

Draft Minutes of the State Board of Health March 12, 2025

Hybrid Meeting

ASL (or CART) and Spanish interpretation available
Washington State Department of Health
111 Israel Road S.E.
Tumwater, WA 98501

Building: Town Center Two (TC2, Rooms 166 & 167)
Virtual meeting: ZOOM Webinar

State Board of Health Members present:

Patty Hayes, RN, MSN, Chair Kelly Oshiro, JD, Vice Chair Socia Love, MD Tao Sheng Kwan-Gett, MD, MPH, Secretary's Designee Jessica Todorovich, Interim Secretary of Health Mindy Flores, MHCM Paj Nandi, MPH Peter Browning, MA

State Board of Health Members absent:

Stephen Kutz, BSN, MPH

State Board of Health staff present:

Michelle Davis, Executive Director
Lilia Lopez, Assistant Attorney General
Ashley Bell, Deputy Director
Melanie Hisaw, Executive Assistant
Michelle Larson, Communications
Manager
Anna Burns, Communications Consultant
Marcus DeHart, Communications
Consultant
Ash Noble, Health Policy Advisor
Kelly Kramer, Newborn Screening Project
Policy Advisor

Molly Dinardo, Health Policy Advisor
Hannah Haag, Community Engagement
Coordinator
Andrew Kamali, School Rules Project
Manager
Nina Helpling, School Rules Project Policy
Advisor
Mary Baechler, School Rules Project
Community Engagement Coordinator

Guests and other participants:

Kseniya Efremova, Department of Health Amy Ferris, Department of Health Kseniya Efremova, Department of Health John Thompson, Department of Health Megan McCrillis, Department of Health Cindan Gizzi, Deputy Director of Public Health Tacoma-Pierce Health Department Lauren Jenks, Department of Health Chantell Harmon Reed, Director of Public Health Tacoma-Pierce Health Department Michael Ellsworth, JD, MPA, Secretary's Designee <u>Patty Hayes, Board Chair,</u> called the public meeting to order at 9:33 a.m. and read from a prepared statement (on file).

Michelle Davis, Board Executive Director, gave a land acknowledgement.

1. APPROVAL OF AGENDA

Motion: Approve March 12, 2025 agenda

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

2. ADOPTION OF JANUARY 8, 2025 MEETING MINUTES

Motion: Approve the January 8, 2025 minutes

Motion/Second: Vice Chair Oshiro/Member Browning. Approved unanimously, Member

Kwan-Gett abstained.

3. PUBLIC COMMENT

<u>Patty Hayes, Board Chair</u>, opened the meeting for public comment and read from a prepared statement (on file).

<u>Bill Osmunson</u> requested four hours to present on the fluoridation panel, saying some panel members lack the background to weigh the science. B. Osmunson talked about fluoride concentration levels and said research shows evidence of lower IQ and harm.

<u>Gerald Braude</u> discussed Benton County's resolution to promote gene therapy for infectious disease. G. Braude highlighted the adverse effects of the synthetic mRNA shots. G. Braude also mentioned physician licenses being stripped when speaking out about the shots.

<u>Lisa Templeton</u> talked about a global vaccine study supporting independent research on neurological disorders and other issues. L. Templeton said science is clear, the risk is real and asked if this catastrophic approach will be repeated.

<u>Sue Coffman</u> emphasized the importance of understanding residents' concerns about consent and right to review. S. Coffman said RFK Jr.'s position would contribute to the discussion and help uncover corruption. S. Coffman asked the Board to conduct their own due diligence, uncover the reality, and stop spouting the lies of lobbyists and special interest groups.

<u>Anni-Michele Jean-Pierre</u> talked about placing children at the heart of their work so that every child can thrive. A. Jean-Pierre advocated for health equity and oral health, highlighting the importance and benefits of community water fluoridation.

<u>Dewey Gibson</u> discussed the need for a Do-It-Yourself (DIY) septic inspection program and mentioned submitting written comments to the Board. D. Gibson discussed the misleading information from the Department of Health and said that every county should have a DIY inspection program.

<u>Natalie Chavez</u> discussed events in Southwest Idaho, explaining that House Bill 1531 was introduced to address communicable diseases and that the bill is not needed since it is already law. N. Chavez said that paid lobbyists from the Washington Vaccine

Association passed the legislation in the early morning hours, contributing to a loss of trust with Washingtonians.

<u>Bob Runnells</u> discussed a study from the Centers for Disease Control and Prevention regarding 13 adverse effects from the shots but not acknowledging other injuries.

