

WASHINGTON STATE BOARD OF HEALTH

Final Minutes of the State Board of Health

August 7, 2024

Hybrid Meeting

ASL (or CART) and Spanish interpretation available

Pacific Tower

Panoramic Center

1200 12th Avenue South, Suite 810

Seattle, WA 98144

Virtual meeting: ZOOM Webinar

State Board of Health Members present:

Kelly Oshiro, JD, Vice Chair

Stephen Kutz, BSN, MPH

Kate Dean, MPA

Socia Love, MD

Umair A. Shah, MD, MPH

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

Paj Nandi, MPH

Dimyana Abdelmalek, MD, MPH

Michael Ellsworth, JD, MPA, Secretary's Designee

State Board of Health Members absent:

Patty Hayes, RN, MSN, Chair

Mindy Flores, MHCM

State Board of Health staff present:

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Michelle Larson, Communications
Manager

Anna Burns, Communications Consultant

Heather Carawan, Communications
Consultant

Molly Dinardo, Health Policy Advisor

Shay Bauman, Health Policy Advisor

Jo-Ann Huynh, Administrative Assistant

Lilia Lopez, Assistant Attorney General

Hannah Haag, Community Engagement
Coordinator

Ashley Bell, Equity & Engagement
Manager

Cait Lang-Perez, Health Policy Analyst

Lindsay Herendeen, Health Policy Analyst

Miranda Calmjoy, Health Policy Analyst

LinhPhụng Huỳnh, Health Disparities
Council Manager

Esmael López, Health Disparities Council
Lead Community and Tribal Engagement
Coordinator

Gavin Rienne, Health Disparities Council
Social Epidemiologist

Andrew Kamali, School Rules Project
Manager

Nina Helpling, School Rules Project Policy
Advisor

Mary Baechler, School Rules Project
Community Engagement Coordinator

Marcus DeHart, School Rules Project
Communications Consultant

Kelly Kramer, Newborn Screening Project
Policy Advisor

Guests and other participants:

Brad Finegood, Seattle & King County Public Health

Dave DeLong, Department of Health

Jeremy Simmons, Department of Health

John Thompson, Department of Health

Kelly Oshiro, Board Vice Chair, called the public meeting to order at 9:30 a.m. and read from a prepared statement (on file). Michelle Davis, Board Executive Director, introduced the public comment process, Board Members gave introductions, and Executive Director Davis gave the land acknowledgment.

1. APPROVAL OF AGENDA

Motion: Approve August 7, 2024 agenda

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

2. ADOPTION OF June 12, 2024 MEETING MINUTES

Motion: Approve the June 12, 2024 minutes

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

3. PUBLIC COMMENT

Kelly Oshiro, Board Vice Chair, opened the meeting for public comment and read from a prepared statement (on file).

Gerald Braude, Jefferson County, explained that their comments at the June 2024 Board meeting referenced deaths from COVID-19 shots, not just reports to the Vaccine Adverse Event Reporting System (VAERS). G. Braude said that Washington state now has up to 235 reported deaths and over 23,870 reports to VAERS after the COVID-19 vaccines. These reports include seizures, cardiac arrests, Bell's palsy, Guillain-Barré syndrome, and severe allergic reactions.

Mariah Kunz, Arcora Foundation, highlighted the importance of community water fluoridation in improving oral health and preventing tooth decay, as endorsed by the Centers for Disease Control (CDC). M. Kunz acknowledged the challenges posed by misinformation on the internet and thanked the Board for ongoing recognition of its benefits.

Lisa Templeton, Informed Choice Washington (ICW), said their comments were submitted on time for the packet but not present. L. Templeton commented on the bird flu, and the non-controversial prevention strategies shown to be safe and effective to prevent disease and transmission.

Sara McCarthy, commented in support of adding Wilson's Disease to the Newborn Screening (NBS) panel. S. McCarthy found out their baby had Wilson's Disease due to genetic testing from known risks. Their child takes meds two times a day, is monitored annually and since they have known about it since day one, they can stay ahead of symptoms and avoid pain and stress.

Bill Osmunson, said they once promoted water fluoridation, but now have opposed it for years. B. Osmunson said the Board of Pharmacy considers fluoride a prescription drug and said the Board of Health has been silent on their request for a forum.

