#### Notice of Public Meeting

Wednesday, June 4, 2025, 9:00 a.m. – 4:55 p.m. Physical meeting location: 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 (hyperlink provided below) Language interpretation available

#### Final Agenda

Time	Agenda Item	Speaker	
9:00 a.m.	Call to Order & Introductions	Patty Hayes, Board Chair	
9:10 a.m.	1. Approval of Agenda – Possible Action	a Patty Hayes, Board Chair	
9:15 a.m.	2. Approval of April 9, 2025, Minutes – Possible Action	Patty Hayes, Board Chair	
9:20 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 or the number people signed up to comment. Public Testimony related to the rules hearings will be taken in the afternoon.	
9:45 a.m.	4. Announcements and Board Business	Michelle Davis, Board Executive Director	
10:00 a.m.	5. Department of Health Fluoride Science Review Update	Tao Kwan-Gett, Secretary's Designee Lauren Jenks, Department of Health Molly Dinardo, Board Staff	
10:30 a.m.	<ol> <li>Update from the Department of Health – Delegated Per- and Polyfluoroalkyl Substances (PFAS) Exception Rulemaking</li> </ol>	Paj Nandi, Board Member Ash Noble, Board Staff Brad Burnham, Department of Health	
10:45 a.m.	Break		
11:00 a.m.	7. Per- and Polyfluoroalkyl Substances (PFAS) Emergency Rule, <u>Chapter 246-</u> <u>290-315 WAC</u> – Possible Action	Paj Nandi, Board Member Ash Noble, Board Staff	

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Time	Agenda Item	Speaker
11:15 a.m.	8. Approval of the Draft Report on Branched Chain Ketoacid Dehydrogenase Kinase (BCKDK) – Possible Action	Kelly Oshiro, Board Vice Chair Kelly Kramer, Board Staff John Thompson, Department of Health
11:30 a.m.	9. Local Health and Community Focus	Hannah Haag, Board Staff Mike McNickle, Director, Grays Harbor County Public Health
12:30 p.m.	<ul><li>10. 2025 Schedule Update – Cancel</li><li>July 9 Board Meeting</li><li>– Possible Action</li></ul>	Michelle Davis, Board Executive Director
12:35 p.m.	Lunch	
1:30 p.m.	<ul> <li>11. Rules Hearing, Auditory Screening, <u>Chapter 246-760 WAC</u></li> <li>– Testimony will be taken</li> <li>– Possible Action</li> </ul>	Kelly Oshiro, Board Vice Chair Molly Dinardo, Board Staff Annie Hetzel, Office of the Superintendent of Public Instruction Lisa Mancl, University of Washington
2:30 p.m.	<ul> <li>12. Rules Hearing, Repeal of <u>Chapter</u> <u>246-366A WAC</u>, Environmental Health and Safety Standards for Primary and Secondary Schools</li> <li>Testimony will be taken</li> <li>Possible Action</li> </ul>	Patty Hayes, Board Chair Nina Helpling, Board Staff Ash Noble, Board Staff
3:30 p.m.	Break	
3:40 p.m.	13. School Rule Project Report – Possible Action	Patty Hayes, Board Chair Nina Helpling, Board Staff
4:40 p.m.	14. Board Member Comments and Updates	
4:55 p.m.	Adjournment	

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- To access the meeting online and to register: https://us02web.zoom.us/webinar/register/WN\_DiQ17FVFSSutIhHIzCvdRw
- You can also dial-in using your phone for listen-only mode: Call in: +1 (253) 215-8782 (not toll-free) Webinar ID: 897 5298 3316 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 <u>reasonable modification</u>, please contact the State Board of Health at (360) 236-4110 or by email <u>wsboh@sboh.wa.gov</u>. 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:

- Individuals may give verbal public comments at the meeting, in-person or virtually, during the public comment period.
- The amount of time allotted to each person will depend on the number of speakers present (typically 1 to 3 minutes per person). We will first call on those who have signed up in advance.
- Sign up **by 12:00 Noon the day before a meeting** to participate in the public comment period:
  - Email the Board or
  - Register through the Zoom webinar link. The Zoom webinar link is in the meeting agenda located on the Meeting Information webpage.
  - If you are **attending the meeting in person** and did not sign up in advance, you may write your name on the sign-in sheet to provide comments if time allows.

#### Information About Giving Written Public Comment:

• Please visit the Board's <u>Public Comment webpage</u> for details.

#### Aviso de reunión pública

Miércoles, 4 de junio de 2025, de 9:00 a.m. a 4:55 p.m. Lugar de la reunión: Departamento de Salud del Estado de Washington 111 Israel Road S.E. Tumwater, WA 98501 Edificio: Town Center Two (TC2, salas 166 y 167) Reunión virtual: Seminario web por Zoom (hipervínculo proporcionado a continuación) Hay servicios de interpretación a otros idiomas disponibles.

#### Orden del día final

Hora	Punto del orden del día	Orador
9:00 a.m.	Apertura y presentaciones	Patty Hayes, presidenta de la Mesa Directiva
9:10 a.m.	1. Aprobación del orden del día – Posible acción	Patty Hayes, presidenta de la Mesa Directiva
9:15 a.m.	2. Aprobación de las actas del 9 de abril de 2025 – Posible acción	Patty Hayes, presidenta de la Mesa Directiva
9:20 a.m.	3. Comentarios públicos	Aclaración: Es posible que los comentarios verbales del público se limiten para que la Mesa Directiva pueda abordar todos los puntos del orden del día. La presidenta podrá limitar el tiempo de cada orador en función de la cantidad de personas que se hayan inscrito para hacer comentarios. Los testimonios públicos relacionados con las audiencias de reglas se tomarán por la tarde.
9:45 a.m.	4. Anuncios y asuntos de la Mesa Directiva	Michelle Davis, directora ejecutiva de la Mesa Directiva
10:00 a.m.	5. Actualización de la revisión científica sobre fluoruros del Departamento de Salud	Tao Kwan-Gett, delegado de la Secretaría Lauren Jenks, Departmento de Salud Molly Dinardo, miembro del personal de la Mesa Directiva
10:30 a.m.	6. Actualización del Departamento de Salud - Normativa delegada sobre la excepción de las PFAS (por su sigla en inglés, sustancias perfluoroalquiladas y polifluoroalquiladas)	Paj Nandi, miembro de la Mesa Directiva Ash Noble, miembro del personal de la Mesa Directiva Brad Burnham, Departamento de Salud

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Hora	Punto del orden del día	Orador
10:45 a.m.	Receso	
11:00 a.m.	<ul> <li>7. Normativa de emergencia sobre las sustancias perfluoroalquiladas y polifluoroalquiladas (PFAS), <u>Capítulo 246-290-315 del WAC (por su sigla en inglés, Código Administrativo de Washington)</u></li> <li>– Posible acción</li> </ul>	Paj Nandi, miembro de la Mesa Directiva Ash Noble, miembro del personal de la Mesa Directiva
11:15 a.m.	<ul> <li>8. Aprobación del proyecto de informe sobre la BCKDK (por sus siglas en inglés, cetoácido deshidrogenasa cinasa de cadena ramificada)</li> <li>– Posible acción</li> </ul>	Kelly Oshiro, vicepresidenta de la Mesa Directiva Kelly Kramer, miembro del personal de la Mesa Directiva John Thompson, Departamento de Salud
11:30 a.m.	9. Salud local y enfoque comunitario	Hannah Haag, miembro del personal de la Mesa Directiva Mike McNickle, director, Salud Pública del Contado de Grays Harbor
12:30 p.m.	10. Actualización del cronograma 2025 – Cancelar reunión de la Mesa Directiva del 9 de julio – Posible acción	Michelle Davis, directora ejecutiva de la Mesa Directiva
12:35 p.m.	Almuerzo	
1:30 p.m.	<ul> <li>11. Audicencia de normas, Evaluación auditiva, <u>Capítulo 246-760 del WAC</u></li> <li>– Se tomarán declaraciones</li> <li>– Posible acción</li> </ul>	Kelly Oshiro, vicepresidenta de la Mesa Directiva Molly Dinardo, miembro del personal de la Mesa Directiva Annie Hetzel, Oficina del Superintendente de Instrucción Pública Lisa Mancl, Universidad de Washington

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Hora	Punto del orden del día	Orador
2:30 p.m.	12. Audiencia de normas, Derogación del <u>Capítulo 246-366A del WAC</u> , Normas de salud y seguridad ambiental para escuelas primarias y secundarias – Se tomarán declaraciones – Posible acción	Patty Hayes, presidenta de la Mesa Directiva Nina Helpling, miembro del personal de la Mesa Directiva Ash Noble, miembro del personal de la Mesa Directiva
3:30 p. m.	Receso	
3:40 p.m.	13. Informe sobre el proyecto de normas escolares – Posible acción	Patty Hayes, presidenta de la Mesa Directiva Nina Helpling, miembro del personal de la Mesa Directiva
4:40 p.m.	14. Comentarios y actualizaciones de los miembros de la Mesa Directiva	

- 4:55 p.m. Levantamiento de la sesión
  - Haga clic aquí para acceder a la reunión en línea y registrarse: <u>https://us02web.zoom.us/webinar/register/WN\_DiQ17FVFSSutIhHIzCvdRw</u>
  - También puede participar por teléfono, mediante la modalidad de solo escucha: Llamada: +1 (253) 215-8782 (no es un número gratuito) Id. del seminario web: 897 5298 3316
    - Contraseña: 682856

#### Información importante de la reunión que debe saber:

- Los horarios son estimativos. Nos reservamos el derecho de modificar el orden de los puntos que se tratarán en la reunión.
- Se hará todo lo posible para proporcionar interpretación en español, ASL (por su sigla en inglés, lenguaje de señas americano) o CART (por su sigla en inglés, servicios de transcripción en tiempo real). Si necesita confirmación sobre estos

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servicios, envíe un correo electrónico a <u>wsboh@sboh.wa.gov</u> antes de la fecha de la reunión.

 Si desea acceder a los materiales de la reunión en un formato alternativo o en otro idioma, o si tiene una discapacidad y necesita una <u>modificación razonable</u>, comuníquese con la Mesa Directiva de Salud llamando al (360) 236-4110 o enviando un correo electrónico a <u>wsboh@sboh.wa.gov</u>. Le pedimos que presente su solicitud lo antes posible para ayudarnos a satisfacer sus necesidades. Es posible que algunas solicitudes tarden más de dos semanas en atenderse.

Los usuarios de TTY pueden marcar el número 711.

#### Información para hacer comentarios públicos verbales en las reuniones híbridas:

- Durante el periodo de comentarios públicos, los interesados pueden hacerlos verbalmente en la reunión, en persona o virtualmente.
- La cantidad de tiempo otorgada a cada persona dependerá de la cantidad de personas presentes que deseen hablar (normalmente de 1 a 3 minutos por persona). Se llamará primero a quienes se hayan anotado con anticipación.
- Regístrese antes de **las 12:00 horas del día anterior a la reunión** para participar en el momento de comentarios públicos:
  - Envíe un correo electrónico a la Mesa Directiva o
  - Regístrese a través del enlace del seminario web por Zoom. El enlace del seminario web por Zoom se encuentra en la agenda de reuniones en la página web de información de la reunión.
  - Si asistirá a la reunión en persona y no se registró con anticipación, puede anotar su nombre en la hoja de firmas para hacer comentarios si el tiempo lo permite.

#### Información para hacer comentarios públicos escritos:

• Visite la página web de comentarios públicos para obtener detalles.



#### Draft Minutes of the State Board of Health April 9, 2025

Hybrid Meeting ASL (or CART) and Spanish interpretation available Cedarbrook Lodge (Cedar I and II Rooms) 18525 36<sup>th</sup> Avenue South SeaTac, WA 98188 Virtual meeting: ZOOM Webinar

#### State Board of Health Members present:

Patty Hayes, RN, MSN, Chair Kelly Oshiro, JD, Vice Chair Tao Sheng Kwan-Gett, MD, MPH, Secretary's Designee Paj Nandi, MPH Peter Browning, MA Melinda Flores, MHCM Stephen Kutz, BSN, MPH

#### State Board of Health Members absent:

Socia Love, MD

#### School Rule Project (SRP) Technical Advisory Committee (TAC) members present:

Tammy Allison Brian Buck Nicole Daltoso Brian Freeman David Hammond Suzie Hanson Erin Hockaday/Baily Stanger (Alternate) Kevin Jacka Lauren Jenks Devon Kellogg Geoff Lawson/Jeff Rogers (Alternate)

#### 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 Laura Peterson Laurette Rasmussen Pam Schwartz Preet Singh Brook Wilkerson Becky Doughty Kate Espy Samantha Fogg Jared Mason-Gere Sandy Philips Morgan Powell

Ash Noble, Health Policy Advisor Molly Dinardo, Health Policy Advisor Kelly Kramer, Newborn Screening Project Policy Advisor Andrew Kamali, School Rules Project (SRP) Manager Nina Helpling, SRP Policy Advisor Crystal Ogle, Administrative Assistant Mary Baechler, SRP Community Engagement Coordinator

#### **Guests and other participants:**

John Thompson, Department of Health Karin Neidt, Department of Health Annie Hetzel, Office of the Superintendent of Public Instruction Karen Langehough, SRP TAC Facilitator

<u>Patty Hayes, Board Chair</u>, called the public meeting to order at 8:32 a.m. and read from a prepared statement (on file).

<u>Michelle Davis, Board Executive Director</u>, welcomed the Board and provided a Land Acknowledgement.

<u>Chair Hayes</u> shared a remembrance of former Secretary of Health, Mary Selecky. <u>Chair</u> <u>Hayes</u> shared special memories and offered a moment of silence.

<u>Tao KwanGett, Secretary Designee</u>, acknowledged Mary Selecky's remarkable legacy. <u>Board Members Peter Browning, Steven Kutz, and Paj Nandi</u> shared personal reflections on her kindness, leadership, and thoughtfulness. Executive Director Davis remembered Mary as a mentor and friend, highlighting their immense contributions to public health.

#### 1. APPROVAL OF AGENDA

Motion: Approve April 9, 2025 agenda Motion/Second: Member Browning/Vice Chair Oshiro. Approved unanimously

#### 2. ADOPTION OF MARCH 12, 2025 MEETING MINUTES Motion: Approve the March 12, 2025 minutes

**Motion/Second:** Vice Chair Oshiro/Member Browning. Approved unanimously, Member Kutz 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> thanked the Board and Department of Health (Department) for reviewing water fluoridation and quoted RCW 43.20.050 (2) (a) to ensure safe drinking water. B. Osmunson outlined 18 risks of fluoride, including hormonal disruption and neurological impacts, and stated that water fluoridation is not safe.

<u>Gerald Braude</u> discussed the 238 deaths following COVID vaccinations in Washington. G. Braude noted that Department leadership said the vaccine did not cause adverse effects and that determining cause and effect is not their role. G. Braude discussed various deaths and injuries, including cardiac arrests and Bell's palsy.

<u>Rick Norh</u> discussed formerly supporting fluoridation and now opposes it. R. Norh cited the National Toxicology Program, noting 18 out of 19 studies showed harmful effects of fluoridation. R. Norh said fluoridation poses a risk to the IQ of children and said only 24

out of 196 nations allow water fluoridation. R. Norh said 95% of the world demands and drinks unfluoridated water, so stop supporting fluoridation.

<u>Derek Kemppainen</u> echoed previous speakers and recommended that the Department stop COVID-19 vaccines and water fluoridation. D. Kemppainen said the highest Health and Human Services official now opposes water fluoridation and it's a great time to stop a very questionable health practice. D. Kemppainen said there are no studies to show that fluoride is safe for the brain and that it is more toxic than lead.

<u>Lisa Templeton</u> extended condolences for former Department Secretary Mary Selecky. L. Templeton said water fluoridation should be discontinued, and that injecting fluoride does not contribute to cavity prevention. L. Templeton said 97% of Western European countries do not ingest fluoridated water. L. Templeton said water fluoridation does not allow for individual consent; the practice is ethically questionable and does not allow for controlled dosage. L. Templeton asked the Board to allow B. Osmunson to share his findings.

<u>Natalie Chavez</u> talked about Engrossed Substitute House Bill (ESHB) 1531, which preserves the ability of public officials to address communicable diseases. N. Chavez discussed signing up to testify but did not get the opportunity to do so. N. Chavez said over 10,000 people signed up in opposition to the bill, but it didn't matter, and it should have died in the House. N. Chavez said trust in government is eroded, and as a lifelong Democrat, opposing thoughts just don't matter. N. Chavez talked about the truth, lawsuits, court released documents, and referenced phmet.org and lcandecide.org.

<u>Bob Runnells</u> discussed the Department's website, which states that the flu vaccine is the best protection. B. Runnells referenced a Cleveland study showing negative efficacy and could not find evidence supporting the flu vaccines effectiveness. B. Runnells asked the Board to tell the Department to update their website and find other valid methods for protection.

#### 4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS

<u>Michelle Davis, Executive Director</u>, provided updates on staff and Board Member activities. Executive Director Davis discussed the CR-101 for Notifiable Conditions and the Health Impact Review (HIR) team of analysts completed their seventh HIR of the fiscal year on Engrossed Substitute Senate Bill 5232.

Executive Director Davis shared that the Board used Foundational Public Health Services (FPHS) funding to replace aging audio/visual equipment and aging iPads with laptops. Executive Director Davis said that Deputy Director Ashley Bell has been streamlining processes and consolidating Board information for efficiency and easier access.

Executive Director Davis and Deputy Director Bell met with Tim Reynon from the Governor's Office of Indian Affairs to discuss the Board's commitment to early and meaningful engagement with Tribes. Executive Director Davis emphasized the importance of the Tribal Liaison role and encouraged Board Members to take advantage of Government-to-Government opportunities.

<u>Steve Kutz, Board Member</u>, noted the Government-to-Government training used to be two and a half days, but it is now one day and it is excellent. <u>Patty Hayes, Board Chair</u>, asked Deputy Director Bell to explore adding the training to Board Member orientation.

Executive Director Davis discussed the FPHS Steering Committee meeting on budget planning and potential reductions. The Steering Committee has also been working on strategic planning with Kauffman and Associates. Steering Committee members recently provided an FPHS overview to the Public Health Advisory Board (PHAB). The PHAB will evaluate FPHS per its statutory charge.

<u>Chair Hayes</u> discussed the Equity Technical Workgroup for the FPHS Committee. The Steering Committee approved a set of principles and definitions that might be included in a packet for the Board for awareness. The Steering Committee recognized the Board's work in prioritizing equity with FPHS dollars.

<u>Member Kutz</u> agreed and noted that even small funding cuts could have a big impact and that the work ahead will be challenging.

Executive Director Davis discussed anticipated budget reductions and said the Steering Committee voted to protect Tribal investments and Board FPHS funding, which supports eight staff positions. Executive Director Davis gave a legislative update and noted that the Governor signed the "WIC Stick" bill. Executive Director Davis shared that the proposed budget includes a \$29.5 million annual cut to FPHS. Both Senate and House budgets include funding for Newborn Screening panel updates for OTCD, Arginase-1 and GAMT deficiency.

Paj Nandi, Board Member, asked if this will be a longer session.

<u>Executive Director Davis</u> said it's uncertain and noted the Governor's concern over proposed revenue options. The revenue shortfall could range from \$12 billion to \$18 billion.

<u>Peter Browning, Board Member</u>, noted concerns about tax revenues due to tariffs and the impact on agriculture.

Executive Director Davis noted the House budget included an amendment that would allow the school rule to go into effect after the next legislative session. This is premature, as the Technical Advisory Committee (TAC) is still finalizing recommendations, which are due to the Legislature in June.

<u>Chair Hayes</u> added that some TAC members may be concerned, as no one requested this amendment. Chair Hayes emphasized that the Board has shared concerns about the timing and wants to reassure the TAC that the process remains a good faith effort.

#### 5. DEPARTMENT OF HEALTH UPDATE

<u>Tao Sheng Kwan-Gett, Secretary's Designee</u>, provided an overview of state and national topics, including the national measles outbreak, a new WIC program that allows recipients to use their benefits at Walmart, Senate Bill 5244 which allows WIC staff to

take blood samples, and House Bill 1531, which preserves the ability of public officials to address communicable diseases based on the best available science. <u>Member</u> <u>Kwan-Gett</u> mentioned several tobacco and vapor products bills would increase cigarette tax, restructure vape tax, ban flavored vape products, and change the definition of tobacco products, increasing state revenues by an estimated \$95 million per biennium.

<u>Member Kwan-Gett</u> discussed the Health and Human Services (HHS) Senate confirmations for Medicare and Medicaid, NIH, FDA administrators, and the HHS reorganization, including that 82,000 full-time employees were reduced to 62,000, 28 divisions consolidated to 15, the reduction of 10 regional HHS offices to 5 offices including the closing of Region 10, for the Pacific Northwest. The CDC Pregnancy Risk Assessment Monitoring System (PRAMS) has reportedly had the entire team laid off, severely affecting efforts to improve maternal child health. DOH received notice of termination of CDC grants; although there is a temporary restraining order to keep these grants in place, at risk is \$140 million in federal funds, approximately 75% of which is passed through to local health jurisdictions, Tribes, and community-based organizations. <u>Member Kwan-Gett</u> discussed the resilient community of public health professionals; Tribal Health, Local Health Jurisdictions, the Department of Health, and the Board of Health collaborating in the face of change to protect and improve the health of all Washingtonians.

<u>Steve Kutz, Board Member</u>, asked if they are going to continue to publish MMRs and asked if the elimination of the PRAMS team at CDC would affect PRAMS data collection by the state.

<u>Member Kwan-Gett</u> replied that they have not received any news that that MMRs would stop, and that was correct, the PRAMS data collection would be affected.

<u>Member Kutz</u> discussed childhood illnesses, measles, and remembering the graves of children lost to childhood illnesses.

<u>Member Kwan-Gett</u> discussed benefits from vaccination and how to communicate that the benefits outweigh the risks.

<u>Paj Nandi, Board Member</u>, asked about anticipated cuts to USDA. <u>Member Kwan-Gett</u> responded that any cuts to WIC would be a setback and would consult with the team and get back. <u>Member Nandi</u> discussed the tobacco and nicotine tax, and asked if any of the funding would go to youth or prevention. <u>Member Kwan-Gett</u> replied that they'd have to consult with their team on that and get back.

<u>Peter Browning, Board Member</u>, discussed how the WIC issue with Walmart addresses food deserts, and how for rural counties it is an elegant solution to a real problem.

<u>Patty Hayes, Board Chair</u>, asked for an update regarding the vaccine committee that was dissolved so that the next year's flu vaccine could not be identified, and after flu season, about the efficacy of this year's vaccine, as there was public comment around that. <u>Member Kwan-Gett</u> replied that there is still time to create the formulation for next season's flu vaccine, and a key meeting is in June; for that question and for the efficacy of this season's flu vaccine, they will consult with their team and get more details.

<u>Chair Hayes</u> discussed the process for identification of the components of the flu vaccine and revisiting that status in a June or other meetings of the Board, and the need to highlight prevention efforts; these are getting lost in the vision of the critical role of public health. Most of the public doesn't understand that WIC is tied to public health, so to raise awareness and maybe have someone with a WIC program come visit and talk about public health's role. <u>Chair Hayes</u> discussed highlighting areas that Board members are interested in, that for this year, part of the Board's role or duty is to raise awareness. <u>Chair Hayes</u> also discussed their gratitude for Member Kwan-Gett's service.

<u>Member Kwan-Gett</u> thanked Chair Hayes and added that strategizing about prevention is powerful, because of universal themes; everybody wants healthy children, strong emotional health for children, elders to be vital and healthy, and discussing this could be a bridge to bring people together.

<u>Member Nandi</u> discussed the importance of thinking holistically about prevention and community health workers, and their visible role in prevention.

<u>Chair Hayes</u> agreed and discussed public health's role; that the healthcare industry is more about response, and they count on public health for prevention.

The Board took a break at 10:15 a.m. and reconvened at 10:30 a.m.

#### 6. NEWBORN SCREENING (NBS) TECHNICAL ADVISORY COMMITTEE (TAC) DRAFT REPORTS AND RECOMMENDATIONS FOR CONGENITAL CYTOMEGALOVIRUS (cCMV)

<u>Kelly Oshiro, Board Vice Chair,</u> said the Board formed a technical advisory committee (TAC) in April to review Congenital Cytomegalovirus (cCMV) for newborn screening, as required by Senate Bill 5829. <u>Vice Chair Oshiro</u> introduced Kelly Kramer, Board staff.

<u>Kelly Kramer, Board staff</u>, introduced John Thompson and Karin Neidt from the Department of Health (Department) and presented an overview of the TAC's cCMV evaluation. Kelly reviewed the 2022 recommendation to revisit cCMV in three years. Kelly noted that in 2024, they heard from auditory and infectious disease experts to help inform the TAC review. Kelly shared that cCMV is the leading cause of non-genetic hearing loss, affecting 1 in 200 babies. Including it in newborn screening could allow early treatment and monitoring (see presentation on file).

<u>John Thompson, Department staff</u>, reviewed the cost-benefit analysis of including cCMV in the newborn screening panel. John explained that cCMV does not fit the typical newborn screening rationale because there is no quantifiable difference in mortality. However, early detection can help identify hearing loss in asymptomatic babies. Overall, the analysis shows that the costs of each type of screening is more than the benefit. In Washington, 43 babies annually would benefit from early detection, while parents of 242 asymptomatic cCMV infants would need to manage regular hearing screenings. Parents of newborns with cCMV will have the potential for lost wages to take children to the hearing screenings for the hearing loss several times a year for the first three years and twice a year thereafter. John mentioned that Senate

Bill 5829 now requires the Department to educate about preventing cCMV transmission during pregnancy (see presentation on file).

<u>Steve Kutz, Board Member</u>, asked why there is not prenatal screening and if there was any data about treating the pregnant mother for the infection. John mentioned that they did not collect that type of data, as they were directed to collect postnatal data only.

Kelly stated that cCMV screening for pregnant people is not recommended by the American College of Obstetricians and Gynecologists, as the current tests are not sensitive enough, lack specificity, and have no definitive safe treatment for pregnant mothers.

<u>Tao Sheng Kwan-Gett, Secretary's Designee</u>, asked about cost/benefit results findings from other newborn screening panels. John stated that while costs vary over time, most screenings have a net benefit, with a few exceptions.

<u>Member Kwan-Gett</u> asked if the periodic hearing screening would be covered under insurance. Kelly stated that they do not have a definitive answer to that.

<u>Member Kwan-Gett</u> asked who the educational information required by Senate Bill 5829 focuses on. <u>Karin Neidt, Department staff</u>, responded that the educational flyers were for families, midwives, and pediatric providers. The flyers are translated into several languages.

John explained the public health infrastructure needed to start up and run the screening process for cCMV. There would be a need for new equipment as well as almost four full-time staff to run the program long term.

Karin discussed the Early Hearing Detection Diagnosis and Intervention (EHDDI) program. Karin noted that as more children are referred for hearing tests, families face long wait times and may have to travel great distances due to a shortage of pediatric hearing providers. Once the program is operational, it is anticipated that an initial 300 children will be seen in the first year, potentially increasing to 1800 per year by year six, based on statistics for children born with cCMV each year. Karin further pointed out that there are only 30 clinics in Washington State, with 22 located in Western Washington. Currently, there is a 2-3 month wait on the west side of Washington to see a doctor. There is no available data on wait times at present for the east side of Washington (see presentation on file).

<u>Vice Chair Oshiro</u> asked if the east side clinics are taking pediatric clients. Karin responded that not all do, but Spokane, Tri-Cities, and Prosser have pediatric clients. Wenatchee used to have a pediatric clinic.

<u>Vice Chair Oshiro</u> asked if the Public Health Lab had enough space for new equipment. John responded that there is sufficient space at the lab for the equipment.

<u>Member Kutz</u> asked what percentage of the 285 babies born with cCMV each year are identified in the EHDDI report. Karin said the percentage is unclear because not all hospitals report cCMV infections.

<u>Member Kutz</u> asked if children with hearing loss are tested for cCMV? Karin stated that not all doctors will go back to the newborn screening blood spot.

<u>Member Kutz</u> asked if there are racial implications to cCMV. Kelly said that there were none that they know of, but they do know that many of the people who have cCMV have smaller children or work with smaller children.

<u>Peter Browning, Board Member</u>, asked if there was a rate of severity in the hearing loss. John stated that the team does not know the severity rate, but it is severe enough to get services for people with hearing difficulties.

Kelly reviewed the TAC voting results for cCMV. In summary, the TAC recommends that the Board ask the Legislature to add dried urine filter paper to the specimen collection requirements for newborn screenings and that the Board ask for funding for equipment and personnel.