Chair Hayes asked staff to follow up on the DIY septic inspection.

4. ANNOUNCEMENTS AND BOARD BUSINESS

Michelle Davis, Board Executive Director, provided updates on staff and Board Member activities. The Health Impact Review (HIR) Team has completed five HIRs this legislative session and will present at two upcoming national events. Executive Director Davis also gave updates on rulemaking petitions received by the Board, described recent subcommittee meetings, directed Board Members to the finalized Pro-Equity Anti-Racism plan, and highlighted upcoming events.

Kelly Oshiro, Vice Chair, asked for more information about legislative actions.

Executive Director Davis described some of the budgetary impacts and possible legislative impacts of bills the team has been tracking.

5. DEPARTMENT OF HEALTH UPDATE

<u>Jessica Todorovich, Interim Secretary of Health</u>, described the State budget deficit and shared updates on recruitment for the Secretary of Health.

<u>Tao Kwan-Gett, Secretary's Designee</u>, provided an overview of federal impacts the Department is experiencing, which include changes in funding, data integrity impacts on employees, and impacts from executive orders. Data integrity and availability is a major concern. For example, the Pregnancy Risk Assessment Monitoring System (PRAMS) has been impacted and is currently unavailable. This is a major interruption with large impacts on child and maternal health. The Behavioral Risk Factor Surveillance System (BRFSS) system has also been impacted with some data points being altered or deleted. Disease response activities have been resumed. The Department is following key federal health appointments, and closely following the federal budget and grants.

Amy Ferris, Chief Financial Officer, Department of Health (Department), gave updates on the state level budget and reviewed various proposed reductions which are currently under consideration in the House and Senate. The revenue forecast is coming out on March 18, and we expect budget proposals to come out after the revenue forecast comes out. We are also watching how federal actions will impact our state revenue, such a tariffs.

<u>Peter Browning, Board Member</u>, wondered how much Washington Association of Local Public Health Officials (WSALPHO) is involved in budget conversations and how Foundational Public Health Services (FPHS) is impacted.

<u>Secretary Todorovich</u> confirmed that WSALPHO has been involved and that we don't have decisions on FPHS yet. We are talking with the government public health systems for our next biennium.

<u>Michelle Davis, Board Executive Director</u>, noted that FPHS dollars are unique and how those funds are allocated are decided by the steering committee.

<u>Paj Nandi, Board Member</u>, asked Member Kwan-Gett about PRAMS and BRFSS and gender identification questions being removed. Is there advocacy happening on a state level to mitigate harm caused by this change at the federal level?

<u>Member Kwan-Gett</u> confirmed that they are monitoring this. There is also concern that the data we collect on a state level be secure and that we know how that data is being used.

<u>Socia Love</u>, <u>Board Member</u>, thanked the Department staff for their hard work and asked about measles deaths and vaccination. Do you have any information about vaccine availability and about data that might shed light on this situation?

Member Kwan-Gett noted that they monitor this closely and have talked with local health about how to make the data more useful to them. There is currently a dashboard, and local health jurisdictions have asked for more details. The immunization team has put together a guide for Tribal and local health partners about responding to measles incidents.

Patty Hayes, Board Chair, thanked the Department presenters.

6. SHELLFISH RULES BRIEFING

<u>Patty Hayes, Board Chair</u>, said this agenda item was for informational purposes only to inform Board Members of the rulemaking project and next steps.

<u>Ash Noble, Board staff</u>, introduced themselves and their co-presenter, Kseniya Efremova, who would provide updates on the sanitary control of the shellfish rulemaking project.

Kseniya Efremova, Department staff, provided background on the project. The rulemaking was initiated after a 2021 heatwave that led to a surge in Vibriosis (Vibrio) cases, prompting a reevaluation of existing rules and protections. Kseniya then presented a timeline of the work completed to date, including the Board's delegation of authority to the Department, Code Reviser filing dates, interested party engagement, an informal comment period on draft proposed rules, and recent Board briefings. Responses from the informal comment period indicated the need for more engagement before proceeding which led to the organization of workshops with shellfish growers and Tribal partners. These workshops resulted in revisions. The next step is a second informal comment period for the shellfish industry, followed by further rule revisions, CR-102 preparation, and additional learning opportunities for the Board and Department (see presentation on file).