Janet Laubgross, commented in support of adding Wilson's Disease to the Newborn Screening (NBS) panel. J. Laubgross talked about their son who was diagnosed on his 24 birthday. Now he is 26 and is fully chelated and in good health. Unfortunately, he suffered for years as a teenager with elevated liver enzymes, and psychological and behavioral issues. NBS testing would have saved years of heartache. Their son will have cirrhosis of his liver for the rest of his life. J. Laubgross advocated for testing of children at birth to avoid heartache and the permanent damage caused by Wilson's Disease.

4. ANNOUNCEMENTS AND BOARD BUSINESS – switched with Agenda Item 10, at 1:30pm.

Michelle Davis, Board Executive Director, welcomed the Board to Seattle. Executive Director Davis said that Chair Hayes and Member Flores couldn't join today's meeting, and Member Abdelmalek and Member Dean are attending virtually.

Executive Director Davis announced Ashley Bell has received a certification as a Certified Diversity Professional from the Institute for Diversity Certification. Executive Director Davis then directed Board Members to review the new staff biographies for the School Rule project and Newborn Screening project under agenda item 4 (materials on file). Executive Director Davis acknowledged the new staff members present at the meeting.

Executive Director Davis provided an overview of recent rule filings. This included the per- and polyfluoroalkyl (PFAS) emergency rule CR-103E (WAC 246-290-315) and an action to delay the effective date of the school rule CR-103 (chapter 246-366A). Additionally, a CR-101 was initiated to draft a proposed new rule for school environmental health and safety (chapter 246-370 WAC). Finally, a CR-103 was adopted to implement changes to the Board's Handling of Human Remains rule (chapter 246-500).

Executive Director Davis shared correspondence related to recent rule petitions. One correspondence addressed the denial of a petition for rulemaking from David Belanger related to the Board's water recreation rules. The other correspondence was the Governor's response to Bill Osmunson, denying the appeal of the Board's decision to reject the petition to amend WAC 246-390-220 related to fluoride and Group A Water systems.

Executive Director Davis indicated that staff would ask Chair Hayes to call a special meeting later in August to decide on variance requests for Water Recreation Facilities. Executive Director Davis encouraged Board Members to attend the local board of health orientation training sponsored by the Washington State Association of Counties. Executive Director Davis also noted that the Health Disparities Council (HDC) would present on the Council's redesign, which centers on health justice, and a proposal to

create a statewide vision for health and wellbeing at the Washington State Public Health Association conference also scheduled for October.

5. SEATTLE & KING COUNTY LOCAL HEALTH UPDATE: PUBLIC HEALTH APPROACH TO OVERDOSE PREVENTION

Ashley Bell, Board staff, introduced Brad Finegood, Strategic Advisor for Overdose Prevention with Public Health—Seattle & King County (PHSKC).

Brad Finegood, PHSKC, provided an overview of PHSKC's Overdose Prevention Strategic Plan. Brad stated the mission of the plan is to prevent overdose, save lives, and improve the quality of life for all people in King County. Brad shared information about PHSKC's overdose prevention programs, including training, community support, and harm reduction programs. Brad talked about current work in progress, including opening Crisis Care Centers and a Post-Overdose Recovery Center (presentation on file).

Umair A. Shah, Secretary of Health, stated the importance of continuing this work to ensure the positive trend continues. Secretary Shah stated that there are racial/ethnic inequities, and we need to highlight those inequities, while also emphasizing that overdose can impact any Washingtonian at any moment. Secretary Shah asked Brad to reflect on opportunities to work with communities most devastated by this. Secretary Shah also stated that the data from King County reflects work across Washington State and mentioned the Department of Health (Department) data dashboard. Secretary Shah stated that the state is connected and vested in supporting local health. Secretary Shah asked if Brad could also talk more about strategies and work with communities most impacted.

Brad stated that coordination with the state is essential to the work. Brad said that, as a white male, they have learned so much by working with Native community partners and what a Tribal approach to healing looks like. Brad talked about work with the Muckleshoot and Cowlitz Tribe. Brad stated that the journey toward anti-racism and understanding their own personal positionality in this work has been valuable. Brad also discussed working with Urban Indians and the suffering they experience and the correlation with people who are unsheltered and using substances as a coping mechanism. Brad stated that communities view substance use in many ways so the response to substance use needs to differ. Brad also discussed the importance of working alongside the community.

