systems that may come to mind. Member Nandi asked Board Members to reflect on whether the information presented today resonates with them, including how they work with community members and various sectors.

Patty Hayes, Board Chair said there is so much to reflect on, and that Board Members will need reminders of the 15 Determinants of Equity as they proceed. Chair Hayes shared that the PEAR Plan is an opportunity to formalize the processes of stopping and asking important questions, looking at situations from different perspectives, and identifying systemic changes needed to move barriers. Chair Hayes added that the Board should clarify what it means by community engagement and community, otherwise, this language can be disrespectful to communities. Chair Hayes said the PEAR Plan can sharpen the Board's efforts to connect the dots of what it has heard from communities, link that to action, and communicate back with community.

Steve Kutz, Board Member, said that behind our society is implicit bias on all sides. Member Kutz added that we all must acknowledge we have implicit bias and things will not move until everyone realizes this dynamic exists and works together to change it. Member Nandi conveyed that some conversations will be uncomfortable as the Board begins the PEAR Plan process. Member Nandi said how the Board operates individually and as a collective will determine if the Board's work is truly equitable.

Member Nandi invited Ashley to provide more information on plan creation. Ashley shared information on how the PEAR Plan would work, PEAR service lines, and PEAR ecosystem goals and outcomes (presentation on file). Ashley said the plan requires taking action to improve determinants of equity, which are interwoven. Ashley also shared encouragements for the Board, including continuous learning, looking at the Board's impact, making value-driven and data-informed decisions, and being transparent.

Ashley said that Board staff will form a PEAR team internally to help the Board look at outcomes, goals, and strategies. Ashley added that the PEAR team will conduct an equity impact assessment and the resulting PEAR Plan will be unique to the Board. Ashley mentioned some aspects of the plan, such as community compensation,

community engagement, language justice, access for all, a scoping document for rules projects, and tracking and reporting performance.

Socia Love-Thurman, Board Member said the PEAR effort is massive and it is hard to pinpoint what the Board should do. Member Love-Thurman expressed that today's meeting is an example of what the Board should be doing: meeting on Tribal lands and understanding what the Board can do to support Tribal partners. Member Love-Thurman said these opportunities allow the Board to interact with groups who are thinking outside the box, see highlights and strengths of communities, and consider what Washington State can learn from the unique approaches used to meet people's needs. Member Love-Thurman expressed that the Board could do a lot of harm to communities if it does not do this PEAR process well.

Kate Dean, Board Member said that in all governmental work, it is easy to think in siloed ways but doing so is a disadvantage. Member Dean drew a lesson from the earlier panel conversation, emphasizing the need to see a whole human being in the context of health. Member Dean suggested that the Board use its unique role to think holistically, incorporating ecological knowledge and additional forms of knowing and science in its work to address complexity.

Mindy Flores, Board Member agreed with Member Love-Thurman about highlighting the strengths of various communities, while also making sure that this effort is representative of communities across Washington. Member Flores suggested working with communities who most want to engage with the Board and who want to move toward a holistic approach.

Member Nandi said the PEAR Plan is not a perfection plan. Instead, the PEAR Plan is an achievable plan to undo structures that have led to inequitable systems today. Member Kutz said the Board currently does not have members from the east side of the state and it should work to bridge those types of gaps. Member Kutz added that when the Board has members from diverse regions, they bring diverse perspectives. Chair Hayes agreed and added that the Board needs to ask important questions when starting or implementing projects so it can address gaps, learn, and improve.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee said this is important work and suggested framing that emphasizes benefit to all Washingtonians. Member Kwan-Gett said removing unfair structures to improve the health of marginalized communities benefits everyone. Member Nandi said that as the Board talks about how efforts benefit everyone, it should also call out privileges that have led to differences in outcomes among groups.

The Board took a break at 2:09 p.m. and reconvened at 2:16 p.m.

9. STATE HEALTH REPORT COMMUNITY PANEL

Mindy Flores, Board Member, introduced this agenda item by providing an overview of the Board's State Health Report (SHR) and the purpose of the community panel. Member Flores then invited Board staff to provide additional details.

Molly Dinardo, Board staff, shared information about the topics the panel would

be discussing, how the topics were selected, and a brief reminder about the Board's authority and how it intersects with this work.

Hannah Haag, Board staff, outlined the agenda for the panel, expectations and norms for Board Members and panelists, and guiding questions provided to panelists to help them prepare for the panel discussion.

Molly then shared some reflection questions for Board Members to consider during the panel and then had panelists introduce themselves (presentation on file).

Amanda Shi, Manager of Research and Evaluation, Tubman Center for Health and Freedom, introduced themselves and shared their connections to communities across different counties. Amanda presented on centering community solutions and visions that the community has for collective wellness. Amanda provided some background about the Tubman Center, shared their process for community-directed and led work, rather than community-advised, and the importance of learning about people's visions and dreams for their health and wellness and how this can be used to create a new standard of care for communities.

Amanda emphasized that what Tubman is doing is not more of the same, and they are fundamentally shifting to be community-directed. Amanda also touched on the topics of health justice, maternal and pregnant person health, substance use treatment, and data disaggregation (see presentation on file).

Dominique Horn, Community Mobilization Coordinator, Southwest Washington Accountable Community of Health (ACH), is an equity and collaborative impact specialist with ten years of community health work experience. Dominique's presentation started with a thought exercise, taking us back to the start of the pandemic and highlighting the disparities amplified by the pandemic. Dominique emphasized that the communities that needed the most support during COVID were overlooked or missed and did not have the same level of access. This led to the development of the Mobilizing a Culturally Appropriate Workforce (MACAW) program in Southwestern Washington. What became apparent was that the resources that they had were not reaching the groups who needed them. Dominique then provided statistics on the disparities in cases of COVID-19 in underserved communities. When ACH recognized these disparities, they were able to build a Community Health Worker (CHW) team with a diverse background to develop trust in communities and help to provide the services the underserved communities needed.

Dominique emphasized that this type of work can only move at the speed of trust and that four years later, this work is still going strong. Dominique highlighted that the CHWs were addressing a multitude of the social determinants of health and continue to do so. Some communities faced issues outside of COVID and needed assistance navigating conversations with their landlords and navigating doctors' appointments. The MACAW team is currently working on rolling out culturally appropriate nutrition classes to support communities in developing nutritionally valuable meals within the scope of their culture. This encompasses other cultural events, such as dances and exercise classes. They also help to support schools by working with the individuals they serve. At these events, they also provide access to vaccines and blood pressure management. The team also

provides support on how to access Zoom appointments. In preparing for this panel, Dominique contacted the Community Health Workers who staff the MACAW Team, and that is how they developed many of their answers to the prompt questions.

Molly Parker, Family Health Provider and Chief Medical Officer at Jefferson Healthcare in Port Townsend, talked about the joys and challenges of being a family medicine provider in Port Townsend, which can be isolated from larger health districts.

Dr. Parker shared stories as a physician to highlight patient perspectives (presentation on file). Dr. Parker talked about the three aspects of maternal health: individual access to care, quality of care, and the cost of care. Dr. Parker said that overall, maternal health care in our state and in our country is fragile. Dr. Parker also highlighted policy areas that have benefited maternity care for patients.

Dr. Parker stated that one of the challenges that they have in Jefferson County is getting people connected to these services. Dr. Parker also highlighted several other challenges. These challenges included providing appropriate training for healthcare staff in responding to acute emergencies, costs of maternity care services, and lack of maternity or birth services in communities.

Nyka Osteen, Director of Innovation, North Sound Accountable Community of Health (ACH), stated that North Sound is one of nine ACHs in Washington and serves the five North Western Counties and the eight Tribal Nations in their region. Nyka shared an acknowledgment of the land of the North Sound ACH region and the territory of the People of the Salish Sea. Nyka shared that this land acknowledgment was developed in collaboration and with approval from the eight Tribal Councils in the region. Nyka outlined the evolution of North Sound ACH since 2017, the importance of being responsive to community needs, and the current and future work of North Sound ACH (presentation on file).

The Board took a break at 3:17 p.m. and reconvened at 3:20 p.m.

Member Flores asked panelists how they prioritize their work when there are so many needs and priorities. Dr. Parker said this is a question that their team discusses often and that training for providers is a huge priority. Nyka said they have over 150 partner organizations at North Sound ACH, and since they are the ones on the ground doing the work and have lived experience, they are the ones who know best. Due to trust and relationship building over the past seven years, North Sound ACH has had community groups come to them to help them identify what the priorities should be, and then North Sound ACH adjusts their capacity and dollars to reflect these priorities. Amanda echoed what the other panelists shared and emphasized that at Tubman, they are also all community organizers and that they are in the community listening to the needs and priorities of the community.

Paj Nandi, Board Member, highlighted that what stood out from the panel discussion was community needs, whole-person care, multi-generational care, and community-informed and community-directed care. Member Nandi said it's important for the Board, at a policy level, to pay attention to how care is delivered in communities and the impact that it has. Member Nandi shared that often, we focus only on the empirical evidence,

but having direct community voice to inform policy and other decisions is essential and that the Board needs to hear this more often. Member Nandi commended the panel for their work and thanked them for taking the time to help inform the Board's work. Member Nandi also talked about how each panelist discussed their investment in their community and how they were deeply connected to this work.

Socia Love-Thurman, Board Member thanked the panel for their stories and incredible work. Member Love-Thurman noted that panelists were from the community, know the community, and each spoke to how the communities they are serving know best what they need to heal and to thrive. Member Love-Thurman also shared that it was great panelists discussed multigenerational care and how panelists have built the trust of their community so that when there is a need, the community is coming to them because they know that the panelists will work with them and not over them. Member Love-Thurman also highlighted the themes of innovation and thinking outside the box and how panelists spoke about how they are trying to make this type of work sustainable. Member Love-Thurman highlighted the VIP care model that the Tubman Center is working to create and said Dominique's statement of moving at the speed of trust resonated. Member Love-Thurman expressed appreciation for the stories, especially the maternal child and birthing center examples.

Patty Hayes, Board Chair said the themes shared today should help raise community driven, culturally appropriate care. Chair Hayes asked Board Members to consider their role in setting out the vision and what policies we want to see. Chair Hayes talked about the idea of ancestral integration within the current systems, about funding and barriers, and qualitative and quantitative data. Chair Hayes said these issues have common threads that are becoming clearer with visioning how to link them, and the Board is learning as the panel is manifesting.

Kate Dean, Board Member, talked about the Swinomish Tribes holistic approach to healthcare and the theme of not treating a symptom but treating the whole body. Member Dean said in public health, we're not treating a person, but communities. Member Dean said when we realized the risk of isolation in rural communities and depths of despair, perhaps the framework can focus on the protective factors and what are ways we can build in communities.

Michael Ellsworth, Department of Health, Secretary's Designee, discussed the United States Surgeon General's Advisory on the epidemic of loneliness and isolation and creating spaces to treat the whole human being. Member Ellsworth said there is a theme of social connectedness in today's leadership and examples and is excited to see the SHR after these presentations.

Steve Kutz, Board Member, said people in health care know these challenges. Member Kutz said it's clear how the panel cares about the community and how they are doing, it's not just a job. Member Kutz said people are struggling and there are not enough places that represent what the panel shared.

Member Flores asked if there were additional questions or comments from Board Members or panelists.

Dominique said listening to the dialogue between Board Members made them think about the need for long-term, sustainable funding. Dominique stated in the ten years they have worked as a community health worker, they have been on three to four grant-funded projects, often for a specific project cycle. Dominique said when a project ends, it creates harm in communities when these services go away. Dominique said trust takes time to build and a second to lose. Dominique said maintaining sustainable funding is important, and those building trust are often closest to the solutions. Dominique said it's ineffective to try to fix a hole in the boat as it is sinking, which is often what we do in healthcare, we only address problems once they're happening.

Nyka said they wanted to respond to the comments about resilience and innovation. Nyka shared that at North Sound ACH, they focus on health outside of health care and shared an example of a project with Coast Salish Youth participating in the Canoe Journey and using their culture as prevention. Nyka also highlighted the work of the Tribal Liaison for North Sound ACH, who is bringing together Youth Tribal Councils from across the region to expand this work. During discussions of designing better healthcare, Amanda talked about community design and multi-generational design and the importance of having elders and young people at the table together. Amanda said it also goes back to the accessibility of spaces, making sure everyone can have the opportunity to participate and that things are being designed for the entire family.

Member Nandi talked about framing everything under Foundational Public Health Services (FPHS) and how everything discussed is foundational to how health care and public health are delivered in communities.

Chair Hayes made the distinction that FPHS are the services delivered by the governmental systems.

Member Kutz said most of those services are likely Medicaid, not private pay, so they are part of the government system.

Member Kutz talked about the volume of services and difficulty hearing and responding to the individual stories, and those with the most needs are the responsibility of the state health system.

Chair Hayes thanked the panel.

Molly discussed the next steps for the SHR, continued conversations, and timeline.

The Board took a break at 3:55 p.m. and reconvened at 4:10 p.m.

10. PETITION FOR RULEMAKING – WAC 246-290-220, GROUP A WATER SYSTEMS – DRINKING WATER MATERIALS AND ADDITIVES

Patty Hayes, Board Chair introduced the rulemaking work and noted that this section of rules does not mention fluoride but is about the standards for Group A water systems.

Andrew Kamali, Board staff reviewed the Board's petition process, Board authority on the rule, and the petition request (presentation on file). Mike Means, Department of Health talked about the purpose of the existing rules for federally designated water

systems. The Washington Administrative Code (WAC) is currently consistent with most other states. The petition requests several changes that are outside of the scope of the rule and outside of the scope of the State Board of Health. Andrew noted that the supreme court of Washington has determined that fluoride in drinking water is not a drug. Andrew reviewed research on water fluoridation and noted that Board staff continue to monitor research around water fluoridation.

Steve Kutz, Board Member, commented on the varying presence of fluoride in water around the state. Member Kutz said pediatricians and dentists need to be aware of fluoride levels and should have conversations with their patients about fluoridation levels.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee asked for clarity on the research that exists around the harms of fluoridation. Andrew clarified that although some studies were peer-reviewed, there were questionable research methods present in those studies. Member Kwan-Gett said their experience as a pediatrician aligns with Member Kutz' experience of having conversations with patients about levels of fluoridation. Member Kwan-Gett said fluoride supplements are prescribed when water is not fluoridated and fluorosis is not harmful and generally doesn't result in neurotoxicity.

Dimyana Abdelmalek, Board Member, agreed and recommended that anyone concerned about fluoridation in their water should connect with their healthcare provider and highlighted that there is no requirement for fluoridation in this rule. Member Abdelmalek lives in a community that doesn't have fluoridated water so often takes that into account by using fluoridated toothpaste.

Kate Dean, Board Member, said it is a very difficult decision to make on a local level and that local jurisdictions rely on the state for the science behind these decisions. Member Dean is grateful that the state is taking a strong stand on this issue.

Socia Love-Thurman said that hearing various communities around the state don't have fluoride in the water makes them wonder if there is a role the Board could play in ensuring dental health. Member Love-Thurman asked how the general public would know if their water is fluoridated.

Member Kutz commented that a person can look at their water provider's annual report.

Andrew commented that the 2015 recommendations were to maintain and expand fluoridation.

Mike Means commented that the Department does maintain a list of water utilities that have added fluoride and are working to include naturally fluoridated water. This is challenging because of private wells, Group B water systems, and more. Mike said people should ask their water system if their water is fluoridated.

Kelly Oshiro, Board Vice Chair wondered if you could look at the information by zip code. Mike answered that it would still be different, and you are better off looking by your specific address. Vice Chair Oshiro asked if we are expecting our communities to

have this information or find this information themselves. Vice Chair Oshiro said maybe this needs to be a screening question with family medicine providers.

Member Dean asked if breastmilk contains sufficient fluoride and if this depends on the water source of the mother. Shelley Guinn, Department of Health said breast milk does not contain fluoride, but it is recommended as a sole source of nutrition for up to six months. Shelley said infant formula mixed with fluoridated water may provide a slight risk of fluorosis.

Mindy Flores, Board Member commented in support for fluoridation, saying in their communities many people do not have access to dental care or may not have good dental hygiene.

Chair Hayes noted that the petitioner is requesting that this responsibility be added to a section of rules about water systems and changing the responsibility to water system providers.

Member Kutz said that parents may choose to use non-fluoridated toothpaste.

Motion: The Board declines the petition for rulemaking to amend chapter 246-290-220 WAC for the reasons articulated by Board Members. The Board directs staff to notify the petitioner of the Board's decision.

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

11. 2024 BOARD MEETING SCHEDULE REVIEW

Michelle Davis, Board Executive Director asked Board Members for suggested locations for upcoming meetings. Executive Director Davis said the Board staff is looking to find a location in Vancouver, WA in June. Board staff are also looking for other eastside locations in August. Executive Director Davis asked Board Members to share any facility recommendations for the June meeting in Vancouver and a preferred location recommendation in eastern Washington for August.

Member Kutz discussed following up with Board staff with a few ideas for locations.

Executive Director Davis said meeting in spaces accessible to communities is important.

12. BOARD MEMBER COMMENTS

Patty Hayes, Board Chair said on March 25, Chair Hayes and Board staff will go to Spokane to present at the Rural Health Conference. Chair Hayes is expecting an interesting conversation and highlighted the importance of notifying people around the state of what the Board is doing.