<u>Chair Hayes</u> complimented the Department and Board collaboration, emphasizing the shellfish industry's importance for the economy and public health. <u>Chair Hayes</u> expressed appreciation for the work done so far and stressed the need for continued

engagement with all levels of the industry to ensure solutions work for everyone. <u>Chair Hayes</u> then opened the floor for questions.

<u>Peter Browning, Board Member</u>, asked for more information about Vibrio, specifically whether it is always present in water and how it proliferates in the heat.

Ksenyia briefly explained that Vibrio is a bacteria found in the water but noted that they would need to ask subject matter experts from the Department to follow up with Board Members to provide more detailed information.

<u>Paj Nandi, Board Member</u>, asked staff to share more about small business economic impact statements (SBEIS).

Ksenyia provided an overview of Significant Analyses (SAs), which are cost-benefit analyses required for many rulemaking projects under state law. Ksenyia explained that during the SA process, staff assess proposed rule changes and evaluate their potential impact on the industry. If small businesses (defined as those with 50 or fewer employees) are affected, further analysis of costs is required. This may involve gathering information from the industry through surveys or focus groups, depending on the project. The SBEIS provides a detailed analysis of the impact on small businesses.

<u>Member Nandi</u> inquired if the SBEIS considers additional impacts on certain small businesses, such as minority or women-owned businesses, or if the SBEIS focuses on general impacts on small businesses.

Ksenyia responded that as staff work through the SA and SBEIS, these are important impacts to consider.

<u>Kelly Oshiro, Board Vice Chair</u>, asked for clarification on the definition of small businesses in the SBEIS, specifically whether small businesses are defined based on their normal operations and if seasonal workers are included in that definition.

Ksenyia responded that the statutory definition of small businesses does not account for such specific details, but the team should explore them further. Ksenyia added that during the SA and SBEIS process, staff work with the Department's economist, Anna Hidle, and staff can raise these nuances with Anna.

<u>Vice Chair Oshiro</u> inquired about when the Board could expect another project update and whether data from the 2024 shellfish season would be available to share with Board Members.

Ash responded that an additional update is expected at the June Board meeting.

Ksenyia added that they would consult with the Shellfish program to determine if data from the 2024 season can be included in the next update.

<u>Vice Chair Oshiro</u> also asked to hear more about what staff learned from Tribes during the Tribal shellfish grower workshops.

Ksenyia emphasized the value of organizing workshops by operation size and providing separate spaces for Tribal growers to offer feedback. Ksenyia noted that Tribal partners raised unique topics, including the impact of regulations and tagging recommendations on Tribal treaty rights, and the importance of including harvest site certifications on the application. Ksenyia concluded by sharing how insightful the feedback from Tribal partners was for staff.

<u>Vice Chair Oshiro</u> said they were pleased to hear the feedback from Tribes.

<u>Chair Hayes</u> thanked staff and said the Board would look forward to future updates on this work and data from 2024.

The Board took a break at 11:20 a.m. and reconvened at 11:35 a.m.

7. LOCAL PUBLIC HEALTH FOCUS—TACOMA PIERCE PUBLIC HEALTH DEPARTMENT

Chantell Harmon Reed, Director of Public Health Tacoma-Pierce County Health
Department (TPHD), and Cindan Gizzi, Deputy Director of Public Health County
Tacoma-Pierce Health Department, introduced themselves. Director Harmon Reed shared that they began at TPHD in 2024, bringing a background in public health, healthcare administration, and compliance. Director Harmon Reed shared their passion and focus for improving public health, community connections, and organizational efficiencies.

Director Harmon Reed then provided an overview of the local health jurisdiction's (LHJ's) structure and key demographics of Pierce County. Director Harmon Reed also provided information about TPCHD's 2025-2029 Strategic Plan and current TPCHD program highlights (see presentation on file).

<u>Paj Nandi, Board Member</u>, inquired further about TPCHD's Street Medicine program and whether long-term funding exists for this work.

Director Harmon Reed confirmed that the Street Medicine program is funded through one-time funding, but TPCHD aims to build the infrastructure for its long-term sustainability. Director Harmon Reed added that TPCHD is working to establish a system that allows billing through a "clinic without walls" model, which will generate revenue to support the program. Efforts are underway to integrate the program into the county's overall homelessness response, ensuring it becomes a permanent part of their clinic services.

<u>Member Nandi</u> asked if Elevate Health, the Accountable Community of Health (ACH) in the area, is involved in the Street Medicine program. <u>Member Nandi</u> noted their efforts to open community care hubs and wondered if there is any connection between these programs.