Secretary Shah stated this work also connects to the Department's pillars.

Paj Nandi, Board Member, stated they are working with Little Saigon and, living in this area, understands the impacts of overdose on communities in King County. Member Nandi said that King County has a comprehensive approach to this work and is a leader in this work. Member Nandi asked to connect with Brad offline to discuss the work the Health Care Authority (HCA) is doing in this area, especially around youth and young adults. Member Nandi talked about two different HCA initiatives related to this work. Member Nandi stated this is an intersectional issue. Member Nandi also stated that Native Community leaders and Tribal leaders are vital to leading this work.

Brad stated that harm reduction often gets a bad reputation, but it is important to save lives and ensure access to care and services. Brad said that services need to be in a continuum and upstream as well. Brad stated that youth and young adults are suffering in mental health. The group suffering the highest rate of overdose by demographics and age are older community members and people aged 65 years and older are the fastest growing group impacted by drug overdose. Older adults experience co-morbidities and are impacted by aging and losing their house due to affordability.

Kelly Oshiro, Board Vice Chair, acknowledged that Members Dean and Kutz also had questions and encouraged connection between Brad and Board Members following today's meeting.

Michelle Davis, Board Executive Director, stated that there is additional information on PHSKC's website and that Brad has also provided Ted Talks on the topic and encouraged Board Members to learn more.

6. YAKIMA WATER RECREATION VARIANCE REQUEST, CHAPTERS [246-260](#) & [262 WAC](#)

Kate Dean, Board Member, provided an overview of the Board's authority related to water recreation facilities. The Board has the authority to grant a variance to WAC 246-262-010(21) related to "diving envelopes", which is the section of law related to the variance requests.

Andrew Kamali, Board staff, stated that the Board has received two water recreation variance requests, including variances related to a water recreation facility in Yakima County and in Cheney. Andrew introduced Dave DeLong, Water Recreation Lead for the Washington State Department of Health.

Dave DeLong, Department staff, provided an introduction to the three equipment requests associated with the Aquatic Center at MLK Jr Park in Yakima County (Aqua Climbing Wall, Aqua Zip-N, Ninja Cross Obstacle Course). Dave provided an overview of the section of law related to "diving envelopes" to protect the safety of people diving into a body of water. Dave shared information about the three features being proposed at MLK Jr Park, including the proposed features and applicable safety standards. Dave stated that the Department and Board staff are still reviewing the data, arguments, and mitigations proposed by the facility and are not prepared to give an evaluation or recommendation to the Board at this time (presentation on file).

Andrew stated that this information is to prepare the Board for additional discussion at a later date and staff will ask Board Members to consider convening a special meeting of the Board to take action on the variances.

Steve Kutz, Board Member, stated that, when looking at various features, you are hanging, not jumping off. Member Kutz asked whether the standards are related to the height where the tips of their feet are hanging or where their hands are. Member Kutz also asked about how the standards consider different heights and weights of people. For example, someone who weighs more and may go deeper in the water than

someone who weighs less. Member Kutz stated that they will want a better understanding of these issues when the Board goes more in-depth later.

Dave acknowledged this is very complex and Department staff have some of the same questions and are going through information provided by the engineering team. They are considering where people will hang and forces when hitting the water. Dave stated they could provide more information and staff analysis at a later date.

Tao Kwan-Gett, Chief Science Officer, Secretary's Designee, stated that, as a pediatrician and parent, teens and young adults are at a developmental state where high-risk behavior is a norm. Member Kwan-Gett stated that we need to consider and engineer these places to ensure the safety of the person who does the high-risk thing, not just how most kids or adults may use these features.

Dave stated that creative play is something to consider.

Kelly Oshiro, Board Vice Chair, stated that staff have recommended a special meeting and will send a Doodle Poll to Board Members by the end of the week. Vice Chair Oshiro stated that staff has proposed a 1.5 hour-long meeting to review both the Yakima and Cheney variance requests.

Andrew stated staff are recommending August 28, 2024, for a special meeting.