<u>Patty Hayes, Board Chair</u>, thanked the staff and the TAC for their work but believes that preventing cCMV infection is the best step forward. <u>Chair Hayes</u> also expressed gratitude to the Department for their efforts. <u>Chair Hayes</u> thinks there would be difficulty in adding urine sample collection to the newborn screening sample collection list.

<u>Member Kwan-Gett</u> thanked the TAC for their efforts, dedication to the research, but decided based on the discussion that the screening for cCMV does not fulfill the criteria or the infrastructure requirements at this time. <u>Member Kwan-Gett</u> stated that since there is no change in mortality rate, they are hesitant to add this to the panel. <u>Member Browning</u> agreed.

**Motion:** The Board determines that cCMV should not be considered for addition to the newborn screening panel at this time.

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

John mentioned that the committee responsible for developing the recommendations for the newborn screening panel, the Federal Advisory Committee for Heritable Disorders in Newborns, has been dissolved. The Board and Department agreed to continue their work in alignment with the Recommended Uniform Screening Panel (RUSP) and will convene a TAC to review the four remaining screenings that are on the RUSP panel but not included in the Washington State screening panel soon.

#### 7. RULES BRIEFING, AUDITORY SCREENING RULEMAKING, <u>CHAPTER 246-760</u> WAC

<u>Kelly Oshiro, Board Vice Chair</u>, provided an overview of the Board's authority to adopt rules related to auditory screening and the background of the current rulemaking effort. <u>Vice Chair Oshiro</u> then invited Board staff and presenters to give an update.

<u>Molly Dinardo, Board staff</u>, and <u>Annie Hetzel</u>, <u>Office of the Superintendent of Public</u> <u>Instruction</u>, introduced themselves to the Board. Molly presented background information on chapter 246-760 WAC, followed by an overview of the engagement and rule development process. Molly then summarized the proposed rule changes and highlighted key feedback received during the informal comment period (see presentation on file). Molly also informed the Board of the next steps in the rulemaking process, including filing the CR-102 form, initiating the open public comment period, and holding a public hearing in June.

<u>Peter Browning, Board Member</u>, asked whether staffing for hearing screenings in schools would be a challenge. Annie responded that screenings are already being conducted, primarily by school nurses, with some support from speech-language pathologists, audiologists, and volunteers. No additional staffing is anticipated.

<u>Member Browning</u> expressed concern that potential budget cuts could impact school nurses, making implementation difficult despite the rule proposal's merit. Annie responded that this would not increase the workload.

Molly added that the new screening method—otoacoustic emission (OAE) testing—is optional and formalizes practices already occurring in some schools.

<u>Member Browning</u> emphasized the importance of identifying decreases in hearing early and expressed support for implementation despite resource challenges.

Patty Hayes, Board Chair, thanked the presenters.

### 8. REVIEW AND APPROVAL OF THE DRAFT REPORT ON BRANCHED CHAIN KETOACID DEHYDROGENASE KINASE (BCKDK)

**Motion:** The Board moved to move item 8 to the June 4, 2025, meeting **Motion/Second:** Vice Chair Oshio/Member Kutz. Approved Unanimously

#### 9. 2025 BOARD MEETING SCHEDULE UPDATE

<u>Michelle Davis, Board Executive Director</u>, presented an update to the 2025 meeting schedule. The meeting originally set for June 11, 2025, will be moved to June 4, 2025. This change allows Board staff and leadership to attend the Washington State Association of Local Public Health Officials (WSALPHO) Annual Meeting scheduled for June 10 to 12, 2025.

**Motion:** The Board approves changing the June 11, 2025, meeting date to June 4, 2025.

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

The Board recessed for lunch at 12:20 p.m. and reconvened at 1:10 p.m.

#### 10. JOINT MEETING SCHOOL RULE PROJECT (SRP)

<u>Patty Hayes, Board Chair</u>, introduced the agenda item and welcomed all Board Members and School Rule Project (SRP) technical advisory committee (TAC) members. <u>Karen Langehough, Facilitator</u>, began with member introductions and asked everyone to share why this work is important to them.

<u>Facilitator Langehough</u> then reviewed meeting objectives. This included reflecting on TAC member experiences, sharing recommendations, reviewing fiscal analysis, and discussing next steps like the legislative report. Facilitator Langehough reviewed the TAC committee agreements that guided the TAC meetings. Facilitator Langehough provided an overview of the timeline for SRP project. Facilitator Langehough invited time for reflections from TAC members.

<u>Brian Freeman, SRP TAC member</u>, described the process as deliberate and often contentious, such as ventilation. With experience in building and school construction, <u>TAC Member Freeman</u> highlighted the high costs but importance of ventilation. An engineer's funding estimates helped the committee reach consensus on energy codes. Key challenges include reliable funding and updating aging buildings to ensure safe, healthy environments for children. <u>TAC Member Freeman</u> highlighted that education is a constitutional priority, yet school buildings don't reflect this, especially in rural areas where bond passage is difficult. <u>TAC Member Freeman</u> raised concerns about equity and the ability of districts to meet new rules, asking how to ensure every child has a safe place to learn.

<u>Tammy Allison, SRP TAC member</u>, noted the value of the diverse experience and knowledge of TAC members and how well the group collaborated over eight months. <u>TAC Member Allison</u> discussed gaining a new understanding of local health jurisdictions' (LHJs) work with school districts. Funding remains a major challenge. Larger districts have more resources, while smaller districts have limited tax bases.

<u>Samantha Fogg, SRP TAC member</u>, expressed that it was a rewarding experience and now views schools as part of the greater community, and improvements can come through partnerships and collaboration. <u>TAC Member Fogg</u> noted significant disparities in funding and staffing, worsened by years of unchanged school rules, and expressed an interest in legislators seeing the full range of school buildings throughout the state. <u>TAC Member Fogg</u> expressed frustration with the disparity between allocated funds and actual expenses.

<u>Suzie Hanson, SRP TAC member</u>, appreciated the reminder that all schools share some of the same issues and sense of camaraderie. <u>TAC Member Hanson</u> also mentioned the importance of funding availability.

Laurette Rasmussen, SRP TAC member, expressed gratitude for the collaborative process. Challenging aspects of this are funding for making improvements and public health. Whatcom hasn't had a school health and safety program for 40 years. Federal Public Health Services (FPHS) funds it now, but that funding may not be around.

<u>Brian Buck, SRP TAC member</u>, stated that it's important to note that we stand on the shoulders of those who came before us. <u>TAC Member Buck</u> thanked Chair Hayes, Board staff, and Facilitator Langehough. <u>TAC Member Buck</u> mentioned that the rules will require funding to implement, and appreciated the collaboration between schools, the Department of Health, and local health jurisdictions to do what's best for kids.

<u>Baily Stanger, SRP TAC member (Alternate)</u>, recognized Erin Hockaday's contributions and described Benton-Franklin's FPHS-funded program, which provides free inspections and consultations. <u>TAC Member Stanger</u> noted it offers a small-scale view of what the SRP rule could look like statewide and emphasized the need for continued funding.

<u>TAC Member Hanson</u> added that there was also agreement on many rules and ideas about health and safety that don't cost money.

<u>Nicole Daltoso, SRP TAC member</u>, reiterated that many things can be implemented without funding, such as health and safety guidance. <u>TAC Member Daltoso</u> noted that various things happening throughout the state can be merged for full implementation and agreed that the relationship between LHJs and school districts is important. Not all districts have someone they can go to as a resource. <u>TAC Member Daltoso</u> also mentioned the challenges posed by funding and staffing issues.

<u>TAC Member Freeman</u> remarked on the relationships the TAC members developed and the amount of experience they brought to the group. Knowledge and skill are where LHJs are most needed.

<u>Facilitator Langehough</u> transitioned the group from reflections to recommendations and passed the meeting to Chair Hayes.

<u>Chair Hayes</u> summarized the TAC's work and emphasized that the proposed rules help build local relationships, establish minimum standards, and clarify what belongs in rules versus guidelines. The Legislature asked the TAC to present recommendations to the Board. The phased implementation approach was developed over several meetings as part of their work. In Phase 1, the Department will begin working on creating guidelines, and schools will work with LHJs to develop plans. Phase 2 will occur within the local context, using strong relationships as best practices and examples shared across the system. The Board may consult with local health officials about interregional/interlocal district sharing to enhance its strength. Phase 3 involves full implementation of rulecompliant plans.

<u>Lauren Jenks, SRP TAC member</u>, said Department staff noted every time they said "we will put that into guidance." It will help with tricky areas, such as shower requirements.

<u>Andrew Kamali, Project Manager</u>, directed TAC and Board Members to page 312 of the meeting packet for the rule language and breakdown of the phases. The TAC was also required to consider the greatest health and safety benefits which will be included in the report. The phases focus on what is achievable.

<u>Member Kutz</u> complimented the common understanding that was developed and asked how people were going to work together across the state in this complex time.

<u>Chair Hayes</u> acknowledged the challenge of statewide coordination, and the group will revisit this later. <u>Chair Hayes</u> discussed next steps, including filing the recommendations and report to the governor in June, which requires action next

session. After proviso funding ends, staff will continue outreach and advance the rulemaking process.

<u>TAC Member Freeman</u> told Member Kutz that in Phases 1 and 2, the LHJs will take the lead. But some counties, such as Tri-Counties, lack experience and technical skills for tasks like site-assessments. As a result, the Department and the Board will have the biggest lift.

<u>Member Kutz</u> asked how to ensure relationships get built among people who aren't present.

<u>TAC Member Hanson</u> emphasized the need to focus on relationships because a compliance focus will not work as well.

<u>TAC Member Daltoso</u> reiterated the importance of relationships to this project and spoke about personal experience in Clark County.

<u>TAC Member Rassmussen</u> acknowledged that not all LHJs have the experience for a health and safety program and suggested exploring more how an existing program helps another jurisdiction/county get theirs going. The most important thing is to be equitable to all schools and not to use punitive language in inspections.

<u>TAC Member Freeman</u> noted the Board might be surprised at the level of relationships that already exist. Urban core may be a bigger lift on building relationships.

<u>Jeff Rogers, SRP TAC member (Alternate)</u>, expressed an interest in addressing unfunded mandates from the Legislature.

<u>TAC Member Stanger (Alternate)</u> said the rules flexibility are a strength and emphasized that this is not punitive. <u>TAC Member Stanger</u> reiterated the importance of relationships in implementing these rules.

The Board took a break at 2:58 p.m. and reconvened at 3:10 p.m.

<u>Facilitator Langehough</u> restarted the meeting with a background on the fiscal analysis and highlighted the significant effort behind it. Staff reviewed over 25 data sources, engaged with local and environmental health inspectors, conducted phone surveys, and held a two-day fiscal summit. The analysis focuses on new rule components and includes cost ranges for labor, construction, trade services, and consumer-related services.

Andrew provided a detailed overview of the fiscal analysis and noted that they would not go through every section in detail. Andrew highlighted that the analysis compares current requirements under WAC 366 with the proposed rules, focusing on routine inspections due to their cost complexity. The analysis includes cost breakdowns presented in tables with hourly rates for maintenance, training, self-inspection requirements, and incorporates minimum and maximum wage data from reviewed sources. Andrew also added that routine inspection costs were calculated by multiplying hourly wages by estimated time per task, which also applied to training cost estimates. Andrew continued with an overview of the Indoor Air Quality (IAQ) section of the fiscal analysis. The IAQ section breaks down costs per square foot and highlights the "Tune and Balance" (TAB) requirement as the most expensive. Andrew emphasized the importance of accurately capturing costs related to TAB requirements, noting that it was a key issue in previous rulemaking efforts. To address this, the School Rules team partnered with an engineering firm to develop realistic cost estimates and ensure transparency throughout the process. The analysis incorporated input from schools and acknowledged that figures in state reports often do not reflect the actual on-the-ground costs. The goal was to produce the most accurate and representative data possible.

<u>Chair Hayes</u> chimed in with the importance of engaging local legislators to understand better the specific costs and implementation challenges at the local level. <u>Chair Hayes</u> noted that while aggregated data and statewide examples are helpful, they often fail to capture the nuanced realities communities face. To effectively communicate the proposed rule's impact, Chair Hayes encouraged local partners, particularly LHJs, to share real-world examples and foster relationships with legislators. <u>Chair Hayes</u> suggested this could be an area of focus over the next year and proposed further discussion at the upcoming Washington State Association of Local Public Health Officials (WSALPHO) meeting. <u>Chair Hayes</u> also acknowledged the complexity of the fiscal analysis and the value of having experts like Andrew help interpret the data for local interested parties, highlighting the importance of collaborative storytelling to convey the true scope of local needs.

<u>Paj Nandi, Board Member</u>, appreciated the collaborative work and learning that has occurred. <u>Member Nandi</u> emphasized the importance of maintaining consistent communication after the School Rule proviso work ends and recommended creating a communication plan with unified messaging.

<u>TAC Member Hanson</u> stressed that sharing the fiscal analysis with legislators should focus on explaining the need for legislative involvement and not just requesting funding. <u>TAC Member Hanson</u> encouraged LHJs to help shape that message.

<u>Chair Hayes</u> highlighted the importance of approaching the issue from both a local and legislative perspective. <u>Chair Hayes</u> noted that while legislative action is needed to support children's health and welfare, it's equally important for LHJs to view this as an opportunity for relationship building and providing technical assistance. <u>Chair Hayes</u> acknowledged the challenge in developing universal talking points and stressed the value of sharing the unique stories behind the fiscal data at the local level.

<u>Facilitator Langehough</u> transitioned the group to a discussion of the legislative report. The group will review the report outline, followed by a deeper discussion on specific sections highlighted in the final report.

<u>Chair Hayes</u> outlined key elements of the draft report, emphasizing its focus on the guiding principles behind the proposed rule, particularly its emphasis on the health and welfare of children and youth. <u>Chair Hayes</u> noted the report will detail the phased approach and address items like the budget proviso and other relevant considerations.

The report will capture the rationale behind the decisions and set the tone for the next steps in the process.

Andrew thanked Chair Hayes for the overview and provided additional context for the report. The report includes a document comparing the current and proposed rule language and a three-column format that shows proposed standards alongside correlating standards. Although the document is lengthy, it directly compares to the suspended rule for Board Members familiar with the previous process.

<u>TAC Member Jenks</u> asked Andrew if a tab for the Departments K-12 guide should be included in the report and suggested listing the current version.

Andrew agreed with the suggestion and recommended including a hyperlink to the guidance to allow interested parties and legislative staff to review the guide.

<u>Facilitator Langehough</u> introduced the clean building performance standards, noting that TAC Member Buck had clarified the standards and TAC's language in a prior meeting with the Department of Commerce (Commerce). <u>Facilitator Langehough</u> asked TAC Member Buck to provide additional details.

<u>TAC Member Buck</u> discussed the conflict between current clean building standards and the challenges faced during COVID. <u>TAC Member Buck</u> highlighted that while guidance changed frequently, one key measure—pumping 100% outdoor air into schools helped reduce COVID transmission, despite straining ventilation systems. These standards were set before COVID, with school energy use categorized and normalized for weather but not for COVID-related changes. Energy codes have since evolved, prohibiting large handling units and requiring dedicated outdoor air systems. <u>TAC Member Buck</u> noted an opportunity for the clean building standards to account for increased ventilation, associated costs, and energy implications, which are not currently permitted under the existing targets.

Andrew discussed that the clean building performance standards, based on pre-COVID data, don't reflect current school needs and were set without input from the K-12 sector. Andrew noted concerns about potential fines for non-compliance and the financial strain this could place on schools. Andrew asked TAC Member Hanson to share some of the key points they have advocated in their discussions with the Legislature and Commerce.

<u>TAC Member Hanson</u> expressed the need for prioritization from the state and two agencies, especially when energy or mold issues threaten students' health and safety. While recognizing Commerce's dedication, <u>TAC Member Hanson</u> emphasized the need for greater flexibility to address the realities of school life. <u>TAC Member Hanson</u> also highlighted that schools must provide a safe and healthy student environment and suggested balancing energy priorities with student well-being. Additionally, <u>TAC Member Hanson</u> mentioned a bill that could allow for an extension to provide more authorization in such cases.

<u>Chair Hayes</u> encouraged the Board to consider including a formal statement in the report recommending a reevaluation of clean building performance standards based on

post-COVID scientific understanding. <u>Chair Hayes</u> noted that a joint perspective from schools and local health agencies could strengthen the report and offer leverage in legislative discussions. While Commerce may not see current standards as conflicting with school needs, <u>Chair Hayes</u> emphasized the importance of presenting a broader policy view. <u>Chair Hayes</u> urged the group to consider whether they are comfortable making a bold recommendation and to explore how the report can highlight key tradeoffs, such as ventilation versus energy use.

<u>Member Kutz</u> inquired if the TAC worked or connected with any industrial hygienists on this topic.

TAC Member Jenks confirmed that they did.

<u>Member Kutz</u> noted that hospitals face similar challenges in meeting ventilation and energy standards, particularly in settings like operating rooms. <u>Member Kutz</u> suggested that industrial hygienists' involvement at the Office of Financial Management (OFM) could help determine an appropriate balance between health requirements and energy efficiency. <u>Member Kutz</u> proposed this as a potential outcome to consider.

<u>Chair Hayes</u> emphasized that a key issue is the lack of a single coordinating entity to oversee standards across sectors. <u>Chair Hayes</u> noted that, as highlighted by TAC Member Brian Buck, current benchmarking for schools is surprisingly lower than that for office buildings. During workshops, <u>Chair Hayes</u> was struck by the realization that these benchmarks do not adequately account for children's health, safety, and welfare, particularly regarding air quality. <u>Chair Hayes</u> stressed the importance of reconsidering these benchmarks, considering lessons learned from COVID-19, and urged the Board to recognize how strongly the TAC feels about this issue.

<u>Devon Kellogg, SRP TAC member</u>, acknowledged the discussion around the first three key points and emphasized the importance of the fourth point, highlighting the opportunity to demonstrate how upgrades to more efficient systems can help schools save money, support clean building standards, and improve student and staff health.

<u>Facilitator Langehough</u> moved the discussion to partnerships, noting that various components have addressed this topic. <u>Facilitator Langehough</u> referenced Member Kutz's question about expanding these partnerships, which will be included in the report along with additional recommendations. <u>Facilitator Langehough</u> also mentioned that some members have had successful partnerships and asked if anyone could provide insights on public/private school partnerships.

<u>TAC Member Daltoso</u> shared an example of successful public-private school partnerships, noting that they are often formed through committee involvement, networking, and parent engagement in private schools. Once established, private schools frequently seek guidance, such as written health and safety plans. <u>TAC Member Daltoso</u> suggested that LHJs could play a key role in fostering these connections and emphasized the importance of collaboration.

<u>Pam Schwartz, SRP TAC member</u>, agreed with TAC Member Daltoso, stressing that building relationships is key to success. <u>TAC Member Schwartz</u> highlighted the unique

challenges Catholic schools face, particularly concerning the varying levels of understanding among LHJs about the specific needs of these schools. <u>TAC Member</u> <u>Schwartz</u> noted that while health and safety standards apply universally, there are distinctions between small and large districts, and suggested that more understanding and support from LHJs would help address these challenges.

<u>Laurette Rasmussen, SRP TAC member</u>, shared their interest in forming an advisory committee to engage private schools more effectively. <u>TAC Member Rasmussen</u> emphasized the importance of collaboration and partnership rather than focusing on violations, which they felt would not be productive.

<u>Facilitator Langehough</u> transitioned the group to a discussion on inconsistent implementation and invited Chair Hayes to comment.

<u>Chair Hayes</u> acknowledged the complexities of operating as a home rule state, noting that local health jurisdictions (LHJs) have differing approaches, leading to inconsistencies. <u>Chair Hayes</u> emphasized the importance of partnership and the need for the Board's recommendations to support a collaborative framework. <u>Chair Hayes</u> noted structural differences across jurisdictions, such as fee structures, and encouraged transparency about those differences while affirming the value of recommending the rule within that local context.

<u>Member Browning</u> offered a county commissioner's perspective, emphasizing the need for full cost recovery through fees and the philosophical stance that these fees are being passed back from government entity to government entity, which is a challenge when revenue is tight. <u>Member Browning</u> stressed that fees should reflect actual time and resources used.

<u>Chair Hayes</u> thanked Member Browning and highlighted the report's opportunity to question the practice of government agencies charging fees to one another. <u>Chair</u> <u>Hayes</u> noted that while this issue emerged during TAC conversations, it's worth further exploration.

<u>Member Browning</u> responded that while charging schools may not always make sense, documenting the time and effort involved is critical for accountability. <u>Member Browning</u> emphasized that tax-supported entities should be transparent when transferring resources among themselves.

<u>TAC Member Freeman</u> added that, from a county perspective, revenue often comes from sales tax, making cost recovery not just philosophical, but necessary.

<u>TAC Member Rasmussen</u> provided an example from their experience in environmental health, where all services are fee-supported. <u>TAC Member Rasmussen</u> explained that due to budget constraints, their jurisdiction had no school inspection program until funding from Foundational Public Health Services (FPHS) was received. While they are now discussing charging fees for school visits, <u>TAC Member Rasmussen</u> acknowledged it is a difficult and emotional topic that may strain relationships.

<u>TAC Member Daltoso</u> thanked TAC Member Rasmussen and shared that Clark County's fee changes led to significant discussion among school districts. <u>TAC Member</u> <u>Daltoso</u> emphasized that while fees are difficult, the value comes from inspections and the relationships and support that develop, such as help managing public relations in sensitive situations. <u>TAC Member Daltoso</u> noted variability across counties and the need to manage fee expectations by clearly communicating the value provided.

<u>Suzie Hanson, SRP TAC member</u>, added that if inspections are perceived as punitive or unproductive, they damage relationships. <u>TAC Member Hanson</u> noted that requiring fees without equitable services could lead to resentment, especially among private schools, and stressed the need for open and courageous conversations.

<u>Facilitator Langehough</u> moved the discussion to general barriers to implementation. <u>Facilitator Langehough</u> acknowledged that while many have already been mentioned like funding and political resistance—there may be other factors to consider and invited committee members to share additional insights.

<u>TAC Member Freeman</u> emphasized the state's legal responsibility in this area. <u>TAC</u> <u>Member Freeman</u> argued that shared responsibility between the state and local governments must be recognized and addressed, especially by the legislature.

<u>TAC Member Fogg</u> echoed TAC Member Freeman's comments and stressed the need for equity in implementation. <u>TAC Member Fogg</u> noted that current limitations in access to the State Construction Assistance Program (SCAP) create barriers for some districts. <u>TAC Member Fogg</u> highlighted the importance of establishing a baseline of health and safety for all schools and reiterated that school facilities impact student well-being and public health.

Facilitator Langehough asked if a TAC member could provide clarification on SCAP.

<u>TAC Member Freeman</u> explained that SCAP provides partial reimbursement for school construction projects. Districts must document assets in the Office of Superintendent of Public Instruction Information and Condition of Schools system, and the program typically covers 10–12% of construction costs. <u>TAC Member Freeman</u> noted that bonding capacity and other limitations affect eligibility.

<u>Facilitator Langehough</u> noted that additional topics to include in the report do not fall under a single category. These include challenges specific to small schools, legislative engagement, and recommendations around structural and financial barriers.

TAC Member Allison briefly mentioned ongoing delays in receiving federal tax credits.

<u>TAC Member Hanson</u> raised an additional concern about private schools but did not elaborate further.

Facilitator Langehough invited final comments from the Board or TAC members.

#### 11. CONSIDERATION OF SCHOOL ENVIRONMENTAL HEALTH AND SAFETY RULE TAC RECOMMENDATIONS

<u>Patty Hayes, Board Chair</u>, pointed out that repealing 246-366A is important and reopened the discussion on the motion before the group.

<u>Kelly Oshiro, Board Vice Chair</u>, thanked <u>Andrew Kamali, Project Manager</u>, for their leadership. <u>Vice Chair Oshiro</u> also thanked the technical advisory committee (TAC) for their work and dedication. <u>Vice Chair Oshiro</u> asked whether the group would be repealing 246-366A in its entirety and received an affirmative response. <u>Vice Chair</u> <u>Oshiro</u> then asked about the timelines for the three phases of the rulemaking.

Andrew responded that they are unable to provide firm dates because the first step is legislative action. Board staff won't move forward with the recommendation with the proposed 246-370 until there is clear legislative direction. Andrew speculated that the entire implementation process would probably occur over 10-years, involving three separate 101s, 102s, and 103s for each phase. It would be one rulemaking to set up the planning, then depending on the Legislature, there would be an opportunity for a second phase, and then depending on how things move forward, the opportunity for the third phase. This time lag would allow schools to develop their capacity.

Vice Chair Oshiro asked whether that would depend on the readiness of the districts.

Andrew asked Vice Chair Oshiro to clarify whether the question referred to a circumstance in which one district was ready and would be allowed to move forward, but another could delay implementation if needed.

Vice Chair Oshiro responded yes.

Andrew responded that they cannot state definitively district by district when the rule is applicable, but because of how the rule is designed, districts without resources could partner with their local health jurisdictions to work out a plan for that. It wouldn't prevent school districts from moving ahead, but there is a process built into the rule.

<u>Chair Hayes</u> added that the Board will need more conversations on how that would work. For now, the goal is to move forward with as much flexibility as possible. <u>Chair Hayes</u> then asked whether there were other comments.

<u>Steve Kutz, Board Member</u>, commented that at some future hearing, it will become important for the TAC members to communicate how "together" they were on this and that consensus was reached.

<u>Chair Hayes</u> added that when the Board is invited to present the work in the future, the presentation will need to be different than the Board's usual method and involve bringing partners to present.

<u>Paj Nandi, Board Memner</u>, asked Andrew whether other parties might oppose this process to the work that hasn't been heard from.

Andrew responded that the group has done all they could in terms of meeting with interested parties. Andrew also expressed hope that TAC members are establishing partnerships to disseminate information.

Pam Schwartz, SRP TAC member, thanked Andrew and Chair Hayes. <u>TAC Member</u> <u>Schwartz</u> noted that although the TAC consists of only 25 people, the group's reach has extended far beyond that, using the state's Catholic school system as an example of their reach.

<u>Michelle Davis, Board Executive Director</u>, added that Andrew has been available to multiple organizations. Executive Director Davis also affirmed that there would always be concerns about the costs of this rule but reiterated that the TAC came to consensus with the rules. Executive Director Davis also listed additional actions taken to ensure that people's voices have been and will be heard.

<u>David Hammond, SRP TAC member</u>, reiterated the diversity of the TAC and complimented Andrew and the team.

Chair Hayes directed the group to move forward.

**Motion:** The Board accepts the technical advisory committee's recommendations regarding the proposed rule, Chapter 246-370 WAC, and directs staff to begin the process of repealing Chapter 246-366A WAC and any other items articulated in conversation today.

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

#### 12. BOARD MEMBER AND SRP TAC MEMBER COMMENTS AND UPDATES

<u>Andrew Kamali, Project Manager</u>, emphasized that the School Rule project will proceed in incremental steps, not all at once. While specific implementation dates are not yet determined, focusing on the upcoming steps is essential. Andrew added that a Board rules hearing will take place on June 4, 2025, to repeal 366A. Rather than extending the rule, it will be repealed on the same day it is set to go into effect.

Andrew reminded the technical advisory committee (TAC) members about the survey and the new meeting date. Andrew encouraged them to review the legislative report and share feedback before it goes to the Board. Andrew also thanked members for their ongoing commitment, noting that their efforts are key to the group's progress.

<u>Patty Hayes, Board Chair</u>, provided an update on a KUOW spotlight aired yesterday, reflecting on the fifth anniversary of the COVID-19 pandemic. The feature included interviews with various individuals, including Chair Hayes (public health perspective), an ICU nurse, a father adapting to return to the office after the stay-at-home order, and a small business owner who survived the pandemic. <u>Chair Hayes</u> encouraged Board Members to listen to the interview, which is still available online.

<u>Steve Kutz, Board Member</u>, added a personal reflection on the COVID-19 pandemic, comparing it to experiences during the early 1980s HIV crisis, when much was unknown about the virus. <u>Member Kutz</u> stressed the importance of learning from past challenges and applying those lessons to future public health work. <u>Member Kutz</u> also highlighted how the pandemic underscored the importance of healthy environments, particularly in schools and workplaces. <u>Member Kutz</u> emphasized that the new school rules aim to

create healthier environments for students and staff. <u>Member Kutz</u> concluded by expressing heartfelt gratitude to all TAC members for their dedication and hard work.

The meeting was adjourned with appreciation for all members' continued contributions and commitment.

#### ADJOURNMENT

Patty Hayes, Board Chair, adjourned the meeting at 4:50 p.m.

#### WASHINGTON STATE BOARD OF HEALTH

Patty Hayes, Chair

To request this document in an alternate format or a different language, please contact the Washington State Board of Health at 360-236-4110 or by email at <u>wsboh@sboh.wa.gov</u> TTY users can dial 711.