Director Harmon Reed explained that although the Street Medicine program and Elevate Health's community care hubs are separate initiatives, TPCHD has reached out to nearly all Federally Qualified Health Centers (FQHCs) in Pierce County to explore collaboration and integration. One FQHC raised questions about how their street

medicine program aligns with TPCHD's efforts. Director Harmon Reed concluded that while the current Street Medicine grant is focused on the City of Tacoma, TPCHD is working to expand the program countywide through partnerships.

Mindy Flores, Board Member, inquired about TPCHD's Do-It-Yourself (DIY) septic program and asked why it is not yet available.

Director Harmon Reed provided some background context on the topic of septic systems in Pierce County and shared some of their program's challenges, including staffing and inspection workloads. Director Harmon Reed explained that TPCHD had to prioritize other program projects, leading to the difficult decision to delay the DIY program until 2026. The delay was necessary to ensure the program is well-planned and considered all impacts. Director Harmon Reed cited the Minter Bay Protection District as an example of a failed septic system, and if that happened across several systems, could the TPCHD septic program contain the spill as well as they were able to with Minter Bay? Director Harmon Reed emphasized the importance of being thoughtful and intentional when rolling out a new program like the DIY septic program and stressed that TPCHD wants to avoid rushing the program and having to reverse it later.

<u>Tao Sheng Kwan-Gett, Secretary's Designee</u>, thanked Director Harmon Reed and Deputy Director Gizzi for their presentation and leadership in the Washington State public health system. <u>Member Kwan-Gett</u> asked if Director Harmon Reed had any general comments on their approach to strategic planning and setting measurable goals for TPHD.

Director Harmon Reed shared that upon joining TPCHD, they focused on establishing clear metrics to measure success and demonstrate impact. With a background in healthcare, Director Harmon Reed has always prioritized data and quantifiable outcomes. Director Harmon Reed expressed appreciation for the TPCHD team's willingness to transition to data-driven practices, which are now central to decision-making. Director Harmon Reed noted that TPCHD is working on dashboards to track progress and evaluate effectiveness. While this evolution has been challenging, it is crucial for adapting the department's approach, ensuring funding stability, and making necessary adjustments if goals are not met.

<u>Kelly Oshiro</u>, <u>Board Vice Chair</u>, asked about TPCHD's engagement with diverse communities across the county, including refugee populations.

Director Harmon Reed responded that they conducted numerous meet-and-greet visits throughout all districts to connect with the community directly. Director Harmon Reed noted that Pierce County has a large refugee population, and based on feedback from these visits, TPCHD has made some adjustments to better serve these communities. They also emphasized the ongoing need to secure funding to support language access efforts in the county.

<u>Patty Hayes, Board Chair</u>, thanked the presenters and added that TPCHD's stories about Foundational Public Health Service (FPHS) dollars have been impactful, and they hope elected officials can hear more about the great work they are doing in Pierce County.

8. NEWBORN SCREENING TECHNICAL ADVISORY COMMITTEE (TAC) RECOMMENDATIONS: BRANCHED-CHAIN KETOACID DEHYDROGENASE KINASE (BCKDK) DEFICIENCY, AND PROCESS AND CRITERIA UPDATES Kelly Oshiro, Vice Chair, shared that the Newborn Screening Technical Advisory Committee (TAC) has two recommendations for the Board to consider. The first concerns a candidate condition for universal newborn screening and the second is about updating the newborn screening process and criteria. Vice Chair Oshiro noted that the TAC used the existing criteria when evaluating Branched-Chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency. If the Board updates the criteria today, the TAC will apply the new criteria to all future reviews. Vice Chair Oshiro then introduced Kelly Kramer, State Board of Health Policy Advisor for the Newborn Screening Program.

Kelly Kramer, Board staff, introduced Megan McCrillis, Policy Advisor for Newborn Screening, and John Thompson, Office Director for Newborn Screening at the Department of Health (Department). Kelly reviewed BCKDK, a rare genetic amino acid disorder with 21 cases known worldwide. Kelly reviewed the limited data, its characteristics, testing methods, and treatment (see presentation on file).

Megan McCrillis, Department staff, explained the challenges of conducting a costbenefit analysis for BCKDK due to its rarity, no pilot studies, no experts, and no current screening. Due to limited data, Megan consulted with Anna Hidle, a Public Health Economist, who recommended not to run the cost-benefit analysis. Megan created a cost-benefit model for future use if more data becomes available.

Kelly summarized the TAC discussed on BCKDK and their recommendation to not add it to the newborn screening panel. Kelly opened it up for discussion.