Tao Kwan-Get, Chief Science Officer, Secretary's Designee, shared that the Department of Health (Department) Healthy Youth Survey results have been released. The Department's Healthy Youth Survey is done every other year. The Department heard from 200,000 students throughout the state from this survey.

Stephen Kutz, Board Member shared that National Institutes of Health (NIH) last week talked about the resurgence of syphilis. In these discussions, NIH talked about Alaska, which has the highest syphilis rates, and the Native population has the highest syphilis rate in the world. Member Kutz discussed that the United States does not do sexually transmitted disease programs anymore unless it is an overt case or if you are pregnant. Member Kutz said there is a huge gap in Washington state and across the country that needs attention. Member Kutz said awareness needs to be raised and will be talking to Tribal Members about screening patients. Member Kutz acknowledged enjoying the meeting today and appreciates the support for the school rules project.

Chair Hayes thanked everyone for their hard work, saying it was an incredible meeting.

ADJOURNMENT

Patty Hayes, Board Chair, adjourned the meeting at 4:43 p.m.

WASHINGTON STATE BOARD OF HEALTH

_____

Patty Hayes, Chair

From: Clifton Hill
Sent: 3/26/2024 6:17:11 AM
To: DOH WSBOH
Cc:
Subject: Fluoride is unnecessary and toxic

External Email

Dear Board Members,

I understand there was a recent hearing on fluoride in our water systems. I can tell you that my wife and I, and our three kids have been off fluoride for 17 years. We have no cavities. My kids have never had fluoride in their regular drinking water source, other than minimal when we go to a restaurant, and we rarely do that. And they have great teeth.

Sodium Fluoride is toxic and unnecessary. There are cities that do not add any fluoride. Such as Portland, Oregon.

--
Regards,
Clifton Hill

From: bill teachingsmiles.com
Sent: 4/1/2024 7:01:14 PM
To: DOH WSBOH
Subject: Public Comment for April 2024

External Email

Washington State Board of Health

Public Comment, April, 2024

Dear Board Members,

We have repeatedly asked the Board of Health to hold a "forum" as required by the Legislature. At the March 2024 Board meeting, the Board cherry picked members of the fluoridation lobby to provide endorsements of benefit (efficacy) and uncertainty about harm, such as damage to teeth, brains, kidneys, intestines, bones, thyroid, enzymes and the power house of every cell of the body, harm to the mitochondria.

By cherry picking participants who cherry pick evidence, the conclusion was determined prior to the presentations. In effect, the Board held a "rally" to support policy rather than a "forum" to protect the public health.

I didn't hear the fluoridation lobby mention to the Board that the U.S. Surgeon General no longer publicly endorses fluoridation?
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchildrenshealthdefense.org%2Fde
fluoridation-us-surgeon-general-stop-support-lower-
iq%2F%3Futm_source%3Dluminate%26utm_medium%3Demail%26utm_campaign%3Ddefender%26utm_
Or that most developed countries do not support fluoridation.

The Board of Health failed to follow the law and failed to protect the public health with a rally.

"RCW 43.20.050 Powers and duties of state board of health . . . The state board of health shall provide a forum for the development of public health. . ."

(2) In order to protect public health, the state board of health shall:(a) Adopt rules . . . to assure safe and reliable public drinking water and to protect the public health." (emphasis supplied)

The Legislature does not include in the duty of the Board of Health the requirement to assure "benefit" or "efficacy?" NO. The Board is to assure safety, not to determine benefit, which is the duty of the FDA.

In research we can ethically perform high quality studies (randomized controlled trials RCTs) to determine benefit, good, efficacy. However, we cannot study "harm" or "risk" by intentionally causing harm with RCTs. Thus, the research of harm will always have "uncertainty" especially for those with vested interests.

The fluoridation lobby exaggerated and speculated to the Board on the benefits of fluoridation with endorsements and created uncertainty of harm. Board members are too young to remember how many decades it took to become confident tobacco smoking

(tobacco lobby) and lead (oil and paint lobbies) caused harm. Proponents constantly raised "uncertainty" regarding the evidence of harm. The fossil fuel industry and others are doing the same for global warming, "uncertainty." And the fluoridation lobby is doing the same for fluoride.

□□□□□We have more than 70 human studies reporting harm to the developing brain. The National Toxicology Program reported 18 of 19 high quality studies report harm. In court, Judge Chan asked the fluoridation lobby expert, "how many more studies would you need to be confident fluoride ingestion causes harm?" (paraphrased) The expert responded, "one or two more good studies." And those have and are being done and the fluoridation lobby, like the tobacco, lead, DDT and global warming lobbies, respond "we need more study." The NTP took 8 years of study on just one risk of excess fluoride exposure.

A big difference between fluoride and other toxins, fluoride is intentionally given with a misguided belief in significant benefit and is controlled by authorities without dosage informed consent or authorized FDA oversight.

Congress gave the job of determining efficacy, dosage, safety, label and good manufacturing practices of all substances with "INTENT" to prevent disease in humans to the U.S. Food and Drug Administration. Should the Board choose to follow the Washington State Legislature, the Board will rely on the Food and Drug Administration rather than endorsements from the fluoridation lobby.

The FDCA (Food Drug and Cosmetic Act and RCW) explicitly makes articles "drugs when the "intent" for use is in the treatment, mitigation and/or prevention of disease. Intent to prevent dental disease determines the regulatory agency, which is the FDA CDER.

"The term "drug" means

(A) articles recognized in the official United States Pharmacopoeia . . .; and

(B) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and

(C) articles (other than food) intended to affect the structure of any function of the body of man or other animals; and

(D) articles intended for use as a component of any article specified in clause (A), (B), or (C). . . ." [2]

1. Sodium Fluoride is a drug because it is listed in the US Pharmacopeia. [3]
2. Fluoride is a drug because the FDA told Congress fluoride is a drug. [Supplement A]
3. The FDA confirmed fluoride is an unapproved drug. [Supplement B]
4. The Washington State Board of Pharmacy determined fluoride is a legend drug (requires the patient's doctor to write a prescription).
5. The Idaho State Board of Pharmacy confirmed fluoride is a drug.
6. The approved fluoridated toothpaste label states "Drug Facts," with dosage: "use a pea size" which refers to 0.25 mg of fluoride, the same as a large glass of CWF, and warnings such as, "do not swallow." The Board has no authority or experts to disagree with the FDA's warning, "Do Not Swallow."
7. The EPA (The USA Environmental Protection Agency) water law office confirmed the "EPA does not have responsibility for substances added to water solely for preventative health care purposes, such as fluoride. . . the FDA remains responsible for

regulating the addition of drugs to water supplies for health care purposes." [Supplement C]

8. The FDA has notified fluoride supplement manufacturers their product is unapproved, in part because: "There is no substantial evidence of drug effectiveness as prescribed, recommended, or suggested in labeling."[4] Whether fluoride is in a pill or dissolved in tap water make no alleged therapeutic difference; although, pills provide for patient informed consent and a doctor's prescription.

9. The FDA has responded that application for CWF NDA (New Drug Application), "effectively would ban public water fluoridation. . . ." [5] The evidence for efficacy, dosage, safety, label, informed patient consent and chemical purity is incomplete. Yet the Board of Health would not even agree to basic public notifications of potential harm.

10. The FDA was "notified" of a health claim for fluoridated bottled water, which circumvented the scientific regulatory drug approval process. The FDA has warned fluoridated bottled water manufacturers, "the health claim is not intended for use on bottled water products specifically marketed for use by infants." nor "for infants or toddlers less than two years of age. . . . ." [Supplement D] CWF is without label and without individual informed consent; however, bottled water is an option for those choosing to ingest fluoride.

11. Fluoride is not a nutrient because the absence of fluoride does not cause dental caries or any disease and is not used by the body in any physiologic function. Due to fluoride's toxicity, fluoride fits into legal definitions [6] of "poison" and "highly toxic substances," and fluoride is exempt from poison laws only when regulated under drug or pesticide laws. Fluoride is not exempt as a food or nutrient, regardless of endorsements from non-regulatory agencies and industry such as the CDC, HHS, NIH, IOM, HEW, AAP, NJ, USSG, PHS, and ADA.[7]

12. The fluoride compounds added to public water are not pharmaceutical grade, the contaminated, adulterated waste products of manufacturing, without accompanying assay, [8] and often imported from countries which have banned CWF, such as China. [9]

13. The FDA determines the "quality" of evidence from all streams for approval. Efficacy requires RCTs. Safety studies cannot ethically have RCTs because we cannot intentionally harm cohorts. However, when efficacy studies are done, safety evaluation can and must be incorporated in the RCT. Observational studies and non-randomized controlled trials are lower quality and more open to controversy (as they should be), such as the study at hand.

The FDA has several rolls to play when manufacturers make application for approval of a drug including, but not limited to:

1. Efficacy: The FDA requires Randomized Controlled Trials (RCT). The only RCT published study on fluoride's potential caries prevention [10] reported no significant benefit in reducing dental caries. Observational studies are replete with confounders. The FDA is correct, evidence of efficacy is incomplete.

2. Dosage: CWF is a concentration of fluoride, not a dosage. Not everyone drinks the same amount of water. There are many sources of fluoride and total individual fluoride exposure is an individual's dosage.[11] RCTs are needed to determine dosage.

3. Safety: Only after efficacy at a specific dosage is determined with RCTs, can safety be judged. Informed consent for cohorts in RCTs must include monitoring subjects for side-effects and harm. For example, an RCT of fluoride ingestion must ethically monitor for dental fluorosis, both cosmetic and functional, [12] developmental neurotoxicity as measured with lower IQ, miscarriage, premature birth, infant mortality, and monitoring for thyroid, bone, pineal gland, enzymatic stress, ADHD, bone fractures, cancers, both in the short term and lifetime.[11]

4. Label: Intent of use, dosage and warnings for risks, side effects and harm must be included in dispensing fluoride for the education and informed consent of patients.

5. Safety Factor: The FDA must also include a margin of error, uncertainty factor, along with intraspecies variation.

6. The FDA monitors manufacturing to ensure pharmaceutical grade chemicals are

not misbranded or adulterated. The EPA regulates fluoride as a contaminant, not to the purity the FDA requires. The fluoridation chemicals may contain lead and arsenic and the Maximum Contaminant Level Goal for those is 0.0 mg/L.
7. The FDA determines whether fluoride is to be dispensed "over the counter" or as a legend (prescription) drug.
8. The FDA determines whether fluoride can be dispensed to everyone without their informed consent, individual autonomy, their doctor's oversight, knowing their total exposures, or allergic reactions, etc.

The FDA has the experts, policies and procedures to make judgment on safety. IQ is only one measurement of developmental neurotoxicity and only one adverse outcome of excess total fluoride exposure, now reported in two out of three of our young. [13]

Known harm such as both aesthetic and functional dental fluorosis have not been refuted and known for over 80 years. The harm has been marginalized, stubbornly rejected, as simply side effects, cosmetic. Dentists placing black fillings had little concern for cosmetics. Just like a scratch on a car is just cosmetic, it is indeed damage. Costs to treat harm are usually ignored and Journals often refuse to publish the real-world costs.[16] Authors and industry promoting CWF who refuse to even admit an obvious and known harm of dental fluorosis, both cosmetic and functional (chipped, pitted, broken, warn and fractured teeth) [12] frequently treated by dentists and costing far more than alleged benefit,[16] are ill equipped to evaluate and make rational judgment on other risks from fluoride ingestion.

CWF is controversial, in part because laws and the FDA have been ignored. Robust inclusion of all streams of evidence from both sides are essential in academic freedom, excellence and the protection of our patients and the public health. The FDCA <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fbooks%
[17] mandates drug manufacturers submit evidence of new drugs' safety and effectiveness before marketing and distribution to the general public.

The NTP draft monograph "concludes that fluoride is presumed to be a cognitive neurodevelopmental hazard to humans." National Library of Medicine, National Center for Biotechnology Information, Lancet Neurology 2014 Mar; 13(3): 330-338 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2

Our petition to notify caregivers to not give infants formula made with fluoridated water is reasonable and science based until the FDA provides approval for CWF.

Bill Osmunson DDS MPH is the sole author of this letter and requests it to be published in open access. Bellevue, Washington USA Orcid 0000-0002-2716-7105 bill@teachingsmiles.com

Bill Osmunson DDS MPH has no conflict of interest. He is a retired dentist of 46 years clinical preventative, cosmetic and neuromuscular practice and teaching, with master's degree in public health.

[1] CDC (1999). Achievements in Public Health, 1900-1999: Fluoridation of Drinking Water to Prevent Dental Caries. MMWR, 48(41); 933-940, October 22

[2] 21 USC 321(g)(1)

[3] USP

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.usp.org%2Fsearch%3Fsearc

[4] Drug Therapy, June 1975.

[5] Email to the Washington State Board of Health from the FDA as reported in their June 9, 2010 letter to this author.

[6] RCW 69.38.010
<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fapp.leg.wa.gov%2FRCW%2Fdefaul

[7] Smile Spokane
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fwp-content%2Fuploads%2Fspokane-city-council-information-on-fluoride-2020-09-08.pdf&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8d09cdb1d38741d0a78f08dc52b7cf60%7C11d0e2
NIH National Institute of Health , IOM Institute of Medicine, HEW Health Education and Welfare, AAP American Academy of Pediatrics, NJ Nutrition Journal, ADA American Dental Association and HHS Health and Human Services, US Surgeon General, US Public Health Service. Note: All agencies in this letter are USA agencies.

[8] The National Sanitation Foundation, NSF.org,
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nsf.org%2F&data=05%7C02
is an independent company, funded by manufacturers, providing annual manufacturing and transportation inspections, but does not provide batch testing or provide results to the consumer. NSF permits contaminants in the product up to 10% of EPA's MCL, which is 4 mg/L. When asked how fluoride is permitted at 1.0 mg/L when 10% of 4 is 0.4 mg/L, the NSF responded the 10% applies to the contaminants in the product not the product which is an EPA contaminant.

[9] WCVB 5 ABC
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Accessed Dec. 27, 2022

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[14] Water fluoridation status in Western Europe <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Ffluoridealert.org%2Fcontent%2Fw

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1. Lead: Exposure to lead, often found in old paint, contaminated soil, and water, can impair brain development and cause cognitive deficits <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2 1 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2 .
2. Methylmercury: Found in certain fish and seafood, methylmercury can harm the developing nervous system, especially during pregnancy <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2 1 <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2 .
3. Polychlorinated Biphenyls (PCBs): These industrial chemicals, although banned, persist in the environment and can affect brain development

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1
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2
.
4. Arsenic: Arsenic exposure, often through contaminated water or food, has been linked to developmental neurotoxicity
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2
1
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpmc%2
.
5. Toluene: Commonly found in paints, solvents, and glues, toluene exposure can harm the developing brain1
6. manganese,
7. fluoride, chlorpyrifos, dichlorodiphenyltrichloroethane (DDT), tetrachloroethylene, and polybrominated diphenyl ethers (PBDEs) have also been identified as developmental neurotoxicants1It's essential to recogn2
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thelancet.com%2Fjournals%
4422%252813%252970278-
3%2Ffulltext&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8d09cdb1d38741d0a78f08dc52b7cf60%7C1
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<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sciencedirect.com%2Ftopics
neurotoxicology&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8d09cdb1d38741d0a78f08dc52b7cf60%7
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The National Academies of Science, The National Toxicology Program NAP NTP
<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fnap.nationalacademies.org%2Fdo
P 44.m 2020.

WASHINGTON STATE BOARD OF HEALTH

Heather Carawan
Communications Consultant

Heather Carawan joins the Washington State Board of Health as a Communications Consultant. Heather brings strong writing, visual and digital communications skills to the team.

Most recently Heather was a Communications Specialist for the City of Seattle's Office of Arts & Culture. Prior to that, Heather served as the Communications Manager for TeamChild, a statewide civil legal aid program for youth, where she created muti-media content, managed the non-profit organization's website and increased social media reach. With an interest in advancing equity and inclusion, Heather also taught documentary studies in the Journalism department at Pierce College. She looks forward to supporting the Board's work and amplifying the focus on health equity.

Heather received her Bachelor of Arts degree in Anthropology and Ethnic Studies from Mills College in Oakland, California, and her Master of Fine Arts in Cinema from San Francisco State University.

STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
PO Box 47990 • Olympia, Washington 98504-7990

March 2024

William Osmunson, DDS, MPH
Washington Action for Safe Water

Sent Via Email

Dear Dr. Osmunson:

This letter provides formal notice that the Washington State Board of Health (Board) denied your petition for rule making, submitted on February 12, 2024, at its regular business meeting on March 13, 2024, for the reasons described below.

The petition asked the Board to revise WAC 246-290-220, Group A Public Water Supplies: Drinking water materials and additives, by adding a new subsection (8) to the rule that would provide language recommending specific parameters for the ingestion of fluoride from drinking water and toothpaste for pregnant mothers, infants, and children.

Prior to the meeting, Board members were provided with all materials that were submitted relating to the petition. Board staff provided background information about the scope and intent of the existing rule and current recommendations from the Department of Health and other organizations regarding fluoride in public water systems. Board members stated that they support the science around the use of fluoride as being beneficial and protective of oral health, and do not view mild fluorosis as harmful or as generally resulting in neurotoxicity. Members noted that they support fluoride in water systems, with one member noting that in their community there are many people who do not have access to dental care or may not have good dental hygiene. Members also noted that there is no requirement for fluoridation in the public water system rules and that the use of fluoride in water systems varies throughout the state. Members stated that dentists and pediatricians are well positioned to advise parents about their individual use of fluoride for themselves and their children.