PO Box 47990 • Olympia, Washington • 98504-7990 360-236-4110 • <u>wsboh@sboh.wa.gov</u> • <u>sboh.wa.gov</u>



### **Public Comment**

Accepted until noon three business days prior to meeting.

The following comments were received by the May 30, 2025 deadline.

From: Bryan Shull Sent: 5/22/2025 2:04:32 PM To: DOH WSBOH Cc: Subject: Public Comment

External Email

I would like to comment on the fluoridation of public water in the June 4th public comment period. As a large consumer of public water for the manufacturing of beer, I have an interest in the topic, as boiling of wort / water in the manufacturing process concentrates the fluoride in the end product. With new studies and information coming out of the EPA linking lowered IQ with fluoridated water supplies, I am compelled to express my concerns publicly.

Thank you for your attention to this request

503 758 2569

Bryan Shull

CEO

Trap Door Brewing

Vancouver / Washougal

From: Gerald Braude Sent: 5/29/2025 9:52:18 AM To: DOH WSBOH Cc: Subject: June 4 BOH public comment

attachments\074B9FABF2644B1E 35dd3198.png

External Email

Dear Michelle: Below is my public comment for the June 4 BOH meeting. Thank you for all you do. -- Gerald Braude

Because the June 4 Board of Health meeting conflicts with my work, I cannot attend the meeting, but I'd like to let you know about the public comments that Natalie Chavez gave at the Vaccine Advisory Committee meeting the day after the last Board of Health meeting held on April 9.

She called out Tao Kwan-Gett for his ignorant lie that he gave you people at that April 9 meeting. She said the following:

"It was disturbing to hear the measles update at the Board of Health meeting, and I will focus on the two deaths from measles that were mentioned. I found the information shared very offensive and disrespectful. Nobody should be discussing the deaths of children unless they have thoroughly reviewed the records."

The fact is both of those deaths were due to medical error, the third leading cause of death in the United States, an alarming topic that the Board of Heath has never discussed.

Medical error—the third leading cause of death in the US | The BMJ <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.bmj.com%2Fcontent%2F353

Both of those deaths occurred at the same Covenant Children's Hospital in Lubbock, Texas.

The first death

<a href="https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F414">https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F414</a><br/>6a66-48c8-96af-

a367010e85ec%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 was not directly due to a measles infection, from which the child was almost fully recovered, but because of the hospital's failure to identify the correct antibiotic in a timely fashion, coupled with a nine-hour delay once the correct antibiotic was identified.

As for the second death, Dr. Pierre Kory, who has extensive experience in pulmonary and critical care medicine, told <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd08 b794-42c0-a5cd-

1eb85e877673%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 The Defender

<a href="https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd08b794-42c0-a5cd-">https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fd08b794-42c0-a5cd-</a>

1eb85e877673%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 that the child's medical records showed she died from "ARDS secondary to hospitalacquired pneumonia," which he said she likely developed during a previous hospital stay.

At the April 9 Board of Health meeting Kwan-Gett said the following:

Measles activity continues to increase nationally and globally. Of course, we are closely following the Gaines County, Texas, outbreak, which has spread to eighteen additional counties in Texas as well as two surrounding states. Texas has reported nearly 500 cases, mostly centered around the Mennonite community. There are fifty-six hospitalizations and two deaths, both in children.

As soon as Kwan-Gett said, "two deaths, both in children," you people on the board gasped. I was there in person, and I saw it. But your eyes were not bulging and your draws were not dropping because of so much of these deaths but because Kwan-Gett said they were due to measles—an ignorant lie that was completely disrespectful to you and the residents of Washington. Granted this lie was not as damaging as when he and Umair Shah pushed the lie that the COVID-19 shots prevent transmission of the virus, but still this lie shows his negligence as the chief medical officer of the Department of Health.

Instead of providing credible leadership, Kwan-Gett instead acted as a marketing agent for the pharmaceutical industry when he said, "And of course, the best way to prevent a measles outbreak in our state is to ensure that everyone is up to date on their MMR vaccinations as recommended by the CDC."

In his book Vax Facts

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F0df 2c84-42f9-985c-

727610b8b7fe%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 , Dr. Paul Thomas concedes the effectiveness of the measles vaccines:

There's no question that the measles vaccine has been largely effective. Except for 2019, there have been fewer than a thousand cases per year since 1993. There has only been one person listed as a measles death in the last decade, a woman in Washington State who was on immunosuppressants and died from multiple major serious health conditions. She was counted as a measles death because her blood tested positive for measles virus after her death. It hardly seems fair to count that as a death from measles. It does, however, provide an opportunity for the CDC to claim measles is still killing people in the USA. But no one ever mentions the fact that people who are immunocompromised, as that woman was, are also susceptible to infection from the three viruses in the live-virus vaccine. Effectively, measles is no longer a threat.

But conspicuously missing from Kwan-Gett's report to the BOH was the 573 deaths <a href="https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fe9c61f5-4186-a775-">https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2Fe9c61f5-4186-a775-</a>

dae42423ed19%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 reported to VAERS following the measles vaccines since 1990. As mentioned by Dr. Thomas, only one death from measles has occurred over the past

decade, but, during this same period, VAERS shows seventy-three deaths

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F16c 7163-4591-99d6-

3fe96c954045%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8To-

iQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 following the measles vaccines.

Four of those deaths <https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsubstack.com%2Fredirect%2F16c 7163-4591-99d6-3fe96c954045%3Fj%3DeyJ1IjoiMTByMnA3In0.RALPmDxM8D0L5FfNiR0WshM8ToiQhoO9mvADKCCSWQ&data=05%7C02%7Cwsboh%40sboh.wa.gov%7C8c0d56de817e4431ab1408dd9ed1 have occurred here in Washington.

The most recent death in Washington following the measles vaccine occurred on February 22, 2020. Here is the beginning portion of the submitted write-up:

Patient is a previously healthy 13 month old boy who presented with respiratory failure, then developed ARDS and multiorgan dysfunction on VA ECMO, requiring vasoactive support and CRRT. Subsequently found to have multiple disseminated viral infections, including HSV, adenovirus, and low level positive CMV and EBV. Suspected immunodeficiency, workup pending. In setting of recent MMR and varicella vaccinations, critical illness, and suspected immunodeficiency, workup for disseminated vaccine strain measles sent at CDC. Positive for vaccine-strain measles from nasopharynx and urine.

Kwan-Gett and the media would have you believe that measles is a deadly disease. But, as I just discussed, any suggestion that MMR (measles-mumps-rubella) vaccines are safer than measles infection isn't supported by facts.

Gerald Braude

Port Townsend

#### From the 4/25/2025 release of VAERS data:

#### Found 73 cases where Vaccine targets Measles (MEA or MER or MM or MMR or MMRV) and Patient Died and Submission Date from '2014-01-01' to '2024-12-31'

Government Disclaimer on use of this data

Table				
4	^↓			
Age	Count	Percent		
< 6 Months	3	4.11%		
6-11 Months	2	2.74%		
1-2 Years	38	52.05%		
3-5 Years	7	9.59%		
6-17 Years	5	6.85%		
Unknown	18	24.66%		
TOTAL	73	100%		



From: Geri Rubano Sent: 5/7/2025 7:42:07 AM To: DOH WSBOH Cc: Subject: Florida bans water fluoridation

External Email

Dear Board,

I'm sure you've heard the latest news about Florida banning water fluoridation. I hope you'll also consider the same. Forcing a medication on the people is unethical and takes away their right to choose what goes into their bodies. Our bodies, our choice.

Thank you,

Geri Rubano Camas, WA Sent from my iPhone From: DOH Information Sent: 5/28/2025 12:37:23 PM To: DOH WSBOH Cc: Subject: FW: Feedback Form Submission

Hello,

We are passing along this input from a constituent regarding vaccine policy.

Kind regards,

Customer Service

Information Desk

Executive Office of Public Affairs & Equity

Washington State Department of Health

DOH.Information@doh.wa.gov <mailto:DOH.Information@doh.wa.gov>

1-800-525-0127| www.doh.wa.gov <https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=05%7

From: Washington State Department of Health <no-reply@doh.wa.gov> Sent: Tuesday, May 27, 2025 12:55 PM To: DOH Information <DOH.Information@DOH.WA.GOV> Subject: Feedback Form Submission

External Email

Submitted on: May 27, 2025 - 12:55pm

Please select one:

#### Public Health and Vaccine availability

Please enter your comments or questions in the space provided below: I hope that WA state will continue to promote the COVID vaccine to protect children and pregnant women. Leaving these vulnerable groups without the option to protect themselves because of the ill-informed beliefs of an anti-vax activist at the federal level is unconscionable. One of the things that I love about WA is that we allow people to have the choice to access needed health care. I hope that we can set an example as a place that promotes public health and prevention regardless of popularity and follow the science.

Would you like a response from us? No

From: Derek Kemppainen Sent: 5/30/2025 11:52:37 AM To: DOH WSBOH Cc: Subject: FDA Moves to Ban Sodium Fluoride Supplements while DOH Recommends Adding it to Water

External Email

Dear DOH & WSBOH,

The May 13th, 2025 announcement from the U.S. Department of Health and Human Services (HHS) about removing ingestible fluoride prescription drugs for children from the market raises serious concerns about the safety and legitimacy of the promotion of community water fluoridation by the DOH.

This move shows that even the federal government is now taking a firm stance against the ingestion of fluoride, especially by children. The FDA is acting to remove fluoride drops, tablets, and lozenges from the market due to safety concerns. These products have never been approved by the FDA, and yet they've been prescribed to children for years.

These fluoride supplements contain the exact same active ingredient—sodium fluoride—that the DOH recommends adding to the public water supply. The only difference is that fluoride tablets require a prescription and are taken in measured doses, while the DOH recommends giving this substance to everyone, every day, with no medical oversight, no individual consent, and no control over how much is consumed.

In effect, the DOH recommends each City take on the role of prescribing physicians—distributing a prescription-only drug to the public without medical licenses, without valid prescriptions, and without any individualized assessment of need or risk.

If the FDA is now removing this substance from the market when prescribed to children under a doctor's care, how can it still be considered safe or appropriate to give it to the entire population through the water?

Please withdraw your support for this mass medication program which violates the core principles of informed consent, and the duty of the department of health to assure the public their water is free of harmful substances.

Here is the full HHS announcement for your review:

FDA Begins Action to Remove Ingestible Fluoride Prescription Drug Products for Children from the Market

The U.S. Food and Drug Administration (FDA) today announced that it is initiating action to remove concentrated ingestible fluoride prescription drug products for children from the market. Unlike toothpaste with fluoride or fluoride rinses, these products are swallowed and ingested by infants and toddlers. They have also never been approved by the FDA. Ingested fluoride has been shown to alter the gut microbiome, which is of magnified concern given the early development of the gut microbiome in childhood. Other studies have suggested and association between fluoride and thyroid disorders, weight gain and possibly decreased IQ. "The best way to prevent cavities in children is by avoiding excessive sugar intake and good dental hygiene, not by altering a child's microbiome. For the same reason that fluoride may kill bacteria on teeth, it may also kill intestinal bacteria important for a child's health," said FDA Commissioner Marty Makary, M.D., M.P.H. "I am instructing our Center for Drug Evaluation and Research to evaluate the evidence regarding the risks of systemic fluoride exposure from FDA-regulated pediatric ingestible fluoride prescription drug products to better inform parents and the medical community on this emerging area. When it comes to children, we should err on the side of safety."

The agency has set a goal date of October 31 for completing a safety review and public comment period and for taking appropriate action regarding removal of these products from the market. In conjunction with this evaluation, the U.S. Department of Health and Human Services plans to disseminate best practices for dental hygiene in children that are feasible, effective and do not alter gut health.

"Ending the use of ingestible fluoride is long overdue," said HHS Secretary Robert F. Kennedy, Jr. "I'm grateful to Commissioner Makary for his leadership on this vital issue — one that directly safeguards the health and development of our children. This decision brings us one step closer to delivering on President Trump's promise to Make America Healthy Again."

Several states have taken action to stop fluoridation of drinking water, and fluoride is not added to drinking water in most of Europe or other countries of the world. This action by the FDA is consistent with Secretary Kennedy's Make America Healthy Again effort to ensure children grow up in a healthy environment.

Source: https://www.hhs.gov/press-room/fda-to-remove-ingestible-fluoride-drug-products-for-children.html

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hhs.gov%2Fpressroom%2Ffda-to-remove-ingestible-fluoride-drug-products-forchildren.html&data=05%7C02%7Cwsboh%40sboh.wa.gov%7Cc0c88974f2f243a1462608dd9fab243c%7C1

Derek Kemppainen

360-975-2011

From: Victoria Ferrer Sent: 5/30/2025 11:57:05 AM To: DOH WSBOH Cc: Subject: Citizen comment on agenda item for June 4th, 2025

External Email

Hello,

I am a city councilor speaking as a citizen today. I urge you to please reconsider supporting community water fluoridation.

Your job is not solely to improve the oral health of Washington residents, but to protect our overall health.

I never had a problem with fluoride until recently when I discovered the negative impacts fluoride has on the body. Although it may be good for the teeth topically it can have negative health effects on the brain, bone, and the microbiome when ingested. I do not know any other medication where it is one-size fits all. Medication guidelines usually provide recommended doses for age or weight. People respond very differently with medications and fluoride should not be an exception to this rule. Some people thankfully are very resistant while others are unfortunately very vulnerable and can suffer from even low exposure.

It was just recently discovered how dangerous PFAS is and the guidelines have been changed to be as close to zero as possible. I ask you to look into your hearts and open your minds to the possibility that fluoride guidelines should change to meet the same guidlines as PFAS.

I have a hard time understanding why we are keeping fluoridated water because there are no other EPA restricted contaminates that are intentionally added to the water. I think fluoride should be an individual choice. Low-income Washington residents can pick it up from their local food banks and the Dollar Tree.

Since fluoride is not essential to the body and is labeled a toxic substance I would ask you to remove it from the water system.

Thank you,

Victoria Ferrer

From: bill teachingsmiles.com Sent: 5/30/2025 8:07:39 AM To: DOH WSBOH Cc: Subject: Fw: Recommended Guidance for Fluoride Panel

*attachments\51969AC19F55457D\_Board Guidance to Panel pdf.pdf* 

External Email

Dear WSBOH,

Sorry if this is a repeated repeat; however, my emails do not seem to be going through.

Please confirm receipt of this email.

Thanks

Bill

From: bill teachingsmiles.com <bill@teachingsmiles.com> Sent: Friday, May 30, 2025 7:46 AM To: Washington State Board of Health <wsboh@public.govdelivery.com> Subject: Fw: Recommended Guidance for Fluoride Panel

Please confirm you have previously received this email and attachement and forwarded to the Board of Health members.

I do not want this as public comment at a meeting but rather communication with the Board.

Thank you,

Bill Osmuson DDS MPH

From: bill teachingsmiles.com Sent: Wednesday, May 28, 2025 3:13 PM To: wsboh@sboh.wa.gov <wsboh@sboh.wa.gov> Subject: Recommended Guidance for Fluoride Panel

Dear Board of Health Members,

I sent the attached last weekend and have not heard back confirmation it was received. If it was received, please delete this copy.

Thank you, Bill Osmunson DDS MPH Dear Washington State Board of Health,

WSBH May 26, 2025

#### RE: Recommending Further Guidance for the Fluoridation Panel

I am a non-voting observer to the Fluoridation Panel (Panel).

On the surface, the charge to the panel is reasonable, although incomplete. The charge in part is to ". . . *listen, learn, and develop our own way to consider all relevant science*. . . ."

The science on fluoridation is enormous, with many streams of evidence. Compiling all relevant science in a few meetings over a few months is unrealistic. More specific guidance would be valuable. For the last five months, the Panel has heard evidence of developmental neurotoxicity as reported by the National Toxicology Program and the US Court under Judge Chen. Proponents and opponents of fluoridation have presented some limited evidence.

Panel members are good people, educated and experts in their specialties, who have been asked to make judgments on complex scientific issues outside of their education, expertise and experience. For most, the science is jarringly contrary to their education, employment, and understanding.

Some Panel members are clearly having problems and would do well to be given further coaching and guidance by the Board. The Panel has serious problems with judgment on the science and bias from deep, visceral belief with decades of claims of "safe and effective". Their education and many years of promoting fluoridation do not permit a rapid and objective, neutral, clear evaluation and judgment. A paradigm shift for them is not unlike asking the Pope to evaluate the scientific validity of the virgin birth.

#### I. JUDGMENT OF A SCIENTIFIC STUDY VERSUS A PUBLIC HEALTH POLICY.

In a court of law, jury members will be picked who are neutral and the judge will give directions to the jury. Panel members in this case were not selected because they are or were neutral or fresh to the topic nor for their research experience.

Perhaps the selection of Panel members was noble, but the choice of members for the Panel did not include scientific experts with degrees in basic sciences such as pharmacology, chemistry, physiology, research evaluation and ethics, but largely due to their employment in public health and at the Department. If we consciously or unconsciously select members of a committee who have long-held opinions on a topic and their financial and employment relationship involved, the conclusion has been virtually preordained. It took me several years and a couple of thousand hours of study before I was comfortable speaking up with caution on fluoridation, and several thousand more hours before the science convinced me that many are being harmed with too much fluoride. The paradigm shift for me was very difficult. And I maybe one of the only people attending who are not receiving any remuneration for their involvement. I am giving my time because my past promotion of fluoridation harmed so many, guilt.

A judge in court will give guidance to a jury. The Board has given guidance to this Panel; however, more precise guidance would facilitate the decision-making process.

For example, to what degree of confidence in the science does the Board recommend the panel use. For example, harm proven with absolute certainty? Or 100% confident in safety, dispelling doubt that the water is safe to drink for 100% of those in Washington State? In addition, what aspects of the science, ethics, risks, and laws should be reviewed? A few suggestions are submitted at the end.

1. **The Board would be wise to consider Susser**, in "Causal Thinking in Health Sciences," Oxford Press, 1983,

"Our many errors show that the practice of causal inference. . . remains an art. Although to assist us, we have acquired analytic techniques, statistical methods and conventions, and logical criteria, ultimately the conclusions we reach are a matter of judgment."

In other words, the over-simplistic mantra of claims of "science-based" requires the art of judgment. Judgment is not simple arithmetic where we add up a couple of numbers. The more educated a person becomes in their specialty, the less dogmatic they often become with the empirical evidence.

Public Health policy judgment is more complex than any other judgment in health care. All specialties, including basic sciences, ethics, laws, marketing, money, toxicology, pharmacology, chemistry, dentistry, medicine, epidemiology, history and more, need to be included. Public health policy evaluation requires a "global" view of nature, each human, and species, without limitation. In addition, most of nature is still unknown, and public health policy must acknowledge our possible serious limitations and errors in scientific understanding.

In part, these unknowns are precisely why the Legislature requires judgment with absolute confidence, dispensing any doubt the water is safe to drink. Is safety for the statistical mean? Or 90th percentile? Or 99th percentile? Or 100% of the public?

2. All substances have potential risk. To what level of confidence of risk does the Board expect the Panel to make a judgment? Absolute certainty of safety or absolute certainty of harm or something in the middle?

a. Malpractice requires a confidence of harm greater than 50/50. In other words, if you are a juror in a public health malpractice case, you need to have confidence of greater than 50/50 that the fluoride caused harm to the person or people. The Surgeon General of Florida has determined fluoridation is Public Health malpractice. He has greater than 50/50 confidence that fluoridation is causing harm.

b. Criminal action requires judgment to the preponderance of the evidence of harm. The EPA scientists find fluoridation borders on a criminal act, more confident than 50/50.

c. Assuring, confidently dispelling doubt of safety as required by RCW, requires judgment from the other end of the harm/safety spectrum, absolute certainty of safety.<sup>1</sup> At what level of confidence does the Board want the Panel to make the judgment?

Public Health Policy Judgment requires pulling many streams of evidence together to consider. In contrast, a research study attempts to isolate and test a single variable. Judgment of a scientific study is different than judgment of a public health intervention. A researcher may focus on the details of a specific study, which is valid and important.

Judgment of public health policy on the other hand, should be made based on all streams of evidence from basic sciences of chemistry, physiology, and toxicology; to individual studies on all cells, systems and organs of the body; each individual's health, age, genetics; each person's total toxic burden of all synergistic toxins; a margin of safety; authorized regulatory agency (FDA) approval including state and Federal laws; readily available options; lack of current significant efficacy; lack of dosage control, cost benefit risk assessment; and the removal of individual consent. A monumental task.

For example, we can do research on the effects of tobacco on stained fingers compared to an auto mechanic's stained fingers, and perhaps mistakenly conclude that tobacco is safe because the stains from both are similar. However, judgment on tobacco policy safety requires considering all streams of evidence on tobacco smoking, not just stained fingers. The panel has in effect, looked at just a few streams of evidence and not seriously considered alternatives.

The National Academy of Science was charged with evaluating EPA's MCLG for fluoride in 2006 to "absolute certainty of harm" rather than certainty of safety. And with absolute certainty, the conclusion was the EPA's MCLG is not protective.

The National Toxicology Program gave fluoride the second-highest confidence rating of harm.

<sup>&</sup>lt;sup>1</sup> RCW 43.20.050 (2)(a) The Board of Health is to "Adopt rules necessary to **assure safe** . . . drinking water,"

The Court was only required by law to achieve confidence of "presumed" and concluded with detail that fluoridation is a presumed risk.

b. For fluoridation, there are arguably more than 30+ serious health risks (laws, ethics, regulatory agencies, etc) that need to be reviewed to "consider all relevant science, of risks and one possible benefit" to positively assure the public the water is safe from each risk. The panel has considered a moderate amount of science of fluoride's effect on lowering IQ, and fluoride's effect on dental caries. At least 95+% of "all relevant science" on fluoridation has not been considered by the Panel. The Panel has apparently finished their review and is attempting a conclusion based on an incomplete review of the science and holds serious bias.

If the Board actually means "all the relevant science," then the Board needs to confirm to the panel, "all the relevant science" and not just some of the science.

c. Geoffrey Rose in "Strategy for Preventive Medicine" page 148:

"The situation is basically different where individuals have no choice to reject a preventive measure. They can buy toothpaste with or without added fluoride, but if fluoride is added to the drinking water, they can hardly avoid imbibing it. . . We should expect a higher level of scientific evidence and popular acceptability for measures such as (fluoridation) which are imposed and not chosen by the recipients."

d. Several panel members continue to protect fluoridation, giving fluoridation the benefit of the doubt. Some Panel members are confused incorrectly suggesting that 1.5 ppm concentration of fluoride in water maybe harmful, but fluoridation at 0.7 ppm is less than half and is thus safe. Basic dosage is not understood.

 Dosage versus concentration: The fluoride added to water is a concentration in water of about 0.7 milligrams per liter. However, concentration is not a dosage of milligrams per kilogram of body weight.

- Not everyone drinks the same amount of water. The statistical mean is about 1 liter of water a day; however, not everyone drinks the mean. Some drink bottled water and some drink over 10 times the mean and thus get 10 times the dosage of the statistical mean.
- Not everyone ingests the same amount of fluoride from other sources. Some are on fluoride medications or swallow fluoride toothpaste or eat foods high in fluoride.
- Not everyone is the same size or same age. The developing fetus is highly sensitive to toxins and infants on formula made with fluoridated water are at high risk due to high dosages.
- Not everyone ingests the same amount of other toxins. Synergistic effects with other toxins are a serious risk.

- Not everyone has the same genetics. Variants in genetics can increase harm 30 fold. In other words, a 2 IQ loss for some could be 60 IQ loss for those with genetic variants.
- Some members do not understand the difference between relative and absolute percentages.

Absolute change has the same units as the original quantity. For example, 20 baby teeth with 5 fewer cavities is 25% reduction in dental caries.

Relative change gives a percent change. For example, reducing 1 cavity by 25% is 0.25 fewer cavities.

Therefore, a 5-cavity reduction and an 0.25-cavity reduction can both be expressed as a 25% reduction when in fact they are 20 times different. The fluoridation lobby, such as the American Dental Association representative, wants to put fluoridation in the best light and used a relative 25%. Scientists, such as the Cochrane Review used an absolute percentage of 3 to 4%. The same quarter of a tooth expressed with two different percentages.

What is my point? Judgment on 25% caries reduction is quite different than a 0% to 4% reduction of dental caries as presented in the more recent research. A Panel member may think fluoridation has no benefit, maybe slight 4% benefit. Or the panel member can think 25% is a highly significant reduction in dental caries.

And further, dental caries is a "moving target" affected by many variables. Historical evidence on benefit does indicate a benefit from fluoride ingestion; however, evidence over the last 15 years does not show consistent significant benefit ofrom fluoride ingestion and reports significant risk and harm.

And panel members need to keep in mind at the same time, not everyone is in the mean or average. Some individuals may have significant caries reduction while most everyone has no benefit. And the same concept for harm. Some may have serious harm while many are not harmed and the statistical mean may not be large.

The question must be answered, what is the acceptable level of harm? Can we accept possibly preventing some dental caries while sacrificing some intelligence? Teeth versus brains? Some panel members appear to be struggling with judgment on whether 25% caries reduction firmly held understanding versus an alleged 2 IQ loss.

A comparison must consider both benefit and risk after 80 years of fluoridation have only lower "observational studies" and no high quality randomized controlled trials of benefit or safety studies of risks.

#### 3. BIAS: Some panel members are stuck in history.

Every person and every study has bias and limitations. Our past education, although essential, is the best our teachers knew. However, we must not camp on

history because science, our understanding of nature, is not stagnant. If we know it all, research would not be necessary.

For example, my mentor in school advised me that "50% of what they were teaching was wrong. The problem was that they didn't know which 50%. Our mission is to not only discover the new, but to discover what we are doing which is wrong.

And it is extremely important that we provide a margin of safety for the most vulnerable.

In my Public Health training, I was firmly instructed that it was not my part of my job as a public health expert to judge science or policy. We were instructed that we did not have the training or skills to judge the science; we were to promote policy. Even if our boss told us to promote tobacco smoking, we were to obey.

And yet, the Board is expecting the promoters of fluoridation, public health employees who have promoted fluoridation all their professional lives as safe and effective, to develop skills they may not have to make a judgment on a highly complex and controversial policy. Their decision may cause them serious professional harm.

Most panel members were trained that fluoridation is "safe and effective." Over their professional lives, they have constantly repeated to others in education their understanding of "safe and effective."

Some Panel members trust continuing education, colleagues, dentists, and physicians who repeat the marketing that fluoridation is "safe and effective." Funding for their programs in promoting fluoridation has further reinforced their understanding. Any information to the contrary is instinctively rejected or minimized. The natural thought is to think, "How could all their trusted authorities be wrong?" The thought that they have been wrong and millions harmed cannot be seriously entertained. Bias is blindingly powerful.

The Board has put the Panel members in a very difficult challenging position, expecting the Panel members to be objective jurors. The panel is like a judge selecting a jury of the relatives of the accused to judge the accused.

#### Department of Health Bias.

One of the panel members has stated to the public on the Department's web site,<sup>2</sup> "DOH is aware of the newly released NTP. . . We are also aware of the recent federal district court ruling. . . ." "Evidence shows that community water fluoridation at

<sup>&</sup>lt;sup>2</sup> https://doh.wa.gov/sites/default/files/2024-11/

NationalToxicologyProgramMonographEnvironmentalProtectionAgencyRulingResponseDOH.p df

optimal levels prevents tooth decay and promotes oral health in children and adults. . . . Community water fluoridation (CWF) is safe and effective ....."

Regardless of the evidence, fluoridation in their judgment, is safe and effective. Did the Department provide safety studies to refute the NTP or the Court? No, because there are none. After 80 years of fluoridation and not a single safety study of fluoride's effect on the developing brain, no FDA approval, no individual patient consent, not a single randomized controlled trial, which are required for FDA approval, and panel members keep repeating the same flaws.

The obvious bias in support of policy is extremely difficult if not impossible to overcome. The National Toxicology Program, the highest toxic substance experts in the nation, and the US Court clearly do not assure the public the water is safe for everyone to drink. Some Panel members are relying on the fluoridation lobby rather as the highest authority.

When asked under oath, what is the safe level of fluoride verses the toxic level of fluoride, neither the EPA, CDC, FDA, nor three of the largest fluoride raw product manufacturers could provide a single study.<sup>3</sup> Neither has the Board, Department, or Panel provided studies on the safe versus toxic doses of fluoride.

Research science, as you well know, is a process. Fluoridation is a good example for testing risk. We first start with animals on high doses to test for harm. Then we lower the dose to see what the lowest dose is that causes harm, focusing the research on perhaps race or age or genetics where harm was discovered. Then we look at humans on high doses, in this case naturally occurring fluoride, and see if they are harmed. Then we progress to ever lower doses to find the lowest dose which is causing harm such as fluoridation at 07 ppm.