<u>Paj Nandi, Board Member</u>, agreed with the TAC's conclusion and asked how BCKDK was brought to the Board's attention.

Kelly answered that Senator Linda Wilson, now retired, sponsored the legislation due to their interest in addressing the rising cases of Autism Spectrum Disorder in Washington State.

Motion: The Board determines that branch-chain ketoacid dehydrogenase kinase (BCKDK) deficiency should not be considered for addition to the newborn screening panel at this time.

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

Kelly reviewed the proposed updates to the newborn screening criteria from the TAC (see presentation on file). The updates to Criterion 1 focused on ensuring screening test has at least 95% sensitivity, acceptable specificity, and timely results for early intervention.

<u>Vice Chair Oshiro</u> asked Kelly to explain if all points in Criterion 1 need to be met for a condition to pass.

Kelly responded that not all points in Criterion 1 need to be met, but it helps future TACs consider all factors when making a recommendation.

Kelly then reviewed the proposed edits to Criterion 2 and Criterion 3. The proposed changes in Criterion 2 include accurately identifying the need for treatment and ensuring that treatment is readily available. The proposed changes in Criterion 3 define infancy.

<u>Vice Chair Oshiro</u> noted that the TAC aimed to rephrase the language to be more positive than negative.

<u>Socia Love</u>, <u>Board Member</u>, asked if the proposed criteria would generally apply to current conditions.

<u>John Thompson, Department staff</u>, answered that there are currently 32 conditions being screened and three more that are being developed. John believes the proposed criteria would generally apply to these conditions.

Kelly moved to Criterion 4. The TAC proposed adding that risk-based screening tools are inferior to universal screening and that there is sufficient evidence of acceptable quality to evaluate the criterion.

<u>Patty Hayes, Board Chair</u>, asked for clarification of the term's "inferior" and "acceptable quality."

<u>Tao Sheng Kwan-Gett, Secretary's Designee</u>, said in their interpretation, quality would refer to evidence.

Megan said that they were not sure there is a stated benchmark for the term inferior. The TAC had a robust discussion about keeping terms somewhat vague to allow for further discussion.

Kelly moved on to Criterion 5. The proposed updates included adding an economic analysis, comparing screening versus no screening, and considering impacts like ambiguous results and adverse effects. The analysis must show benefits outweigh costs with sufficient evidence.

Member Nandi said that a lot of the dot points are highly subjective and asked if this was by design.

John thanked Member Nandi for that observation and confirmed that the subjectiveness was intentional. John explained that the TAC believed future committees would consider all relevant points when evaluating conditions.

<u>Peter Browning, Board Member</u>, asked to confirm that this wouldn't prevent a provider from ordering a test due to other risk factors, like family history.

Kelly confirmed that providers are welcome to use discretion in ordering testing as they see fit.

Kelly moved to Criterion 6. This new criterion would assess the Newborn Screening Program's capacity to implement screening on time, including staffing, follow-up, resources, and treatment accessibility for all newborns who screen positive.

<u>Vice Chair Oshiro</u> added that this new criterion is important to ensure the Newborn Screening Program's input is included in evaluating conditions for screening.

Mindy Flores, Board Member, was confused by the third dot point, "accessibility," and wanted clarification.

John explained that the third dot point refers to the medical community's readiness to treat identified babies and the ability for families to access treatment. John gave the example of congenital hypothyroidism, which is common and easily treated at local hospitals and pharmacies. In contrast, Pompe Disease, an enzyme deficiency, has only two treatment centers in Western Washington. This poses a challenge for families in Eastern Washington who may need to relocate for regular treatment. This dot point gets the TAC thinking and considering that it may not be easy to access treatment.

Member Flores wondered if this dot point would better fall under Criterion 5.

<u>Vice Chair Oshiro</u> suggested renaming Criterion 6 as "Public Health Infrastructure Readiness." That way, it's thought of more as a public health system, which would include the Newborn Screening Program, because Criterion 5 is considering the economics of the criteria.

<u>Member Kwan-Gett</u> asked about discussions on health insurance coverage and accessibility. Testing and treatment may not be accessible without insurance coverage.

<u>Vice Chair Oshiro</u> commented that the Health Care Authority has had representation at TAC meetings.

Kelly added that the TAC includes representation from private and public insurance, and they have been part of the planning and proposal discussions. However, insurance coverage is not specifically mentioned in the criteria.