Vice Chair Oshiro stated staff will send a Doodle Poll for August 28 to ensure Board Members can attend and can ensure a quorum. Vice Chair Oshiro asked staff to reach out to petitioners to share the date of the meeting as soon as it is determined.

Member Kutz also asked if legal counsel could provide a briefing on legal risk to the Board if decisions pose a risk to the public.

Lilia Lopez, Assistant Attorney General, stated that the Board's consideration is related to health and safety.

Vice Chair Oshiro asked if staff could also discuss historical Board decisions about granting variances like the features being proposed in these two variances.

7. CHENEY WATER RECREATION VARIANCE REQUEST, CHAPTERS [246-260](#) & [262 WAC](#)

Kate Dean, Board Member, introduced the topic and asked staff from the Board and Department of Health (Department) to present. Member Dean said this request is like the last topic but will require an independent analysis from the Board.

Dave DeLong, Department of Health, said this variance request concerns the same three types of equipment as the previous topic (Aqua Climbing Wall, Aqua Zip-N, Ninja Cross Obstacle Course). Dave added that the only difference is how they are being located because this request is for a different pool, which is in Cheney. Dave said that

the Aqua Climbing Wall and the Aqua Zip-N exist in other places in the state, but the Ninja Cross Obstacle Course is new and has yet to be installed in the state.

Dave presented information on the variance request, diving envelopes, the Cheney Climbing Wall, Cheney Aqua Zip-N, and the Ninja Cross (presentation on file). Dave said the Spokane Regional Health District (SRHD) is currently reviewing pool construction. Additionally, the Department is working closely with SRHD on the variances as well as recommendations to bring to the Board at a future Board meeting.

Stephen Kutz, Board Member, asked whether there are recommendations from manufacturers on the safety features and installation of these devices. Dave confirmed and said that those manufacturer and vendor recommendations are part of the variance materials submitted. Dave added that the vendor has recommended a depth of four feet for the Ninja Cross.

Andrew Kamali, Board staff, asked whether there are mitigation tactics that could void the need for a variance approval from the Board. Dave responded that it may be possible. Dave added that there is discussion about whether the Ninja Cross may already be compliant since dive standards are for things entering from above the water, whereas the use of the Ninja Cross could mean that part of the body is virtually always in the water when the device is being used properly.

Dimyana Abdelmalek, Board Member, asked about the level of supervision that may be available or needed for these devices. Member Abdelmalek asked about the potential risks of using the Ninja Cross, assurances that people are not entering the water from an extended height, and the Board's role and scope related to the safe use of devices. Dave agreed with Member Abdelmalek's comments and concerns. Dave added that Department staff are speaking with facility owners about the need to have well-written operations plans for all devices.

Kelly Oshiro, Board Vice Chair, commented on the distance between bars on the devices and people potentially jumping between the bars. Vice Chair Oshiro said the water may be too shallow for people wanting to jump into the water. Vice Chair Oshiro said the Board can continue discussing the Yakima and Cheney variance requests at a future Board meeting, which will be scheduled at a later time.

Member Dean requested that staff provide multiple date options for this future meeting.

8. RULEMAKING PETITION – [WAC 246-272A-0240](#), HOLDING TANK SEWAGE SYSTEMS – ON-SITE SEWAGE – POSSIBLE ACTION

Kate Dean, Board Member, said the Board will discuss the petition for rulemaking on WAC 246-272A-0240 that came from a person in Jefferson County. Member Dean invited staff from the Board and Department of Health (Department) to present. Member Dean said that after the briefing and discussion, the Board may choose to make a motion.

Shay Bauman, Board staff, provided an overview of the petition for rulemaking. This included a background of holding tank systems, the current rule, the authority of local health officers to grant waivers to this chapter of rule, the minimum criteria for granting a waiver, and the staff's recommendation to decline the petition for rulemaking (presentation on file).

Steve Kutz, Board Member, said there are local considerations that make it important for local public health to be involved (e.g., being next to a stream, lake, or saltwater body), and sometimes a statewide rule makes it hard to account for these independent local variables.