RCW 34.05.330(3) allows a person to appeal a petition's denial to the Governor within 30 days of the denial.

Sincerely,

Patty Hayes

Patty Hayes, MPH
Chair

WASHINGTON STATE BOARD OF HEALTH

The NATIVE Project
SBOH Public Meeting - April 10, 2024

Toni Lodge

Toni Lodge
Chief Executive Officer
The NATIVE Project

Toni Lodge is an enrolled citizen of the Turtle Mountain Chippewa Nation of North Dakota. She is Native woman; an elder; a mother and grandmother; a relative to all; one who has worked for a lifetime on intergenerational healing for our community. Toni has a background in journalism, education, therapy, grant writing, and healthcare & administration. She became the CEO of The NATIVE Project shortly after its inception and has over 30 years of working to address healthcare disparities while serving her community by designing an Urban Indian Organization that offers healthcare, dental, licensed behavioral health services, prevention, youth services, and cultural healing practices.

THE NATIVE PROJECT

Washington State Department of Health Update

Scott Lindquist, MD, MPH

STATE EPIDEMIOLOGIST FOR COMMUNICABLE DISEASES, WA DOH

Kelly Cooper

POLICY & LEGISLATIVE RELATIONS DIRECTOR, WA DOH

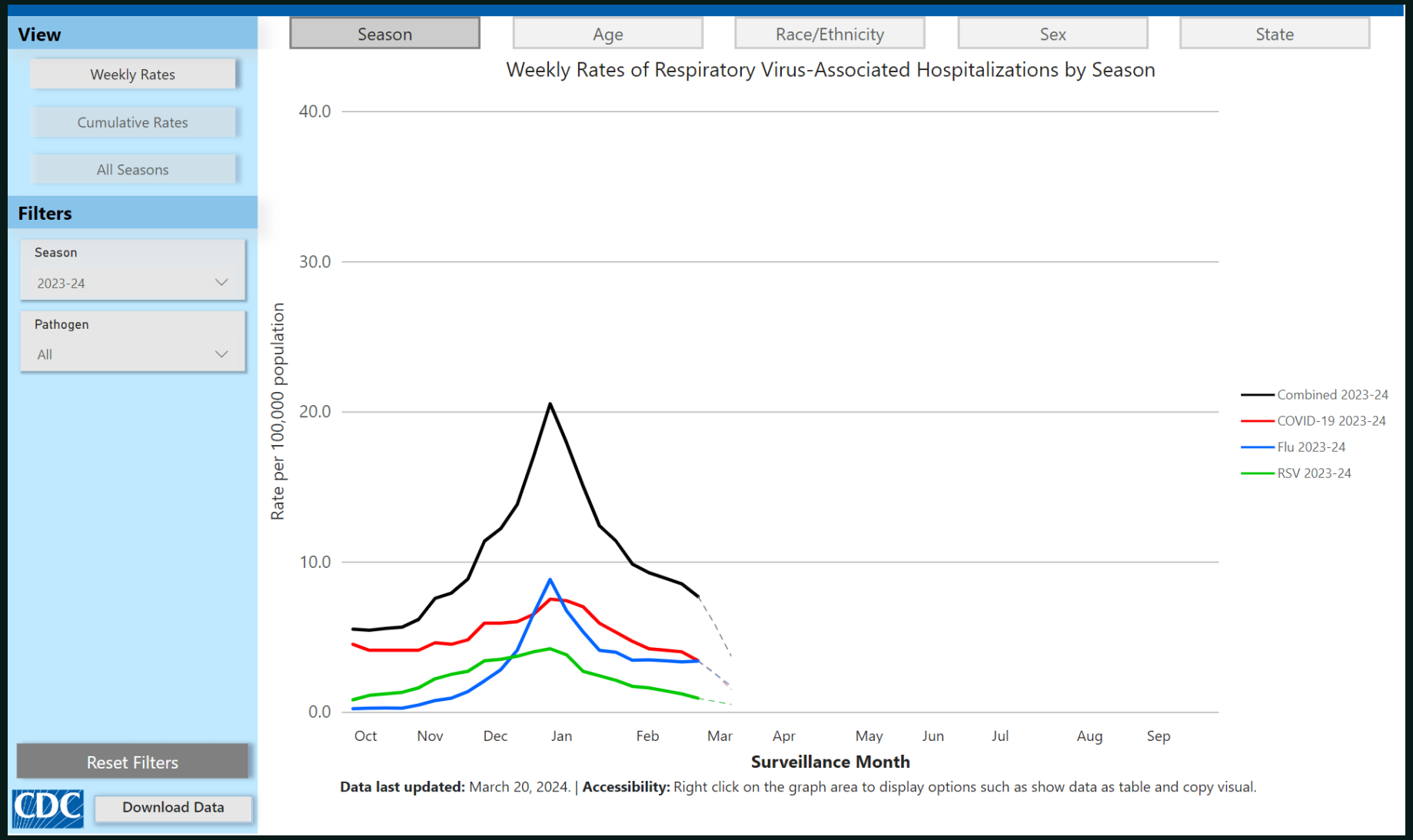
Washington State Board of Health
04/10/24 | Spokane

Washington State Department of HEALTH

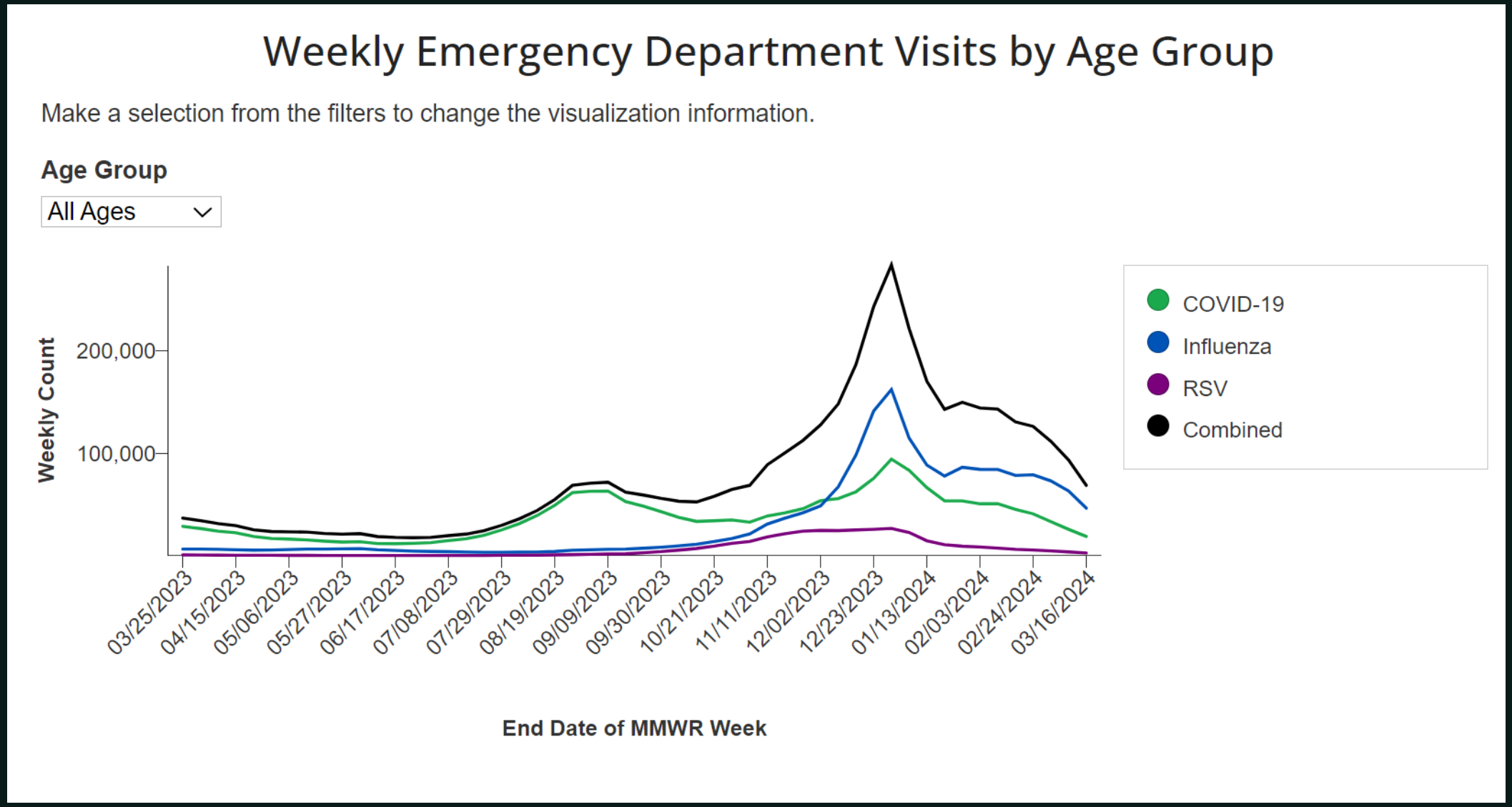
@WaDeptHealth
@WaHealthSec

2023-2024 Respiratory Disease Activity Update

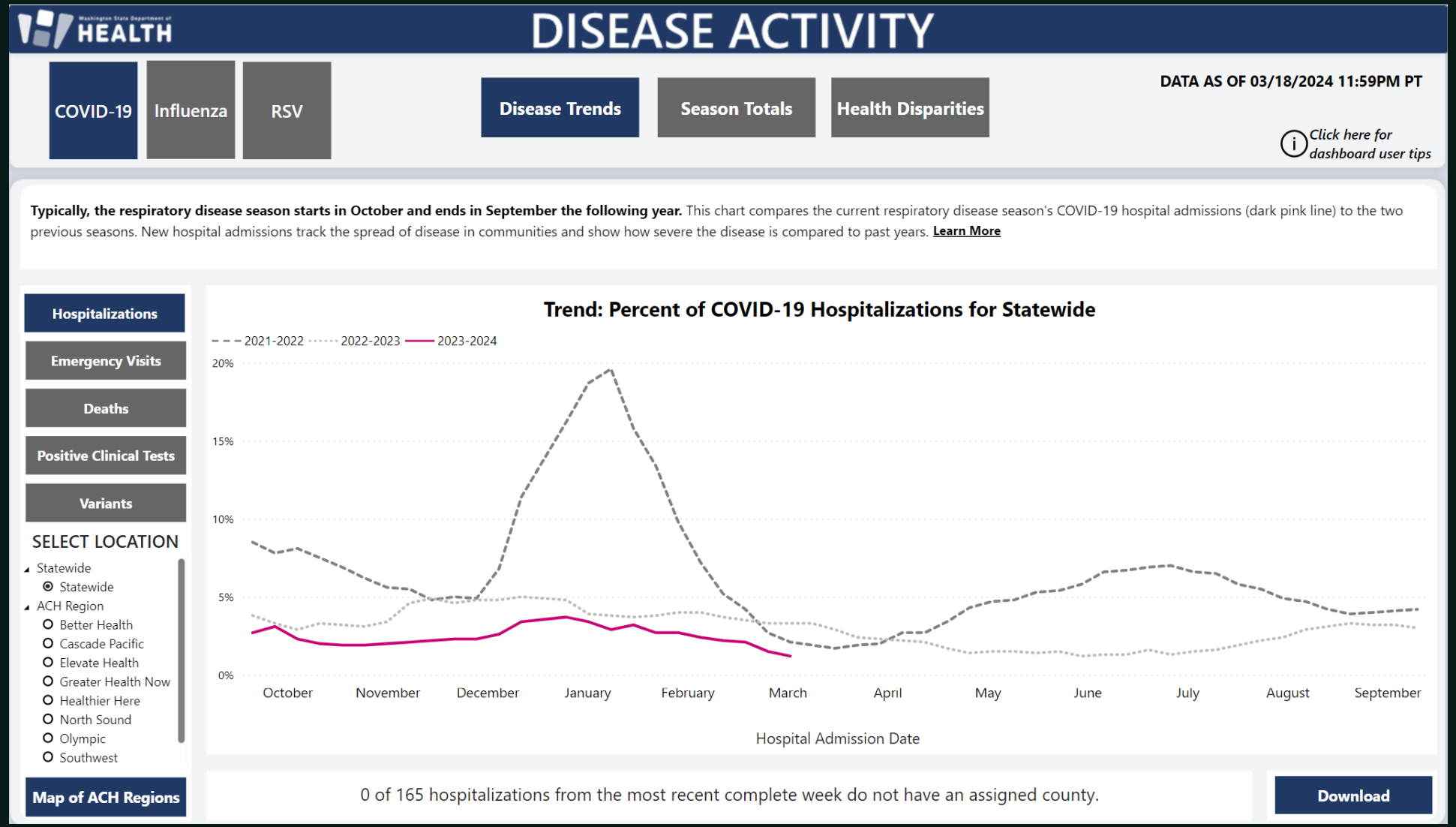
U.S. Respiratory Disease Activity



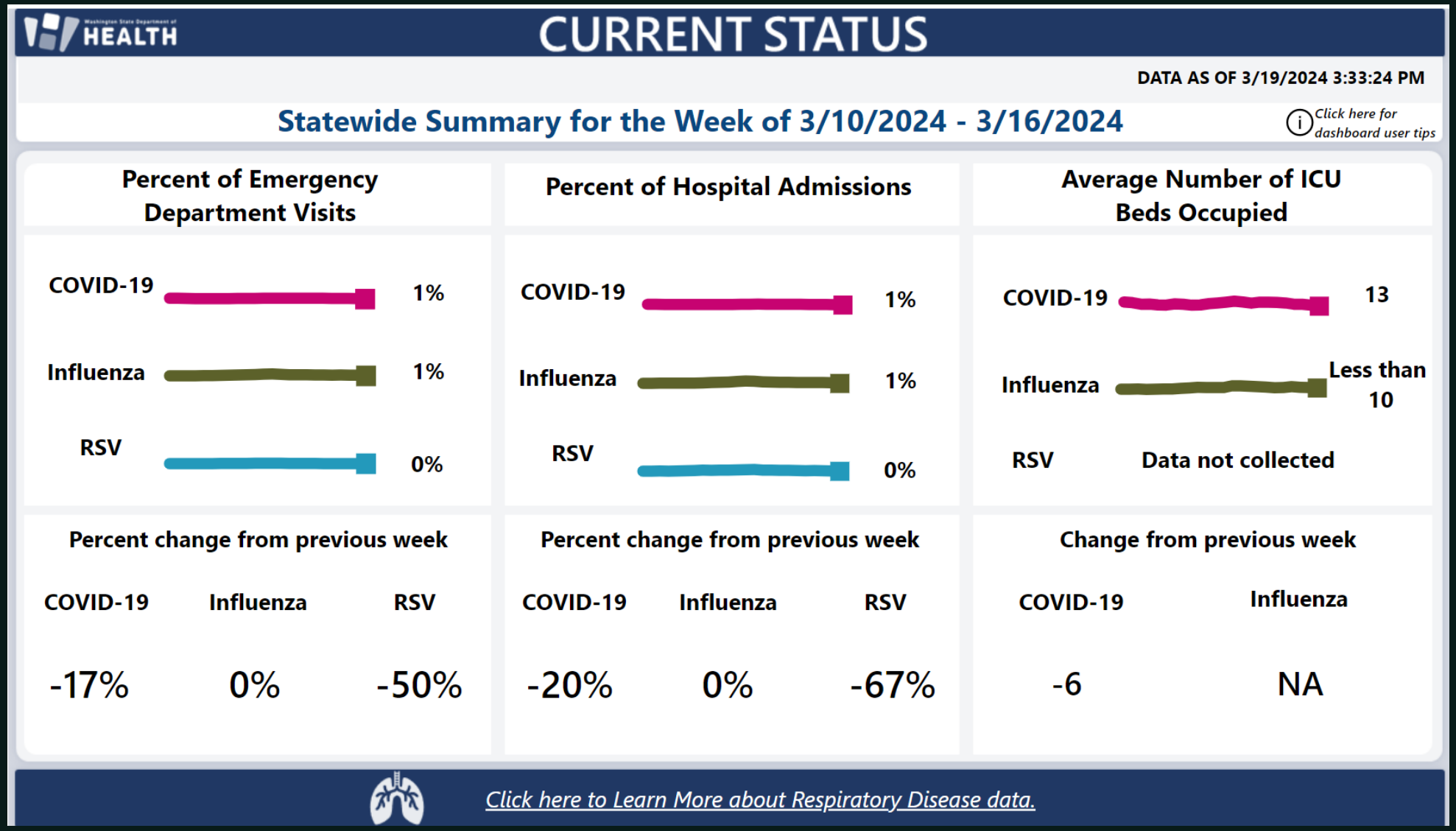
U.S. Respiratory Virus Emergency Department Visits