<u>Vice Chair Oshiro</u> suggested that the Board break for lunch and vote when they return from lunch

<u>Lilia Lopez, Assistant Attorney General</u>, reminded Board Members that they should not discuss Board business during lunch.

The Board recessed for lunch at 12:45 p.m. and reconvened at 1:47 p.m.

Chair Hayes welcomed Board Members back from lunch and returned to agenda item 8.

<u>Vice Chair Oshiro</u> asked Board Members if there were any questions before they moved to a vote.

<u>Chair Hayes</u> complimented the TAC's work and Vice Chair Oshiro's leadership. <u>Chair Hayes</u> expressed interest in hearing back after the TAC applies the new criteria and looked forward to collaborating with the TAC to improve the process.

<u>Vice Chair Oshiro</u> explained that if the Board adopted the new criteria, the next condition to be investigated by the TAC is congenital Cytomegalovirus (cCMV). It was previously reviewed in 2023 but lacked sufficient evidence. The TAC would report back their experience applying the new criteria.

<u>Member Browning</u> expressed their appreciation for understanding the process and criteria.

<u>Member Nandi</u> inquired about the suggested language change in Criterion 6. Would the Board consider that change today, or would that suggestion go back to the TAC for consideration?

<u>Vice Chair Oshiro</u> explained that the Board would decide on any amendments and asked if the Department and Board staff had any thoughts on the change.

John expressed support for the amendment of the title change to Criterion 6.

<u>Michelle Davis, Board Executive Director</u>, added that the changes make sense, and they are glad that the Board recommended them.

Member Kwan-Gett shared that they believe the proposed criteria allows for flexibility and provides the committee the opportunity to think and discuss individual conditions.

Motion: The Board accepts the Newborn Screening Technical Advisory Committee recommendations for Process and Criteria Updates with a minor, clarifying edit, changing criteria 6 to read Public Health Infrastructure Readiness.

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

9. SCHOOL RULE PROJECT UPDATE

Patty Hayes, Board Chair, explained that the staff will provide an overview of the work done in preparation for the April meeting with the School Rule Technical Advisory Committee (TAC). Chair Hayes reminded Board Members that the Legislature requires a report outlining the rule, issues identified, and recommendations for implementation. Chair Hayes explained that the expectation is to recommend a phased implementation approach. Chair Hayes praised staff for navigating this challenge and highlighted the TAC's role in fostering relationships between local public health and schools. Chair Hayes thanked the Department of Health (Department) for their guidance.

Andrew Kamali, Project Manager, thanked Chair Hayes for the introduction and introduced staff that will present today. Andrew explained that staff will provide a refresher on the proviso, review the process, community engagement, and a summary of the changes. Andrew noted the draft rule in the Board packet is 98% complete, with further changes expected. Andrew then reviewed the proviso that directed the Board to update the school environmental health and safety rules, including a fiscal analysis and

an environmental justice assessment. Andrew reviewed the TAC membership and the final report due by June 30, 2025. Andrew then asked Lauren Jenks to speak about their experience as a TAC member.

<u>Lauren Jenks, Assistant Secretary of Environmental Public Health</u>, explained that the current School Environmental Health and Safety rules are outdated and were last revised in 2009. This has been an ongoing project for the Board. Lauren shared how the TAC worked together to balance ensuring safety and managing school resources. Lauren provided examples of compromise and collaboration.

Paj Nandi, Board Member, asked about students and youth input.

Lauren explained that the community engagement portion of the presentation will speak to that.

Marcus DeHart, Board staff, reviewed the TAC timeline and meeting process.

Andrew explained the TAC meetings were initially held across the state to accommodate geographic diversity and in-person attendance. Due to Governor Inslee's travel guidance, most meetings shifted to virtual settings.

Mary Baechler, Board staff, discussed community outreach efforts, including a Tribal Listening Session and several in-person and online sessions across Washington. Notices of these listening sessions were sent to nine districts, reaching over 198,000 students. Feedback received from these sessions focused on air quality, implementation costs, and bathrooms. The feedback will be included in the report.

Andrew highlighted that the Tri-Cities listening session had the highest attendance and credited the partnership with the local health jurisdiction for its success.

<u>Kelly Oshiro, Vice Chair</u>, thanked Mary for sharing the community engagement plan and asked what the most surprising thing that they learned.

Mary was surprised to learn that vaping in bathrooms is a big issue for students. Students raised concerns about air quality and exposure to vaping. Some schools are locking bathrooms during class time to control vaping, which has led to complaints about limited bathroom access.