Member Dean asked Board staff to speak about the input staff have received from environmental health directors. Shay responded that staff have reached out to directors in Jefferson and Mason Counties. Shay said that Jefferson County is working with the petitioner to find solutions. Shay added that, due to the risks involved, Jefferson County allows this type of waiver less often whereas Mason County has different capabilities and is looking into using these waivers more often. Member Dean said communities that are waterfront and are adjacent to Mason County, where waivers are more used, may perceive inequities.

Motion: The Board declines the petition for rulemaking to amend WAC 246-272A-0240 for the reasons articulated by Board Members. The Board directs staff to notify the petitioner of the Board's decision.

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

The Board took a break for lunch at 12:05 p.m. and reconvened at 1:00 p.m.

9. HEALTH IMPACT REVIEWS – FISCAL YEAR 2024 UPDATE

Cait Lang-Perez, Miranda Calmjoy, and Lindsay Herendeen, Board staff, provided their annual update on Health Impact Reviews (HIRs). The team shared an overview of HIRs and provided a recap of HIR work during the 2024 Fiscal Year. They also shared updates about longer-term projects, including an update about compensating key informants who participate in the HIR process and revising the HIR Strength-of-Evidence methods. The team also invited Board Members to offer support in reviewing the Strength-of-Evidence methods (presentation on file).

Steve Kutz, Board Member, praised the extensive work on HIRs and inquired whether staff have revisited or re-reviewed previous HIRs or used past findings for new reviews.

Miranda responded that the HIR team often receives requests for updated reviews of bills previously assessed, particularly if a bill is not fully enacted, requires updates, or if amendments are introduced. In these cases, the team uses the original HIR as a starting point and incorporates any new literature or data. Miranda added that additional key informants might be consulted depending on the topic and the timing of the original review.

Member Kutz followed up with a comment about weighing key informant interviews as evidence in the reviews and offered to support the team as they reviewed the strength-of-evidence methods.

Dr. Tao-Kwan-Gett, Secretary's Designee, congratulated the HIR team's efforts and inquired about the criteria for assessing the strength of evidence. Member Kwan-Gett asked whether the criteria assess individual sources or the overall body of evidence on the research for a specific topic.

Lindsay thanked Member Kwan-Gett for the question and explained that the strength-of-evidence criteria involves multiple layers of detail. Each piece of evidence is rated individually, considering aspects like study design, execution, and generalizability. For the overall strength of evidence for each step of the logic model in an HIR, the entire body of evidence is evaluated, which may include various sources such as published research, reports, data, and information from key informants. Lindsay added that the HIR methodology takes each of the specific ratings for each piece of evidence, and then combines them into a full strength-of-evidence rating for each step in the pathway.

Member Kwan-Gett thanked the team and offered to support their work.

Kelly Oshiro, Board Vice Chair, praised staff and noted that one of the most striking aspects of the HIR team's presentation was the slide detailing the number of reviews completed during the 2024 legislative session, particularly given its brevity this past year.

Member Kutz inquired whether the HIR team tracks or monitors website traffic for HIRs to determine who reads or uses these reviews in their work.

Lindsay said that this was a great question, and their team would need to seek guidance from the Board's communications team to track this information. Their team hasn't explored this as an option before.

Socia Love, Board Member, thanked the team and expressed interest in hearing about how the HIR team will continue to assess their process and ensure accountability.

10. RULEMAKING PETITION – [CHAPTER 246-650 WAC](#), NEWBORN SCREENING, REQUEST TO ADD WILSON'S DISEASE—switched with Agenda Item 4, presented in the morning portion.

Kelly Oshiro, Board Vice Chair, introduced this agenda item by summarizing the Board's petition for the rulemaking process and the statutory requirements it must follow. Vice Chair Oshiro also reminded the Board of its authority regarding newborn screening rulemaking and provided a brief overview of the petition requesting the addition of Wilson's Disease to the Washington State newborn screening panel.

Kelly Kramer, Board staff, provided an overview of the Board's process for considering candidate conditions for newborn screening. Kelly then provided background on the petition and the condition, including a high-level overview of Wilson's Disease, available screening technologies, diagnostic testing and treatment options, the

potential for prevention, and the medical rationale for universal screening (presentation on file).