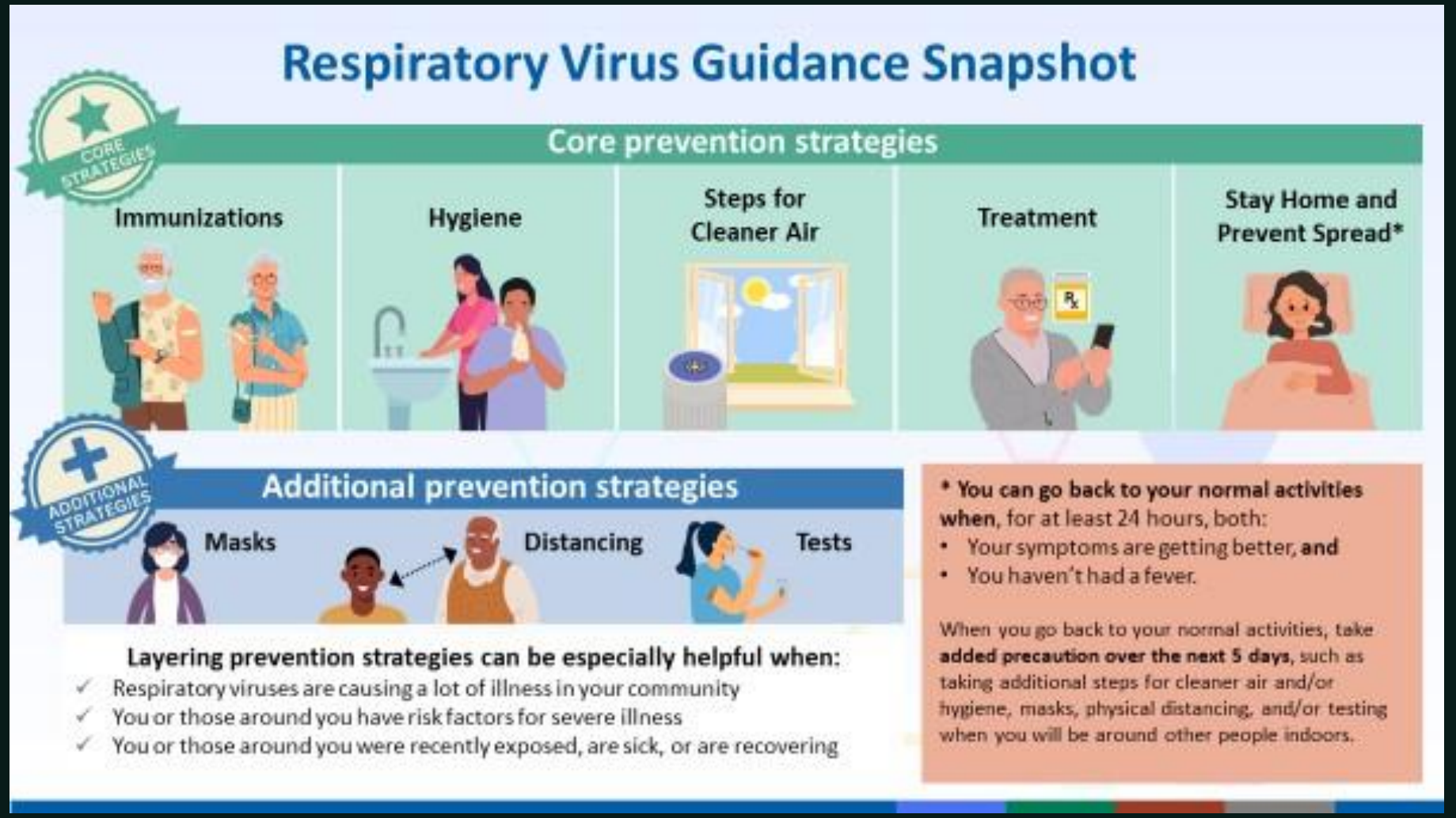
Washington Respiratory Disease (Covid-19) Activity



Washington Respiratory Disease Emergency Department Visits



CDC Respiratory Virus Guidance Update



WA-DOH Respiratory Virus Guidance Update

Washington State Department of HEALTH

News Release

www.doh.wa.gov/newsroom

For immediate release: March 18, 2024 (24-030)

Contact: DOH Communications

Department of Health announces updated guidance for COVID-19 and other respiratory illnesses

The new recommendations streamline guidance across multiple illnesses

U.S. Health and Human Services'
Vaccine Adverse Event Reporting System Overview

What is the Vaccine Adverse Event Reporting System (VAERS)?

- National system in place to monitor vaccine safety
- Established in 1990
- Maintained, operated, and monitored by the United States Food and Drug Administration (FDA) and Center for Disease Control and Prevention (CDC)
- Collects information about possible side effects that occur after administration of a United States-licensed or authorized vaccine for follow-up investigation
- Helps scientists notice trends or reasons they should investigate a possible problem
- VAERS website also shares vaccine safety-related information with parents/guardians, health care providers, vaccine manufacturers, state vaccine programs, and others
- Anyone can report to and access information from VAERS
- Find more information, review data, or submit a VAERS report at vaers.hhs.gov

What is the Vaccine Adverse Event Reporting System (VAERS)?

- VAERS is designed to receive reports from healthcare providers, patients, parents, or anyone who witnessed or heard of a possible adverse reaction that occurred after getting any vaccine.
- Healthcare providers are required by law (42 USC 300aa-25) to report to VAERS when:
  - Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccination.
  - Any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine.
- Healthcare providers are strongly encouraged to report to VAERS when:
  - Any adverse event occurs after the administration of a vaccine licensed or authorized in the United States, **whether it is or is not clear that a vaccine caused** the adverse event.
  - Vaccine administration errors occur.
- Vaccine manufacturers are required to report to VAERS all adverse events that come to their attention.

How does VAERS work?

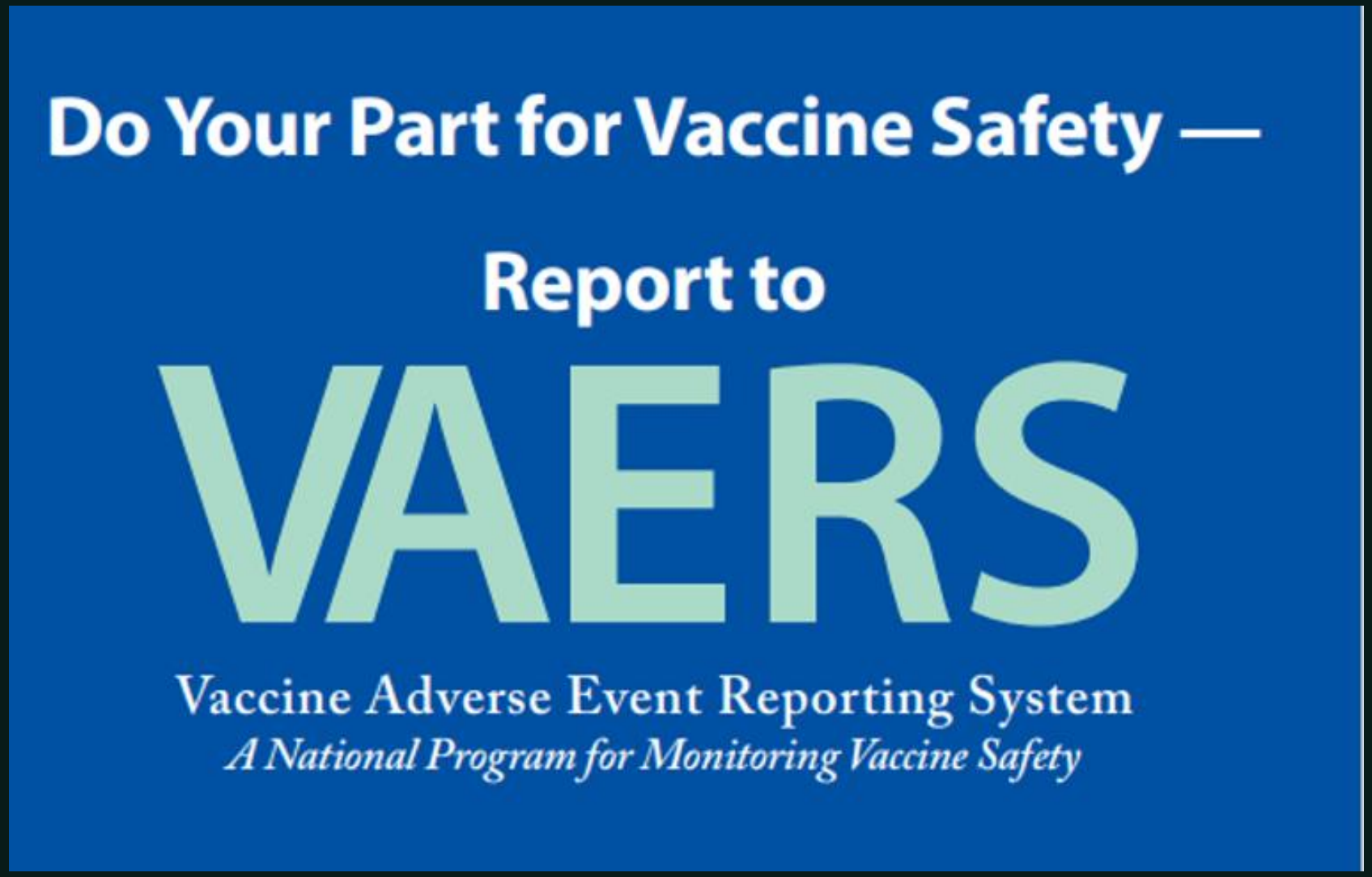
- Anyone can submit a report to VAERS.
- A VAERS report **does not** mean the vaccine caused the reaction or outcome.
- It is not possible to use VAERS data to calculate how often an adverse event occurs.
- VAERS offers a quick way for scientists to identify potential vaccine safety concerns for further follow-up.
- When safety concerns are identified, further studies are conducted using systems such as the CDC's Vaccine Safety Datalink (VSD) and Clinical Immunization Safety Assessment (CISA) to determine possible connections and health risks.
    - The VSD conducts vaccine safety studies based on questions or concerns raised from the medical literature and reports to the Vaccine Adverse Event Reporting System (VAERS) and other vaccine safety systems. Since 1990, VSD published many studies to address vaccine safety concerns.
    - The CISA Project is a network of vaccine safety experts to improve understanding of possible reactions related to vaccines.

VAERS WONDER SYSTEM

- VAERS data are available to the public through a system called WONDER
- Data in WONDER may contain information that is incomplete, coincidental, or not able to be verified
- Data available to the public only includes the initial reports to VAERS
    - Updated data from medical records and corrections reported during follow-up are used by CDC and others for analysis. These data are not available to the public.
- Reports of death in WONDER may be misinterpreted or inaccurately analyzed
- **Ultimately, the data available in WONDER requires further investigation and should not be used to determine vaccine safety.**

VAERS and the WA-DOH

- It is the responsibility of the federal government (CDC, FDA) to monitor vaccine safety.
- VAERS staff may contact WA-DOH if assistance is needed for more information about specific cases, such as vaccination data.
  - CDC's Immunization Safety Office contacts State Vaccine Safety Coordinator or Immunization Managers to initiate conversation.
  - Follow-up can be challenging if limited information is submitted in VAERS.
- WA-DOH, like members of the public, can access the available VAERS WONDER System.
  - DOH may also receive communication form CDC of VAERS reports that impact our state.
- WA-DOH encourages people to report to VAERS.



Find more information or submit a VAERS report at vaers.hhs.gov

WA-DOH State Legislative Update

WA-DOH Agency Request Legislation

- SB 6095 – Providing the Secretary of Health clear standing order authority
- SB 5982 – Updating the state's vaccine definition
- SB 2721 – Uniform facilities enforcement framework

Public Health Bills

SB 5983 – STI Workgroup Recommendations

SB 5829 – Congenital Cytomegalovirus

SB 6234 – Newborn Screening for BCKDK

Opioid Crisis

Substance Use Prevention Education and Campaigns

HB 1956, HB 2396, SB 5906

Decontamination Guidance

HB 2396

Budget

- $ 90M in new investments for DOH (including SBOH and LHJs)
- $19M investments to address opioid crisis - data dashboards, naloxone distribution, prevention campaigns.
- Funding to review and update School Environmental Health Rules
- Expansion of Health Disparities Council

KEY TAKE AWAYS

- Updated guidance streamlines for multiple respiratory diseases. Protect yourself and loved ones from respiratory diseases by getting updated vaccines, washing your hands, covering cough.
- The Washington State Legislature had a productive session passing bills to increase access to syphilis treatment, enhance response to opioid crisis, and strengthen public health capacity.
- VAERS has been around for more than 30 years and is one tool of many to make sure vaccines are safe and efficacious.

IN IT TOGETHER!

Umair A. Shah, MD, MPH
360 236 4030
Secretary@doh.wa.gov

Twitter:
@WaHealthSec
@WADeptHealth
@ushahmd

WASHINGTON STATE BOARD OF HEALTH

Date: April 10, 2024

To: Washington State Board of Health Members

From: Dimyana Abdelmalek, Board Member

Subject: Notifiable Conditions Implementation Update – Chapter 246-101 WAC

Background and Summary:

Chapter 246-101 WAC, Notifiable Conditions, provides critical information to public health officials to aid them in protecting and improving public health through disease prevention and control. The rule outlines the information that healthcare providers, facilities, laboratories, and other entities must report to public health officials so they can identify and track communicable diseases and other conditions. This is required under RCW 43.20.050, 70.104.055, and 43.70.545.

The State Board of Health (Board) and Washington State Department of Health (Department) recently engaged in emergency and permanent rulemaking to update Chapter 246-101 WAC. This rulemaking was initiated in 2017 and the final updated rules went into effect on January 1, 2023. Updates to the rule included:

- Adding notification and specimen submission requirements for “new conditions” and conditions currently identified as “other rare diseases of public health significance;”
- Updating and clarifying notification and specimen submission requirements for certain existing conditions;
- Clarifying and improving requirements for suspected cases;
- Adding requirements to report race, ethnicity, and preferred language;
- Revising the reporting requirements for veterinarians and the Department of Agriculture;
- Adding enhanced service facilities licensed under chapter 70.97 RCW to the definition of “health care facility;”
- Editorial revisions consistent with statutory changes made during the 2020 legislative session (Engrossed Substitute House Bill 1551, Modernizing the control of certain communicable diseases);
- Updating statutory references in the rules, including updated references to the Security and Confidentiality Guidelines developed by the Centers for Disease Control and Prevention; and
- Improving overall clarity and usability of the chapter.

The primary goals of this rule update were to collect data on an additional set of conditions not formerly included in the rules, collect better and more relevant data for

(continued on the next page)

the new conditions, as well as those already included in the rules, and to streamline the rule language, to make it more readable and user friendly. In the implementation plan for this recent rule update, the Department and Board stated they would track if these goals were being met by monitoring 1) the completeness of case reports and laboratory reports that are submitted; and 2) reporting gaps among regulated entities who should be reporting.

I've invited Scott Lindquist, State Epidemiologist for the Department of Health, to brief the Board on the recent implementation of the amended notifiable conditions rule. This is an informational briefing involving no Board action.

Staff
Molly Dinardo

Washington State Department of HEALTH

NOTIFIABLE CONDITIONS

Washington State Board of Health Meeting
April 10, 2024
Scott Lindquist, MD MPH

Notifiable Conditions Rules

- **WAC 246-101-005** The purpose of this chapter is to provide information to public health authorities that will aid them in protecting and improving the public health through prevention and control of infectious and noninfectious conditions.
- **WAC 246-101-011** Reporting of patient ethnicity, race, and preferred language information. (1) Health care providers and health care facilities shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when: (a) Ordering a laboratory test for a notifiable condition under WAC 246-101-105 (6)(a); and (b) Submitting a case report under WAC 246-101-115.
- **WAC 246-101-220** Means of notification—Laboratory directors. A laboratory director shall: (1) Submit laboratory reports as required under this chapter by secure electronic data transmission. (2) Call the local health jurisdiction in which the case occurred immediately and confirm receipt of a presumptive or final test result for a condition designated as: (a) Immediately notifiable; or (b) Notifiable within twenty-four hours when submitting the test result outside the local health jurisdiction's normal business hours.

Recent Changes January 1, 2023

What's changed?

- New or revised requirements for 74 new or existing conditions
- Revised reporting periods for some conditions
- New or revised reporting contacts for some conditions
- Revised demographic collection requirements with new reporting categories
- New requirement for reporting pregnancy status (for Hep B)
- New requirement for reporting Medicaid status (for blood lead in patients less than 72 months of age)
- Revised criteria for collecting contact information
- Clarifying notification, investigation report, and outbreak report content requirements

Recent Changes *continued*

WAC 246-101-011

Reporting of patient ethnicity, race, and preferred language information.

(1) Health care providers and health care facilities shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when:

- (a) Ordering a laboratory test for a notifiable condition under WAC **246-101-105** (6)(a); and
- (b) Submitting a case report under WAC **246-101-115**.

(2) Laboratory directors shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when:

- (a) Referring a specimen of a notifiable condition to reference laboratory for testing under WAC **246-101-205**
- (b) Submitting a specimen to the Washington state public health laboratories under WAC **246-101-215**; and
- (c) Submitting a laboratory report under WAC **246-101-225**.

Recent Changes *continued*

(3) A local health officer shall include the patient's ethnicity as defined in subsection (4) of this section, the patient's race as defined in subsection (5) of this section, and the patient's preferred language as defined in subsection (6) of this section when submitting an investigation report under WAC **246-101-513**.

(4) Patient's ethnicity shall be identified by the patient and reported using one of the following categories:

- (a) Hispanic, Latino/a, Latinx;
- (b) Non-Hispanic, Latino/a, Latinx;
- (c) Patient declined to respond; or
- (d) Unknown.