Nina Helpling, Board staff, then summarized the changes and explained that the financial analysis is challenging due to varying impacts on schools. Nina thanked Lauren Jenks and the Department team for their help, especially in creating and providing guidance documents, resources, and templates for schools. The rule focuses on providing flexibility for schools and local health jurisdictions to adapt as needed.

<u>Member Nandi</u> asked if there was any pushback from school officials regarding bathrooms and handwashing facilities.

<u>Chair Hayes</u> answered that some of the conversation is still occurring and explained that there will be a TAC meeting on March 19 to discuss this further.

<u>Socia Love, Board Member</u>, asked if water fountain access and safety locks on doors for active shooters were discussed.

Andrew explained that the current building code has requirements for water fountains. For active shooter safety, that's captured under the Office of Superintendent and Public Instruction and the State Board of Education.

<u>Chair Hayes</u> thanked the School Rule Team for their work on the project and hoped the Board found the overview helpful.

The Board took a break at 3:00 p.m. and reconvened at 3:15 p.m.

10. REQUEST FOR THE BOARD TO DELEGATE RULEMAKING FOR 246-290 WAC: GROUP A PUBLIC WATER SUPPLIES, AND FOR 246-390 WAC: DRINKING WATER LABORATORY CERTIFICATION AND DATA REPORTING TO THE DEPARTMENT OF HEALTH

<u>Paj Nandi, Board Member</u>, referred Board Members to the materials on file and introduced Board and Department of Health (Department) staff regarding the request for delegation. <u>Member Nandi</u> said this expedited process allows for quick action without affecting the Board's permanent rulemaking.

Ash Noble, Board staff, began the discussion and facilitated the presentation.

<u>Mike Means</u>, <u>Department staff</u>, presented background information on the emergency rule (see presentation on file). Mike noted that the scope of the rulemaking will focus on incorporating the federal per- and polyfluoroalkyl substances (PFAS) requirements and adding federal PFAS levels to the appropriate contaminant tables.

Member Nandi asked for Board staff details regarding the next steps.

Ash said if the motion carries, the Board would receive an update at the June 2025 meeting.

Motion: The Board moves to delegate rulemaking authority to the Department of Health to adopt by reference new, federal National Primary Drinking Water Regulations related to PFAS into chapter 246-290 WAC and chapter 246-390 WAC.

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

11.2026 STATE HEALTH REPORT UPDATE

Hannah Haag and Molly Dinardo, Board staff, discussed the upcoming State Health Report (SHR) and proposed updates to the report development process. Molly emphasized that the SHR presents an opportunity to integrate the goals and objectives of the Board's recently adopted Pro-Equity Anti-Racism (PEAR) Plan into practice. Molly highlighted the intention to build upon the 2024 process and, for the 2026 report, implement a core team model structure for planning and scoping the development of the report. Molly also mentioned that staff are seeking sponsorship from several Board Members to support this project.

Hannah provided an update on proposed plans for community engagement related to the report development, emphasizing the importance of initiating engagement early and incorporating community voices at the outset. Hannah added that staff want to focus recommendations on topics and areas where there is an overlap between community needs and Board work. Hannah concluded by sharing that the community engagement process is still being planned, and staff will keep the Board updated as it develops.

<u>Paj Nandi, Board Member</u>, commented that the State Health Improvement Plan (SHIP) is starting and will involve extensive community engagement. <u>Member Nandi</u> asked how the Board can align with that work and noted that the SHIP may address similar issues and engage the same communities.

Hannah responded that Member Nandi's questions are part of ongoing conversations around how to integrate resources like the SHIP into the State Health Report. Hannah added that staff hope to address this through a landscape analysis and aim to incorporate as many relevant resources as possible.

<u>Patty Hayes, Board Chair</u>, suggested that having the Department provide a brief update on the vision for the SHIP and its evolution could help the Board understand their role and enable meaningful input.

<u>Chair Hayes</u> added that this is a unique opportunity, as the report will be sent to the Governor and policymakers. <u>Chair Hayes</u> suggested that, given the current federal actions and budget challenges, there may be an opportunity to utilize community input to discuss potential consequences if the Federal Public Health Services (FPHS) budget is decreased.