John Thompson, Newborn Screening Director, Department of Health, outlined considerations for the Wilson's Disease petition for rulemaking. No other states are currently screening for this condition, and it is not on the federal Recommended Uniform Screening Panel (RUSP). John also shared that the Department of Health (Department) is running a pilot project for Wilson's Disease screening and has worked with the petitioner, Dr. Sihoun Hahn from Key Proteo, for over fifteen years to develop screening tests for the condition.

Steve Kutz, Board Member, inquired about the status of the ongoing Wilson's Disease pilot program and the expansion of screening testing. Member Kutz asked whether the testing system has been accelerated to match the increased volume of testing that would be required if the Board decides to add the condition.

John responded that the Department's Newborn Screening program provides anonymous specimens to Key Proteo, which performs the testing in its labs. John added that the Department is unaware of the latest study findings, as its primary role is to provide anonymous specimens for testing and to advise on what makes a good screening test for universal newborn screening programs. John suggested that the petitioner might best address this question.

Socia Love, Board Member, reflected that many physicians learn about Wilson's Disease in their medical training, but due to its rarity, it isn't encountered often in practice. Member Love then inquired about the average age of diagnosis for Wilson's Disease and noted that the Board may need additional information on the screening test, particularly its cost-effectiveness and feasibility, as the pilot screening process is still in its early stages. Member Love concluded by emphasizing the importance of considering any proprietary aspects of the request and evaluating the possible addition of the condition from both a cost and equity perspective.

Kelly responded that from available research, the average age of diagnosis for Wilson's Disease is around age forty or so.

Dimyana Abdelmalek, Board Member, echoed Member Love's comments and stated that, as Board Members heard in public comments, undiagnosed Wilson's Disease significantly impacts people's lives. Member Abdelmalek said it would be interesting to learn more about the test and its costs and hear more about the impacts of early detection subject matter experts who treat people with this condition and their families.

Kate Dean, Board Member, stated that based on the presentation and the petitioner's materials, Wilson's Disease appears to preliminarily meet the Board's criteria, except for the cost-benefit analysis of screening for the condition. Member Dean suggested that it may be worthwhile to consider forming a technical advisory committee to evaluate this condition further.

Dr. Umair A. Shah, Secretary of Health, thanked the presenters and acknowledged the petitioner's efforts. Secretary Shah inquired about the prevalence of Wilson's Disease,

noting a discrepancy between the presentation's figure of 1 in 30,000 and new UK data suggesting 1 in 7,000. Secretary Shah emphasized that this discrepancy highlights the need for a technical advisory committee to dive deeper into the data. Secretary Shah also shared that as a practicing physician, they cared for a person with Wilson's Disease. It's a very difficult diagnosis, and we do not currently have a prevention method.

Member Kutz agreed with Board Members and said that establishing a technical advisory committee is the best way for the Board to determine whether Wilson's Disease meets its five newborn screening criteria.

Motion: The Board declines the petition for rulemaking to add Wilson's Disease as a condition for newborn screening in Chapter 246-650 WAC and directs staff to work with the Department of Health to move forward with convening a technical advisory committee to evaluate Wilson's Disease using the Board's process and criteria to evaluate conditions for inclusion in WAC 246-650-020 and then make a recommendation to the Board.

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

11. SCHOOL RULE REVIEW PROJECT UPDATE

Kate Dean, Board Member, introduced the School Rule Review project. Member Dean noted that this update intends to keep the Board informed of the project technical advisory committee (TAC) and the project team.

Andrew Kamali, Board staff, introduced new staff onboarded on June 16 who work on the School Rule Project. Crystal Ogle will provide administrative assistance. Mary Baechler will provide community outreach support. Marcus Dehart will provide communications support. Nina Helping will serve as a policy advisor.

Andrew referenced items on file from the first project TAC meeting, which was held on August 1 in Wenatchee. There were 26 attendees and 22 were in-person. This meeting focused on the purpose of the TAC and set up the foundation for developing draft language. The TAC is comprised of a wide breadth of people – representing many sectors of education and public health, including parents. The TAC adopted dates for seven upcoming meetings. The August 22 meeting will take place at the Department of Health (Department) facilities in Tumwater. The September 17 meeting will co-locate with the Governor's Interagency Council on Health Disparities. The October 4 meeting will co-locate with the Environmental Health Directors meeting. Staff will post additional details on the Board's website.