(5) Patient's race shall be identified by the patient and reported using one or more of the following categories; if the patient self-identifies as more than one race, each race shall be reported:

Recent Changes *continued*

- (a) Afghan;
- (b) Afro-Caribbean;
- (c) Alaska Native;
- (d) American Indian;
- (e) Arab;
- (f) Asian;
- (g) Asian Indian;
- (h) Bamar/Burman/Burmese;
- (i) Bangladeshi;
- (j) Bhutanese;
- (k) Black or African American;
- (l) Central American;
- (m) Cham;
- (n) Chicano/a or Chicanx;
- (o) Chinese;
- (p) Congolese;
- (q) Cuban;
- (r) Dominican;
- (s) Egyptian;
- (t) Eritrean;
- (u) Ethiopian;
- (v) Fijian;
- (w) Filipino;

Recent Changes *continued*

- (x) First Nations;
- (y) Guamanian or Chamorro;
- (z) Hmong/Mong;
- (aa) Indigenous-Latino/a or Indigenous-Latinx;
- (bb) Indonesian;
- (cc) Iranian;
- (dd) Iraqi;
- (ee) Japanese;
- (ff) Jordanian;
- (gg) Karen;
- (hh) Kenyan;
- (ii) Khmer/Cambodian;
- (jj) Korean;
- (kk) Kuwaiti;
- (ll) Lao;
- (mm) Lebanese;
- (nn) Malaysian;
- (oo) Marshallese;
- (pp) Mestizo;
- (qq) Mexican/Mexican American;
- (rr) Middle Eastern;
- (ss) Mien;
- (tt) Moroccan;
- (uu) Native Hawaiian;
- (vv) Nepalese;
- (ww) North African;

Recent Changes *continued*

- (xx) Oromo;
- (yy) Pacific Islander;
- (zz) Pakistani;
- (aaa) Puerto Rican;
- (bbb)Romanian/Rumanian;
- (ccc) Russian;
- (ddd) Samoan;
- (eee) Saudi Arabian;
- (fff) Somali;
- (ggg) South African;
- (hhh) South American;
- (iii) Syrian;
- (jjj) Taiwanese;
- (kkk) Thai;
- (lll) Tongan;
- (mmm) Ugandan;
- (nnn) Ukrainian;
- (ooo) Vietnamese;
- (ppp) White;
- (qqq) Yemeni;
- (rrr) Other race;
- (sss) Patient declined to respond; and
- (ttt) Unknown.

(6) Patient's preferred language shall be identified by the patient and reported using one of the following categories:

- (a) Amharic;
- (b) Arabic;
- (c) Balochi/Baluchi;
- (d) Burmese;
- (e) Cantonese;
- (f) Chinese (unspecified);
- (g) Chamorro;
- (h) Chuukese;
- (i) Dari;
- (j) English;
- (k) Farsi/Persian;
- (l) Fijian;
- (m) Filipino/Pilipino;
- (n) French;
- (o) German;
- (p) Hindi;
- (q) Hmong;
- (r) Japanese;
- (s) Karen;
- (t) Khmer/Cambodian;
- (u) Kinyarwanda;
- (v) Korean;
- (w) Kosraean;
- (x) Lao;

Preferred Language *continued*

- (y) Mandarin;
- (z) Marshallese;
- (aa) Mixteco;
- (bb) Nepali;
- (cc) Oromo;
- (dd) Panjabi/Punjabi;
- (ee) Pashto;
- (ff) Portuguese;
- (gg) Romanian/Rumanian;
- (hh) Russian;
- (ii) Samoan;
- (jj) Sign languages;
- (kk) Somali;
- (ll) Spanish/Castilian;
- (mm) Swahili/Kiswahili;
- (nn) Tagalog;
- (oo) Tamil;
- (pp) Telugu;
- (qq) Thai;
- (rr) Tigrinya;
- (ss) Ukrainian;
- (tt) Urdu;
- (uu) Vietnamese;
- (vv) Other language;
- (ww) Patient declined to respond; or
- (xx) Unknown.

Completeness of Data

- (a) Patient's first and last name;
- (b) Patient's physical address including zip code;
- (c) Patient's date of birth;
- (d) Patient's sex;
- (e) Patient's ethnicity, as required in WAC 246-101-011(4);
- (f) Patient's race, as required in WAC 246-101-011(5);
- (g) Patient's preferred language, as required in WAC 246-101-011(6);
- (h) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients twelve to fifty years of age;
- (i) Patient's best contact telephone number;
- (j) For blood lead level, medicaid status of patients less than seventy-two months of age;
- (k) Requesting health care provider's name;
- (l) Requesting health care provider's phone number;
- (m) Address where patient received care;
- (n) Name of submitting laboratory;
- (o) Telephone number of submitting laboratory;
- (p) Specimen type;
- (q) Specimen collection date;
- (r) Date laboratory received specimen;
- (s) Test method used; and
- (t) Test result

WAC 246 101 225 (1)	Count of Missing Data	Count of Messages/Results#	% Missing Data
(a) Patient's first and last name	3	98123	0.003%
(b) Patient's physical address	4314	98123	4.397%
Patient's physical ZIP code	3904	98123	3.979%
(c) Patient's date of birth	62	98123	0.063%
(d) Patient's sex	4	98123	0.004%
(e) Patient's ethnicity, as required in WAC 246-101-011(4)	4585	98123	4.673%
(f) Patient's race, as required in WAC 246-101-011(5)	12145	98123	12.377%
(g) Patient's preferred language, as required in WAC 246-101-011(6)	47056	98123	47.956%
(h) For hepatitis B virus, pregnancy status (pregnant, not pregnant, or unknown) of patients twelve to fifty years of age	12954	15221	85.106%
(i) Patient's best contact telephone number	11831	98123	12.057%
(j) For blood lead level, medicaid status of patients less than seventy-two months of age	9676	9819	98.544%
(k) Requesting health care provider's name	14103	98123	14.373%
(l) Requesting health care provider's phone number	21643	98123	22.057%
(m) Address where patient received care	9290	98123	9.468%
(n) Name of submitting laboratory*	-	-	-
(o) Telephone number of submitting laboratory*	-	-	-
(p) Specimen type	27967	188147	14.864%
(q) Specimen collection date	2	188147	0.001%
(r) Date laboratory received specimen	3197	188147	1.699%
(s) Test method used and	18	188147	0.010%
(t) Test result	303	188147	0.161%

Data source: WELRS and WDRS database; Time frame: 1/27/2024-3/27/2024.
* Submitter’s information are collected by onboarding process, saved in the system, and attached to records when they are received. Percentage of missing values are expected to be low.

Change Considerations

Addition, edits and deletions of conditions

- Examples include Hansen's disease (Mycobacterium leprae), RSV hospitalizations/ death, influenza hospitalizations/deaths, COVID-19 hospitalizations/death

Current COVID-19 Requirements

- The Washington State Board of Health (Board) has the authority under RCW 43.20.050 to adopt rules for the prevention and control of infectious and noninfectious diseases. The purpose of chapter 246- 101 WAC, Notifiable Conditions, is to provide critical information to public health authorities to aid them in protecting and improving public health through prevention and control of disease. The Board adopted revisions to chapter 246-101 WAC in March 2021. Of the many revisions, COVID-19 was **designated as a notifiable condition permanent basis**. These revisions went into effect January 1, 2023.
- **WAC 246-101-200**
- **Rapid screening testing.**
  - An individual or entity including, but not limited to, health care providers and health care facilities, that conduct an RST for any of the following conditions, meets the definition of a laboratory under this chapter, and shall comply with WAC **246-101-201** through **246-101-230**:
    - (1) Blood lead level testing;
    - (2) Hepatitis C (acute infection);
    - (3) Hepatitis C (chronic infection);
    - (4) HIV infection; or
    - **(5) Novel coronavirus (COVID-19)**
- The Pandemic has now been declared over and the fact of it is, many providers and patients are not testing nor reporting COVID-19.

Respiratory Activity Levels

Respiratory Disease Activity Levels In Emergency Department Visits

Washington State Department of HEALTH

This report shows thresholds of disease activity levels for COVID-19, Respiratory Syncytial Virus (RSV), and influenza (flu) in Washington state calculated using emergency department (ED) visits from October 01, 2023 through March 16, 2024. This report is updated weekly.

When the percent of ED visits for a virus is above its activity level threshold, it is a sign that there is increased spread of that virus.

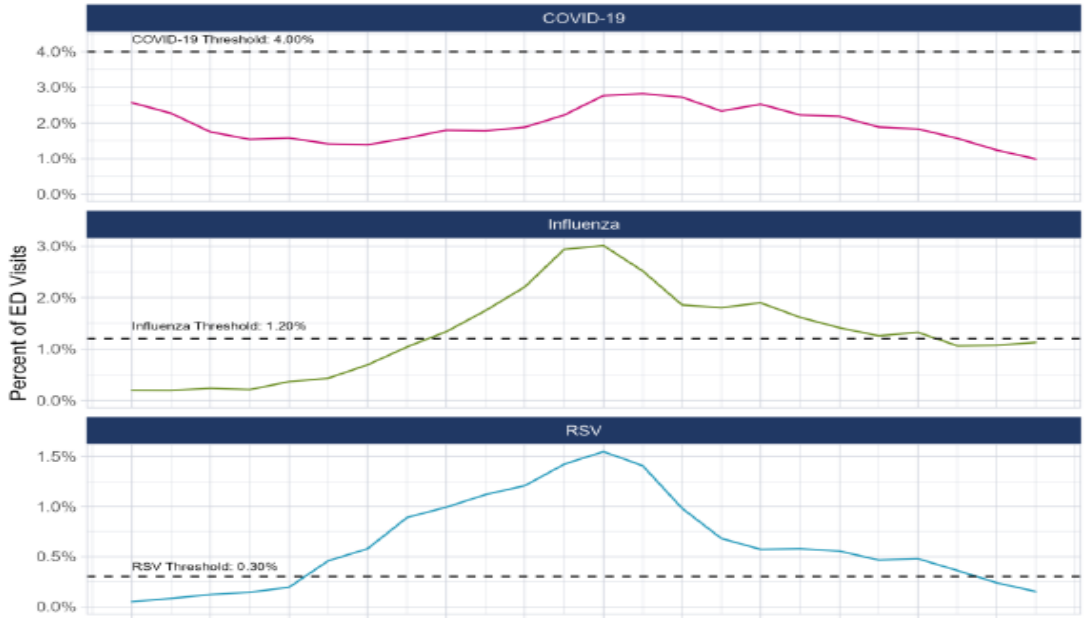
Status of Viral Respiratory Condition Activity Levels

Condition	Status	Current Week	Disease Activity Level Threshold*
COVID-19	Low	0.99%	4.00%
Influenza	Low	1.13%	1.20%
RSV	Low	0.15%	0.30%

*Current percentages and thresholds are the percent of ED visits.

Percent of ED Visits for Viral Respiratory Conditions

October 01, 2023 through March 16, 2024



Change Considerations

- **Definition of a Notifiable Condition**
  - Surprisingly undefined at both national and state level
- **Purpose and scope**

  (1) The purpose of this chapter is to provide critical information to public health authorities to aid them in protecting and improving the public's health through prevention and control of infectious and noninfectious conditions. Public health authorities use the information gathered under this chapter to take appropriate action including, but not limited to:

  - (a) Treating ill persons;
  - (b) Providing preventive therapies for individuals who came into contact with infectious agents;
  - (c) Investigating and halting outbreaks;
  - (d) Removing harmful health exposures from the environment;
  - (e) Assessing broader health-related patterns, including historical trends, geographic clustering, and risk factors; and
  - (f) Redirecting program activities and developing policies based on broader health-related patterns.

Other Aspects of Notifiable Conditions

WAC 246-101-420 Duties—Schools. A school shall:

(1) Notify the local health jurisdiction of cases, outbreaks, and suspected outbreaks of notifiable conditions in Table HC-1 of WAC 246-101-101 that may be associated with the school.

(2) Cooperate with the local health jurisdiction in monitoring influenza.

(3) Consult with a health care provider or the local health jurisdiction for information about the control and prevention of infectious conditions, as necessary.

(4) Cooperate with public health authorities in their investigation and control of cases, outbreaks, and suspected outbreaks that may be associated with the school.

(5) Release identifying information only to other individuals responsible for protecting the health and well-being of the public through control of disease.

(6) Establish and implement policies and procedures to maintain confidentiality related to health care information in their possession.

Other Aspects of Notifiable Conditions

Duties—Child care facilities.

(1) For the purposes of this section "child care facility" means an agency that regularly provides early childhood education and early learning services for a group of children for less than twenty-four hours a day and is subject to licensing under chapter 74.15 or 43.216 RCW, or both.

(2) A child care facility shall:

- (a) Notify the local health jurisdiction of cases, outbreaks, and suspected outbreaks of notifiable conditions in Table HC-1 of WAC 246-101-101 that may be associated with the child care facility.
- (b) Consult with a health care provider or the local health jurisdiction for information about the control and prevention of infectious conditions, as necessary.
- (c) Cooperate with public health authorities in their investigation and control of cases, outbreaks, and suspected outbreaks that may be associated with the child care facility.
- (d) Establish and implement policies and procedures to maintain confidentiality related to health care information in their possession.

Other Aspects of Notifiable Conditions

- **Temporary Worker Housing Rules**
- **WAC 246-358-175**
- **Disease prevention and control**

The operator shall:

(1) Cooperate with the local health jurisdiction and department of health in the investigation and control of cases, suspected cases, outbreaks, and suspected outbreaks of communicable diseases or notifiable conditions.

(2) Report immediately to the local health jurisdiction the name and address of any occupant or occupants known to have or suspected of having:

(a) Any communicable diseases made notifiable by emergency rule or emergency declaration;

(b) An outbreak of foodborne or waterborne illness; or

(c) Any occurrence of the following symptoms in two or more occupants:

(i) Fever, diarrhea, sore throat, vomiting, or jaundice; or

(ii) Coughing up blood or a cough lasting three weeks or longer.

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WASHINGTON STATE BOARD OF HEALTH

Date: April 10, 2024

To: Washington State Board of Health Members

From: Mindy Flores, Board Member

Subject: State Health Report Community Panel

Background and Summary:

RCW 43.20.100 requires the Washington State Board of Health (Board) to develop a State Health Report for the Governor by July 1 of each even-numbered year. The report includes “suggestions for public health priorities for the following biennium and such legislative action as it deems necessary.”

The State Health Report is not intended to describe or capture the state of health in Washington. The report is also not designed to inventory everything community groups, local health agencies, and state agencies are currently doing to address the health needs and priorities of communities across Washington. There are far too many initiatives and projects to capture in just one document. Instead, this report highlights recommended policy directions for the Governor’s consideration for the next legislative cycle.

The Board is organizing two community panels to help inform the 2024 State Health Report. The first panel was held in March, and the Board heard from community representatives from the state's western side. Panelists shared a range of topics and priorities, including the importance of whole-person and multi-generational care, community-led and directed work, building trust with the community, building sustainable models of care, and addressing health needs outside of the traditional healthcare model. In this second panel, the Board will hear directly from community representatives from the state’s eastern side.

These community panels are an opportunity for Board Members to hear the stories, experiences, and health priorities of different communities. The Board is particularly interested in hearing how topics identified for the 2024 State Health Report and related public health policies impact communities across the state. Information that panelists share during this discussion will help the Board align its State Health Report topics and recommendations with the needs of Washingtonians and other future work.

The April panel consists of three individuals representing organizations with deep relationships within communities and who have lived, or professional expertise related to the topic areas for the next State Health Report. The panelists also have an understanding of public health issues faced by communities in Washington, especially communities that historically have been institutionally underserved, overburdened, or

(continued on the next page)

disproportionately impacted by the social and structural determinants of health. The panelists include:

- Anastacia Lee, Board Member, Asians for Collective Liberation
- Joesph Hunter, Recovery Coach Network Manager, Thriving Together North Central Washington
- Kim Wilson, Community Health Worker Training Project Director, Better Health Together

Today's informational briefing does not involve formal Board action. Board staff will inform panel participants how their shared insights influenced the final report.