All research will not be exactly consistent. Researchers understand that a study not coming to the same conclusion can be very important, but lack of finding harm is not proof of safety. However, some Panel members incorrectly think a study not reporting harm is a safety study.

Some Panel members are looking at early studies of higher concentrations rather than more recent studies at 0.7 ppm, fluoridation.

Critically evaluating research is important. If a study on fluoride compares two cancers, we must understand that neither cancer is desirable. Just because no significant difference occurred in the study does not prove fluoride ingestion is safe. And a study that compares two sources of fluoride such as water or pills does not prove fluoride is safe.

<sup>&</sup>lt;sup>3</sup> https://fluoridealert.org/content/u-s-regulatory-agencies-dont-know-safe-vs-toxic-level-of-fluoride-2

We must also have a **margin of safety.** For example, a study took 300 mice and divided them into 3 groups of 100 each. The first 100 mice were given a dose of toxin "A" until the first mouse died (LD1). A second group of 100 mice was given a dose of toxin "B" until the first mouse in this second group died (LD1). The third group of 100 mice was given the LD1 of both toxin "A" and toxin "B." How many died?

When I first heard the study, I guessed it would be more than 2, maybe 10 mice died. I was wrong. The synergistic effects are exponential and we have many thousands of toxins that the NTP says have never been tested, CDC suggests 60% of Americans have one or more chronic diseases. Our knee jerk reaction is when we observe a disease is to develop a drug to treat the disease and make some money rather than prevent the disease by removing the cause. Removing the cause lacks financial gain for the drug manufacturer.

No wonder we have serious chronic diseases when we are giving people thousands of toxins that are not tested and we know that just two toxins at the LD1 dose for each toxin killed all 100 mice. Toxins can be synergistic and build on each other for a much more serious outcome. Research almost never studies multiple toxins at the same time. Safety cannot be assured when we have such limited evidence.

Unfortunately, some panel members are back at the early research that evaluated high doses to humans, rather than the current studies that used 0.7 ppm fluoride concentrations in water. The members are listening to the fluoridation lobby profiting from fluoride rather than reading the current research.

Before some suggested recommendations, we need to think through some of the science and regulatory authorities.

Most developed countries, regulatory authorities, have rejected fluoridation:

Austria REJECTED: "toxic fluorides" NOT added

<u>Belgium</u> REJECTED: encourages self-determination – those who want fluoride should get it themselves.

<u>Finland</u> STOPPED: "...do not favor or recommend fluoridation of drinking water. There are better ways of providing the fluoride." A recent study found ...<u>"no indication of an increasing trend of caries...."</u>

<u>Germany</u> STOPPED: A recent study found <u>no evidence of an increasing trend of caries</u> <u>Denmark</u> REJECTED: "...toxic fluorides have never been added to the public water supplies in Denmark."

Norway REJECTED: "...drinking water should not be fluoridated"

Sweden BANNED: "not allowed". No safety data available!

<u>Netherlands</u> REJECTED: Inevitably, whenever there is a court decision against fluoridation, the dental lobby pushes to have the judgment overturned on a technicality or they try to get the laws changed to legalize it. Their tactics didn't work in the vast majority of Europe.

<u>Hungary</u> STOPPED: for technical reasons in the '60s. However, despite technological advances, Hungary remains unfluoridated.

Japan REJECTED: "...may cause health problems...." The 0.8 -1.5 mg regulated level is for calcium-fluoride, not the hazardous waste by-product which is added with artificial fluoridation.

<u>Israel</u> SUSPENDED mandatory fluoridation until the issue is reexamined from all aspects.: June 21, 2006 "The labor, welfare and health Knesset committee" Maybe increase in costs?

<u>China</u> BANNED: "not allowed" British Columbia, Most of Canada--stopped

Over 150 cities in the USA—stopped or after review, rejected.

Growing number in Washington State have rejected or stopped fluoridation, Utah BANNED

Florida BANNED

Do those regulatory authorities raise any doubt on the safety of the fluoridated water? Yes. Those regulatory agencies cannot assure the fluoridated water is safe to drink and have put safety and freedom of choice as most important.

Compare those decision makers, regulatory authorities, versus endorsements by many organizations in the USA. Remember, endorsements are marketing and do not have "skin" in the decision. Regulatory authorities, decision makers have serious responsibility. However, like Pontius Pilot, authorities attempt to wash their hands of the harm by saying that they do not add the fluoride to the water, they just advise.

Do endorsements remove the doubt raised by the regulatory authorities? No. The Board cannot assure safety of the fluoridated water.

Consider additional evidence:

HHS RFK Jr and FDA Makarey are opposed to Fluoridation Florida Surgeon General: CWF is "Public Health Malpractice" EPA Scientists: CWF "Boarders on Criminal Act" FDA "Do Not Swallow" the same dose as an 11 oz glass of CWF FDA warned WSBH: CWF would be Banned if NDA is attempted FDA: CWF is an Unapproved drug and therefore an illegal drug WA Board of Pharmacy determined fluoride is a "Legend Drug" FDA, EPA, CDC & 3 F MFG Not one safety study Fed Court: determined CWF is an "Unreasonable Risk" NTP Moderate Confidence of lower IQ CWF is ≈70 to175 times the dosage of Mom's milk Cochrane (2024) Possibility of benefit or no benefit Dosage for Benefit—Unknown No randomized controlled trials of fluoride benefit, the "gold standard" of guality" research Freedom for patient consent—police powers

Do any of those raise doubt, just a bit of doubt on the safety? The Board is to dispel doubt that the water is safe to drink. In contrast, many organizations endorse fluoridation but they are trusting each other rather than carefully reviewing science.

The National Research Council in 2006 did not dispel doubt in the safety of fluoridation advising the EPA of harm and risks, including:

»cell function (mitochondria),

- v teeth, skeleton, arthritis,
- » chondrocyte metabolism,
- » reproductive and developmental effects,
- v neurotoxicity, neurobehavioral effects,
- » endocrine system,
- » thyroid,
- » gastrointestinal,
- » renal, hepatic, and immune systems,
- » genotoxicity, and carcinogenicity.

In 2025, this year, Chauhan<sup>4</sup> published review did not dispel doubt on the safety of fluoridation, that fluoride toxicity included,

» "oxidative stress, upregulates hormonal mechanisms, causing hormonal disruption. . . bone deformity . . . dental fluorosis, Skeletal fluorosis . . . bone and joint abnormalities. . . hampers ATP formation . . . alters metabolic and reproductive hormones, . . . . impaired spermatogenesis, . . . reduced sperm quality, and infertility. . . liver damage. . . genetic damage to DNA, IQ deficits, and increased risk of developmental abnormalities. Neurological impacts involve structural changes in the brain, memory issues, and neuronal loss. . . affects cellular organelles, inducing oxidative stress, apoptosis, and disrupting hormonal balance . . .transcription factors, and protein synthesis. It alters different genes implicated in bone metabolism, hormone signaling, and immune function, which leads to harmful impacts of fluoride on human health."

To assure the water is safe to drink, the Panel must address all risks and determine the safe dose and toxic dose of each of those risks. The panel has just begun.

Instead of assuring the public the water is safe to drink, the Panel may default to EPA's MCL for fluoride of 4 ppm as safe. The city of Vancouver, WA, responded they are following the Department's advice. Some on the Panel want to follow the EPA advice. Everyone points the jurisdictional finger at everyone else. The EPA points to the FDA.

#### RCW <u>70A.125.080</u> »Drinking water program.

<sup>&</sup>lt;sup>4</sup> <u>https://link.springer.com/chapter/10.1007/978-3-031-77247-4\_5</u>

»(1) The department shall administer a drinking water program which includes, but is not limited to, those program elements necessary to assume primary enforcement responsibility for . . . the federal Safe Drinking Water Act.

The Safe Drinking Water Act is clear: "No national primary drinking water regulation may require the addition of any substance for preventive health care purposes unrelated to contamination of drinking water. 42 USC 300g-1(b)(11)

In an FOI, I asked the EPA what their understanding of the SDWA was on fluoridation and EPA responded, *"the Act prohibits the deliberate addition of any substance to drinking water for health-related purposes other than the disinfection of the water."*<sup>5</sup>

Attorney Gerald Steel asked the EPA what agency was in charge of the fluoride added to public water with intent to prevent dental caries. The EPA water law office responded, "the FDA."

Can the FDA assure fluoridated water is safe to drink? No. Congress charges one Federal Agency to make JUDGMENT ON BENEFIT and safety of a substance marketed with "intent" to prevent, cure, or mitigate disease in humans.

»The Agency has ≈12 decades of experience. (since 1906) »The Agency has rules, guidelines, \$finances\$, and experts in all specialties to make a judgment of effective dosage, safe at that dosage, label with warning and GMP.

When the Board attempted to gain FDA CDER approval, the FDA warned the WSBH that if you tried, fluoridation would be banned. Although the FDA makes mistakes, no rational person would have all their doubts dispelled on the safety of fluoridation if the FDA would ban the drug.

And the FDA warns not to swallow 0.25 mg of fluoride, the same amount, dosage, of fluoride as is in one 11-ounce glass of fluoridated water. The FDA cannot assure the public fluoridation is safe and neither can the Washington Board of Health or Panel.

A quick review of some of the evidence the panel has reviewed:

»1. CWF takes away freedom of individual choice for a not highly lethal disease. Dental caries requires bacteria, bad diet, a tooth, (Oral Hygiene and Genes).

- »2. CWF product is a Contaminated Waste Product
- »3. Concentration is not Dosage.
- »4. CWF is about half an individual's total fluoride exposure
- »5. Fetus, Infants, and Children are Most at Risk of Harm
- »6. Statistical Mean does not protect everyone.

<sup>&</sup>lt;sup>5</sup> FOIA Request HQ-FOI-01418-10

- »7. EPA Regulates Fluoride as an Endemic Contaminant
- »8. FDA Regulates Fluoride as a Drug

»9. Weight of evidence must include all risks and known harm.

»10. Public Health Malpractice v. Criminal Act v. Dispelling any Doubt

»11. Dental fluorosis is not disputed. The dispute is over whether cosmetic harm is harm or just an "side effect," and whether if someone only ingested fluoridated water and no other fluoride from any other source, which is impossible, would the person get dental fluorosis? And how much functional (structural) damage is caused by dental fluorosis.

If only dental fluorosis were considered, the Board could not assure the public fluoridated water is safe to drink.

The Washington State Board of Pharmacy did not disagree that fluoride is a poison as determined by RCW 69 38 010, along side Arsenic, Strychnine and Cyanide but was exempt as a Legend drug requiring a doctor's prescription.

And yet, in spite of overwhelming evidence, the Panel cannot assure, dispel doubt, the water is safe to drink. Yet, the Panel is struggling with judgment and the Board could help.

#### MY RECOMMENDATIONS:

The Board should provide the panel with guidance such as:

a. Which laws should the panel consider for primacy? Be specific and tell the Panel to determine safety with assurance, confidently, dispelling any doubt the water is safe to drink for 100% of the public.

The Board should instruct the Panel members to determine whether the addition of fluoride to public water is safe to drink for humans of all ages, genders, races, genetic variants and health status. To assure the water is safe requires confidence the water will not harm anyone. If the Board chooses safety for 99% of the public, then the Board is accepting harm for about 40,000 people in Washington State. A higher confidence of 100% should be chosen by the Board. What level of confidence in safety should each member have? If anything other than 100% of the people are protected from harm, a label must be included to protect high-risk individuals.

In brief, what percentage of the population must be protected?

b. Narrow the scope of the Panel by instructing them to only consider the addition of fluoride to public water, for now. Endemic fluoride is somewhat different and once safety of the addition of fluoride is determined, the panel can then discuss and determine naturally occurring fluoride. Take one step at a time.

c. The Board should instruct the Panel to provide a safety factor similar to the Court, which provided a safety factor of 10 plus 3. In other words, if the panel

determines fluoride in water is safe at 1.5 ppm, a safety factor of 10 would be 0.15 ppm fluoride in water would be chosen as safe to protect high-risk individuals. Would fluoridation at 0.15 ppm be safe for the fetus, infants and everyone?

d. The determination of safety is irrespective of possible benefit or cost benefit/risk. Safety, is a stand alone requirement of the Legislature. RCW does not require the Board to determine benefit of fluoridation. The Board must focus on safety and ensure safety.

The Food and Drug Administration (FDA CDER) is tasked with determining the benefit of drugs. None of the Panel members appear to have the qualifications, policies, procedures like the FDA CDER to determine the efficacy, dosage, and label of any drug.

e. In the unlikely and unforeseeable event that the panel determines fluoridated water is safe to drink, the Board should instruct the panel to develop a label, similar to an FDA CDER label.<sup>6</sup> There are many videos on drug labels which can be helpful. However, it is the FDA CDER who approve the label for drugs.

A label should include aspects such as:

This label and drug are not approved by the Food and Drug Administration Center for Drug Evaluation and Research.

Name of the Drug Indications for Use (What is the Drug used for) Dosage and Administration Dosage and Strength Contraindications Warnings and Precautions Adverse Reaction Assay of purity for each batch of product purchased Good Manufacturing Practices for the drug.

The Board should be commended for working on protecting the public from harm. We in public health have gone through some hard knocks over COVID, vaccines, chronic diseases, and more. Fluoridation is also highly controversial in part because we use police powers to medicate everyone with an unapproved illegal drug. We must be clear when communicating the scientific basis for our decisions with making public safety our primary goal.

<sup>&</sup>lt;sup>6</sup> The **FDA-approved drug labeling** is the primary tool for communicating essential information regarding the safe and effective use of a drug product<sup>4</sup>. It includes all labels and other written, printed, or graphic matters upon any article (or its containers or wrappers) or accompanying the article<sup>5</sup>.

If in doubt, keep it out.

Sincerely,

Bill Osmunson DDS MPH

From: bill teachingsmiles.com Sent: 5/12/2025 9:26:03 AM To: DOH WSBOH,Johnson, Laura W (DOH) Subject: Lack of Fluoridation Benefit

attachments\52046C31BD304228\_image001.png attachments\61B15DBBF9024572\_CDC 25% refuted one-pager FAN 4-30-25 PDF.pdf

External Email

Washington State Board of Health and Panel Members,

Please provide the attached simple one page statement we have put together on the concerns with the CDC's claim of fluoridation's 25% caries reduction benefit to the Board of Health members and the Department of Health's Panel members.

Thank you,

Bill

From: Johnson, Laura W (DOH) <Laura.Johnson@DOH.WA.GOV> Sent: Tuesday, April 8, 2025 5:09 PM To: bill teachingsmiles.com <bill@teachingsmiles.com> Cc: Jenks, Lauren (DOH) <Lauren.Jenks@DOH.WA.GOV> Subject: Thank you

Dear Dr. Osmunson,

Thank you for the time you took to be with the Fluoride Science Review panel today. We appreciated the insights and expertise you shared. We look forward to considering the information you shared today and in the pre-recorded presentation as the panel develops recommendations for the State Board of Health's consideration.

Best regards,

Laura

Laura Johnson

Gender Pronouns: she/her

Office Director

**Environmental Public Health Sciences** 

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Washington State Department of Health

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<a href="https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=05%7">https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.doh.wa.gov%2F&data=05%7</a>

<a href="https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%">https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FNewsroom%</a>

# The CDC's claim that fluoridation reduces cavities by 25% in children and adults is incorrect

Summary: The CDC's claim of 25% reduction in cavities is based on outdated, low-quality studies and ignores the most recent, highest-quality studies that show fluoridation no longer reduces cavities by more than a tiny amount, if at all.

The CDC <u>declares</u> water fluoridation **"reduces cavities by about 25% in both children and adults."** This is accepted without question by most media and virtually all organizations promoting fluoridation, led by the American Dental Association and the American Academy of Pediatrics. But **this statement is erroneous.** It is based on *just two outdated references*.

Children	Adults
The CDC's sole reference is an outdated 2015 Cochrane	The CDC's sole reference is a 2007 study by Griffin et al., a
Collaboration <u>review</u> which said there was a 26% reduction	meta-analysis of <b>nine</b> studies, each comparing cavity rates
in decayed teeth. But CDC omits the report's major caveats:	in high fluoride versus low fluoride areas. It reported:
"These results are based predominantly on old studies	"The prevented fraction for water fluoridation was 27%."
and may not be applicable today."	<i>The Full Truth:</i> The CDC omitted this about Griffin (2007):
"The majority of studies (71%) were conducted prior	• Its studies were done in 1962-1992: 33 to 63 years ago.
to 1975 and the widespread introduction of the use of	• All had fluoridated water at levels above the current 0.7
fluoride toothpaste over 97% of the 155	mg/L; mostly 1.0 to 1.5 mg/L and one as high as 3.5 mg/L
(fluoridation) studies were at a high risk of bias, which	– making them irrelevant for measuring effectiveness at
reduces the overall quality of the results."	today's level.
The CDC fails to mention a 2024 update to the Cochrane	• Eight were low quality cross-sectional design and only
review. The update analyzed 21 higher quality studies	one was a higher quality prospective design.
<i>conducted after 1975,</i> and found fluoridation reduces cavities by just <b>3%-4%, only 1 decayed tooth per 4 children.</b>	• Only one was blinded, so the dental examiners didn't
This meager benefit was not statistically significant and	know who had fluoridated water. The eight others had a
includes the possibility of <b>zero benefit.</b>	high risk of researcher bias favoring fluoridation.
Consistent with the Cochrane 2024 findings, World Health	The updated Cochrane 2024 review didn't find a single
Organization data comparing cavity rates for children in	study in adults that met even their lowest quality criteria.
fluoridated versus non-fluoridated nations shows <b>no</b>	
difference whatsoever in the past 20 years:	The CDC also fails to mention the 2024 LOTUS study. It's the
FLUORIDATION STATUS	largest, most statistically powerful study ever done, analyzing 6.4 million people in the UK's National Health
	Service. It found only a miniscule 2% lower cavity rate in
1     7     •     •       2     •     •     •       1     •     •     •	permanent teeth of adolescents and adults drinking
Lise 6	fluoridated water, which amounts to only 1/5 <sup>th</sup> of a cavity
	per person from living 10 years in a fluoridated area. The
Classical and the second	study described this as an "exceedingly small" difference.
1 LL G G 3 Breach	Furthermore, the economic "here fit" we have the set
	Furthermore, the economic "benefit" was less than the cost of a coffee a year, even when no capital or financing costs
packered) 1	of fluoridation were considered. When those are included,
······································	fluoridation represents a net loss of money.
1975 1980 1985 1990 1995 2000 2005 2010 2015 2020 2025 Year	
	Document produced by <u>Fluoride Action Network</u> 4-30-25

The newest studies show fluoridation no longer provides any meaningful reduction in cavities

From: bill teachingsmiles.com Sent: 5/30/2025 7:43:58 AM To: DOH WSBOH Cc: Subject: Public comment for June 4, 2025

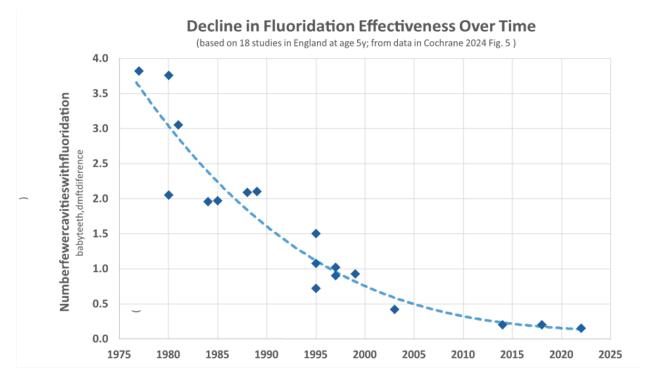
attachments\10D7514EA1D1497F\_Graphs 5 25 BOH.pdf

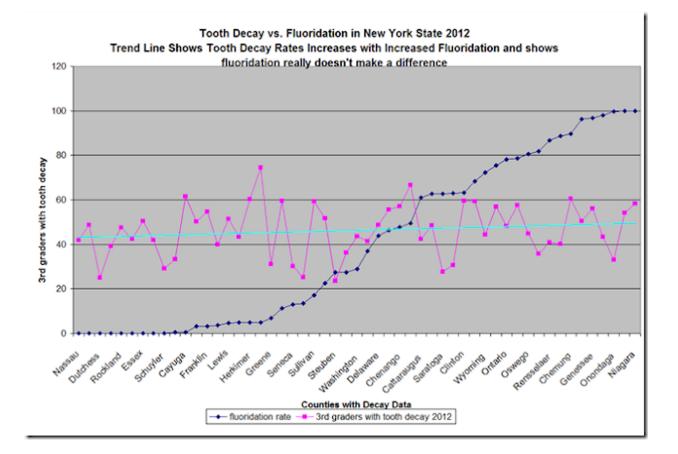
External Email

Attached are three charts and one picture for public comment at the Board of Health Meeting of June 4, 2025.

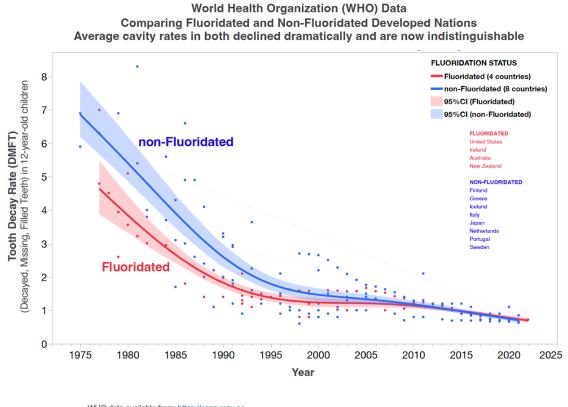
Thank you,

Bill Osmunson DDS MPH









WHO data available from: <u>https://capp.mau.se</u>
 The fluoridated nations have at least 60% of their populations with artificially fluoridated water while non-fluoridated nations have 0%.

Non-fluoridated nations do not have significant sales of fluoridated salt.
 Non-fluoridated nations in the world have no artificial fluoridated salt.

# WASHINGTON STATE

### HEALTH PROMOTION COMMITTEE SPECIAL MEETING SUMMARY NOTES

What: Health Promotion (HP) Committee

When: May 1, 2025

**Attending:** Board of Health (Board) Members: Patty Hayes, Kelly Oshiro, and Mindy Flores; Board staff: Michelle Davis, Molly Dinardo, Andrew Kamali, Nina Helpling, Mary Baechler, Hannah Haag, Ash Noble, Michelle Larson, and Anna Burns; Department of Health (Department) staff; and approximately four members of the public also attended the meeting.

#### **Summary Notes:**

#### **Rulemaking and Other Project Updates**

- Molly Dinardo, Board staff, provided updates on four active health promotionrelated rulemaking projects concerning newborn screening, vital statistics, auditory screening, and notifiable conditions.
- Molly then gave an overview of Engrossed Substitute House Bill (ESHB) 1946, which clarifies Tribal membership on local boards of health. The bill is pending the Governor's signature. Once enacted, the Board must amend its local board composition rules within a year of the effective date.
- Patty Hayes, Board Chair, raised concerns about federal funding changes, Health and Human Services (HHS) restructuring, and impacts on newborn screening, specifically regarding the Recommended Uniform Screening Panel (RUSP). Chair Hayes stressed the need for clear communication between the Board and the Department of Health.
- Molly reported that newborn screening partners confirmed that the HHS Secretary can still receive condition nominations. However, the criteria for adding nominated conditions to the RUSP remain unclear. Board staff are considering revisiting the qualifying assumption in the Board's newborn screening process and criteria document to allow greater flexibility.
- Megan McCrillis, Department staff, suggested highlighting that the petition pathway still exists for parents and families to use to have conditions considered on the Washington newborn screening panel.
- Chair Hayes proposed discussing this at the August Board meeting and suggested updating the Board's website to inform the public about ongoing federal changes. Member Hayes emphasized the importance of transparency and ensuring the Board remains a trusted source alongside the Department of Health (Department).

Page 2 Health Promotion Committee Special Meeting Summary Notes

 Molly also shared that the National Academies of Sciences, Engineering, and Medicine (NASEM) released a new report: "Newborn Screening: Current Landscape and Future Directions." It recommends strengthening newborn screening programs, improving national coordination, and building on what works well. The report's findings and recommendations were completed before recent federal health agency leadership and staffing changes. However, it still serves as a valuable blueprint for newborn screening efforts' current state and future direction.

#### Preview June and August Board Meetings

- Board staff provided an overview of health promotion-related items expected to be discussed at the June and August Board meetings.
- Andrew Kamali, Board staff, shared that the June meeting will include two School Rule Project (SRP) related items: a public hearing to repeal Chapter 246-366A, and presentation of the final SRP report for Board approval.
- Molly Dinardo, Board staff, outlined the upcoming newborn screening agenda items. In June, Kelly Kramer, Board staff, will present the legislative report on the technical advisory committee (TAC) review of branched chain ketoacid dehydrogenase kinase deficiency (BCKDKD) for Board approval. The final report is due to the Legislature by June 30, 2025.
- Molly added that the Board and the Department will convene a TAC for Wilson's disease in mid-June, with its recommendations expected to be reviewed at the August Board meeting.
- Molly also noted a possible petition to add Duchenne Muscular Dystrophy to the Washington State newborn screening program.
- Molly concluded by sharing that the June meeting will also include a public hearing on the proposed updates to the Board's school auditory screening rules.

#### 2025 Legislative Session Updates

- Michelle Davis, Board Executive Director, provided an update on the 2025 Legislative Session, noting that the Legislature completed its work on schedule by April 27.
- Executive Director Davis noted that the team was still reviewing the legislative session's outcomes and would send a more comprehensive update to Board Members in the coming weeks.
- Executive Director Davis provided updates on the key legislation that the Board monitored this session, and that were signed into law, including: House Bill (HB) 1531 Preserving the ability of public officials to address communicable diseases, HB 1606 Concerning state employee access to peer-reviewed journals, HB 1946 Clarifying Tribal representation on local boards of health, HB 1947 Reducing satellite management agency requirements for simple group B public water systems, Senate Bill (SB) 5163 Modernizing the child fatality statute, and SB 5244 Providing an exemption for women, infants, and children program staff to perform hematological screening tests (aka the "WIC-stick" bill).
- Executive Director Davis also shared an overview of bills that did not pass, including the Governor's Interagency Council on Health Disparities statute

modernization bill, the Department's water recreation bill, and a bill concerning the regulation of microenterprise kitchens, which was reintroduced this session after appearing in previous years.

- Executive Director Davis also reported a significant budget development affecting Foundational Public Health Services (FPHS). A \$5 million reduction is scheduled for the current year, and funds must be clawed back before July 1, 2025.
- Executive Director Davis added that, looking ahead, annual reductions to FPHS over the next biennium are projected to range from \$12 million to \$25 million.
- Chair Hayes inquired about the implications of the Department's water recreation bill on the Board's work. Executive Director Davis responded that updates on the water recreation bill would be addressed at the Environmental Health subcommittee meeting.
- Executive Director Davis also reported that funding for the Governor's Interagency Council on Health Disparities has been decreased and noted that the team is working closely with the Council to manage the impact of these reductions.

#### Federal Public Health Updates

- Meghan Jernigan, Department staff, presented an overview of recent federal public health funding and program changes, including multiple executive orders since January, federal leadership transitions, hiring freezes, funding rescissions, and an ongoing Health and Human Services (HHS) reorganization.
- Meghan also shared how the Department monitors federal developments and responds to their implications for Washington State.
- Chair Hayes requested an update on the status of the 330 grants (community health center grants), noting their importance to local health jurisdictions and the potential impact of any reductions on community health outcomes.
- Meghan agreed to provide information and suggested highlighting this with community health partners.

#### **Discuss Health Promotion Committee Leadership**

• Chair Hayes offered to serve as Health Promotion Committee Chair until the Governor's Office fills open position vacancies and staff can evaluate members' interest in the role.

#### **Committee Member Comments, Questions, and Next Steps**

• Staff concluded by sharing that the next Health Promotion meeting is scheduled for Thursday, September 4, from 2-4 p.m.

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# WASHINGTON STATE

### ENVIRONMENTAL HEALTH COMMITTEE SPECIAL MEETING SUMMARY NOTES

What: Environmental Health (EH) Committee

When: May 8, 2025

**Attending:** Board of Health (Board) Members: Mindy Flores, Paj Nandi; Board staff: Michelle Davis, Ash Noble, Molly Dinardo, Andrew Kamali, Nina Helpling, Mary Baechler, Michelle Larson, Melanie Hisaw, Ashley Bell; Department of Health (Department) staff: Joe Laxon, Mike Means, Katitza Holthaus, Todd Phillips, Sarah Walker, Brad Burnham, Peter Beaton, Will Cox, Mary Lindgren, and approximately 13 members of the public also attended the meeting.