Andrew stated the team is working to collaborate with community and sovereign Tribal partners. The team is also working with the Department to disseminate information about the TAC widely. The team is sharing information with local health jurisdictions (LHJs) and learning about their needs and connecting with school programs and the 295 school districts in Washington. There are over one million public school students in

the state and approximately 500 private schools. Andrew stated the focus of the project is transparency and developing new standards.

Steve Kutz, Board Member, asked if there is a gap in knowledge about what is known about the project.

Andrew stated that there will likely always be gaps in knowledge regarding this project and that there is a Tribal partner/Tribal representative spot vacant on the TAC. Andrew stated the project does not necessarily impact Tribal school facilities but may still impact their students.

Member Kutz asked if there is a representative from the industry. Andrew said we are working with the industry for technical support and for information on how to fill gaps in the current rules. Member Kutz offered support to help fill the vacant Tribal representative spot on the TAC.

The Board took a break at 1:56 p.m. and reconvened at 2:10 p.m.

12. PRO-EQUITY ANTI-RACISM (PEAR) PLAN BRIEFING

Ashley Bell, Board staff, introduced the Pro-Equity Anti-Racism (PEAR) plan topic and shared a presentation on the topic (presentation on file). The presentation included background information on what a PEAR plan encompasses and how the Office of Equity is connected, current team progress to date, PEAR team creation and composition, and themes of the drafted PEAR plan. Ashley reviewed the drafted PEAR Plan, Goals 1 and 2 (on file). Ashley stated that the Culturally and Linguistically Appropriate Services (CLAS) assessment component will likely be conducted by a consultant.

Paj Nandi, Board Member, stated that the goals of this work are to continue focusing on what is within the Board's scope of influence and make the plan real and meaningful, operational, realistic and achievable.

Steve Kutz, Board Member, stated that community members are influential and informative in impacting Board decisions and larger government operations and hopes to see community involved in this process. Member Kutz also inquired about the Board's Tribal Liaison and available funding.

Member Nandi stated that we are looking into the work of the Tribal Liaison and that Ashley is the Board's Tribal Liaison. Ashley stated that we could do more with Tribal engagement and it is a priority in the PEAR plan.

Member Nandi stated that it is important to center the community when selecting presenters and asking that they present with an equity lens. Member Nandi reflected on the newborn screening presentation and there may have been more equity considerations to discuss on that meeting topic. Member Nandi stated that the intent is to include equity objectives in each conversation the Board has and in each person's role with the Board.

Kate Dean, Board Member, stated that the outreach conducted by Board staff on the State Health Report was informative and recommended institutionalizing more outreach in each meeting, including with a broader set of partners, stakeholders, Tribes, and additional people.

Member Kutz asked where the Governor's Interagency Council on Health Disparities fits into this topic and stated that there is more engagement happening with the Council. Michelle Davis, Executive Director, invited LinhPhung Huynh, Council Manager, to join the conversation and stated that the Board serves on the Council and helps to staff and support it. When the Council makes recommendations, those are brought before the Board. Executive Director Davis stated that Members could do more to share recommendations with agency leadership and that the Board could do more to connect Board and Council work.

LinhPhung Huynh, Council Manager, stated that community partners have recommended against collecting information from community partners if it has already been collected and those partners have already been asked to share information with government. For example, there is some information available through surveys collected by the Department of Health (Department) and others.

Kelly Oshiro, Board Vice Chair, asked what the CLAS assessment stands for. Ashley stated it means Culturally and Linguistically Appropriate Services and noted that will be updated with the definition in Board materials. Ashley added that Board Members may also want to understand the difference between a primary and secondary document, as referenced in materials, and stated this refers to whether the document is critical or not.

Vice Chair Oshiro asked what unregulated parties means. Ashley stated this refers to Tribes, people in the community who receive medical care, and additional technical voices.

Executive Director Davis referred to rule development and stated that state law is clear about the Board's obligation to include interested parties, but information from communities is often missing. Executive Director Davis prompted the Board to consider ways we must protect communities during rulemaking and asked how we can ensure we are hearing from diverse voices during our processes.