Staff
Molly Dinardo
Ashley Bell

2024 State Health Report

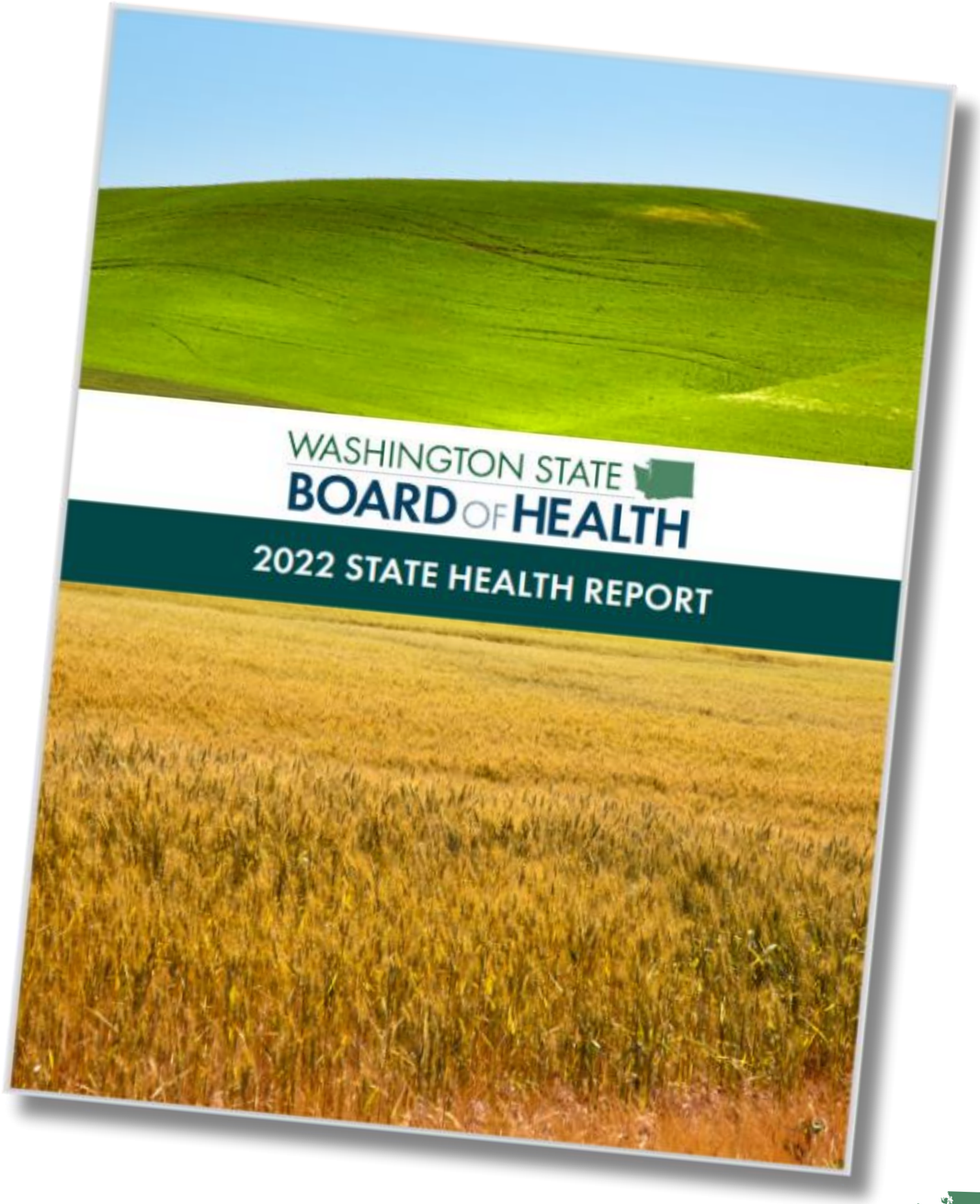
COMMUNITY PANEL

April 10, 2024

WASHINGTON STATE BOARD OF HEALTH

State Health Report (SHR)

- Requirement under Washington law (RCW 43.20.100).
- The State Board of Health (Board) must submit every two years (even-numbered years).
- Highlights suggestions for public health priorities and policy recommendations.
- Not intended to describe the state of health in Washington.
- Legislative report to highlight policy directions for the Governor's Office.



State Health Report
COMMUNITY PANELS

An opportunity for Board Members to hear directly from community members and organizations about how different issues and public health policies impact communities.

The Board has a special interest in hearing about:

- Maternal and Pregnant Person Health
- Health Justice and Culturally Appropriate Care
- Substance Use Prevention, Treatment, and Response
- Data Equity

Topic Selection

2024 State Health Report topics of interest were selected based on:

- The Board's authority granted by the Legislature
- Health Impact Reviews (HIR) completed by Board staff
- Past State Health Report topics and recommendations
- Feedback and interests provided by interested parties, and community members during Board rulemaking projects and related work
- Feedback and interests provided by Board Members

Themes from the March Community Panel

Panel Structure and Agenda

- Panel Introduction
- Introductions and Overviews from Panelists
- Brief Break: Reflection and Processing Time
- Questions from Board Members and Panel Facilitators
- Discussion of Mutual Learnings
- Next Steps

Expectations and Norms

We hope for…

- Curiosity
- Deep listening
- A focus on connections
- Active participation
- An opportunity to learn together

We commit to…

- Understanding that panelists do not represent the entire community
- Creating a safe, respectful space for diverse experiences
- Learning from what we hear
- Being aware of our words: Avoid using idioms, acronyms, and phrases that others can misunderstand
- Staying on topic and minding the time
- Equitable participation: Be mindful of how much space you are taking up in the discussion
- Speaking at a moderate pace: Take pauses between sentences to give interpreters time to interpret what you are saying

Guiding Questions

- How do the topic(s) of Maternal and Pregnant Person Health, Health Justice and Culturally Appropriate Care, Substance Use, and Data Equity impact your community?
- Are there specific public health policies in these topic areas that are impacting your community (whether positive or negative)?
- Could you share a story with us that illustrates this impact?
- Are you engaged in any projects, efforts, community mobilization, etc., related to these topics or policy areas? If yes, could you provide examples?
- What is the most important thing for the Board to know about one or more of these topic areas in your community?

For Reflection

- What themes and connections are you hearing from panelists?
- Can these themes and connections be turned into public health policy?
- What role can the Board play in creating positive change in these topic areas?
- Did you hear anything today that surprised you?
- What more do you hope to learn?
- Is there information we are missing?

Panelist Introductions

- **Anastacia Lee**
  Board Member, Asians for Collective Liberation

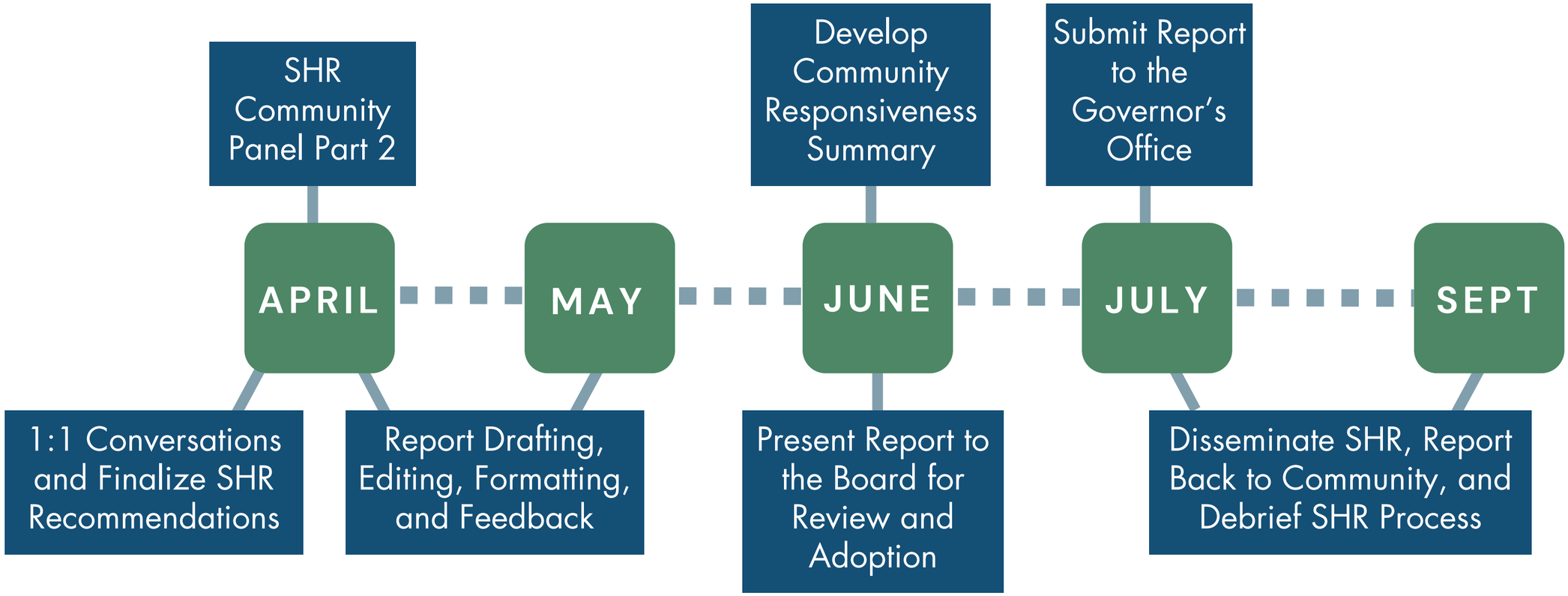
- **Joesph Hunter**
  Recovery Coach Network Manager, Thriving Together North Central Washington

- **Kim Wilson**
  Community Health Worker Training Project Director, Better Health Together

Break and Processing Time

Questions and Discussion of Mutual Learnings

Next Steps and Timeline



WASHINGTON STATE BOARD OF HEALTH

THANK YOU

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- Our agency, website, and online services follow the Americans with Disabilities (ADA) standards, Section 508 of the Rehabilitation Act of 1973, Washington State Policy 188, and Web Content Accessibility Guidelines (WCAG) 2.0, level AA. We regularly monitor for compliance and invite our users to submit a request if they need additional assistance or would like to notify us of issues to improve accessibility.
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    - The nature of the accessibility needs
    - The URL (web address) of the content you would like to access
    - Your contact information

We will make every effort to provide you the information requested and correct any compliance issues on our website.

WASHINGTON STATE BOARD OF HEALTH

State Health Report Community Panel
SBOH Public Meeting - April 10, 2024

Anastacia Lee

Anastacia Lee
Board Member
Asians for Collective Liberation

Anastacia Lee is a queer, Chinese, transracial adoptee who has lived in Washington State since her adoption. She moved from Issaquah to Spokane in 2012 to finish her degree at Eastern Washington University and was drawn to stay in the area after years of work within the healthcare system, with local nonprofits, and with refugee communities. She completed her Masters in Public Health at Des Moines University with a concentration in policy work and systemic change, and most recently incorporated this into her work while Assistant Director of Health and Wellness Promotion at Gonzaga University. In this position, she was a staunch advocate for health equity for queer and BIPOC students and educated on social and political determinants of health that can impact one's access to care – especially when systems have been created to continue the marginalization of specific social identities. Anastacia has also focused on the impacts of the pandemic and the long-term effects of isolation on communities within Spokane. She centers community care and mental and emotional wellbeing in all of the work that she does. Anastacia can often be found proactively taking care of her health in the outdoors – climbing, skiing, biking, and hiking. She serves on the board for the Bower Climbing Coalition and pushes for equitable access to outdoor spaces in the Spokane community. She loves to explore these spaces with her partner and dog, and enjoy a good meal afterwards!

WASHINGTON STATE BOARD OF HEALTH

State Health Report Community Panel
SBOH Public Meeting - April 10, 2024

Kim Wilson

Kim Wilson
Community Based Worker Workforce Program Manager
Better Health Together

Kim is a passionate advocate for both Eastern Washington and Spokane communities. She works to impact change and elevate community voice. Kim is a member of the Eastern WA Community Health Worker network, serves on the Access to Cultural Care Task Force, and enjoys connecting with the community in many ways. Kim earned her Master's in Education from Eastern Washington University. She enjoys spending time with her family and friends, being in nature, and volunteer service.

Better Health Together tackles health inequities throughout eastern Washington, working with more than 100 organizations across Ferry, Stevens, Pend Oreille, Spokane, Lincoln. Adams and Whitman counties and the Reservations of the Kalispel Tribe of Indians, the Spokane Tribe of Indians, and the Colville Confederated Tribes to promote practical solutions that meet the needs of the people and communities we serve. BHT was founded on the principle that when we step back and let the local community lead, we find the best and most sustainable solutions to some of our most complex problems. Over the past five years, BHT has had the privilege of governing our region's 1115 Medicaid Waiver funds. We've invested more than $40 million dollars into our health care and social determinant of health delivery systems.

As an ACH, our primary role is to serve as a convening and supporting body for healthcare providers, community health workers, organizations addressing social determinants of health, and insurance providers as they come together to determine the best practices and methods for addressing whole person care in both the rural and urban communities in the BHT region. We advocate for policies centered on accountability, accessibility, and affordability. We disrupt the status quo by facilitating conversations and partnerships that level the playing field for community health throughout our region.

WASHINGTON STATE BOARD OF HEALTH

State Health Report Community Panel
SBOH Public Meeting - April 10, 2024

Joseph Hunter

Joseph Hunter
Recovery Coach Network Manager
Thriving Together North Central Washington

Joseph Hunter, a native of Grant County, Washington, is a testament to the power of personal transformation and resilience. After being prescribed opiates in his 20's, Hunter spent the next 15 years in active addiction before finding recovery in 2016.

Hunter's advocacy journey began in 2017, and he has been a driving force in North Central Washington ever since. In 2020, he took his commitment to new heights by entering the field of recovery as a professional, leveraging his personal experiences to inspire and uplift others on their path to recovery.

Today, Hunter is a dedicated Project Manager specializing in prevention, recovery, re-entry from incarceration, and advocacy. He also currently serves on the local Board of Health and as the President of the Wenatchee Alano Club.

Thriving Together NCW
Thriving Together NCW recognizes that the overlapping health and social issues our local communities face are too complex to be solved by one person or organization alone. Guided by the mission of advancing whole-person health and health equity, Thriving Together NCW serves as a connection point, bringing individuals and organizations across the region together under the shared goal of all people and places thriving - no exceptions. For more information, please visit thrivingtogether.org.

Background on 2024 State Health Report Proposed Topics

Staff worked with State Board of Health (Board) Members to identify potential topics to include in its next State Health Report. Topics of interest identified for the report include:

- Maternal and Pregnant Person Health
- Health Justice and Culturally Appropriate Care
- Data Equity
- Substance Use, Prevention, Treatment, and Response
- Environmental Justice and Climate Change
- School Environmental Health and Safety
- Continuing Investments in the Public Health System (Foundational Public Health Services or FPHS)

These topics were selected based on:

1) The Board's authority granted by the Legislature,
2) Health Impact Reviews (HIRs) completed by Board staff,
3) Past State Health Report topics and recommendations,
4) Feedback and interests that Board Members, interested parties, and community members expressed during Board rulemaking projects and related work.

The Board recently convened two panels, one in November 2023 focusing on Environmental Justice and Climate Change and another in January 2024 focusing on Indoor Air Quality. Materials for these panels are available on the Board's meeting webpage.

The Board's next two panels will focus on Maternal and Pregnant Person Health, Health Justice and Culturally Appropriate Care, Substance Use, and Data Equity.

This handout includes brief definitions of these topics and background on the Board's authority and work in these areas.

Please note that this information has been compiled by Board staff and is meant to provide a high-level educational overview of these topics. It does not represent the Board's position or understanding of these topics.

Overview of Board Authority

General Powers and Duties

One of the Board's many responsibilities is to serve as a public forum for policy and rulemaking development. The Board does this by holding open public meetings across the state, providing a forum for public comments, and convening work sessions or panels on specific issues.

Rulemaking Authority

The Board adopts rules according to the powers and duties granted by the Washington State Legislature. The Board has the authority to develop rules on various foundational public health topics. Some relevant rules related to topics of interest for the State Health Report include newborn and prenatal screening for congenital disorders, notifiable conditions, and vital statistics.

Health Equity Work

The Board is tasked with staffing and helping to convene the Governor's Interagency Council on Health Disparities (Council). The Board also has a representative who sits on the Council.

The legislature also requires the Board to conduct Health Impact Reviews in consultation with the Council. Health Impact Reviews are objective, non-partisan, evidence-based health in all policy tools that provide the Governor and state Legislators with information about how proposed legislation may impact health and health equity.

Consultation and Integration with the Department of Health

The Board is co-located with the Department of Health. The Department must provide technical staff to support the Board's work. The Board and Department have a memorandum of understanding that details that relationship and the services and support that the department provides to the Board.

The Secretary is a member of the Board (RCW 43.20.030). The Board may also advise the Secretary on health policy issues pertaining to the Department and the State.

Role in the Governmental Public Health System

The Board is one of the four pillars of Washington's Governmental Public Health System. The Governmental Public Health system also includes the State Department of Health, Local Health Jurisdictions, Sovereign Tribal Nations, and Indian Health Programs. Foundational Public Health Services (FPHS) are core services that the governmental public health system is responsible for providing in a consistent and uniform way in every community in Washington. (RCW 43.70.512)

Maternal and Pregnant Person Health

Why this topic?

The term "maternal health" typically refers to a person's physical, mental, emotional, and social health and well-being before, during, and after pregnancy.[1,2] However, as our understanding of the social determinants of health and their impacts on population health have evolved, the definition of maternal health shouldn't be limited to a particular

stage of life. An example of a framework that looks at maternal health more holistically is the life course or life cycle framework.

A life-course framework considers the impact that biological, social, environmental, and behavioral risk and protective factors have on an individual's health throughout their lifetime and how they interact and can contribute to health inequities across generations.[3,4] A life course framework considers the broad range of factors that impact a person's health. It also acknowledges that maternal, infant, and community health are intertwined. Supporting and promoting maternal health provides a strong foundation for population health.

While the Board's authority is limited to certain areas within maternal and pregnant person health, it is also charged with providing statewide leadership in developing and promoting policies that improve population health in Washington.

The Washington State Board of Health is part of Washington's Governmental Public Health System. Maternal, Child, and Family Health (MCFH) is a core service (or foundational program) within Foundational Public Health Services (FPHS).[5] MCFH is an essential public health service that must be provided to all residents in Washington, and it is a shared state and local responsibility. The Board's role in the system is specific to specifying the list of conditions for the screening of congenital disorders.[5] However, as a partner in the governmental public health system, it's important to acknowledge that the Board's role may extend beyond this (e.g., making policy recommendations, supporting state and local partners in their work, and completing Health Impact Reviews on legislation related to this topic).