#### **Summary Notes:**

#### **Environmental Health Directors update**

• Item not covered.

#### Same Farm Exemption Update

- Holly Meyers, Director of the Office of Drinking Water (Department), provided an update. The Same Farm policy has not been revised since 1995. The policy update clarifies what small farms must do to be exempt from classification as a Glass A water system and clarifies the distinction between Group A and Group B water systems. The definition of a Group A water system should not permit exceptions. The goal is to align as closely as possible with the federal definition, 40 CFR 141.2, Public Water System. Since 2022, the Department has been collaborating with the EPA regarding land that contains nitrates. The aim is to ensure that everyone has access to safe and reliable drinking water.
- Paj Nandi, Board Member, inquired about the end of the 30-day comment period. Holly responded that it had already concluded in April 2025, with the final policy set to be released to the public next week. Member Nandi asked for any insights. Holly stated that since September, it has been requested that our RCW align with the CFR with them on a questionnaire while managing workload challenges as effectively as possible.

#### **Preview June Board Meeting**

- Per- and Polyfluoroalkyl Substances (PFAS) Exception Rule
  - Mike Means, Department staff, discussed the PFAs Emergency Rule, Exception Rule, and the adoption of the remaining rules. The rule writing process is now complete, and the draft rules are currently out for public comment. The final rule piece is the permanent rule. A public hearing on

(Continued on the next page)

Page 4 Environmental Health Committee Special Meeting Summary Notes

the Exception Rule is scheduled for May 28, with plans to file the CR-102 for the permanent rule in June.

#### • PFAS Emergency Refile

 Ash Noble, Board staff, explained that the federal government passed PFAS standards in June 2024. The first part of those rules went into effect that month, but the final part does not go into effect until 2029. The Board has previously filed emergency rules to ensure that the existing state rules for PFAs don't expire. A previous emergency rule was filed in February 2025 and will expire in June. New dates will be added to the changes. If approved by the Board, the next emergency rule would expire in October so at least one more will be needed.

#### • School Rule Team Updates

- Andrew Kamali, Board staff, shared that the June meeting will include a public hearing to repeal Chapter 246-366A and a final SRP report for Board approval. Only two comments have been received so far, with the public comment period closing May 21. Nina Helpling will lead the hearing with support from Ash Noble. The final report, about 90 pages with a onepage executive summary, will be available by 5 p.m. today and outlines a three-phase approach: planning, partnerships, and compliance.
- Nina Helpling, Board staff, presented the fiscal analysis outlining the implementation costs, including labor hours, wage ranges, construction, trade services, and consumable goods. Nina shared timing, statistics, and noted that site assessments and local health jurisdiction fees for schools would add to costs. The report also broke down implementation costs by phase, with each phase prioritized (e.g. Indoor Air Quality ranked as priority #4).
- Paj Nandi, Board Member, commented on the incredible amount of work of this report and asked what kind of feedback would be most helpful. Andrew talked about wanting Board Members individual expertise and if they see anything that stands out, and for any needed further explanations.

#### **Preview August Board Meeting**

#### • Sanitary Control of Shellfish Rule

 Katitza Holthaus, Department staff, provided updates on the Sanitary Control of Shellfish rulemaking. The Department is currently reviewing formal public comments, developing a cost-benefit analysis, and conducting a small business economic impact survey. The anticipated timeline for this rulemaking is to brief the Board at the August Board meeting, file the CR-102 in September, have an official rule hearing in November, and file the CR-103 at the end of the year.

#### • Water Recreation Rule

Katitza shared that the Department will discuss the Water Recreation rule at the August Board meeting. Since House Bill 1684 did not pass, therapy rule regulations and other updates will not be included in this rulemaking. Page 3 Environmental Health Committee Special Meeting Summary Notes

> The anticipated timeline is to wrap up the Water Recreation technical advisory committee and finalize proposed rule language in July, update the Board in August, and have an informal public comment period in August and September. The goal is to file the CR-102 early next year. The Department anticipates a delayed effective date.

#### • Fluoride Science Panel

- Lauren Jenks, Assistant Secretary of Environmental Public Health (Department), said a report on fluoridation is expected by August, with updated recommendations reflecting current science.
- Paj Nandi, Board Member, discussed introducing the language around risk.
- Lauren responded that the Fluoride Science Review Panel meetings are recorded.

#### • Shellfish Update

 Katitza Holthaus, Department staff, shared the shellfish rulemaking timeline. This includes a briefing to the Board in August and final rule filing by the end of the year.

#### • Outdoor Music Festivals

- Ash Noble, Board staff, shared that they will discuss a review of the Camps and Outdoor Music Festival rules at the August Board meeting. The rules were last updated in 1991. They are compiling lists of dedicated parties and consulted with colleagues at a recent environmental health conference.
- Andrew Kamali, Board staff, noted an increase in outdoor schools using camp facilities and overlapping school and camp rules.
- Mindy Flores, Board Member, asked about the definition of outdoor schools and if they are temporary or seasonal.
- Andrew said there is no definition and noted the outdoor school they visited in Spokane is outside if the temperature is over 16 degrees Fahrenheit.
- Member Flores asked about the facilities. Ash said they are being reviewed, and Andrew noted camp rules focus on facility infrastructure, not the grounds.

#### 2025 Legislative Session Update

 Joe Laxon, Department staff, provided a legislative session update. The final budget is waiting for the Governor's signature. Joe discussed some of the bills that passed related to Group B water system rules, pesticide safety, private detention facilities, solid waste systems, and lead in cookware. Joe also discussed some bills that did not pass related to the Growth Management Act, Water Recreation facilities, environmental justice and State Environmental Policy Act, public water systems, microenterprise kitchens, and alternative on-site sewage systems. Budget limits kept the number of successful bills low. Page 4 Environmental Health Committee Special Meeting Summary Notes

• Paj Nandi, Board Member, asked if most passed bills are still awaiting the Governor's signature. Joe confirmed some are pending but wasn't sure of the exact status.

#### Next Steps:

- The next Board meeting is on June 4, 2025. It is a hybrid meeting, with the physical location at the Department of Health Town Center Two in Tumwater, WA.
- The final School Rule Project TAC will take place on May 15 in SeaTac.

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PO Box 47990, Olympia, WA 98504-7990 (360) 236-4110 • <u>wsboh@sboh.wa.gov</u> • <u>sboh.wa.gov</u> May 22, 2025

The Honorable Patty Murray & Maria Cantwell United States Senate

The Honorable Suzan DelBene, Rick Larsen, Marie Gluesenkamp Perez, Dan Newhouse, Michael Baumgartner, Emily Randall, Pramila Jayapal, Kim Schrier, Adam Smith, Marilyn Strickland United States House of Representatives

sent via electronic mail

#### Re: 226 WA State Organizations Urge Congress to Reject Health & Food Security Cuts

Dear Members of the Washington State Congressional Delegation:

## The undersigned 226 Washington organizations write with one voice to implore you to reject the gravely harmful budget reconciliation bill that is advancing through Congress.

Our organizations represent a wide range of Washingtonians across the state. Together, we have expertise in the health care, food security, public health, and research infrastructure that are essential to maintaining stable economies and thriving communities. We are united in our deep concern with the budget proposal, which would inflict serious and lasting damage to our state.

Please slow this rushed process to consider the impact on your Washington constituents: hundreds of thousands of children, older adults, people with serious illnesses and disabilities, hard-working immigrant families, small business owners, and low-wage earners struggling to make ends meet whose lives would be upended by the proposed bill.

# Proposed health cuts will terminate coverage for a half-million Washingtonians, threaten local hospitals & businesses, and cost our state billions.

Washington's Medicaid expansions and Exchange have operated with strong bipartisan support for a decade, helping the number of <u>insured Washingtonians reach an all-time high of 95%</u>.

If the proposed bill moves forward, Washington's Apple Health/Medicaid program – which covers one in four Washingtonians – could see a 25% drop in enrollment, a higher percentage than any other state. That's approximately 500,000 Washingtonians whose coverage will be terminated due to new administrative hurdles, out-of-pocket costs, and funding cuts. If Congress also restricts Exchange eligibility & enrollment and <u>fails to extend the enhanced premium tax credit</u>, as many as 100,000 Washingtonians will lose their private insurance and premiums will skyrocket. This Congress will be responsible when people fighting cancer can't see the doctor, elders can't fill their prescriptions, and people struggling with mental illness and addiction go without care.

Many of the current reconciliation bill proposals would threaten coverage by expanding government bureaucracy and red tape, harming everyday Washingtonians without any impact on corruption or fraud. The Congressional Budget Office confirms that barriers like <u>work requirements -- or more accurately, job loss penalties -- do nothing to increase employment</u>. Instead, they <u>terminate coverage for *eligible* people due to paperwork</u> hurdles, resulting in more Washingtonians burdened by medical debt, skipping needed care, and rationing medications.

Other proposals would <u>punish Washington by doubling our state Medicaid Expansion costs –</u> <u>cutting as much as \$6 billion</u> in federal funds over a decade to Washingtonians simply because our state aims to extend care to all our residents. This cruel policy <u>disregards the contributions of</u> <u>Washington's immigrants</u>, who pay over \$1 billion in state & local taxes each year and power key local industries such as agriculture & technology. Local businesses will grind to a halt without a healthy workforce.

These proposals won't just devastate Washington's people and businesses – the cuts will also wreak havoc statewide by <u>shifting up to ~\$3 billion per year in costs to the state, municipalities, and providers</u>. Some providers would lose federal funds altogether. Local hospitals, clinics, and nursing homes will struggle to keep their doors open against an influx of uncompensated care – weakening health care infrastructure for all Washingtonians, particularly in underserved rural areas. The cuts are particularly disturbing when paired alongside the elimination of <u>\$430 billion nationwide in</u> <u>executive branch cuts to health research, public health funding</u>, and other funds Congress previously appropriated to invest in our health & wellbeing.

Because the budget proposal also limits long-standing state options such as provider taxes, Washington will be hamstrung in its ability to address these dramatic funding changes. Instead, local lawmakers will be forced to cut programs that Washingtonians from all walks of life depend on, such as those that allow elders to remain in their homes.

# Proposed SNAP cuts will strip eligibility and take food from more than 212,000 Washingtonians – and make our state pay hundreds of millions of dollars to do it.

The budget package would also implement harsh cuts to food security programs that are an essential component of a healthy Washington. Under the proposal, more than 146,000 Washington children, families, and vulnerable adults would lose food assistance. This would affect parents, children, veterans, unhoused people, and adults over age 55 who face significant barriers to steady, year-round employment, including in areas with high unemployment or more people than available jobs.

Like the proposed health cuts, the proposed SNAP cuts represent a massive cost shift to Washington and other states, offloading federal costs and responsibilities to state budgets. If these structural changes had been in place, it would have cost Washington approximately \$432 million in 2024 alone. SNAP reductions also undermine revenue for local businesses like farmers and grocery stores: each \$1 cut from SNAP eliminates \$1.80 in total economic activity.

#### Please reject these cuts and protect the Washingtonians you were elected to represent.

The proposed budget cuts do not lower costs or put money back in the pockets of your constituents. Instead, the budget proposal would extract tax breaks for the wealthiest Americans by gutting the safety net that makes it possible for ordinary Washingtonians to get by.

Washington constituents are depending on you. We ask for your courage at this critical time.

Sincerely,

226 Washington State organizations:

AARP Washington State AFSCME Council 28/Washington Federation of State Employees (WFSE) **AFT Washington AFT Washington Retirees Chapter** Akin All Saints Community Services Alliance for Gun Responsibility American Cancer Society Cancer Action Network American Civil Liberties Union (ACLU) of Washington American College of Physicians American Indian Health Commission Anti-Hunger & Nutrition Coalition Arcora Foundation Asia Pacific Cultural Center Asian Pacific Directors Coalition Asian Counseling and Referral Service Asians for Collective Action Asian and Pacific Islander Coalition of South Puget Sound Asian and Pacific Islander Coalition of Washington Balance Our Tax Code Ballard Food Bank Bellingham Food Bank **Better Health Together BIPOC ED Coalition of WA State Birchwood Food Desert Fighters Building Changes** CarePoint Clinic Casa De Esperanza Asambleas De Dios Cascade AIDS Project Children's Alliance Children's Campaign Fund Action City Fruit Coalition of Accountable Communities of Health **Columbia Legal Services Community Employment Alliance** Community Health Care Community Health Network of Washington Community Health Plan of Washington Community lunch on Capitol hill Cowlitz Family Health Center **Crisis Connections** Cross Cultural Health Care Program Cultivate South Park Delta Dental of Washington **DiY-Postbacc Consulting** EastWest Food Rescue Eatonville Family Agency Edgewood Nourish Food Bank El Centro de la Raza Elevate Health Elizabeth Gregory Home **Emergency Food Network Empower Next Generations** 

Encompass NW **Essentials First** Fair Housing Center of Washington Faith Action Network Family Health Centers FareStart Farmer Frog Ferndale Food Bank Financial Empowerment Network Firelands Workers United / Trabajadores Unidos Food Backpacks 4 Kids.org Foundation for Healthy Generations Friends of Youth **Fuse Washington** Grant County Health District; note: the Grant County Board of Health has adopted resolutions regarding cuts to Medicaid and cuts to Federal Public Health funding **Greater Spokane Progress** Greater Tacoma Community Foundation Harvest Against Hunger Health and Justice Recovery Alliance Health Care for All - Washington Health Care Is a Human Right WA Healthcare Management Alternatives, Inc. **HealthierHere** Healthy Food America Hilltop Artists HopeSparks Family Services Hunger Intervention Program (HIP) Immanuel Community Services Indivisible Greater Vancouver Indivisible South Puget Sound International Community Health Services International Organization of Human Right Protection & Global Peace Islamic Civic Engagement Project Issaguah Food and Clothing Bank Jackson Street Food Bank Tacoma Jefferson County Food Bank Association Joyce L. Sobel Family Resource Center Key Peninsula Bischoff Food Bank King County Promotores Network LASA (Living Access Support Alliance) Latino Community Fund of Washington State Latinos Promoting Good Health Latinx Health Board LeadingAge Washington Legal Counsel for Youth and Children Legal Voice Lifelong: Health For All LISC Puget Sound Lopez Island Family Resource Center LWUMC Safe Parking

The Mockingbird Society MomsRising Mt. Si Senior Center MultiCare Health System Mystis Adult and Family Services National Association of Social Workers - Washington Chapter National Organization for Women, Seattle chapter **Neighborhood Farmers Markets** Neighborhood House New Visions Reentry North Sound ACH North Whidbey Help Northwest Harvest Northwest Health Law Advocates (NoHLA) Northwest Immigrant Rights Project Northwest Progressive Institute Nourish Pierce County Nuestras Raices **Orcas Island Food Bank** Orting Food Bank **OSL** Serves Othello Food Bank Pacific Islander Community Association of Washington Pacific Islander Health Board of WA Partners for Our Children Peace and Justice Action League of Spokane Peer Washington **Pierce County Project Access** Physician & Healthcare Consulting, LLC Physicians for a National Health Program Washington State Chapter Pike Market Senior Center & Food Bank Planned Parenthood Alliance Advocates PorchLight **Pro-Choice Washington** Project Access Northwest PROTEC17 Providence Northeast Washington Hunger Coalition Public Health - Seattle & King County Queen Anne Helpline **Queer Power Alliance** Rainier Valley Food Bank Real Change Recovery Café (Seattle) **Recovery Cafe Skagit** ROOTS Young Adult Shelter Seattle Chapter Fellowship of Reconciliation Seattle Children's Seattle Indivisible Seattle's LGBTQ+ Center Seattle/King County Coalition on Homelessness SeaMar Community Health Centers

**SEIU 775** SEIU Healthcare 1199NW Sisters in Common Smith-Barbieri Progressive Fund Snogualmie Valley Food Bank Snogualmie Valley Shelter Services dba Reclaim **Sno-Valley Senior Center** Solid Ground Sound Generations South King County Food Coalition Southeast Seattle Education Coalition Southwest Washington Accountable Community of Health Spokane Community Against Racism St. Stephen Housing Association Start Early Washington Statewide Poverty Action Network Strengthening Sanctuary Alliance - Thurston County A Supportive Community For All Take on College Teen Feed **Tenants Union of Washington State** 34th District Democrats Thriving Together NCW Thurston County Food Bank **Toppenish Community Chest** The Trail Youth **Transit Riders Union** Tum Tim Community Food Pantry Unidos Nueva Alianza United Territories of Pacific Islanders Alliance - WA United Way of King County United Way of Pierce County University District Food Bank Valley Cities Counseling & Consultation Vashon-Maury SURJ ~ Showing Up for Racial Justice Veterans For Peace, Spokane Chapter #35 Wallingford Indivisible Washington Association of Area Agencies on Aging (W4A) Washington Association for Community Health Washington Association of Naturopathic Physicians Washington Community Action Network Washington Farm to School Network Washington Food Coalition Washington Health Alliance Washington Healthcare Access Alliance Washington Low Income Housing Alliance Washington Physicians for Social Responsibility Washington School-Based Health Alliance Washington School Nutrition Association Washington State Association of Head Start and ECEAP Washington State Association of Local Public Health Officials Washington State Board of Health Washington State Budget and Policy Center Washington State Catholic Conference Washington State Coalition Against Domestic Violence Washington State Coalition for Language Access Washington State Community Action Partnership Washington State Community Health Workers Association Washington State Long-Term Care Ombudsman Program Washington State Medical Association Washington State Nurses Association Washington State Public Health Association Wenatchee for Immigrant Justice Wenatchee Valley YMCA West Seattle Food Bank Western Washington Fellowship of Reconciliation White Center Food Bank Whole Washington WithinReach Yakima Neighborhood Health Services YouthCare YWCA | Seattle | King | Snohomish

# WASHINGTON STATE BOARD OF HEALTH

Date: June 4, 2025

To: Washington State Board of Health Members

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

Subject: Informational Briefing: Department of Health Fluoride Science Review Update

#### Background and Summary:

The Washington State Board of Health (Board) has authority under RCW 43.20.050 to adopt rules for Group A public water systems, as defined in RCW 70A.125.010. Chapter 246-290 WAC sets standards for these systems, covering design, construction, sampling, management, maintenance, and operations to protect public health and ensure safe drinking water.

In January 2025, the Board reviewed a rulemaking petition requesting changes to WAC 246-290-220, Drinking Water Materials and Additives, under the Group A Public Water Supplies rules. During the Board meeting, Board staff provided an overview of the existing rule, its scope and intent, and shared policy recommendations developed during a series of 2015 workshops.

Assistant Secretary Lauren Jenks from the Department of Health (Department) also provided background on the Department's ongoing review of emerging science related to fluoride. The Board declined the petition, expressing support for the Department's upcoming technical review and interest in its findings before considering any changes to the drinking water rules.

Since January, the Department's Science Review Panel has met regularly to review technical and scientific information on community water fluoridation. Based on its findings, the panel is developing consensus statements and recommendations for the Board.

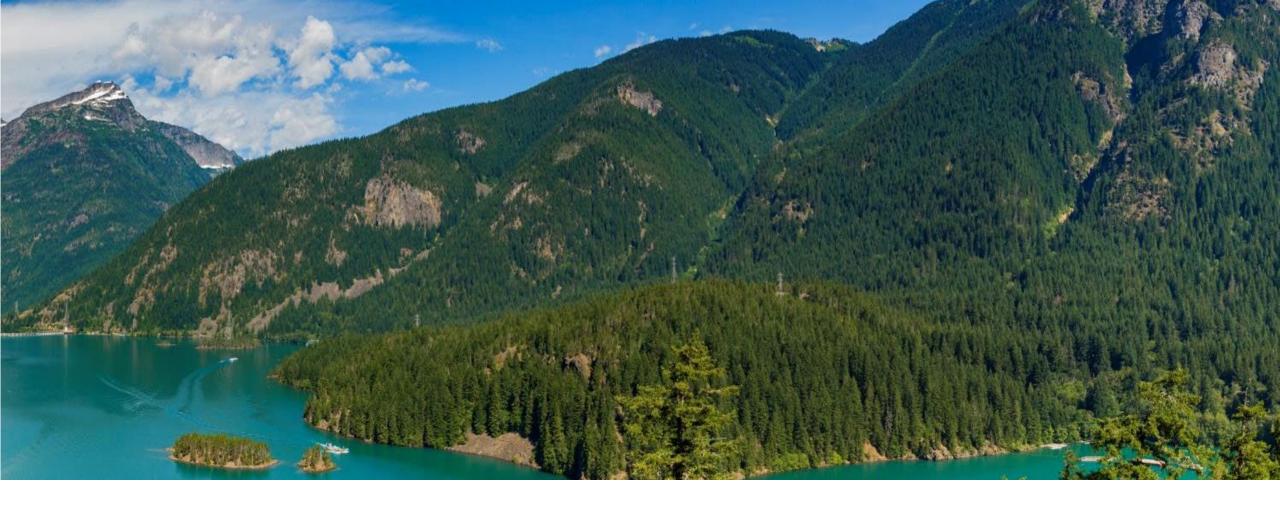
I have invited Lauren Jenks, Environmental Public Health Assistant Secretary at the Department of Health, and Molly Dinardo, Board Policy Advisor, to provide a brief overview and update on this work.

This is an informational briefing only. No Board action will be taken regarding this agenda item.

#### Staff

Molly Dinardo, Policy Advisor

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FLUORIDE SCIENCE REVIEW Lauren Jenks, MPH, CHES

#### **Panel Co-Chairs**

Assistant Secretary for Environmental Public Health

State Health Officer



#### **Participants on Panel**

Local Health Officer

- Eastern part of state
- Western part of state
   Local Public Health
- General
- Environmental Health
   Tribal Health Officer
   State Board of Health staff

#### **Participants on Panel**

Department of Health

- Toxicologist
- Office of Drinking Water
- Regional Medical Officer
- State Epidemiologist for Non-Communicable Conditions
- Epidemiologist
- Prevention and Community Health



### Charge to the Panel

- The panel was charged with listening, learning, and considering all relevant science in their discussions of community water fluoridation.
- The panel was then charged with summarizing their learnings and interpreting the science so that the State Board of Health can consider it in potential policy action.
- In addition, the findings of the panel are expected to inform oral health work at the Department and communications about community water fluoridation from the public health system.

#### Process

- The panel met 10 times from January through June 2025.
- The meetings were held virtually and generally lasted about 2 hours.
- Questions were answered in the meeting, if possible.
- The meetings were recorded.





## Information Reviewed

- Dr. Kyla Taylor's explanation of the NTP monograph on a Collaborative for Health and the Environment webinar
- DOH toxicologist explanation: Fluoride, Neurodevelopment, and Cognition: A National Toxicology Program Monograph
- DOH legal and toxicology staff analysis: 2004 EPA court judgement of fluoride
- DOH oral health staff: Review of oral health, relative efficacy of different fluoride applications, and oral health disparities
- HCA staff discussed access to dental health care



## Information Reviewed, Cont.

- DOH staff and EIS officer summarized 2024 Cochrane Review: *Water fluoridation for the prevention of dental caries*
- DOH RMO reviewed additional information on oral health and fluoride including two case studies of community water fluoridation not included in Cochrane
- DOH Economist: reviewed literature on economics of fluoridation including the costs of harms
- Dr. Christine Till presented an overview of the emerging science on fluoride toxicology and her work on several studies included in the NTP report



## Community Input

- Several members of the community, including dentists, advocates, researchers, and concerned lay members of the public, volunteered to provide information to the panel.
- We heard summaries of the science of fluoride toxicity and the efficacy of community water fluoridation. Different people reached different conclusions based on the science. Some told painful personal stories of sensitivity to fluoride. We heard powerful endorsements.
- People passionately expressed deeply held values that inform their opinion on community water fluoridation.

## Panel Discussion

- As the work of the panel developed, the discussion began to center around how to weigh evidence of benefit vs evidence of risk:
  - Evidence of benefit: CWF is associated with improved oral health in children, though to a lesser degree now than when it was first introduced in the 1940s
  - Evidence of risk: higher estimated fluoride exposures (exceeding the concentrations used for CWF) are associated with lower IQ in children.

### Controversy

Community water fluoridation has been controversial since it began in 1945.

Generally, people who oppose community water fluoridation do so out of concerns for public safety, the value for bodily autonomy, and concerns about the proper role of government.

Generally, people who support community water fluoridation do so because of the long history of apparently safe water fluoridation in the US, the belief that community water fluoridation prevents dental caries, and the value for equitable public health approaches to disease prevention that do not depend on access to care or other resources.

# Science is less clear than we would like

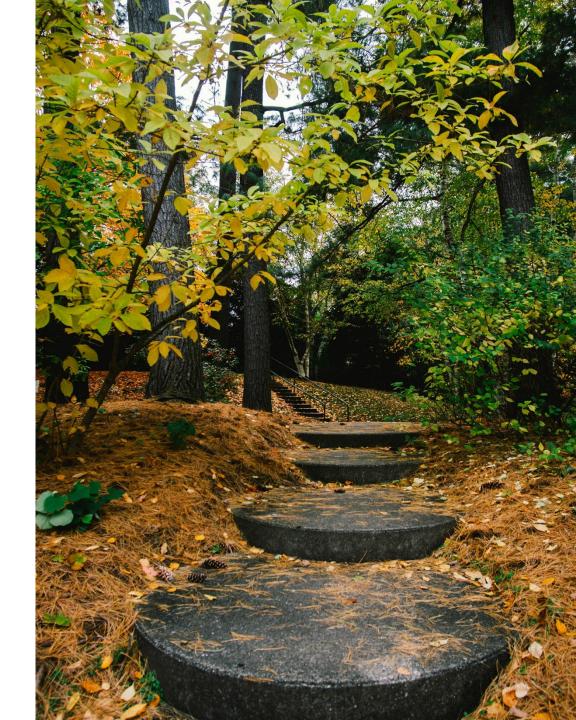
There is still scientific uncertainty and insufficient evidence on:

- The impact of CWF on oral health disparities in children
- Whether the fluoride concentration used for CWF in the US, combined with other sources of fluoride, results in a toxic dose of fluoride for children at sensitive points in brain development.



#### Next steps

- Panel continues to develop consensus statements and recommendations
- Touch of vetting (e.g. New Secretary of Health)
- Present summary of science, consensus statements, and recommendations to the State Board of Health at August meeting





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#### **Recommended Strategies to Improve the Oral Health of Washington Residents**

#### **Goals:**

- To promote strategies which are consistent with *Healthy People 2020* in order to improve the oral health of Washington residents
- To reduce oral health disparities among Washington residents
- To guide Washington State Board of Health (SBOH) rule and policy development activity
- To provide leadership on public health policies that focus on oral health promotion, prevention, early intervention, and treatment

The following strategic recommendations are based on a review of established evidence and best practice models, consultation with expert informants, input from Washington state and National expert oral health review panels. The recommendations are not intended to be a comprehensive list of available strategies, but should be considered by communities, organizations, and agencies seeking to promote oral health in the State of Washington. Special consideration was given to oral health strategies that are evidence based, cost effective, and impact high risk populations. These seven important strategies taken together will significantly improve the oral health of Washington residents.

#### State Board of Health Strategic Recommendations

**Health Systems**: Support policies and programs that improve oral health for Washington state residents.

- Maintain and build on effective programs, like Access to Baby and Child Dentistry, University of Washington Regional Initiatives in Dental Education (RIDE), and adult Medicaid coverage
- Examine cost-effective measures to strengthen Washington's dental public health infrastructure
- Explore cost containment measures to reduce inefficient oral health costs for example decrease unnecessary emergency room use for dental issues
- Evaluate incentives for healthcare providers who provide services to low income adults and special populations, including diabetics and pregnant women
- Support dedicated staffing to lead a statewide oral health coalition and measure the impact of oral health programs

**Community Water Fluoridation:** Expand and maintain access to community water fluoridation for the health benefit of children, adults, and seniors.

• Support communities that currently provide optimal levels of fluoride to their residents and those seeking to adopt community water fluoridation.

• Support efforts to educate and inform Washington state residents about the importance of fluoridation to improve community health.

• Engage with organizations, agencies and coalitions to promote community water fluoridation in Washington state

Sealant Programs: Provide school-age children with access to dental sealants to prevent cavities.

• Promote school based sealant programs aligned with the Centers for Disease Control's expert work group recommendations for school-based sealant programs

**Interprofessional Collaboration:** Incorporate oral health improvement strategies across healthcare professions (such as medicine, nursing, social work, and pharmacy) and systems to improve oral health knowledge and patient care.

- Encourage the State of Washington's healthcare systems and providers to incorporate oral health into their practices
- Encourage health focused educational institutions to incorporate and maintain oral health in their curricula
- Explore innovative collaborative approaches to improve interprofessional delivery of oral health services for example explore oral health models used by other states
- Support strategies that focus on high risk groups like pregnant women, children, seniors, and those with exacerbating chronic conditions like diabetes or HIV/AIDS

**Oral Health Literacy:** Improve the capacity of people to obtain, understand, and use health information in order to increase their acceptance and adoption of effective oral health focused preventive practices.