Vice Chair Oshiro asked about the PEAR plan tool to address likely equity impacts and requested to be made aware of the tool development. Vice Chair Oshiro also stated that a database to maintain outreach information will be useful as staff and Board Members transition, and requested information on how this information has been being stored.

Member Nandi stated that the HIR team is well-versed in looking at equity impacts, and that the PEAR team will assure that we use the most appropriate tool. Member Nandi stated this assessment may make the Board's work more time-consuming, but also more intentional.

Dr. Tao-Kwan-Gett, Secretary's Designee, stated that there are regional inequities across the state and that there is a need to build back trust in public health.

Member Kutz and Member Nandi identified an area of the PEAR materials that were provided by the Office of Equity.

Socia Love, Board Member, stated it can be challenging to engage with Tribes without placing a burden on them and that one way to navigate this is to hold events in Tribal communities. Member Love expressed appreciation for prior Board meetings that have been conducted in this way. Member Love also stated the importance of examining race and ethnicity data and appreciation for comments to stay patient with the PEAR process.

Dimyana Abdelmalek, Board Member, noted that many communities in Washington face disproportionate health risks. Member Abdelmalek expressed appreciation that the plan discusses disparities due to access, disparities data as a Board and larger public health system, how we collect data, and how we use specific instruments. Member Abdelmalek expressed availability to support this work.

Member Kutz stated that we may have more community participation if we held Board meetings in community spaces.

Ashley thanked the Board for the feedback and will follow up with some Board Members offline for further discussion.

13. RULES BRIEFING – ADDITION OF ORNITHINE TRANSCARBAMYLASE DEFICIENCY (OTCD), GUANIDINOACETATE METHYLTRANSFERASE (GAMT) DEFICIENCY, AND ARGINASE 1 DEFICIENCY (ARG1-D), [CHAPTER 246-650 WAC](#), NEWBORN SCREENING

Kelly Oshiro, Board Vice Chair, introduced the Board's authority on newborn screening. Kelly discussed that the Board will convene a technical advisory committee (TAC) to determine which conditions to add to the Board's screening requirements.

Kelly Kramer, Board staff, noted that this is a rules briefing for adding Ornithine Transcarbamylase Deficiency (OTCD), Guanidinoacetate Methyltransferase Deficiency (GAMT), and Arginase 1 Deficiency (ARG1-D). Kelly proceeded to give an overview of each condition, screening and treatments available, and past work the Board has done on this topic (presentation on file).

John Thompson, Department staff, provided technical expertise.

Steve Kutz, Board Member, asked how can we start the testing without it being funded. John responded that there is a small amount of excess funding available to start this program before the funding increases. This allows us to start this sooner than next fall.

Member Kutz asked how we know if our predictions and assumptions about the impacts and costs of screening these conditions are true. How can we know if those assumptions were accurate. John responded that they met with the Board a few months ago to do an update on this program and have another annual update scheduled for next year. John offered to add a highlight for the new conditions (in the last five years or so) in next year's update.

Socia Love, Board Member, asked if we have a process for making sure that information is given back to the petitioner. Kelly responded that we do have a process for remaining in contact with petitioners and that we also continue to invite them to Board meetings.

14. BOARD MEMBER COMMENTS

Dr. Tao Kwan-Gett, Secretary's Designee, talked about finding your own apple—your own path to health; the things that make you healthy and happy. This theme comes from the Department of Health's (Department) new initiative Be Well WA. Member Kwan-Gett encouraged everyone to check out the website and shared a quote from it, saying it's an important initiative for the Department.

Socia Love, Board Member, shared about the annual canoe journey which just completed this week. Puyallup Tribe hosted the landing this year, with a focus on youth as sacred. Tribes put youth forward in the process. Fifty canoes landed in Tacoma, and many were filled with youth. Member Love said we talked a bit today about youth health and addiction prevention. This connects in as this entire ceremony was held as a drug and alcohol-free event. Member Love encouraged everyone to attend and watch the ceremony if possible. Many other communities came to be a part of it, for example, the Samoan community came to help bring in canoes this year.

ADJOURNMENT

Kelly Oshiro, Board Vice Chair, adjourned the meeting at 3:16 p.m.

WASHINGTON STATE BOARD OF HEALTH

Kelly Oshiro, Vice Chair

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