<u>Tao Kwan-Gett, Secretary's Designee</u>, offered to have the SHIP team brief the Board and expressed appreciation for the thoughtful approach. <u>Member Kwan-Gett</u> explained that the State Health Assessment illustrates the state of Washington's health, while the SHIP enables the state to prioritize health issues for focus. <u>Member Kwan-Gett</u> also noted that the Public Health Advisory Board (PHAB) focuses on creating recommendations and raised the question of how to improve the system to address these priorities better. <u>Member Kwan-Gett</u> added that within this framework, there is a unique role for the State Health Report.

<u>Member Nandi</u> appreciated the suggestion for a briefing and commented that while state agencies and boards produce many reports, they often lack evaluation of effectiveness. <u>Member Nandi</u> emphasized the significant resources invested into these reports, and the challenge of aligning budgets with priorities. <u>Member Nandi</u> noted that funding is often inflexible, and the community may perceive a disconnect between state and community priorities. <u>Member Nadi</u> inquired if it's possible to meet community needs, given these funding limitations.

<u>Chair Hayes</u> appreciated Member Nandi's comment and pointed out the unique opportunity the report offers to highlight these issues. <u>Chair Hayes</u> explained that while the SHIP focuses on assessment, the SHR presents recommendations and can provide an account of policies and priorities. However, the report does not necessarily explore

the implications of those outcomes. <u>Chair Hayes</u> noted that past actions driven by the report have led to changes, such as revising rules.

Kelly Oshiro, Vice Chair, noted that this report will be submitted to the Governor and that Washington hasn't had a new governor in over ten years, presenting an opportunity for a fresh start. Vice Chair Oshiro suggested taking a fundamental approach, such as creating a paragraph to explain the Board's purpose and authority to help the Governor and legislators better understand their role. Vice Chair Oshiro inquired whether the Legislature would read the report and what key takeaways they would derive from it.

Molly shared that Board staff have received some feedback on past SHR reports and will apply the lessons learned to improve the upcoming report. Molly acknowledged the uncertainty related to evaluating the impact of the report and its recommendations. Molly emphasized that staff would continue discussions on how to assess the report's impact better and welcomed Board Members to join in these conversations. Hannah added that staff also plan to be more intentional about bringing updates to the Board for discussion.

<u>Chair Hayes</u> noted follow-ups and next steps, including outlining the time commitment for Board Members interested in participating in this work. <u>Chair Hayes</u> stated that Member Flores led the development of the last SHR and could potentially serve as an advisor or co-chair.

Mindy Flores, Board Member, volunteered to sponsor the project again and commended Molly and Hannah for their work. Member Flores acknowledged the short timeline and high expectations of the previous report but emphasized that helpful information was still gathered, and communities appreciated the outreach. Member Flores raised concerns about the potential for redundant data and noted that, although similar questions had been raised previously, limited capacity had prevented thorough inclusion. Member Flores expressed optimism about the core team model and the potential for collaboration with the Department of Health. Member Flores added that this report is a potential opportunity to connect with other reports and partners.

<u>Chair Hayes</u> expressed hope that one more person will join Member Flores on this project.

12. RECOGNIZING BOARD MEMBER CONTRIBUTIONS

<u>Patty Hayes, Board Chair</u>, read the resolution for Dimyana Abdelmalek that recognized their appointment to the Board, service to others, commitment to improving health, and leadership during the pandemic (on file). <u>Chair Hayes</u> described Dimyana's many contributions to the Board.

Motion: The Board formally recognizes and expresses deep gratitude to Member Abdelmalek for her exceptional leadership, dedication to public health, tireless service to communities worldwide, and outstanding contributions to the people of Washington State as a member of the Board.

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

13. BOARD MEMBER COMMENTS

<u>Patty Hayes, Board Chair</u>, explained that they will present the work of the Board to Northeast Tri-County Public Health on March 20. <u>Chair Hayes</u> asked about the Public Health Law conference mentioned earlier in the meeting and if Board Members can attend.

<u>Michelle Davis, Executive Director</u>, will keep Board Members updated on registration opportunities and noted that there is uncertainty about the budget and reimbursement for Board Members who attend.

Executive Director Davis asked Member Kwan-Gett about the ongoing state health assessment and noted that the Department had previously reported on morbidity and mortality to the Board. Executive Director Davis suggested it would be a valuable presentation for both the Board and the State Health Improvement Plan.

<u>Tao Sheng Kwan-Gett, Secretary's Designee</u>, will consult with the team on the timeline and will try to get them on a future agenda item.

ADJOURNMENT

Patty Hayes, Board Chair, adjourned the meeting at 3:55 p.m.

WASHINGTON STATE BOARD OF HEALTH

Patty Hayes, Chair

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