- Encourage collaboration to provide consistent and culturally relevant oral health messaging in settings with at-risk populations: perinatal, senior centers, and early learning (such as Head Start, child care, and home visiting programs; and Women, Infants, and Children Food and Nutrition Services)
- Collaborate with diverse organizations to promote oral health for example, engage with the Office of Drinking Water, community based anti-obesity efforts, and private enterprise in order to promote healthy behaviors like drinking water, healthy eating habits, reducing tobacco use, and preventing mouth injuries

**Surveillance:** Monitor trends in oral health indicators to ensure policies and programs are advancing the oral health of Washington residents, including those most at risk for poor oral health outcomes.

- Maintain the Washington State Smile Survey to monitor the oral health of preschool, kindergarten, and elementary school-age children; and the Washington State Oral Disease Burden Document to monitor the oral health of all residents
- Implement oral health surveillance systems for vulnerable populations, including patients enrolled in Medicaid or State Children's Health Insurance Program, homeless, and elders.
- Utilize surveillance tools, including BRFSS, PRAMS, and Cancer Registry among others, to design and track measurable goals and objectives toward improving oral health among Washington residents

**Work Force:** Develop health professional policies and programs which better serve the dental needs of underserved populations.

- Develop programs to mentor, recruit and train students of color in the dental professions.
- Investigate options to serve rural and underserved communities for example expanding the University of Washington Dental RIDE program and increasing the number of community health centers
- Research the best ways to recruit and develop a workforce to provide care for the dental underserved regions in our state for example partnerships with academic institutions, and new strategies to recruit and retain dental professionals
- Support policies for the exploration and feasibility of new and emerging evidence based dental workforce models to increase access to and efficiency of dental treatment.





#### **PFAS Exception Rulemaking Update**

State Board of Health Meeting June 4, 2025

#### Presenter

#### **Brad Burnham**

Policy & Planning Section Manager

Office of Drinking Water Division of Environmental Public Health

Brad.Burnham@doh.wa.gov



@WADeptHealth

#### Background Information

- In June 2024, the U.S. Environmental Protection Agency (EPA) adopted the first national regulations related to per- and polyfluroalkyl substances (PFAS).
- The federal rules include PFAS requirements for monitoring, reporting, public notification, treatment, and violations. They also set federal Maximum Contaminant Levels (MCLs). Across almost all contaminants, the federal MCLs are stricter than the State Action Levels (SALs) currently in rule.
- The federal rules also include a MCL hazard index for certain PFAS chemicals, to account for the additive effects of some combinations of PFAS.
- An exception rulemaking was necessary to adopt by reference the federal regulations in chapter 246-290 and 246-390 WAC, to incorporate these new requirements.

#### **Exception Rulemaking**

- The Board granted the Department's delegation request at the March 12 Board meeting.
- The CR-102 was filed on April 22 and the hearing was held on May 28.
- The Department anticipates filing the CR-103 by June 11 and the rule going into effect 31 days after the file date.

Questions?



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Date: June 4, 2024

To: Washington State Board of Health Members

From: Paj Nandi, Board Member

**Subject:** Rules Briefing – Group A Public Water Supplies, <u>WAC 246-290-315(8)</u> PFAS Emergency Rulemaking – Possible Action

#### Background and Summary:

<u>RCW 43.20.030(2)(a)</u> grants the Washington State Board of Health (Board) authority to adopt rules for Group A public water systems that are necessary to assure safe and reliable drinking water and to protect public health.

In October 2021 the Board adopted drinking water state action levels (SALs) for perand polyfluoroalkyl substances (PFAS) in <u>chapter 246-290 WAC</u>, Group A Public Water Supplies and related provisions in <u>chapter 246-390 WAC</u>, Drinking Water Laboratory Certification and Data Reporting. WAC 246-290-315 includes criteria for monitoring, reporting, follow-up actions, and public notification relevant to SALs.

On June 12, 2024, the Board adopted emergency rules to correct criteria in the rule that apply when the Environmental Protection Agency (EPA) adopts a federal maximum contaminant level (MCL) for a contaminant that has a state action level set in rule. Before the change, WAC 246-290-315(8) said that upon *adoption* of a federal MCL, the MCL will supersede a SAL, and the associated requirements, including for monitoring and public notice.

The emergency rulemaking, filed as <u>WSR 24-14-016</u>, changed this to state that *when a federal MCL becomes effective*, the MCL will supersede a SAL and its requirements. This change ensures that the protections Washington currently has in place for the SALs remain in place until the federal MCLs become effective in April 2029. Emergency rules remain in effect for 120 days, and the emergency rule expires later this month.

Today, Ash Noble, Board Policy Advisor, will brief the Board on the impacts of the emergency rule and provide a recommendation.

#### **Recommended Board Actions:**

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

The Board directs staff to do the following:

• File a CR-103E to initiate rulemaking for WAC 246-290-315, to continue to clearly maintain the SALs and associated requirements until the federal standards are effective.

Staff

Ash Noble, Policy Advisor

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## WAC 246-290-315(8) – PFAS Emergency Rulemaking

Ashley Noble, Policy Advisor – June 4, 2025



## **Current Rule**

WAC 246-290-315(8): State action levels (SALs) and state maximum contaminant levels (MCLs).

(8) Upon federal adoption of an MCL, the federal MCL will supersede a SAL or a less stringent state MCL, and the associated requirements, including for monitoring and public notice. If the federally adopted MCL is less stringent than a SAL or state MCL, the board may take one of the following actions:

(a) Adopt the federal MCL; or

(b) Adopt a state MCL, at least as stringent as the federal MCL, using the process in subsections (6) and (7) of this section.



## Current rule will lapse before federal rules become effective.

Emergency Rules expire 120 days after they go into effect.

- Emergency Rule adopted and effective on February 19, 2025
- Rule expires Thursday, June 19, 2025

#### **Recommendation:**

- Initiate emergency rulemaking to continue to clearly maintain the SALs and associated requirements.
  - Anticipated effective date June 18, 2025.
  - Rule would expire October 18, 2025

Federal Rule Provisions	Effective Date
Analytical Requirements*	June 25, 2024
<ul> <li>Consumer confidence reporting*</li> <li>Ongoing compliance monitoring*</li> <li>Reporting and recordkeeping*</li> <li>Initial monitoring results reporting</li> <li>Public notification for testing and procedure violations</li> </ul>	April 26, 2027
<ul> <li>PFAS MCL violations</li> <li>MCL compliance requirements</li> <li>30-day Public Notification for MCL violations*</li> </ul>	April 26, 2029

### **Proposed Language**

Upon federal adoption of an MCL, the federal When a federal MCL becomes <u>effective, the MCL</u> will supersede a SAL or a less stringent state MCL, and the associated requirements, including for monitoring and public notice. If the federally adopted MCL is less stringent than a SAL or state MCL, the board may take one of the following actions:

(a) Adopt the federal MCL; or

(b) Adopt a state MCL, at least as stringent as the federal MCL, using the process in subsections (6) and (7) of this section.

Action Item: Proceed with emergency rulemaking?



## **Future Actions**

#### **Permanent Rulemaking**

- Staff have scoped the project
- Environmental Justice Assessment scoping
- Draft language is being finalized with the Office of Drinking Water (Department)
- Preparing to hold an informal comment period with interested parties
- Plan to file CR-102 in September 2025





# Questions?



## THANK YOU

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#### WSR 25-05-095 EMERGENCY RULES STATE BOARD OF HEALTH

[Filed February 19, 2025, 8:49 a.m., effective February 19, 2025, 8:49 a.m.]

Effective Date of Rule: Immediately upon filing. Purpose: Testing of drinking water contaminates; state action levels (SALs) and state maximum contaminant levels (MCLs) in WAC 246-290-315.

The state board of health (board) has authority under RCW 43.20.050 to adopt rules for group A public water systems that are necessary to ensure safe and reliable public drinking water and to protect the public health. Chapter 246-290 WAC, Group A public water supplies, establishes standards and requirements for these water systems. The department of health (department) administers the rules.

To ensure safe drinking water, water must be tested for contaminants. The board establishes SALs and MCLs to ensure contaminate levels are below a certain threshold. The board sets criteria for the adoption of SALs and MCLs in WAC 246-290-315 and includes criteria that would apply upon federal adoption of MCLs. WAC 246-290-315(8) states that upon federal adoption of an MCL, the MCL will supersede a less stringent SAL and associated requirements, including monitoring and public notice.

The Environmental Protection Agency published new federal standards for per- and polyfluoroalkyl substances (PFAS) on April 10, 2024, with an adoption date of June 25, 2024. These new standards include MCLs. This affects the board's rule and triggers the provision in WAC 246-290-315(8). The federal standards, however, have delayed effective dates for criteria and public health protections that are currently in place for Washington. According to the Washington state rules associated with the SALs, public water systems must notify customers of detections of PFAS above the SAL within 30 days of that detection. This is necessary to allow people the opportunity to protect themselves by using bottled water, securing a filter, or taking other measures. Thirty-day public notification is not effective for MCLs in the federal standard until April 2029. Without this amendment to WAC 246-290-315, customers served by group A public water systems will no longer be notified of dangerous levels of PFAS in their drinking water, which is a significant reduction in protections.

The board adopted an emergency rule on June 12, 2024, to amend WAC 246-290-315 such that the criteria would apply on the effective date of an MCL as set in the federal standard, not the adoption date, in order to maintain vital public health protections for drinking water safety. Along with the emergency rule making, the board initiated a permanent rule making to amend the rule language to align with the emergency provision and explore other protections. The CR-101 preproposal statement of inquiry for the permanent rule making was filed as WSR 24-20-093 on September 30, 2024. This third emergency rule continues the emergency rule originally filed on June 24, 2024, as WSR 24-14-016; and extended on October 22, 2024, as WSR 24-21-138, without change.

Citation of Rules Affected by this Order: Amending WAC 246-290-315.

Statutory Authority for Adoption: RCW 43.20.050 (2)(a).

Under RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and

that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: The federal adoption date of the standards was June 25, 2024, at which point the MCLs and relative protections would have superseded the SALs. Because of the delayed effective date, currently active public health protections would have ended on that date. The board finds that emergency adoption of this rule is necessary to preserve public health.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 0, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 0, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 1, Repealed 0.

Date Adopted: February 19, 2025.

Michelle A. Davis, MPA Executive Director

#### OTS-5531.1

AMENDATORY SECTION (Amending WSR 21-23-097, filed 11/17/21, effective 1/1/22)

WAC 246-290-315 State action levels (SALs) and state maximum contaminant levels (MCLs). (1) The department shall consider the following criteria to select a contaminant for developing a SAL:

(a) Drinking water contributes to human exposure to the contaminant.

(b) The contaminant is known or likely to occur in public water systems at levels of public health concern. Sources of occurrence information include, but are not limited to:

(i) Washington state department of agriculture;

(ii) Washington state department of ecology; and

(iii) Monitoring results reported in accordance with 40 C.F.R. 141.35.

(c) The contaminant has a possible adverse effect on the health of persons exposed based on peer-reviewed scientific literature or government publications, such as:

(i) An EPA health assessment such as an Integrated Risk Information System assessment;

(ii) Agency for Toxic Substances and Disease Registry toxicological profiles;

(iii) State government science assessment; and

(iv) EPA guidelines for exposure assessment such as the EPA exposure factors handbook.

(d) A certified drinking water lab can accurately and precisely measure the concentration of the contaminant in drinking water at and below the level of public health concern using EPA-approved analytical methods.

(2) After consideration of the criteria in subsection (1) of this section, the department may develop a SAL based on the following:

(a) Evaluation of available peer-reviewed scientific literature and government publications on fate, transport, exposure, toxicity and health impacts of the contaminant and relevant metabolites;

(b) An assessment based on the most sensitive adverse effect deemed relevant to humans and considering susceptibility and unique exposures of the most sensitive subgroup such as pregnant women, fetuses, young children, or overburdened and underserved communities; and

(c) Technical limitations to achieving the SAL such as insufficient analytical detection limit achievable at certified drinking water laboratories.

(3) The state board of health shall consider the department's findings under subsections (1) and (2) of this section when considering adopting a SAL under this chapter.

(4) Contaminants with a SAL.

(a) If a SAL under Table 9 of this section is exceeded, the purveyor shall take follow-up action as required under WAC 246-290-320. For contaminants where the SAL exceedance is determined based upon an RAA, the RAA will be calculated consistent with other organic contaminants per WAC 246-290-320(6) or other inorganic contaminants per WAC 246-290-320(3).

Contaminant or Group of Contaminants	SAL	SAL Exceedance Based On:		
Per- and polyfluoroalkyl substances (PFAS)				
PFOA	10 ng/L	Confirmed detection		
PFOS	15 ng/L	Confirmed detection		
PFHxS	65 ng/L	Confirmed detection		
PFNA	9 ng/L	Confirmed detection		
PFBS	345 ng/L	Confirmed detection		

TABLE 9 STATE ACTION LEVELS

(b) If a system fails to collect and submit a confirmation sample to a certified lab within ten business days of notification of the sample results, or as required by the department, the results of the original sample will be used to determine compliance with the SAL.

(5) The department shall consider the following when developing a state MCL:

(a) The criteria in subsection (1) of this section;

(b) Whether regulating the contaminant presents a meaningful opportunity to reduce exposures of public health concern for persons served by public water systems;

(c) The need for an enforceable limit to achieve uniform public health protection in Group A public water systems; and

(d) The need for an enforceable limit to support source water investigation and clean-up of a contaminant in drinking water supplies by responsible parties.

(6) In addition to the requirements in subsection (5) of this section, the department shall:

(a) Meet the requirements of subsection (2) of this section;

(b) Comply with the requirements in RCW 70A.130.010 to establish standards for chemical contaminants in drinking water;

(c) Consider the best available treatment technologies and affordability taking into consideration the costs to small water systems; and

(d) Determine that the probable benefits of the rule are greater than its probable costs, taking into account both the qualitative and quantitative benefits and costs.

(7) The state board of health shall consider the department's findings under subsections (5) and (6) of this section and follow the requirements under chapters 34.05 and 19.85 RCW when adopting a state MCL under this chapter.

(8) ((Upon federal adoption of an MCL)) When a federal MCL takes effect, the federal MCL will supersede a SAL or a less stringent state MCL, and the associated requirements, including for monitoring and public notice. If the federally adopted MCL is less stringent than a SAL or state MCL, the board may take one of the following actions:

(a) Adopt the federal MCL; or

(b) Adopt a state MCL, at least as stringent as the federal MCL, using the process in subsections (6) and (7) of this section.

RCW 43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules. (1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.

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

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

(a) Adopt rules for group A public water systems, as defined in RCW 70A.125.010, necessary to assure safe and reliable public drinking water and to protect the public health. Such rules shall establish requirements regarding:

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

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

(iii) Public water system management and reporting requirements;

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

(v) Public water system operation and maintenance requirements;

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

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

(b) Adopt rules as necessary for group B public water systems, as defined in RCW 70A.125.010. The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;

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

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

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

(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and

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

(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those

on-site sewage systems with design flows of less than three thousand five hundred gallons per day.

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

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

(6) The state board may advise the secretary on health policy issues pertaining to the department of health and the state. [2021 c 65 § 37; 2011 c 27 § 1; 2009 c 495 § 1; 2007 c 343 § 11; 1993 c 492 § 489; 1992 c 34 § 4. Prior: 1989 1st ex.s. c 9 § 210; 1989 c 207 § 1; 1985 c 213 § 1; 1979 c 141 § 49; 1967 ex.s. c 102 § 9; 1965 c 8 § 43.20.050; prior: (i) 1901 c 116 § 1; 1891 c 98 § 2; RRS § 6001. (ii) 1921 c 7 § 58; RRS § 10816.]

Explanatory statement—2021 c 65: See note following RCW 53.54.030.

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

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

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

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

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

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

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

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

(2) The legislature intends that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# WASHINGTON STATE

Date: June 4, 2025

To: Washington State Board of Health Members

From: Kelly Oshiro, Board Member

**Subject:** Legislative Report of the Technical Advisory Committee Review of Branch-Chain Ketoacid Dehydrogenase Kinase Deficiency Newborn Screening

#### Background and Summary:

The Washington State Board of Health (Board) has authority under RCW 70.83.050 to adopt rules for screening Washington-born infants for hereditary conditions. WAC 246-650-010 defines the conditions, and WAC 246-650-020 lists the conditions on the state's required newborn screening panel.

During the 2023-2024 legislative session, Senate Bill 6234 passed, which directed the Board to conduct a review of branch-chain ketoacid dehydrogenase kinase (BCKDK) deficiency for Washington's mandatory newborn screening panel.

On January 14, 2025, a technical advisory committee (TAC) convened to consider this condition against the Board's five newborn screening criteria. During the committee meeting, TAC Members evaluated BCKDK deficiency against established criteria: Available Screening Technology, Diagnostic Testing and Treatment Available, Prevention Potential and Medical Rationale, Public Health Rationale, and Cost-benefit/Cost-effectiveness. The TAC also voted to make an overall recommendation to the Board whether to adopt BCKDK deficiency to the newborn screening panel.

The Board reviewed the TAC's votes and recommendations at the March 12, 2025, meeting. They voted unanimously to accept the TAC's recommendation to not include BCKDK deficiency to the newborn screening panel.

#### **Recommended Board Actions:**

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

The Board approves the BCKDK deficiency legislative report and directs staff to finalize the report in consultation with the Chair, and submit it to the Governor and appropriate legislative committees by June 30, 2025. The Board directs staff to send copies of the final report to TAC Members.

#### Staff

Kelly Kramer, Policy Advisor

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# WASHINGTON STATE

Branch-Chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency Legislative Report- DRAFT

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Date: April 2025

Dear Governor Ferguson and Committees of the Legislature,

As co-Chairs of the Newborn Screening Technical Advisory Committee, we present to you the Newborn Screening Branch-Chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency legislative report as required by Senate Bill 6234. This report details the process undertaken by the Newborn Screening Technical Advisory Committee (TAC) review of BCKDK deficiency as a condition for inclusion on the state's mandatory newborn screening panel.

Each year, newborn screening in Washington helps identify hundreds of infants with serious but treatable conditions, allowing for early diagnosis and timely intervention. The TAC evaluates conditions to be included on the panel by reviewing data and considering the voices of interested parties, patients, and families affected by these conditions.

The Newborn Screening TAC is composed of physicians, scientists, public health experts, and community advocates who bring a diverse range of expertise. The role of this committee is to evaluate and make informed recommendations on conditions for inclusion in the Washington Newborn Screening Panel. We approach this responsibility guided by science, equity, and a commitment to the lifelong health of Washington's newborns.

This committee devoted their time and attention to the evaluation of BCKDK deficiency, a rare, autosomal recessive metabolic disorder associated with developmental delay and treatable forms of neurodevelopmental impairment. As part of the review, the TAC examined the available clinical evidence, assay feasibility, estimated incidence, and the potential benefits of early intervention through newborn screening.

We are proud of the work this committee has accomplished and grateful for the contributions of our members, partners, and subject matter experts. As we continue to evaluate conditions in newborn screening, we remain focused on ensuring that all children born in Washington have access to timely, equitable, and evidence-based screening services.

Thank you for your ongoing support and collaboration.

Sincerely, Kelly Oshiro Nirupama Shridhar Co-Chairs, Newborn Screening Technical Advisory Committee

## **EXECUTIVE SUMMARY**

Newborn screening helps detect treatable conditions early in life through blood tests. The State Board of Health (Board), with the support of the Department of Health (Department), evaluates potential new conditions through a defined process and criteria involving evidence, ethics, equity, and cost-effectiveness.

During the 2024 legislative session, the Legislature passed, and Governor Inslee signed Senate Bill (SB) 6234, screening newborn infants for branched-chain ketoacid dehydrogenase kinase deficiency. SB 6234 directed the Board to consider adding Branch-Chain Ketoacid Dehydrogenase Kinase (BCKDK) deficiency to Washington's mandatory newborn screening panel and submit a report to the Governor and the appropriate committees of the Legislature by June 30, 2025.

BCKDK deficiency is a rare genetic disorder that impairs the metabolism of branched-chain amino acids, potentially causing neurodevelopmental issues such as autism spectrum disorder, seizures, and developmental delays. It may be detectable via newborn bloodspot testing using tandem mass spectrometry, which is part of the state's existing newborn screening technology. BCKDK is not included on any universal screening panel in the United States or abroad.

The Board convened a multi-disciplinary Technical Advisory Committee (TAC) to evaluate whether BCKDK deficiency should be added to the state's newborn screening panel. The TAC considered key factors such as the availability of screening technology, diagnostic tests, treatment options, prevention potential, public health rationale, and cost-effectiveness. The TAC noted that while screening technology exists, there is currently insufficient evidence regarding the condition's prevalence, treatment outcomes, and cost-effectiveness. As a result, most TAC members voted against adding BCKDK deficiency to the panel, due to limited data and the lack of available information to complete a cost-benefit analysis.

On March 12, 2025, the Board reviewed the TAC's findings and unanimously accepted the recommendation. The Board does not recommend including BCKDK deficiency on the newborn screening panel at this time. Both the Board and TAC agreed to not re-review the condition until more data and research are available to complete a comprehensive evaluation.

## BACKGROUND

RCW 70.83.050 authorizes the State Board of Health (Board) to adopt rules for screening Washington-born babies for hereditary conditions, including the list of conditions on the mandatory newborn screening panel. Chapter 246-650 WAC is the Board's rules for newborn screening and WAC 246-650-020 lists conditions for which all newborns must be screened.

Newborn screening is a public health system that universally tests newborn babies to identify serious, but treatable, conditions. The Department of Health (Department) houses the state's Newborn Screening Program. Shortly after birth, the attending health care provider collects a newborn screening specimen by obtaining drops of blood from a baby's heel on a filter paper card. Each newborn screening specimen is submitted to the Public Health Laboratories where it is tested for 32 conditions currently on the mandatory newborn screening panel.

To add new conditions to the panel, the Board and the Department have developed a process and criteria for evaluation that focuses on evidence, ethics, equity, and the balance between cost-benefit and cost-effectiveness. To determine whether a condition should be added to the panel, the Board convenes a technical advisory committee (TAC) to evaluate candidate conditions using guiding principles and established criteria [Appendix A]. The multi-disciplinary TAC includes representatives with expertise and experience related to the candidate conditions including clinicians, academia, insurers, public health, and families of those with rare conditions.

During the 2024 legislative session, the Legislature passed, and the Governor signed SB 6234 (Chapter 105, 2024 Laws), which directed the Board to consider adding branch-chain ketoacid dehydrogenase kinase (BCKDK) deficiency to the mandatory newborn screening panel.

The Board convened a TAC to evaluate BCKDK deficiency in January 2025. The TAC comprised seventeen multi-disciplinary members, representing public health, public and private insurance organizations, healthcare providers and facilities, state ethnic commissions, specialty care clinics, and parent advocates [Appendix B].

## BRANCH-CHAIN KETOACID DEHYDROGENASE KINASE (BCKDK) DEFICIENCY

BCKDK deficiency is a rare inherited genetic disorder that leads to a deficiency of branched-chain amino acids. There are approximately 21 cases of BCKDK deficiency identified worldwide, with no reported cases in the United States. BCKDK deficiency is caused by changes in the BCKDK gene, which produces the BCKDK enzyme. The BCKDK enzyme regulates the metabolism of branched-chain amino acids. Mutations with the BCKDK enzyme cause an overactive breakdown of branched-chain amino acids. As a result, proteins can't form properly, which impairs neurodevelopmental growth and development.[1,2]

Signs and symptoms for BCKDK deficiency can vary but may include autism spectrum disorder (ASD), language impairment, seizures, and microcephaly. Low levels of branched-chain amino acids can be detected via newborn screening of a dried bloodspot using tandem mass spectrometry. Newborns that have an out-of-range screening result for BCKDK deficiency should have DNA testing to rule out or confirm the diagnosis. BCDKDK deficiency can be treated with a high protein diet and supplementation of branch-chain amino acids.[2]

<sup>[1]</sup> Novarino, G., et al. Mutations in BCKD-kinase lead to a potentially treatable form of autism with epilepsy. Science 338: 394-397, 2012. [PubMed: 22956686]

<sup>[2]</sup> Tangeraas, T., et al. BCKDK deficiency: a treatable neurodevelopmental disease amenable to newborn screening. Brain 146: 3003-3013, 2023. [PubMed: <u>36729635</u>]

### TECHNICAL ADVISORY COMMITTEE REVIEW

The TAC convened on January 14, 2025, to evaluate BCKDK deficiency against an established set of criteria: Available Screening Technology, Diagnostic Testing and Treatment Available, Prevention Potential and Medical Rationale, Public Health Rationale, and Cost-benefit/Cost-effectiveness. To help inform this criteria review, the TAC heard from Michelle Whitlow, Executive Director of the Lewis County Autism Coalition. While BCKDK deficiency does not cause all cases of autism spectrum disorder (ASD), it is associated with epilepsy and certain forms of ASD. M. Whitlow provided insights on the broader connection between ASD and branched-chain amino acid disorders [Appendix D].

Philip White from Duke University and Beth Ogata from the University of Washington Medical Center (UWMC) provided subject matter expertise regarding the natural history, diagnostic testing, and treatment for BCKDK deficiency. P. White explained how the BCKDK enzyme is involved in the breakdown of branched-chain amino acids (BCAA), and how a deficiency of this enzyme limits protein synthesis and growth. P. White noted that in the limited number of studies, all BCKDK deficiency cases showed global developmental delay at diagnosis. In these studies, clinical outcomes were shown to be improved in patients when BCAAs are supplemented, with a greater improvement of developmental delay if treatment was initiated before two years of age.

Beth Ogata, a registered dietitian at UWMC Metabolic Clinic, reviewed what a potential treatment plan would be for any patients who might be identified with BCKDK deficiency. Treatment recommendations for patients could include: increased dietary protein intake, BCAA supplements of an oral powder or tablets taken 4-7 times per day, plasma BCAA monitoring, developmental surveillance and referral, and regular clinic visits for monitoring, education, and adjustment of plan. B. Ogata explained that branch-chain amino acid supplements are not always reimbursed by insurance or readily accessible. B. Ogata advised that some patients may experience treatment fatigue and may not adhere to their treatment plan over time, due to the high burden of the lifelong treatment.

The Department's Newborn Screening Program described the screening technology that is currently available; BCKDK deficiency may be detected from a dried bloodspot by testing for low branch-chain amino acids, quantified by tandem mass spectrometry. The Newborn Screening Laboratory currently analyzes specimens for the inverse by detecting abnormally elevated branch-chain amino acids to screen for another condition on the panel.

The Department's Newborn Screening Program also provided a cost-benefit model that estimated how healthcare benefits and costs could shift in Washington if BCKDK deficiency was added to the mandatory newborn screening panel. The cost-benefit model compares the status quo (no universal screening of a condition) versus a screening model. This model typically utilizes data from primary literature, from states conducting screening for a condition, and expert opinion. Due to the rarity of the condition and lack of robust data sources, Newborn Screening Program staff consulted with the Department's health economist who recommended against using the model to generate a benefit/cost ratio or net benefit estimate. So, while a full analysis was not performed, the model is built and could be utilized in the future if additional data sources become available. A cost-benefit analysis is a part of the newborn screening evaluation process because adding a condition to the newborn screening panel would be considered a significant legislative rule change under the Administrative Procedures Act Chapter 34.05 RCW.

After the presentations from subject matter experts and the Department, TAC members were given the opportunity to vote anonymously via Microsoft Forms. Members voted on each criterion and provided an overall recommendation on whether BCKDK deficiency should be added to the mandatory newborn

screening panel. For each criterion, TAC members could vote 'Yes, this condition meets the criterion,' 'No, this condition does not meet the criterion,' or 'Unsure.' Additionally, TAC members had the option to leave anonymous comments for each criterion and the overall recommendation.

#### Criterion 1: Available Screening Technology

The TAC evaluated BCKDK deficiency against Criterion 1: Available Screening Technology, in which sensitive, specific, and timely tests are available that can be adapted to mass screening. BCKDK deficiency can be detected from a dried bloodspot using tandem mass spectrometry, which is technology that has been utilized by the Newborn Screening laboratory since 2008. BCKDK deficiency would be screened for by looking for low branch-chain amino acid levels in a baby's blood.

Out of seventeen total TAC members, 6 voted 'Yes, meets criterion', 7 voted 'No, does not meet criterion', and 4 voted 'Unsure'.



TAC members commented that screening technology is available to detect low branch-chain amino acids, but the actual test performance, such as the sensitivity and specificity, is unclear. Establishing a cutoff to determine a 'low' value for branch-chain amino acids for a newborn would need to be estimated from a population study as no other newborn screening program in the United States is currently screening for BCKDK deficiency.