Key Items to Highlight on this Topic:

- The Board's specific authority related to this topic includes:
    - Defining and adopting rules for testing all newborns in Washington for rare but treatable congenital disorders (RCW 70.83.050). These rules are under Chapter 246-650 WAC.
    - Adopting rules to establish standards, criteria, and timelines for screening and diagnostic tests for prenatal diagnosis of congenital disorders during pregnancy (RCW 48.21.244) (RCW 48.44.344) (RCW 48.46.375). The Board's rules also establish the standards that certain health insurance providers must follow when determining the medical necessity of screenings and diagnostic procedures. These rules are under Chapter 246-680 WAC.
- Between 2018 and 2024, Board staff have completed five Health Impact Reviews (HIRs) related to maternal and pregnant person health.
- In 2018, Substitute Senate Bill 6219 (SSB 6219) directed the Governor's Interagency Council on Health Disparities (Council) to conduct a literature review on disparities in access to reproductive healthcare in Washington State and to propose recommendations to reduce those disparities. Board Staff, specifically

the Health Policy Analyst team, led this research on behalf of the Council. The literature review identified 45 unique barriers to reproductive health access in Washington, grouped into three categories: Economic, Structural, or Social. The final report included 14 recommendations and was informed by the literature review findings, conversations with key informants, and reports authored by state agencies and community-based organizations.

Health Justice and Culturally Appropriate Care

Why this topic?

The term health justice builds on the concepts of health equity and social justice. It is broadly defined as "both a community-led movement for power building and transformational change and a community-oriented framework for health law scholarship."[6] Health justice focuses on the role that systemic factors, such as laws, policies, and institutions, play in creating, perpetuating, and dismantling health inequities within the healthcare and public health systems, and beyond. Health justice aims to recognize and build the power of individuals and communities directly impacted by health inequities to create and sustain conditions that support health and justice.[6,7]

Examples of conditions and factors contributing to health inequities and preventing progress toward health justice include barriers to providing and accessing culturally and linguistically appropriate services (CLAS). The goal of CLAS is to provide effective, equitable, understandable, and respectful quality care and services that are responsive to a person's diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.[8,9] Research has revealed the persistent gap in the provision of culturally and linguistically appropriate care and the impact it has on equity and health outcomes.[10,11] For example, the lack of culturally and linguistically appropriate care in the U.S. impacts the quality of care delivery for patients with limited English proficiency (LEP) by increasing time to treatment, reducing the quality of patient-provider communication, and increasing the length of hospitalization stays.[12–14]

The Board has the authority to serve as a public forum for policy and rulemaking development. The Board has also committed to promoting health equity and addressing racism as a public health crisis. The topics of health justice and promoting culturally and linguistically appropriate services are foundational to these efforts. Additionally, while health justice and culturally appropriate care are not explicitly core programs or foundational capabilities within FPHS, they are integral to providing and supporting foundational public health services across Washington.

Key Items to Highlight on this Topic:

- While the Board doesn't have explicit statutory authority related to health justice or culturally appropriate care, these topics are integral to our work. To meaningfully engage communities and ensure they are involved in this work,

particularly those who historically have been institutionally underserved and are disproportionately impacted by social determinants of health, the Board must work to remove systemic barriers to participation. This includes, but is not limited to:
    - Providing critical and timely public health information in culturally and linguistically appropriate formats,
    - Creating materials that are easy to understand,
    - Offering translation and interpretation support for meetings,
    - Having materials developed in alternative formats,
    - Identifying and creating meeting spaces that are accessible to community members.
- The U.S. Department of Health and Human Services' Office of Minority Health (OMH) developed national CLAS Standards to advance health equity, improve quality of services, and work toward eliminating health disparities. Any organization or agency can implement CLAS Standards to provide responsive services to the diverse population it serves. The Council was the first state entity to initiate work on language access in Washington and make recommendations to agencies for adopting CLAS standards in their work. The Council has also developed training and resources for agencies to learn about CLAS standards.
- The Board's 2022 State Health Report had several recommendations related to health justice and culturally appropriate care. These recommendations included removing barriers to health care insurance and improving access to culturally and linguistically appropriate health services.

Data Equity

Why this topic?

Data is an essential component of public health. Public health programs, their funders, program managers, and community partners all rely on data to make decisions about where resources are needed and should be allocated. However, to be a useful tool, data must accurately reflect communities and incorporate considerations of personal data privacy, data sovereignty, and prevent the misuse and misrepresentation of data that can cause harm to communities and individuals.

Data equity can be broadly defined as "a set of principles and practices to guide anyone who works with data...to use a lens of justice, equity, and inclusivity."[15] This equity lens should be applied when considering data collection, interpretation, distribution, and sharing.[15,16] It also challenges people and programs working with these data to consider the ways in which data can create and reinforce stereotypes, create stigma, exacerbate existing systemic inequities, or otherwise create harm, even if unintentional.

Data, specifically disaggregated data, are essential to achieving health equity. Disaggregated data can be broken down and analyzed by key demographic categories

such as age, race, ethnicity, sex, gender, disability, income, and veteran status.[17] Disaggregated data can also reveal inequities across and within groups and are instrumental for public health efforts to prevent and control diseases and conditions. These data also offer clearer indicators of community health and well-being, provide perspective into who is accessing public health programs, and whether services reach institutionally underserved or underrepresented communities.

Data are fundamental to making visible the longstanding inequities in the health care and public health system and their impacts on communities, particularly Black and Indigenous communities, and communities of color. Collecting these 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. In addition, respect must be given to Tribal sovereignty, including data sovereignty. Tribes are sovereign nations that own the rights to their own stories and data. Governmental entities may only collect Tribal data with Tribal approval, consultation, and guidance.

While data equity and data disaggregation are not explicitly named as core programs or foundational capabilities within FPHS, data are a foundational component across all core programs and capabilities within Foundational Public Health Services (FPHS), from vital records and communicable diseases to assessment and policy development. Public health services cannot be effective without disaggregated data. Additionally, disaggregated data allows public health and governmental entities to provide more tailored, culturally relevant, linguistically appropriate, and effective services to communities. The Board's statutory authority is limited to certain areas within data equity, specifically data disaggregation for race, ethnicity, language, and other key demographic reporting in specific Board rules (notifiable conditions and vital statistics). However, as a partner in the governmental public health system, the Board has the opportunity to provide input, support, and recommendations on this topic.

Unfortunately, the governmental public health system is limited in the data it can collect. In many instances, governmental entities must follow federal statistical standards set by the Office of Management and Budget (OMB). This impacts how data can be collected, analyzed, and reported at the state and local levels. 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 for race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White). OMB does permit additional granularity where it is supported by sample size and if the additional detail can be aggregated back to the minimum standard set of race and ethnicity categories.

Until OMB revises its standards to require the uniform collection of detailed disaggregated data across federal, state, and local public health and governmental

agencies, the Washington governmental public health system will continue to face challenges in achieving data equity and health equity more broadly.

Key Items to Highlight on this Topic:

- The Board's authority related to this topic includes:
    - Adopting rules for the prevention and control of infectious and non-infectious diseases (RCW 43.20.050[2][f]). This includes establishing rules for notifiable conditions in Washington. The Board shares this authority with the Department of Health, which has the authority to establish requirements for some notifiable conditions within Chapter 246-101 WAC.
    - Adopting rules related to the statistical information to be collected on the confidential section of Washington State live birth and fetal death certificates (RCW 70.58A.020). Specifically, the Board has authority over data items related to birth and the manner of delivery necessary for statistical study (WAC 246-491-029).
- Recently, the Board adopted revisions to the Notifiable Conditions rule, Chapter 246-101 WAC. As part of the recent revisions, the Board included the requirement for reporting patient-identified race, ethnicity, and preferred language based on community feedback (WAC 246-101-011). These updated 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.
- The Board's 2022 State Health Report had several recommendations related to the topic of data equity. These recommendations included improving public health's response to health inequities through data reform. In April 2023, the Board and Council submitted comments on the OMB's Initial Proposals for Updating Race and Ethnicity standards (SPD 15). The OMB Interagency Workgroup are reviewing feedback and comments on the proposal to put together final recommendations for revising OMB's race/ethnicity statistical standards for the Chief Statistician of the U.S. The OMB has a goal to revise SPD 15 by Summer 2024.

Substance Use, Prevention, Treatment, and Response

Why this topic?

Substance use is broadly defined as "the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body."[18] These substances may also have the potential to cause dependence or other detrimental effects. If recurring substance use becomes harmful to a person's health and well-being and or they are

unable to control or stop their use of these substances, substance use can turn into substance use disorder (SUD). The CDC defines SUD as "a cluster of cognitive, behavioral, and physiological symptoms indicating that [an] individual continues using the substance despite harmful consequences."[19]

According to findings from the most recent National Survey on Drug Use and Health (NSDUH), more than 1 in 6 people in the U.S. aged 12 or older reported having a substance use disorder in the past year (SUD).[20] Substance use disorders are a pervasive public health issue in the U.S. and will continue to be until the root causes of the issue are addressed. Social and political determinants of health, such as economic instability, lack of affordable housing, high costs and inaccessibility of health and social services, experiences with systemic racism and generational trauma, and targeted product marketing, are all examples of factors that can contribute to and exacerbate substance use disorders. When discussing the topic of substance use, prevention, treatment, and response, it's essential to look at the topic holistically, and look at the range of conditions and factors that cause individuals to use and rely on substances.

Related to the topic of substance use, the Board's work has primarily focused on preventing the use of tobacco, nicotine, and vapor products (also known as commercial tobacco products), particularly among youth. In addition, the Board has supported policy recommendations related to the opioid crisis in Washington, and Board staff have completed Health Impact Reviews (HIRs) on opioid use disorder and alcohol concentration.

While the topic of substance use, prevention, treatment, and response isn't explicitly a core program or foundational capability within FPHS, it is a component of chronic disease, injury, and violence prevention, which is a core FPHS program. As a foundational program, chronic disease, injury, and violence prevention focuses on data, planning, and coordination of core programming and additional importance services (AIS). Additionally, the emphasis of this core FPHS program is *prevention*.

Key Items to Highlight on this Topic:

- The Board doesn't have explicit statutory authority related to the topic of substance use, prevention, treatment, and response. However, in 2019, the Board was directed by the Governor's Office to use its emergency rulemaking authority to ban the sale of all vapor products and flavors in Washington during an outbreak of e-cigarette or vaping associated lung injury (EVALI).[21] The emergency rule went into effect on October 10, 2019, for 120 days. When this emergency rule expired in March 2020, the Board subsequently adopted a second emergency rule but instead of a ban on all vapor products, just those containing vitamin E acetate. This is because vitamin E acetate was identified as the substance in products linked to the EVALI outbreak. The second emergency rule was also in place for 120 days. The Board then directed staff to begin the permanent rulemaking process to permanently ban vitamin E from all vapor

products in WA. This rule, WAC 246-80-012, was implemented by LCB in collaboration with the Board.

- Between 2018 and 2024, Board staff completed twelve Health Impact Reviews (HIRs) related to substance use. One of the HIRs was on Engrossed House Bill 1074 (Chapter 15, Laws of 2019), which raised the minimum age of purchase for tobacco and vapor products in Washington to 21 (also known as Tobacco 21).
- The Board's 2022 State Health Report included a recommendation to decrease youth use of tobacco, nicotine, and vapor products (also known as commercial tobacco products). Since its 2018 State Health Report, the Board has included a recommendation related to decreasing the use of commercial tobacco products. Past reports have also included recommendations related to addressing the opioid crisis in Washington.

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THRIVINGTOGETHER

NORTH CENTRAL WASHINGTON

CHELAN COUNTY JAIL & REENTRY PROGRAM

The Chelan County Jail and Reentry Program is a holistic approach to reintegration of incarcerated adults into society. Designed to address the complex needs of individuals transitioning back into their communities, the program owes its success to the seamless collaboration among various key partners. This program not only streamlines access to services but also facilitates a comprehensive support system, emphasizing the importance of working together to break down silos.

PROGRAM OVERVIEW

1

Jail Liaison: Advocating for Incarcerated Adults

One cornerstone of the Chelan County Reentry Program is the Jail Liaison, whose primary role is to advocate for incarcerated adults. Serving as a bridge between the correctional system reentry, the Jail Liaison ensures that individuals receive the necessary support during their incarceration and are seamlessly integrated into the reentry process. This advocacy establishes a continuum of care that extends from the jail environment to community-based services.

2

Recovery Coaches: Lived Experience and Trusted Resource Brokers

The inclusion of female and male Recovery Coaches with lived experience is another distinctive feature of this program. Recovery Coaches serve as trusted resource brokers, using their personal experiences to build trust with individuals undergoing reentry. Beyond providing support, they also actively assist in the navigation of services and act as a warm handoff to additional resources as needed.

3

SUD Counselor: Assessments and Treatment Center Connection

The Substance Use Disorder Counselor conducts in-house assessments for individuals with substance use problems. Beyond assessments, they establish a direct connection to local treatment centers, facilitating a smooth transition for individuals seeking support for substance use disorders. This connection ensures individuals receive timely and appropriate interventions tailored to their specific needs.

4

Mental Health Support: Recovery Coach and In-House Coordinator

Recognizing the importance of mental health in the reentry process, the program incorporates both a Mental Health Recovery Coach and an in-house Mental Health Coordinator. This approach ensures individuals receive comprehensive care, ranging from coaching to specialized interventions. This creates a well-rounded support system that addresses the diverse mental health needs of the program participants.

KEY SUCCESS FACTORS

Collaboration Between Groups
The success of the Chelan County Reentry Program stems from the seamless collaboration between the Jail Liaison, Substance Use Disorder Counselor, Recovery Coaches, and Mental Health Coordinators. This collaboration fosters a cohesive support network that addresses the multifaceted needs of individuals undergoing reentry.

Connection to Services
The program's ability to directly connect individuals with services, be it substance use treatment, mental health support, or other additional external resources, is a critical success factor. This streamlined access ensures that participants receive timely and tailored interventions, reducing barriers to successful reintegration.

Holistic Approach
By combining advocacy, assessment, lived experience, and mental health support, the program adopts a holistic approach to reentry. This ensures that participants receive comprehensive assistance that considers both the immediate challenges and the long-term wellbeing of individuals transitioning back into the community.

Breaking Down Silos
The program's success underscores the importance of breaking down silos within the support system. By fostering collaboration among diverse professionals, the program exemplifies the effectiveness of a united front in navigating the complexities of the reentry process.

BY THE NUMBERS

These numbers are representative of a 22 month period from January 2022 - October 2023 for two Recovery Coaches.

113
Successful referrals made by recovery coaches to community based resources (resource was accessed).

530
One-on-one meetings between a recovery coach and a recoveree.

58
Individuals successfully placed in recovery housing.

409
Rides given to recoverees.

40
Individuals successfully placed in SUD treatment.

436
Phone calls made to recoverees.

EMERGENCY DEPARTMENT RECOVERY COACH PROGRAM

For overdose patients or substance use patients.
This is a **FREE** service.

01

The patient will have been medically cleared by the hospital staff.

ED Staff will ask "Would you like to talk to a recovery coach?"

02

If patient would like a recovery coach **the ED staff may call (509) 771-5038 for Nokey (m) and (509) 793-0005 for Jaime (f)** to have a coach respond. ***(Please do not give this number to patients!)***

03

Coaches will arrive within 2 hours of dispatch call.

04

Our response hours are between 1pm and 11pm Monday-Friday. Leave a detailed voicemail and recovery coaches will respond next available day.

renew
Grant Behavioral Health & Wellness

SAMARITAN HEALTHCARE
All of us, for each of you, every time.

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NORTH CENTRAL WASHINGTON

WASHINGTON STATE BOARD OF HEALTH

Placeholder for Presentation

Added as soon as received from partner agency.
May be updated up to 48 hours after the meeting.

WASHINGTON STATE BOARD OF HEALTH

Date: April 10, 2024

To: Washington State Board of Health Members

From: Michelle Davis, Executive Director

Subject: Proposed Updates to the Memorandum of Understanding Between the State Board of Health and Department of Health

Background and Summary:

The State Board of Health (Board) was created in 1889 in article XX of the Washington State Constitution. Chapter 43.20 RCW establishes the Board's powers and duties. RCW 43.20.030 describes Board membership, authorizes the Board to employ an Executive Director and Confidential Secretary, and requires the Department of Health (Department) provide necessary technical staff support to the Board. The law does not define "technical staff support," or provide any detail about how the Board and Department will work together.

The Board adopted its first Memo of Understanding (MOU) with the Department in 1999, which detailed the staff support and administrative services the Department would provide to the Board. The MOU was amended in 2006 and redrafted in 2012 to provide greater detail about staffing and to recognize the creation of the Interagency Council on Health Disparities. In 2017, MOU revisions included organizational and management changes at the Department, staff participation in various workgroups, and a commitment to work together regarding issues of mutual interest. It also required the Board and Department to review and renew the MOU every two years.

The most recent update to the MOU was in 2019, which incorporated Health Impact Review work conducted by Board staff, public records request coordination and support, collaboration on language access and work with the Department's Office of Civil Rights and Risk Management. The 2019 MOU also delegated authority to the Executive Director for hiring and termination of Department employees serving as staff to the Board and granted Board staff access to emerging Department communication tools and services. The 2021 update of the MOU was tabled due to the COVID-19 pandemic.

In recent months, Board and Department staff have worked to develop a new MOU for the Board's consideration. This draft:

- Reflects organizational changes at the Department,
- Adds the Department's Deputy Chief of Policy as a conduit to the Department's operational and organizational processes that impact Board staff,
- Adds environmental justice assessments required for significant rules,

(continued on the next page)

- Includes reference to our work together under the Foundational Public Health Services law.

Recommended Board Actions:

The Board may wish to consider and amend, if necessary, the following motion:

The Board directs staff to develop a final Memorandum of Understanding between the Board and Department, in close consultation with the Chair. The Chair is authorized to finalize and approve the MOU on behalf of the Board.

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 Washington's federally recognized 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~~ nine centralized offices:

- Health Systems Quality Assurance,
- Prevention and Community Health,
- Environmental Public Health,

- Disease Control and Health Statistics,

Centralized Offices:

- Office of the Chief of Staff
  - People Services / Human Resources
  - Center for Facilities, Risk and Adjudication
  - Office of Financial Services
  - Center for Inclusion, Belonging, and Well-Being
- Office of Health and Science
- Office of Innovation and Technology
- Office of Public Affairs and Equity
- Office of Policy, Planning and Evaluation
- Office of Resilience and Health Security
- Office of the Secretary
- Office of Strategic Partnerships
- ~~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 state law 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 their 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. It is noted that not all executive orders and directives apply to the Board.

The Department's Chief of Staff provides a conduit for the Executive Director to raise issues perceived above and beyond day-to-day operational issues. ~~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.

The Department's Deputy Chief of Policy will serve~~s~~ as a conduit for the Executive Director to access internal resources and support services. The Deputy will solicit input on and provide information about organizational and operational topics, decision~~s~~ and processes that impact the Board.

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)~~ Office of Public Affairs and Equity (OPAE) will ensure that board staff are included in the planning and development of any OPAE~~C4PA~~ high priority project that impacts or relies on state laws or rules that are under the Board's authority.

V. Administrative Services

The Department agrees to provide all available and necessary administrative services to the Board required for successful operation and execution of the Board's work. ~~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'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 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, IT, and small and attractive 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.
- Track all capital, IT, and small and attractive asset inventories for Board.

~~Mail Services and Materials Management~~Business Services

The Department will manage services provided by DES, 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 processed by other shipping companies (FEDEx, UPS, etc.) ~~and~~

The Department will provide additional Board support by maintaining an inventory of office supplies in all agency copy rooms or that can be shipped to remote workers, as well as access to the INVERS Fleet Vehicles.

~~Facilities, Equipment and Furnishings~~Building Management

The Department will furnish the facilities~~,~~ 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.

Workplace Safety

The Department will provide the same workplace safety and building security services to the Board staff in the same manner as afforded to Department employees. In addition, the Board will have a role in the Continuity of Operations Plan (COOP) efforts that will ensure preparedness for inward facing emergencies.

The Board will have a seat at the Strategic Facilities Group and will follow the Department's processes and procedures in using 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.
- Assist the Board with scanning requests, using the Department's Centralized Scanning Unit on the designated fee-for-service basis

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~~ and Department will notify one another of public records requests ~~submitted to the Board~~, ~~if the request pertains~~that to ~~a~~ topics for which the Department and Board have shared work.

~~Office of Civil Rights and Risk Management~~~~Civil Rights Program~~Center for Facilities, Risk, and Adjudication

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's Office of Enterprise Risk Management ~~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 Center for Facilities, Risk, and Adjudication (CRFA) and the Office of Public Affairs and Equity (OPAE) have joint responsibility for assisting Title VI/ADA Liaisons. The Executive Director shall appoint a Title VI/ADA Liaison ~~to ensure implementation of the Department's policies~~. The Department 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.

The Department may provide assistance and training on the Ethics in Public Service Act to the Board and Board staff. The Department will provide assistance and training on the Ethics in Public Service Act (RCW 42.52) to the Board and ~~b~~Board staff upon request.

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~~ control 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~~ control 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~~ External Audit team 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~~ external audit ~~director~~ mananger is ~~a~~ the designated official for ~~receiving~~ maintaining the Department's Whistleblower ~~complaints~~Policy. Any Board member or staff member ~~can file a~~ with questions about the Whistleblower ~~complaint with~~ policy can reach out to the ~~internal~~ external audit ~~director~~manager.

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~~Innovation & Technology

The Department provides ~~information~~ Innovation and 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, project management, 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 IT business project management services including project management, project consulting and technical assistance.

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, and video conferencing applications.~~, and web conferencing.~~

People Services / 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 their 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~~Cchief or dDeputy cChief of Ppeople sServices ~~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~~Office of People Services 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 of People Services will communicate with the Executive Director as early and often as possible. The ~~HR~~ Office of People Services 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~~Programs across the Department 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 Department's system for rules management.

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~~Office of Public Affairs and Equity (OPAE) for consultation and assistance and will be consulted for recommendations on proposals to change processes. The Board will have access to ~~C4PA~~ OPAE services such as livestreaming, video production, graphic design, and assistance in managing public mis/dis information-.

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 Manager.

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 Manager 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~~ periodically and the Board's Communication Manager may participate in the Department's media relations work groups.

Environmental Justice Assessments

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The Department will provide support and consultation on all rule making requiring an Environmental justice assessment (EJ Assessment). The ~~b~~Board and the division of Environmental Public Health will coordinate the timing, development and review of necessary EJ assessments.

Foundational Public Health

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As noted in RCW 43.70.512, the Board plays a key leadership role and partner to the DOH in the Governmental Public Health System. The Department shall, as requested by the Executive Director, assist in the tracking and reporting of FPHS funds allocated to the Board.

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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 _____ day of _____, _____

_____ _____

Secretary, Department of Health Chair, Board of Health

WASHINGTON STATE BOARD OF HEALTH

Date: April 10, 2024

To: Washington State Board of Health Members

From: Patty Hayes, Board Chair

Subject: Changes to Chapter 246-500 WAC – Handling of Human Remains

Background and Summary:

During the 2024 session, the Washington state legislature passed Substitute House Bill 1974 (Chapter 57 Laws of 24), which amends RCW 68.50.230 to reduce the period during which a person or entity is required to remain in lawful possession of human remains before disposal, in the absence of direction from relatives or persons interested in the deceased person from 90 days to 45 days and adds counties to the list of entities that can lawfully dispose of remains after 45 days.

Under current law, a person, firm, corporation, or association that is in lawful possession of human remains may dispose of those remains after 90 days if no relative of the decedent or other persons interested in the decedent directs the disposition of the decedent's remains. The purpose of this holding period is to give family members or other persons interested in the decedent time to claim the body and make arrangements. Sometimes relatives or other interested parties fail, neglect, or refuse to direct the disposition of the remains.

The primary bill sponsor, Representative Abbarno, spoke with coroners, medical examiners, and funeral directors from across the state, and found that this timeframe not only impacted their ability to process decedents, but it also didn't reflect their values by keeping the body that long. Many reported that after 30 days, bodies begin to decompose, and smaller counties don't have the storage capacity to keep bodies on ice for 90 days. This increases the potential risk of exposure to bodily fluids and pathogens.

The changes prescribed in SHB 1974 reduce the holding period to 45 days and add counties to the list of entities that may lawfully dispose of unclaimed human remains after 45 days.

The bill passed the legislature unanimously, with no opposition from the public. The Board's Handling of Human Remains rule, Chapter 246-500 WAC references the statutory 90 day holding period regarding remains reduced through cremation, alkaline hydrolysis, and natural organic reduction. These rules require updating to reflect the changes in the state law. Because these changes are directly and specifically dictated by state law, they are exempt under the Administrative Procedure Act, RCW 34.05.310(4), from pre-notice inquiry requirements and can be amended through an abbreviated rulemaking process.

(continued on the next page)

Recommended Board Actions:

The Board may wish to consider and amend, if necessary, the following motion:

The Board directs staff to file a CR-102 to initiate rulemaking for chapter 246-500 WAC to reduce the holding period for unclaimed human remains from 90 days to 45 days and add counties to the list of entities that may lawfully dispose of human remains after 45 days.

Staff

Shay Bauman, Policy Advisor

Changes to Chapter 246-500 WAC

Handling of Human Remains

April 10, 2024

Shay Bauman – Policy Advisor

WASHINGTON STATE BOARD OF HEALTH

Background

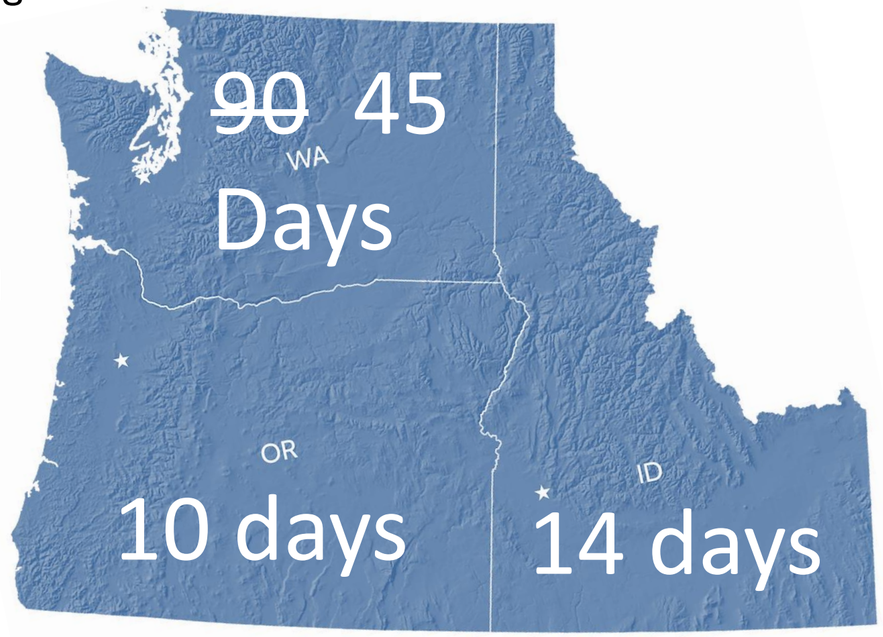
Generally, under RCW 68.50, a person has the authority to direct the disposition of their own remains. If a person has not made arrangements, or the cost of executing the person's wishes exceeds a reasonable amount, the liability for the costs falls to the person's agent, family, or guardian.

When a person dies indigent and their body is not claimed by relatives or a church organization, it is the responsibility of the board of county commissioners of the county in which they died to provide for the disposition of the remains. RCW 36.29.030

Under current law, a person, firm, corporation, or association that is in lawful possession of human remains may dispose of those remains after 90 days if no relative of or persons interested in the decedent directs the disposition. RCW 68.50.230

Substitute House Bill 1974
Signed by the Governor March 13

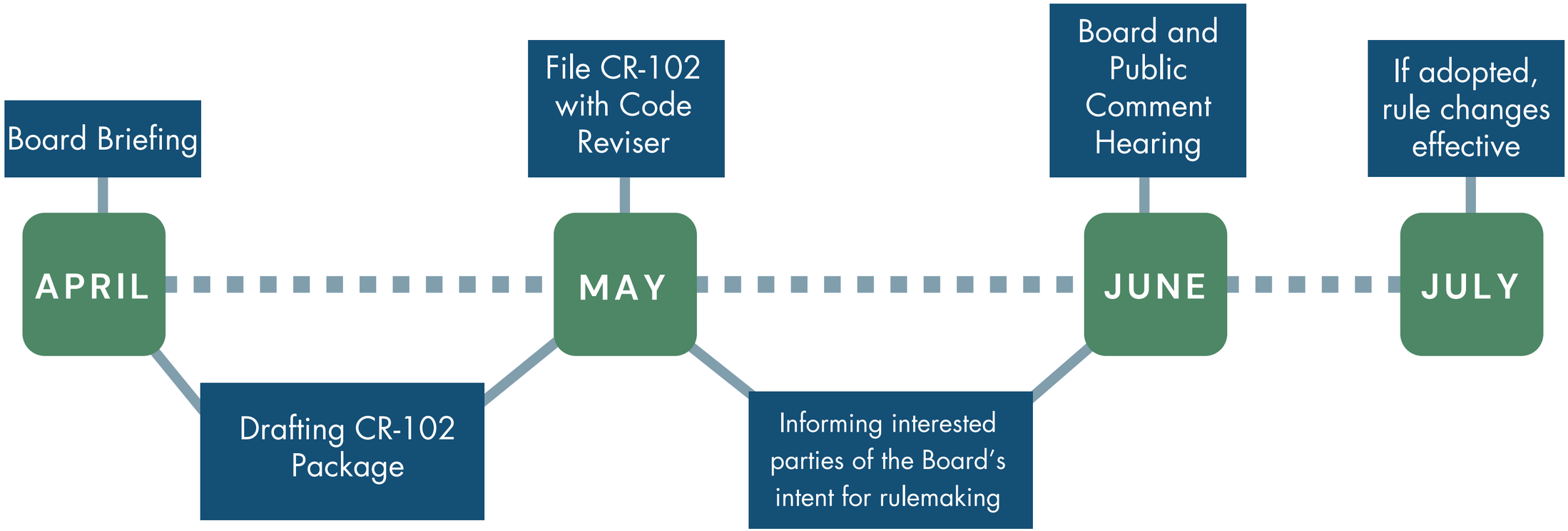
- Reduces holding period from 90 to 45 days
  - Improvements in technology used to identify next of kin
  - Industry feedback regarding the speed of decomposition
  - Capacity of small counties
- Adds Counties



Mandated holding period of Washington and neighboring states

WAC 246-500 References The Waiting Period Established in RCW 68.50.230

- Amendment is exempt under the Administrative Procedure Act because the content is explicitly and specifically dictated by statute.



WASHINGTON STATE BOARD OF HEALTH

THANK YOU

To request this document in an alternate format, 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

ACCESSIBILITY AND THE AMERICANS WITH DISABILITIES ACT (ADA)

- The Washington State Board of Health (Board) is committed to providing information and services that are accessible to people with disabilities. We provide reasonable accommodations, and strive to make all our meetings, programs, and activities accessible to all persons, regardless of ability, in accordance with all relevant state and federal laws.
- Our agency, website, and online services follow the Americans with Disabilities (ADA) standards, Section 508 of the Rehabilitation Act of 1973, Washington State Policy 188, and Web Content Accessibility Guidelines (WCAG) 2.0, level AA. We regularly monitor for compliance and invite our users to submit a request if they need additional assistance or would like to notify us of issues to improve accessibility.
- We are committed to providing access to all individuals visiting our agency website, including persons with disabilities. If you cannot access content on our website because of a disability, have questions about content accessibility or would like to report problems accessing information on our website, please call (360) 236-4110 or email wsboh@sboh.wa.gov and describe the following details in your message:
    - The nature of the accessibility needs
    - The URL (web address) of the content you would like to access
    - Your contact information

We will make every effort to provide you the information requested and correct any compliance issues on our website.

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1974

Chapter 57, Laws of 2024

68th Legislature
2024 Regular Session

DISPOSITION OF HUMAN REMAINS—COUNTIES

EFFECTIVE DATE: June 6, 2024

Passed by the House February 9, 2024
Yeas 97 Nays 0

LAURIE JINKINS

Speaker of the House of Representatives

Passed by the Senate February 28, 2024
Yeas 49 Nays 0

DENNY HECK

President of the Senate

Approved March 13, 2024 1:57 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1974** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

March 14, 2024

Secretary of State
State of Washington

SUBSTITUTE HOUSE BILL 1974

Passed Legislature - 2024 Regular Session

State of Washington 68th Legislature 2024 Regular Session

By House Civil Rights & Judiciary (originally sponsored by Representatives Abbarno, Bronoske, and Doglio)

READ FIRST TIME 01/31/24.

AN ACT Relating to the disposition of human remains; and reenacting and amending RCW 68.50.230.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

Sec. 1. RCW 68.50.230 and 2009 c 102 s 20 and 2009 c 56 s 1 are each reenacted and amended to read as follows:

(1) Whenever any human remains shall have been in the lawful possession of any person, firm, corporation, county, or association for a period of ((~~ninety~~)) 45 days or more, and the relatives of, or persons interested in, the deceased person shall fail, neglect, or refuse to direct the disposition, the human remains may be disposed of by the person, firm, corporation, county, or association having such lawful possession thereof, under and in accordance with rules adopted by the funeral and cemetery board, not inconsistent with any statute of the state of Washington or rule adopted by the state board of health.

(2)(a) The department of veterans affairs may certify that the deceased person to whom subsection (1) of this section applies was a veteran or the dependent of a veteran eligible for interment at a federal or state veterans' cemetery.

(b) Upon certification of eligible veteran or dependent of a veteran status under (a) of this subsection, the person, firm,

corporation, county, or association in possession of the veteran's or veteran's dependent's remains shall transfer the custody and control of the remains to the department of veterans affairs.

(c) The transfer of human remains under (b) of this subsection does not create:

(i) A private right of action against the state or its officers and employees or instrumentalities, or against any person, firm, corporation, county, or association transferring the remains; or

(ii) Liability on behalf of the state, the state's officers, employees, or instrumentalities; or on behalf of the person, firm, corporation, county, or association transferring the remains.

Passed by the House February 9, 2024.
Passed by the Senate February 28, 2024.
Approved by the Governor March 13, 2024.
Filed in Office of Secretary of State March 14, 2024.

--- END ---