#### Criterion 2: Diagnostic Testing and Treatment Available

Criterion 2: Available Diagnostic Testing and Treatment Available considers the availability of accurate diagnostic tests, medical expertise, and effective treatment for evaluation and care of all infants identified with the condition.

Out of seventeen total TAC members, 6 voted 'Yes, meets criterion', 6 voted 'No, does not meet criterion', and 5 voted 'Unsure'.



TAC members commented that there is very limited evidence available for this disorder, making it unclear whether the diagnostic criteria are met. Additional comments included the data on prevalence, long-term outcomes, false positives/negatives, and treatment effectiveness is insufficient, and the small sample size makes it difficult to verify the disorder's validity.

#### Criterion 3: Prevention Potential and Medical Rationale

Criterion 3, Prevention Potential and Medical Rationale: The newborn identification of the condition allows early diagnosis and intervention. Includes considerations: there is sufficient time between birth and onset of irreversible harm to allow for diagnosis and intervention; the benefits of detecting and treating early onset forms of the condition (within one year of life) balance the impact of detecting late onset forms of the condition; newborn screening is not appropriate for conditions that only present in adulthood.

Out of seventeen total TAC members, 7 voted 'Yes, meets criterion', 3 voted 'No, does not meet criterion', and 7 voted 'Unsure'.

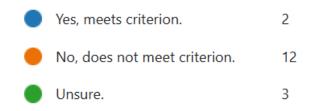


TAC member comments cited a lack of sufficient data on the prevalence, long-term outcomes with early treatment, and few number of patients in the literature. These limitations make it difficult to assess the relevant criteria.

#### Criterion 4: Public Health Rationale

Criterion 4, Public Health Rationale: Nature of the condition justifies population-based screening rather than risk-based screening or other approaches.

Out of seventeen total TAC members, 2 voted 'Yes, meets criterion', 12 voted 'No, does not meet criterion', and 3 voted 'Unsure'.





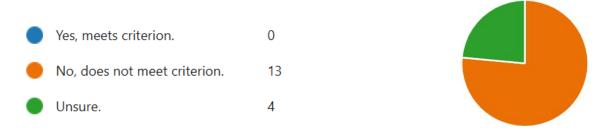
TAC members who commented again cited the limited data, making it difficult to properly assess whether the criterion has been met.

#### Criterion 5: Cost-benefit/Cost-effectiveness

Criterion 5, Cost-benefit/Cost-effectiveness: The outcomes outweigh the costs of screening. All outcomes, both positive and negative, need to be considered in the analysis. Important considerations to be included in economic analyses include: the prevalence of the condition among newborns; the positive and negative predictive values of the screening and diagnostic tests; variability of clinical presentation by

those who have the condition; the impact of ambiguous results such as the emotional and economic impact on the family and medical system; and adverse effects or unintended consequences of screening

Out of seventeen total TAC members, 0 voted 'Yes, meets criterion', 13 voted 'No, does not meet criterion', and 4 voted 'Unsure'.



TAC members commented that due to the limited data on BCKDK deficiency, the Department was unable to generate a benefit-cost ratio or cost-effectiveness estimate from the existing cost benefit analysis model.

#### **Overall TAC Recommendation**

Out of seventeen TAC members, all but one member voted to recommend that the Board not include BCKDK deficiency on the newborn screening panel. One member voted in favor of recommending the inclusion of this condition to the panel. Comments from TAC members further emphasized concerns about the lack of evidence for BCKDK deficiency to make an informed decision. Many TAC members noted that the Board may want to consider re-evaluating BCKDK deficiency for the newborn screening panel if more evidence becomes available.

### BOARD OF HEALTH REVIEW

At the March 12, 2025, Washington State Board of Health (Board) public meeting, the Board reviewed the TAC recommendation regarding BCKDK deficiency and unanimously accepted the TAC's recommendation to not include BCKDK deficiency at this time. The Board could, as more evidence becomes available, review the condition at a later date.



# **APPENDICES**

Appendix A. WSBOH Newborn Screening Process and Criteria 2015-2024

Appendix B. TAC Membership January 2025 TAC

Appendix C. BCKDK One-Pager

Appendix D. Lewis County Autism Coalition, letter

**Appendix E.** Duke University- Natural History, Diagnostic Testing and Treatment of BCKDK Deficiency

Appendix F. University of Washington Medical Center- Treatment of BCKDK Deficiency

Appendix G. Department of Health- Cost Benefit Analysis

Appendix H. TAC Voting and Comments Summary

# **Washington State Board of Health**

# PROCESS TO EVALUATE CONDITIONS FOR INCLUSION IN THE REQUIRED NEWBORN SCREENING PANEL

2015-2024

The Washington State Board of Health has the duty under RCW 70.83.050 to define and adopt rules for screening Washington-born infants for heritable conditions. Chapter 246-650-020 WAC lists conditions for which all newborns must be screened. Members of the public, staff at Department of Health, and/or Board members can request that the Board review a particular condition for possible inclusion in the NBS panel. In order to determine which conditions to include in the newborn screening panel, the Board convenes an advisory committee to evaluate candidate conditions using guiding principles and an established set of criteria.

The following is a description of the Qualifying Assumption, Guiding Principles, and Criteria which the Board has approved in order to evaluate conditions for possible inclusion in the newborn screening panel. The Washington State Board of Health and Department of Health apply the qualifying assumption. The Board appointed Advisory Committee applies the following three guiding principles and evaluates the five criteria in order to make recommendations to the Board on which condition(s) to include in the state's required NBS panel.

# QUALIFYING ASSUMPTION

Before an advisory committee is convened to review a candidate condition against the Board's five newborn screening requirements, a preliminary review should be done to determine whether there is sufficient scientific evidence available to apply the criteria for inclusion.

# THREE GUIDING PRINCIPLES

#### Three guiding principles govern all aspects of the evaluation of a candidate condition for possible inclusion in the NBS panel.

- Decision to add a screening test should be driven by evidence. For example, test reliability and available treatment have been scientifically evaluated, and those treatments can improve health outcomes for affected children.
- All children who screen positive should have reasonable access to diagnostic and treatment services.
- Benefits of screening for the disease/condition should outweigh harm to families, children and society.

# CRITERIA

- 1. Available Screening Technology: Sensitive, specific and timely tests are available that can be adapted to mass screening.
- 2. Diagnostic Testing and Treatment Available: Accurate diagnostic tests, medical expertise, and effective treatment are available for evaluation and care of all infants identified with the condition.
- **3.** Prevention Potential and Medical Rationale: The newborn identification of the condition allows early diagnosis and intervention. Important considerations:
  - There is sufficient time between birth and onset of irreversible harm to allow for diagnosis and intervention.
  - The benefits of detecting and treating early onset forms of the condition (within one year of life) balance the impact of detecting late onset forms of the condition.
  - Newborn screening is not appropriate for conditions that only present in adulthood.
- 4. Public Health Rationale: Nature of the condition justifies population-based screening rather than risk-based screening or other approaches.
- **5.** Cost-benefit/Cost-effectiveness: The outcomes outweigh the costs of screening. All outcomes, both positive and negative, need to be considered in the analysis. Important considerations to be included in economic analyses include:
  - The prevalence of the condition among newborns.
  - The positive and negative predictive values of the screening and diagnostic tests.
  - Variability of clinical presentation by those who have the condition.
  - The impact of ambiguous results. For example the emotional and economic impact on the family and medical system.
  - Adverse effects or unintended consequences of screening.







Newborn Screening Technical Advisory Committee (TAC)

WASHINGTON STATE

# NBS TAC Membership

MEMBER	ALTERNATE	REPRESENTING
<b>Kelly Oshiro, JD</b> Board Co-Chair Assistant Attorney General		Washington State Board of Health (Board)
Nirupama (Nini) Shridhar, MPH, PhD Department Co-Chair State Genetics Coordinator		Department of Health (Department)
Joan Chappel, RN, MSN Nursing Consultant Advisor/Supervisor	Sunpreet Bhangoo, RN Occupational Nurse Consultant	Washington Health Care Authority (HCA)
<b>Byron Raynz</b> Parent Advocate		Parent/Child Advocacy
<b>Emily Shelkowitz, MD</b> Pediatrics, Medical Genetics	<b>Christina Lam, MD</b> Medical Director, Biochemical Genetics	Pediatric Specialty Care, Seattle Children's Hospital Biochemical Genetics
<b>Eric Leung, MD</b> Neonatologist		Neonatology and Washington Chapter of the American Academy of Pediatrics (WCAAP)
Heather Hinton, MS Certified Genetic Counselor		Genetic Counseling, MultiCare Yakima Memorial
<b>Joon-Ho Yu, MPH, PhD</b> Pediatrics/Public Health Bioethicist		Bioethics, Department of Epidemiology, University of Washington Bioethics, Treuman Katz Center for Pediatric Bioethics and Palliative Care
<b>Kristine Alexander</b> Senior Medical Policy Research Analyst		Private Insurers, Regence Health Plans
<b>Krystal Plonski, ND, LAc, EAMP, FABNP</b> Naturopathic Pediatrics and Acupuncturist		Naturopaths, Seattle Children's Hospital, and Washington Association of Naturopathic Physicians (WANP)







Newborn Screening Technical Advisory Committee (TAC)

WASHINGTON STATE

BOARDOFHEALTH

# **NBS TAC Membership**

MEMBER	ALTERNATE	REPRESENTING
<b>Lisa McGill Vargas, MD</b> Neonatologist	<b>Rucha Shukla, MD</b> Neonatologist	Pediatrics, Neonatal-Perinatal Medicine, Sacred Heart Medical Center Neonatology Intensive Care Unit (NICU)
<b>Peggy Harris</b> Public Health and Children's Health Advocate		Parent/Child Advocacy, Save Babies Through Screening Foundation
<b>Priyanka Raut, DNP, MHS, RN</b> Senior Director of Nursing		Pediatrics, Yakima Valley Farmworkers Clinic
<b>Roberta (Bobbie) Salveson, ARNP, PhD</b> Pediatric Nurse Practitioner, Medical Genetics		Pediatric Specialty Care, Mary Bridge Children's Hospital Biochemical Genetics
<b>Taylor Kaminski,</b> Community Doula		Perinatal and Postpartum Care, Global Perinatal Services
María Sigüenza Executive Director		State Commissions, Commission on Hispanic Affairs
<b>Molly Parker, MD, MPH</b> Family Medicine Physician		Provider, Population Health, Jefferson Healthcare
Michelle Whitlow, M.S. Executive Director		Parent/Child Advocacy, Lewis County Autism Coalition
<b>Steve Kutz, BSN, MPH</b> Chair, Washington State American Indian Health Commission		State Commissions, American Indian Health Commission

# NBS TAC Staff Support

Kelly Kramer, Board Newborn Screening Policy Advisor John Thompson, Department Director of Newborn Screening Megan McCrillis, Department Newborn Screening Policy Advisor Molly Dinardo, Board Policy Advisor **Crystal Ogle**, Board Administrative Assistant **Michelle Larson**, Board Communications Manager **Anna Burns**, Board Communications Consultant





## Branch-chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency Overview

Newborn Screening Technical Advisory Committee January 14, 2025

## **ABOUT THE CONDITION**

- BCKDK deficiency is a rare inherited genetic disorder that leads to a deficiency of branched-chain amino acids<sup>1</sup>
- There are 21 cases of BCKDK deficiency identified worldwide, with no cases yet reported in the United States<sup>2</sup>
- BCKDK deficiency is caused by changes in the BCKDK gene, which produces the BCKDK enzyme<sup>1</sup>
- The BCKDK enzyme regulates the metabolism of branched-chain amino acids
- Mutations with the BCKDK enzyme causes an overactive break down of branched-chain amino acids<sup>1</sup>
- Without enough amino acids, proteins can't form properly, which impairs neurodevelopmental growth and development<sup>1,2</sup>

### SIGNS & SYMPTOMS

• Signs and symptoms can vary but may include autism spectrum disorder, language impairment, seizures, and microcephaly<sup>2</sup>

### DIAGNOSIS

- BCKDK deficiency may be detectable through a newborn screening blood spot using tandem mass spectrometry, although it is not a part of any newborn screening program<sup>2</sup>
- BCKDK deficiency can be confirmed with DNA testing

## TREATMENT

• Treatment for BCKDK deficiency includes a diet high in total protein intake and branch-chain amino acid supplementation<sup>2</sup>

2. Tangeraas, T., et al. BCKDK deficiency: a treatable neurodevelopmental disease amenable to newborn screening. Brain 146: 3003-3013, 2023. [PubMed: <u>36729635</u>]

To request this document in an alternate format or a different language, please contact the State Board of Health at (360) 236-4110 or by email at <u>wsboh@sboh.wa.gov</u>.

<sup>1.</sup> Novarino, G., et al. Mutations in BCKD-kinase lead to a potentially treatable form of autism with epilepsy. Science 338: 394-397, 2012. [PubMed: <u>22956686</u>]

# Comment for TAC Meeting January 14th, 2025

Good morning, members of the Technical Advisory Committee and the Board of Health,

Thank you for the opportunity to participate in this important discussion regarding the potential inclusion of branch-chain ketoacid dehydrogenase kinase (BCKDK) deficiency in Washington State's mandatory newborn screening panel. My name is Michelle Whitlow, and I am the Executive Director of the Lewis County Autism Coalition. Today, I hope to provide insights to support a thorough and thoughtful review of this issue.

First, I would like to acknowledge the complexity of this matter. BCKDK deficiency is an extremely rare metabolic disorder that affects amino acid processing, with only about 20 documented cases worldwide. This makes it significantly rarer than conditions like phenylketonuria (PKU), which is already included in the newborn screening panel. Although testing for both PKU and BCKDK uses a heel prick for blood collection, the clinical frameworks and cost-benefit implications for these conditions differ significantly. PKU benefits from well-established treatment protocols, while BCKDK's rarity has hindered the development of robust, evidence-based interventions.

Notably, research has shown a connection between autism and unusual amino acid metabolism. For instance, one clinical trial found that nearly 17 percent of autistic participants exhibited signs of unusual amino acid metabolism. Similarly, a 2012 study linked mutations in a gene involved in carnitine synthesis, a compound derived from amino acids to autism. Washington State already screens for several amino acid metabolism disorders, including PKU and maple syrup urine disease (MSUD), demonstrating the state's commitment to addressing rare metabolic conditions. These findings suggest that existing newborn screening efforts may already address related metabolic concerns, further illustrating the state's diligence in this area.

However, the extremely low prevalence of BCKDK deficiency raises questions about its inclusion in the panel. To provide context, the last condition proposed for inclusion—Ornithine Transcarbamylase Deficiency (OTCD)—has been put on hold due to a lack of funding. OTCD, which has a higher documented prevalence of approximately 1 in 14,000 to 113,000 live births, underscores the challenges of implementing new screenings without sufficient resources.

Adding to this complexity is Washington State's projected \$10 billion budget deficit. Expanding the newborn screening panel without a clear plan for sustainable funding risks straining an already underfunded system and diverting resources from existing public health priorities.

This discussion highlights several key considerations:

1. **Rarity of BCKDK Deficiency**: While early screening and intervention offer immense benefits, the extremely low prevalence of this condition raises questions about cost-effectiveness, particularly in light of the financial constraints demonstrated by the OTCD example.

- 2. Need for Additional Research: The need for further research and data collection to better understand the prevalence, long-term outcomes, and treatment efficacy for BCKDK deficiency. Without sufficient data, decisions may rely on incomplete information, leading to unintended consequences.
- 3. **Community Input**: As part of the autism community, we hold the principle of "Nothing About Us Without Us" as a cornerstone of our advocacy. While there is a connection between BCKDK deficiency and autism spectrum disorder (ASD), the broader ASD community's perspective on this specific condition has not been widely explored and may be worthy of consideration. This underscores the importance of meaningful engagement with individuals and families who may be directly impacted by this decision in the future.

In light of these considerations, my intent today is exploratory rather than declarative. I aim to raise critical questions and advocate for a comprehensive and inclusive review process. I encourage the committee to carefully weigh the costs and benefits, prioritize additional research, and ensure that any decision reflects the best interests of both individuals with BCKDK deficiency and the broader community.

Lastly, I deeply appreciate the Board of Health for including the autism community in this vital conversation. This inclusive approach ensures that diverse perspectives are considered, aligning with our coalition's mission to foster thoughtful, community-driven decision-making.

Thank you for your time and for allowing me to contribute to this discussion. I am happy to do my best to answer any questions or provide additional insights as needed.

Warm regards, Michelle Whitlow Executive Director Lewis County Autism Coalition

References

# Below are some sources/references that I accessed but did not include above via in-text citations because I figured it a less formal submission... I

- 1 Science. 2012 Oct 19; 338(6105): 394–397
- 2, 4 Spectrum News December 17, 2019
- 3 Science. 2012 Oct 19; 338(6105): 394–397, paragraph before Supplementary Material
- 5 <u>Biol Psychiatry. 2019 Feb 15;85(4):345-354. doi: 10.1016/j.biopsych.2018.08.016. Epub 2018</u> Sep 6
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- 29 <u>Neurotoxicology. 2009 Sep; 30(5): 822–831</u>
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- 31 Autism Research May 22, 2019 [Epub ahead of print]
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# BCKDK Deficiency: Natural History and Diagnostic Testing

Phillip J White, PhD

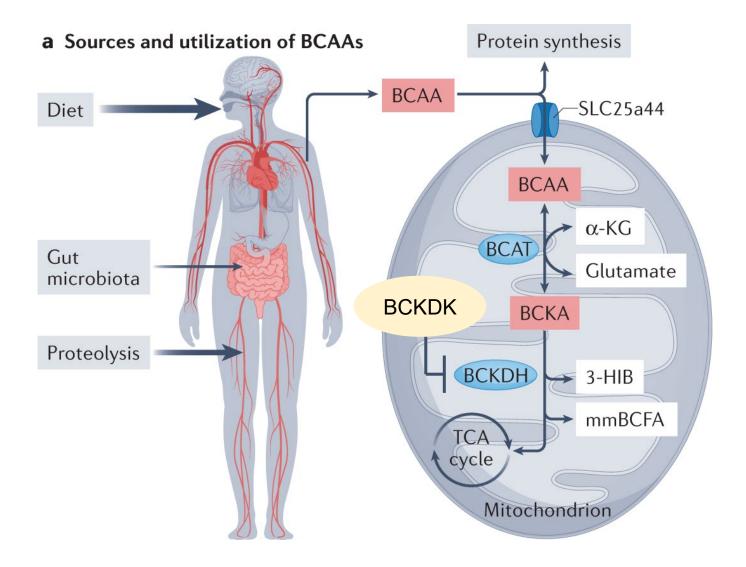
Associate Professor of Medicine

**Duke University** 



Washington State Board of Health, Newborn Screening Technical Advisory Committee Meeting, January 14 2025

# BCKDK Deficiency is a Disorder of Impaired Branched-Chain Amino Acid (BCAA) Homeostasis



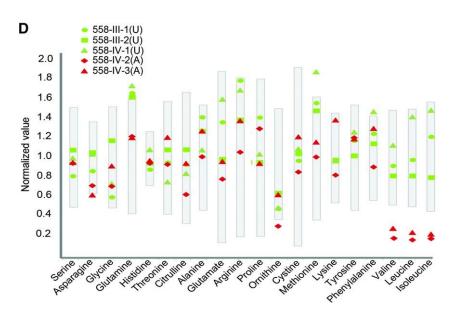
# **KEY POINTS**

- The branched-chain keto acid dehydrogenase kinase (BCKDK) is an enzyme that controls the breakdown of BCAA by inhibiting the rate limiting step in the catabolic pathway.
- BCAA are essential amino acids that are required for protein synthesis and growth.
- BCAA play a major role in maintaining nitrogen balance.
- In the brain, BCAA are used to generate neurotransmitters.
- Loss of BCKDK results in BCAA wasting and extremely low levels of BCAA in blood, urine, and cerebrospinal fluid.

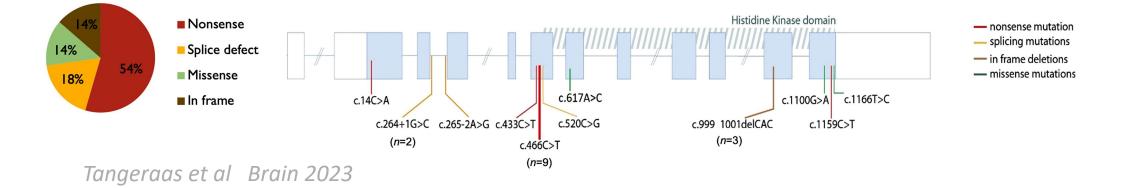
McGarrah & White, Nature Reviews Cardiology 2022

# **Natural History of BCKDK Deficiency**

- BCKDK Deficiency was first described by Novarino *et al* in 2012 in a population of six patients aged 5-22 as a Mendelian form of Autism (100%), with Intellectual Disability (100%), and Epilepsy (50%).
- The disorder is characterized by low BCAA levels in blood and CSF.
- Additional cases have since been reported all are linked to genetic mutations that either alter BCKDK abundance or function
- The largest published study from Tangeraas et al describes 22 persons and provides the most insight into BCKDK deficiency.
- NOTE: No report on the condition to date has provided a complete natural history of the disorder.



Novarino et al Science 2012

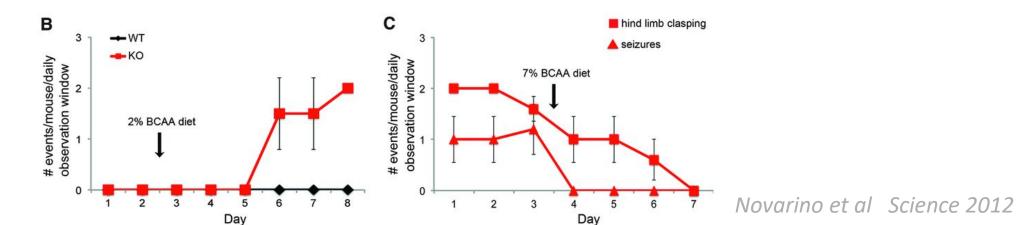


# **Natural History of BCKDK Deficiency**

- All BCKDK-deficient patients show global developmental delay at diagnosis.
- Seventy-five per cent present autistic traits or ASD
- Microcephaly is not present at birth in any of the cases, but appears postnatally in most patients.

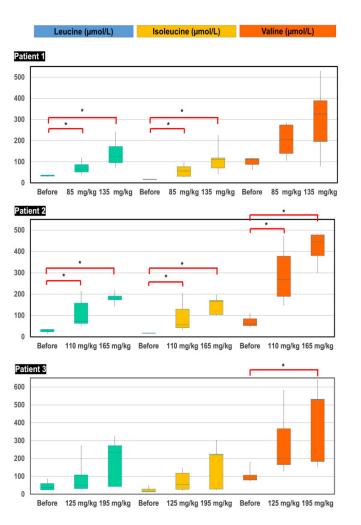
Of the 22 cases in the Tangeraas study:

- All 17 patients older than 2YO had language impairment. 9 were non-verbal
- Delayed motor milestones present in all include: lack of head control, delayed rolling over, unsupported sitting and walking.
- 19/21 gross motor function impairment.
- 16/16 intellectual disability.
- 12/17 met DSM-5 criteria for autism spectrum disorder
- 9/20 had epilepsy
- All published studies show dietary modifications can raise BCAA levels to normal range in affected persons.



# **Natural History of BCKDK Deficiency**

- The findings of Tangeraas, suggest there is a marked difference in clinical outcome depending on whether BCAA supplementation occurs in early development (before 2 years old) or at later stages (beyond 2 years of age).
- In the three patients where BCAA treatment was initiated <2 years of age, follow-up indicated amelioration of the developmental delay compared to older patients.
- Head circumference and motor function were the two main items that improved with treatment.
- Motor functions stabilized or improved in all patients
- Cognition and neuropsychiatric features did not improve after treatment. However, patients who initiated treatment before 2 years of age did not develop autism over time.
- P15, who had the earlier diagnosis and treatment (8 months), presented normal cognition and almost normal global neurodevelopment when evaluated at 3 years.
- BCAA treatment improved seizure control in 3 siblings with BCKDK deficiency (Boemer et al 2022)



Boemer et al Int J Mol Sci 2022

# **Diagnostic Testing for BCKDK Deficiency**

- BCAA are measured in neonatal dried blood spots as part of standard testing.
- High BCAA are currently used to identify Maple Syrup Urine Disease.
- All cases of BCKDK deficiency have BCAA levels below the standard range.
- A lower threshold could be used to indicate a need for further genetic testing and evaluation.



# **BCKDK Deficiency**

Natural History, Diagnostic Testing, Treatment

# **Natural History**

Clinical features compiled from 4 reports:

- Novarino et al (2012) 3 families, 6 individuals
- Garcia-Carzola (2014) 2 families, 2 individuals
- Boemer (2022) 1 family,
  3 individuals
- Tangeraas et al (2023) 13 families, 21 individuals

↓ plasma/CSF BCAA levels

Global developmental delay Autism Seizures Progressive microcephaly Language impairments Intellectual disability Gross motor function impairments Epilepsy Skin issues

# **Diagnostic Testing**

Will leave this part to the testing experts, but it appears there are pilot studies that use existing NBS methods and confirmatory testing to identify individuals with BCKDK deficiency

# Treatment

Information compiled from 3 reports:

- Novarino et al (2012) 2 families, 4 individuals
- Garcia-Carzola (2014) 1 family, 1 individual
- Boemer (2022) -1 family,
   3 individuals
- Tangeraas et al (2023) 13 families, 19 individuals

#### Supplement BCAA

- Short-term ↑ in plasma BCAA
- No adverse effects

#### High protein + BCAA via tube feeding

- Improved communication, social
- Improved gross motor sills

#### Supplement BCAA

- Subjective behavior improvement; Vineland
- Improved seizures

#### High protein diet + supplement BCAA

- Improved plasma BCAA
- Stabilization of head circumference (11)
- Language improvement (3)
- Motor function improvement (13)
- $\geq$  <u><</u>2 yo did not develop autism (3)

# **Clinical Practice**

- → Referral to Biochemical Genetics Clinic
- → Confirmation of diagnosis, assessment
- → Individualized treatment plan might include
  - Increase dietary protein intake
  - BCAA supplements (oral powder/tablets taken 4-7 times per day)
  - Plasma BCAA monitoring
  - Developmental surveillance and referral
  - Regular clinic visits for monitoring, education, and adjustment of plan

#### NBS - Related Treatment Considerations (Clinician's Lens)

- Access to treatment
  - "Increased natural protein" not covered by insurance
  - o BCAA supplements poorly reimbursed and/or not readily accessible
- Treatment burden and fatigue
- False positives
- "Mild" presentations
- Potential to improve lives and contribute to knowledge base





# COST BENEFIT ANALYSIS FOR BCKDK DEFICIENCY

Megan McCrillis, MPH Policy Analyst, WA State Newborn Screening Program John D. Thompson, PhD, MPA, MPH Director, Newborn Screening Program Does BCKDK Deficiency meet the "Cost-benefit/Cost-effectiveness" criterion for inclusion on the WA State Newborn Screening Panel?

# The criterion

**5. Cost-benefit/Cost-effectiveness:** The outcomes outweigh the costs of screening. All outcomes, both positive and negative, need to be considered in the analysis. Important considerations to be included in economic analyses include:

- The prevalence of the condition among newborns.
- The positive and negative predictive values of the screening and diagnostic tests.
- Variability of clinical presentation by those who have the condition.
- The impact of ambiguous results. For example the emotional and economic impact on the family and medical system.
- Adverse effects or unintended consequences of screening.

## The cost-benefit model

O Decision Tree

Compares status quo v. screening model

OData from:

• Primary literature

- States currently screening or pilot studies
- Expert opinion
- Sensitivity analysis vary assumptions
   O High and low estimates for parameters

## The cost-benefit model

O Decision Tree

Compares status quo v. screening model

• Data from:

 $\circ$  Primary literature  $\rightarrow$  extremely limited

- States currently screening or pilot studies
- Expert opinion

Sensitivity analysis – vary assumptions
 O High and low estimates for parameters

## The cost- benefit model

O Decision Tree

Compares status quo v. screening model

• Data from:

 $\circ$  Primary literature  $\rightarrow$  extremely limited

- $\circ$  States currently screening or pilot studies  $\rightarrow$  none
- Expert opinion
- Sensitivity analysis vary assumptions
   O High and low estimates for parameters

#### The cost- benefit model

Decision Tree

Compares status quo v. screening model

• Data from:

 $\circ$  Primary literature  $\rightarrow$  extremely limited

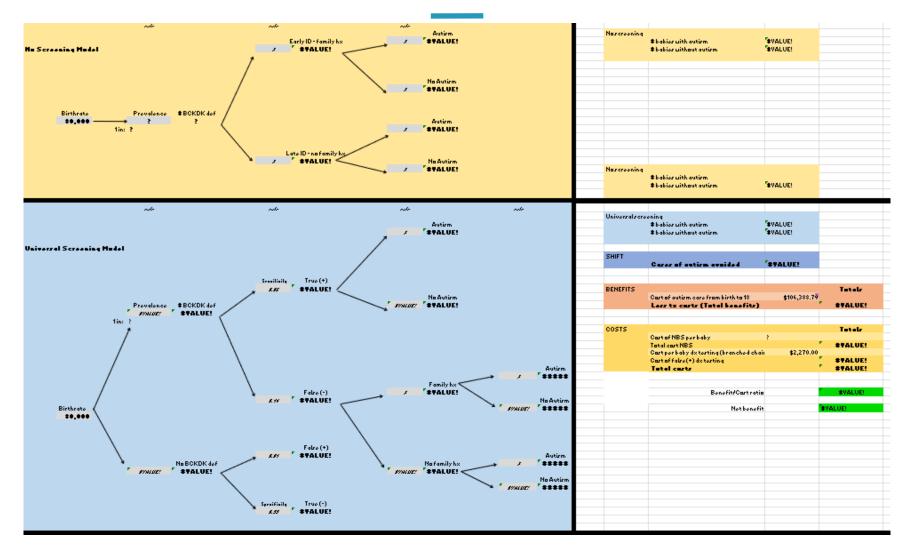
- $\circ$  States currently screening or pilot studies  $\rightarrow$  none
- $\circ$  Expert opinion  $\rightarrow$  mostly not accessible
- Sensitivity analysis vary assumptions
   O High and low estimates for parameters

#### The cost-benefit model

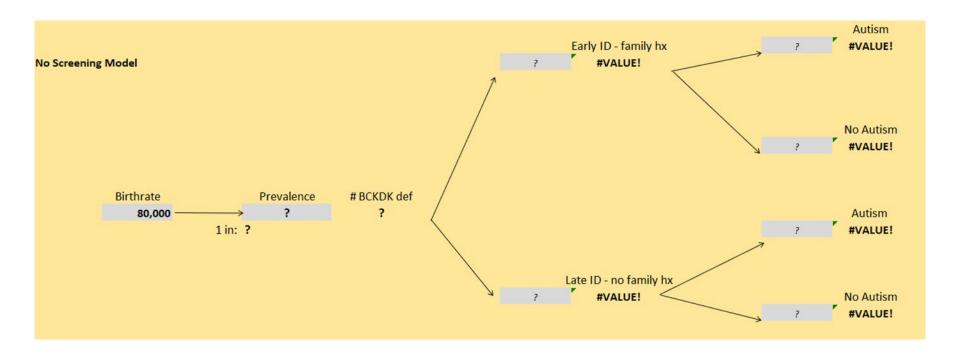
#### • Phone-a-friend:

 Insight from Anna Hidle, Public Health Economist, Washington Department of Health

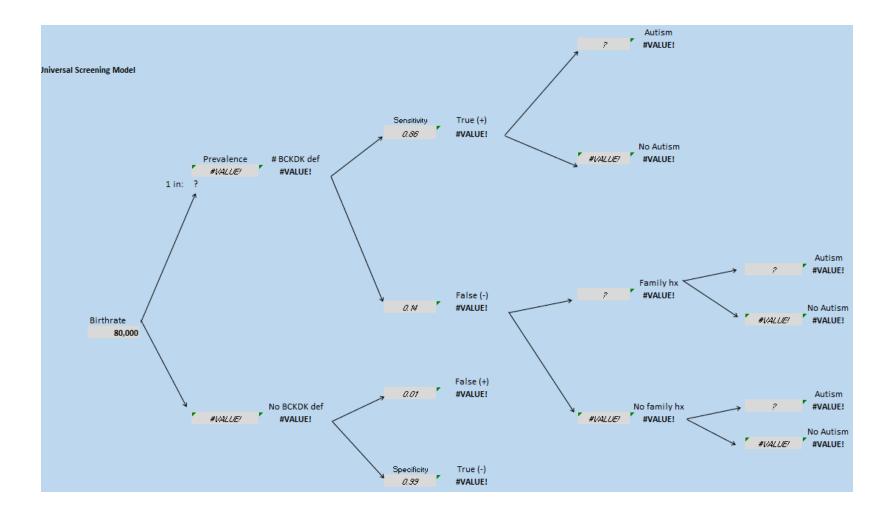
#### The cost-benefit model



## Status quo: No screening model



#### Newborn screening model



#### Benefits and Costs

No screening	# babies with autism # babies without autism	#VALUE!	
Universal scre	ening # babies with autism # babies without autism	#VALUE! #VALUE!	
SHIFT			
511111	Cases of autism avoided	#VALUE!	
BENEFITS			Totals
	Cost of autism care from birth to 18	\$106,388.79	-
	Less tx costs (Total benefits)		#VALUE!
COSTS			Totals
	Cost of NBS per baby	?	
	Total cost NBS		#VALUE!
	Cost per baby dx testing (branched chai	ı \$2,270.00	
	Cost of false(+) dx testing		#VALUE!
	Total costs		#VALUE!
	Benefit/Cost ratio		#VALUE!
	Net benefit		#VALUE!

# Summary

- The quality of the results are only as good as the data in the model
- We don't have a benefit/cost ratio to share today
- The model is built
  - Parameters for missing assumptions could be entered in the future when data is available

# Questions?

**5. Cost-benefit/Cost-effectiveness:** The outcomes outweigh the costs of screening. All outcomes, both positive and negative, need to be considered in the analysis. Important considerations to be included in economic analyses include:

- The prevalence of the condition among newborns.
- The positive and negative predictive values of the screening and diagnostic tests.
- Variability of clinical presentation by those who have the condition.
- The impact of ambiguous results. For example the emotional and economic impact on the family and medical system.
- Adverse effects or unintended consequences of screening.





WASHINGTON STATE

Newborn Screening Technical Advisory Committee (TAC)

#### Meeting to Review Branch-Chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency for the Newborn Screening Panel

#### **TAC Member Voting Summaries and Comments**

The following is a compilation of comments from TAC members provided when voting on each individual criteria, and an overall recommendation. Comments have been summarized and are organized by each criterion and then overall comments provided.

Criteria		Major themes
1. Available Screening Technology		• Tests and technology are available for measuring BCA serum levels,
Yes, meets criterion.	6	but their performance, sensitivity, and specificity are unclear.
No, does not meet criterion.	7	<ul> <li>While the upper limits of normal BCA levels are defined, lower limits can be estimated from population norms, and tandem mass spectrometry is already used to directly measure BCA plasma levels.</li> </ul>
Unsure.	4	spectrometry is already used to directly measure box plasma levels.

2. Diagnostic Testing and Treatment	Available	•	There is very limited evidence available for this disorder, making it
<ul> <li>Yes, meets criterion.</li> </ul>			unclear whether diagnostic criteria are met.
No, does not meet criterion.		•	The data on prevalence, long-term outcomes, false positives/negatives, and treatment effectiveness is insufficient, and
Unsure.	5		the small sample size makes it difficult to verify the disorder's validity.
3. Prevention Potential and Medical F	Rationale	•	There is a lack of sufficient data on the prevalence, long-term outcomes with early treatment, and the number of patients in the
Yes, meets criterion.	7		literature, making it difficult to assess the relevant criteria.
No, does not meet criterion.	3		
Unsure.	7		

Washington State Board of Health March 12, 2025, Meeting Materials Page 3

4. Public Health Rationale	• Not enough information to assess this criterion. Rarity gives pause, but true prevalence is unknown.
Yes, meets criterion. 2	
No, does not meet criterion. 12	
Unsure. 3	
5. Cost Benefit / Cost Effectiveness         Yes, meets criterion.         0	There is insufficient data available to evaluate the condition, including the lack of BCA testing, limited prevalence information, and
No, does not meet criterion. 13	<ul><li>only 21 patients reported in the literature.</li><li>Screening is not being conducted, and there are concerns about</li></ul>
Unsure. 4	unintended consequences for conditions on the newborn screening panel.

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# Washington State Board of Health

Legislative Report: Branched-Chain Ketoacid Dehydrogenase Kinase (BCKDK) Deficiency

Kelly Kramer, Policy Advisor June 4, 2025



# **BCKDK Deficiency Legislative Report**

- Senate Bill 6234 (2024 legislative session)
  - Directed the Board of Health to conduct a review of BCKDK deficiency for the Newborn Screening (NBS) panel and to submit a report by June 30, 2025
- BCKDK deficiency was reviewed by the TAC in January 2025
  - Recommended not to add BCKDK deficiency to NBS panel
- The Board accepted TAC recommendations at the March 2025 Board of Health meeting
- Staff have submitted the draft report to the Office of Financial Management for preliminary review
- Seeking Board approval for draft legislative report





# THANK YOU

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#### 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 <a href="https://www.wsboh@sboh.wa.gov">wsboh@sboh.wa.gov</a> 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.





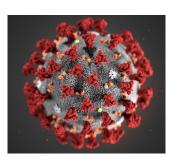
Where we've been, what we've learned and where we're headed

Mike McNickle, Director Grays Harbor County Public Health



# The COVID years (2021-22)

Pandemic – Boo!



Staff fatigue





Community fatigue

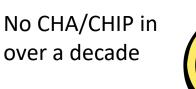


Noted lack of service provision due to provider shortage



Mistrust and misinformation obstacles

Grays Harbor County Public Health







No capacity for "everyday" public health

work



# What we've done

# 2022 through 2024

 Community Health Assessment/Community Health Improvement Plan





- Public Health Strategic Plan for 2022-2025
- Behavioral Health Gap Analysis
- Crisis Triage Plan
- Youth Services Gap Analysis
- Third Spaces Plan
- Mobile Medical Van
- ER peers with Summit Pacific Medical Center
- Partnered with Summit Pacific Medical Center for a mental health facility and services
- North Beach School-Based Health Center
- Many Homeless Housing Initiatives
- Initiated in-person visits in WIC and Reproductive Health Program
- Initiated a Diabetes Program
- And so much more!



HEALTH MANAGEMENT ASSOCIATES

Behavioral Health Gap Analysis

PREPARED FOR GRAYS HARBOR COUNTY PUBLIC HEALTH

# Top findings

#### **CHA/CHIP**

- Increase access to culturally appropriate behavioral and physical health providers.
- Expand access to healthy and physical activities.
- Increase access to safe and affordable housing.
- Increase culturally appropriate health communication and education.

#### CHILDHOOD SUPPORT SERVICES GAP ANALYSIS

- Provide smooth transitions of care between levels of services.
- Better access to childcare.
- Navigation support for families in need of resources.
- Access to basic needs.
- Recreational support for families.
- More formal connections to available services.



#### **BEHAVIORAL HEALTH GAP ANALYSIS**

- Increase availability of youth services.
- Provide a directory of resources within the community.
- Create a system that provides transportation to appointments.
- Develop anti-stigma education campaigns.
- Increase number of culturally diverse treatment providers to the region.

# Top findings

#### THIRD SPACES PLAN

- A single space is not the answer to Grays Harbor County.
- Invest in coordination and collaboration identify and support an anchor organization.
- Increase community education and raise up existing efforts.
- Create a Hub or Centralized Communication Place.
- Expand and deepen engagement with emerging/young adults.
- Reduce cost to existing resources through scholarships and expand access.



#### **CRISIS TRIAGE PLAN**

- In 2022, Grays Harbor:
  - Used more mobile crisis services than any other county in the fivecounty region.
  - As the third largest county in the region, utilization of 41% of the total usage for the region was a significant outlier.
  - Despite having a population that is 10% smaller than Lewis County, Grays Harbor regularly uses between 22 and 50% more crisis resources than its slightly larger neighbor (*Cowlitz*)
- Recommendations:
  - An EmPATH unit that is co-located at an existing medical facility with an emergency department
  - A Behavioral Health Urgent Care that is co-located at an existing medical facility with an emergency department.
  - Establishment of a multi-agency, cross sector familiar face or high user care coordination team would increase the level of support that individuals who frequently use he emergency department and have frequent contacts with law enforcement for behavioral health symptoms.

## Strategic Plan Accomplishments

# **Healthy Families**

- Published the Early Childhood Support Systems Gap Analysis.
- Creating a framework for a county-wide diaper bank network.
- Increased the number of families with young children enrolled in Parents as Teachers home visiting program and receiving Women, Infant and Children (WIC) nutrition and education services.



# **Healthy People**

- Implementation of the School-based Health Center in the North Beach School District.
- Mobile Medical van
- Diabetes prevention/intervention programming.

# Communications

- Translated key pages of the website into Spanish and created a standalone Spanish website.
- Increased social media presence (Twitter, Linkedin, etc.).

# **Healthy Places**

- Behavioral Health Resource Guide development and implementation.
- Crisis Triage Model design phase, completed November 2023.
- Applied for and received additional funds to support youth mental health promotion and suicide prevention.

# **Healthy Finances**

- Balanced budgets
- Excellent audits
- Consistent contracts

Where we're headed

# January 2025 – Opioid Abatement Work May 2025 – CHA/CHIP August 2025 – Affordable Housing Summit October 2025 – 3rd Annual Symposium



# 





#### SBOH Public Meeting - June 4, 2025 Local Health and Community Focus





Mike McNickle, Director

Mike has served as the director of Grays Harbor County Public Health since March 2021. He had previously served as director of Yamhill County, Oregon and Clatsop County Public Health in Astoria, Oregon.

Mike holds a Doctor of Philosophy - PhD focused in Public Health from Walden University, a Masters in Public Health from Oregon Health and Sciences University and a Masters in Public Administration from Washington State University.

#### Grays Harbor County Public Health

The mission of Grays Harbor County Public Health and Social Services Department is to improve the health and well-being of the people of Grays Harbor.

We have a vision of Grays Harbor as a place where all people can be healthy throughout their lives.

We value:

- respect. We approach all people with significance, understanding, compassion, and dignity.
- communication. We value effective, responsive, and timely communication and our role as a trusted source of health information.
- collaboration. We work together for the mutual benefit of the community through the sharing of information, resources, and ideas to achieve a common goal.
- continuous improvement. We believe quality and professional development is a neverending effort for individuals and teams.
- integrity. We act with a consistency of character and are accountable to our community for our actions.
- health equity. We will apply our knowledge and understanding of health equity to eliminate health disparities in our community.

# WASHINGTON STATE BOARD OF HEALTH

#### 2025 Meeting Schedule

Approved by the Board November 13, 2024 Updates approved by the Board January 8, 2025 Update approved to the Board April 9, 2025

Update proposed to the Board June 4, 2025 -- To Cancel July 9 Meeting

Note: Precise location and meeting time will be posted to the Board's website at least two weeks in advance of the meeting.

	Meeting Date	Location
Board	Wednesday January 8, 2025	<ul> <li>Hybrid:         <ul> <li>Physical Location; Washington State Department of Labor &amp; Industries, 7273 Linderson Way SW Tumwater, WA 98501-5414, (LNI Auditorium)</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul> </li> </ul>
Board	Wednesday March 12, 2025	<ul> <li>Hybrid:</li> <li>Physical Location; Washington State Department of Health, 111 Israel Road S.E., Tumwater, WA 98501, Building: Town Center 2 (Rooms 166 &amp; 167)</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul>
Board	Wednesday April 9, 2025	<ul> <li>Hybrid:</li> <li>Physical Location; Cedarbrook Lodge (Cedars I &amp; II), 18525 36th Avenue South, SeaTac, WA 98188</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul>
Board	UPDATE: Wednesday, June 4, 2025	<ul> <li>Hybrid:         <ul> <li>Physical Location; Washington State Department of Health, 111 Israel Road S.E., Tumwater, WA 98501, Building: Town Center 2 (Rooms 166 &amp; 167)</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> <li>(note: WA State Association of Local Public Health Officials (WSALPHO) Annual meeting is at Semiahmoo Resort in Blaine, WA, June 3-5, 2025, June 10-12, 2025)</li> </ul> </li> </ul>

Board	Wednesday July 9, 2025 – PROPOSE TO CANCEL AT JUNE 4 MEETING	Hold date – meet only if necessary
Board	Wednesday August 20, 2025 (3 <sup>rd</sup> Week)	<ul> <li>Hybrid:</li> <li>Physical Location; To Be Determined (TBD).</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul>
Board	Wednesday October 8, 2025	<ul> <li>Hybrid:         <ul> <li>Physical Location; To Be Determined (TBD).</li> <li>Virtual Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul> </li> <li>(note: WA State Public Health Association (WSPHA) Annual conference is in Yakima, October 21-23, 2025. The WSALPHO Environmental Public Health Directors meeting is Sept 30-Oct 3 in Leavenworth)</li> </ul>
Board	Wednesday November 19, 2025 (3 <sup>rd</sup> week)	<ul> <li>Hybrid:</li> <li>Physical Location; To Be Determined (TBD), likely in Tumwater, WA at LNI or DOH</li> <li>Meeting via ZOOM Webinar; hyperlink provided on website and agenda. Public Attendees can pre-register and access the meeting online.</li> </ul>

Start time is 9:30 a.m. unless otherwise specified. Time and locations subject to change as needed. See the <u>Board of</u> <u>Health Web site</u> and the <u>Health Disparities Council Web site</u> for the most current information. Last updated 4/9/2025

## WASHINGTON STATE BOARD OF HEALTH

Date: June 4, 2025

To: Washington State Board of Health Members

From: Kelly Oshiro, Board Member

**Subject:** Rules Hearing, Chapter 246-650 WAC, Auditory Screening Standards – School Districts

#### Background and Summary:

Under state law (RCW 28A.210.020), the Washington State Board of Health (Board) sets the rules for yearly hearing screenings in schools. These rules are in chapter 246-760 WAC. The rules ensure schools can identify and refer students with diminished hearing for follow-up care.

In August 2023, the Lake Chelan Lion's Club requested that the Board update its hearing screening rules. They suggested adding another screening technology called otoacoustic emission screening (OAE). The Board accepted the request and filed a CR-101, Preproposal Statement of Inquiry, in October 2023 to consider this update and other minor changes.

Board staff worked with hearing experts, reviewed potential rule changes, and gathered feedback from interested parties and affected communities through school site visits, informational sessions, and a survey for school screening staff. Board staff used this feedback to draft proposed rules for informal comment and supporting analyses.

A CR-102, Proposed Rule, was filed on April 22, 2025, opening the formal public comment period, which ended on May 23, 2025. The proposed updates to chapter 246-760 WAC would allow schools to use otoacoustic emission (OAE) devices as an optional tool for students who can't be screened with the current technology. In addition, these changes aim to clarify the rule's language, align it with vision screening standards, and reflect current national hearing screening guidelines.

I have invited Molly Dinardo, Board staff, to summarize the proposed rules, share comments received during the public comment period, and provide staff recommendations on addressing those comments. Following this presentation, we will hold a public hearing on the proposed rules.

#### Recommended Board Actions:

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

Washington State Board of Health June 4, 2025, Meeting Memo Page 2

The Board adopts the proposed rules establishing chapter 246-760 WAC as published in WSR 25-09-146, with revisions agreed upon at today's meeting, if any. The Board directs staff to file a CR-103 and establish an effective date.

Staff

Molly Dinardo

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## Auditory Screening Rules Hearing Chapter 246-760 WAC

Molly Dinardo, State Board of Health, Health Policy Advisor Annie Hetzel, Office of Superintendent of Public Instruction, School Health Services Consultant Lisa Mancl, Pediatric Audiologist, University of Washington

June 4, 2025

## WASHINGTON STATE

## Overview

- Background
- Engagement and Rule Development
- Proposed Rule Changes
- Summary of Feedback and Staff Recommendations
- Next Steps
- Rules Hearing



## **Overview of Washington Auditory Screening Rules**

- Washington law requires that the Board make rules for the yearly hearing screenings done in Washington schools (RCW 28A.210.020).
- Chapter 246-760 WAC outlines the requirements for these screenings.
- Screenings are required for students in kindergarten, grades 1-3, and grades 5 and 7.
- Schools may expand these screenings to other grade levels if resources permit.
- The Board last updated the hearing sections of the rule in 2002 (vision screening sections were updated in 2017).

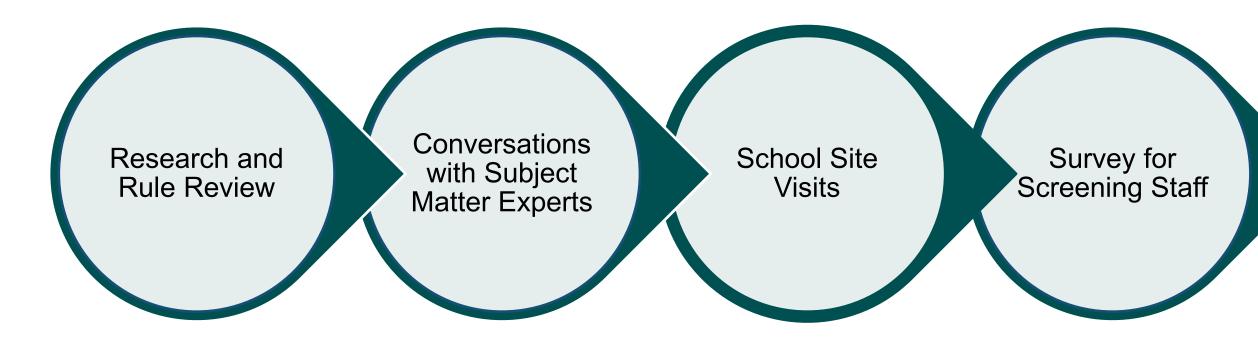


## **Rulemaking Background**

- The Board received a petition for rulemaking from the Lake Chelan Lion's Club asking to add otoacoustic emission (OAE) screening technology to chapter 246-760 WAC.
- The Board accepted this request and directed staff to start the rulemaking process to explore options for possibly including OAE technology in the rule, and to make other technical or editorial changes.



## **Engagement and Rule Development**



Informational and Listening Sessions

Informal Comment Period

4

## **Proposed Rule Changes**

Revisions to chapter 246-760 WAC include:

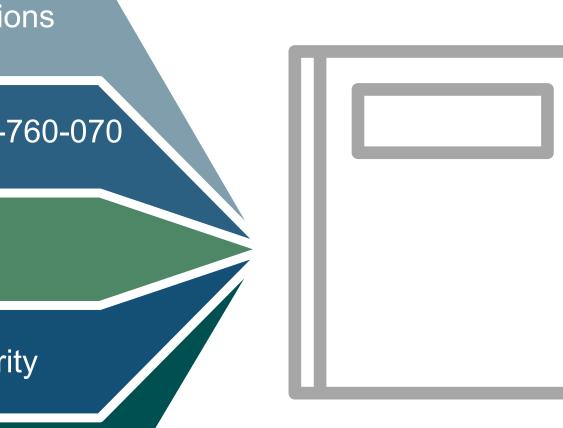
Updating hearing section titles and content to align with vision sections

Adding a new section, "Hearing Screening," to align with WAC 246-760-070

Including definitions/abbreviations for hearing screenings

Removing deficit-based terminology and updating language for clarity

Updating ANSI standards for hearing screening equipment and including OAE devices as an optional screening technology





## **Public Comments**

- The draft proposed rules and notice of rules hearing were published on April 22, 2025, under WSR 25-09-146 (CR-102).
- The public comment period ran from April 24, 2024, through May 23, 2025. •
- Staff received comments from 9 members of the public. •
- Based on the comments received, staff recommend 5 technical and clarifying edits to the proposed rules. ۲
- Key themes from public comments included: ۲
  - Support for OAE screening to better serve nonverbal students and reduce access barriers.
  - Equity concerns for rural, neurodivergent, immigrant, and refugee students. •
  - Importance of informed consent and culturally responsive communication. ۲
  - Need for consistent and clear terminology across WAC sections.  $\bullet$
  - Preference for practical language that reflects real school conditions. ۲
  - Appreciation for flexibility in screening tools and methods.  $\bullet$
  - Suggested edits to clarify language, reduce administrative burden, and address access to care considerations.



WAC 246-760-001: Purpose and application of hearing and vision screening standards for school districts.

- **Comment:** Why do the terms auditory and visual acuity remain in this section when they've changed in other places in this section and the WAC?
- **Staff Recommendation:** Update the terms in this section to maintain consistency with other proposed ulletchanges. Staff proposed changes: "Each board of school directors in the state shall provide for and require screening of the auditory hearing and vision screening visual acuity of children attending schools in their districts to determine if any child demonstrates reduced hearing auditory or visual acuity vision that may negatively impact their learning.



WAC 246-760-030: Required and alternative hearing screening tools.

- **Comment:** (ii) 80 dB for transitory evoked otoacoustic emissions (TEOAEs). (b) For a pass result, the screening device must show a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from 2,000 Hz to 8,000 Hz. Recommended change: Remove [transitory], replace with [transient] transient evoked otoacoustic emissions.
- Staff Recommendation: Update to reflect appropriate terminology. Staff propose changing "transitory" evoked otoacoustic emissions" to "transient evoked otoacoustic emissions."



WAC 246-760-040: Hearing screening procedures.

- **Comment:** Free of extraneous noise should make it "in as quiet an area as possible." There is almost nowhere in our school to find a place free of extraneous noise. It is unrealistic to think that most schools will have an area fully free of extraneous noise. Even the quietest places I can find have fans I can't turn off, heating/cooling systems that noise, etc.
- Staff Recommendation: Update language to reflect comment. Staff proposed changes: (2) The screener shall: (a) Conduct screenings in an environment free of extraneous noise, to the extent possible in a school setting.

WAC 246-760-050: Hearing screening referral procedures.

- **Comment:** (1) (c) If the student's results indicate the need for additional assessment or follow-up, the school shall notify the parents or legal guardian ((of the need for audiological evaluation if the student fails the second screening)) that a comprehensive audiological assessment is necessary. Again, schools generally get better results referring to the primary care provider. Many times the issue can be resolved at that level. And even if it can't be resolved by the Primary Care Provider (PCP), the PCP needs to make the referral to an audiologist for most insurance plans. We don't want to stick parents with bills for care that aren't paid for by insurance that would have been if they had followed the usual pathway. Maybe there can be language about a comprehensive audiologist exam when districts have an audiologist on staff whose job includes doing a comprehensive exam. Few do any more.
- Staff Recommendation: Propose updating the language in this subsection for clarity. Staff proposed changes: (c) If a student's results suggest the need for further assessment or follow-up, the school shall notify the parents or legal guardian that a comprehensive audiological assessment evaluation may be required assessment is necessary. This evaluation may be preceded by a medical assessment to rule out other factors and to access audiology services as needed.



WAC 246-760-050: Hearing screening referral procedures (Continued).

- **Comment:** (2) The school((s)) shall notify parents or legal guardians ((of the need for)) if a medical evaluation is needed if: (a) ((Indicated by audiological evaluation)) The results of a hearing screening suggest it; or (b) ((A)) An audiological evaluation is ((not available)) unavailable. This seems at odds with section c. In c we are directing people to audiology. In this section we are directing them to medical care. Which is it? Few parents are going to do both based on what the school says. They are more likely to do the audiology based on what the provider says. "medical evaluation is needed". Using language like that may put districts on the hook for paying for it. I'm guessing that no budget comes to pay for medical evaluations that school say are needed (as opposed to "we recommend that you follow up with a provider?
- **Staff Recommendation:** Propose updating the language in this subsection for clarity. Staff proposed changes: (2) The school shall notify parents or legal guardians if a medical comprehensive evaluation is needed if: (a) The results of a hearing screening suggest it; or (b) A school or school district does not have access to an audiologist on staff. An audiological evaluation is unavailable.



## **Next Steps**

- A public hearing on the rules will take place after this presentation.
- If the Board approves the proposed rule, staff will file a CR-103 form with the Code Reviser.
- Staff will continue to offer technical support to OSPI and screening staff as needed.



## WASHINGTON STATE

## Rules Hearing





## **THANK YOU**

To learn more about this project, email Molly Dinardo at <u>molly.dinardo@sboh.wa.gov</u>

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# OR SCA

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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.
- 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.

### WASHINGTON STATE **BOARDOFHEALTH**

#### External Email

Hi Molly, Thanks again for taking my call this morning, I learn a lot from out chat. Please consider this email back to you is a formal request for petition for rule change for WAC-246-760-030.

Have a great day and thanks again for your help.

Craig

Craig Boothe President Lake Chelan Lions Club Sight and Hearing Chairman www.lakechelanlions.org www.lakechelanlionsclubfoundation.org craigb47@hotmail.com 425-241-1401

From: Dinardo, Molly (SBOH)
Sent: Wednesday, July 26, 2023 8:27 AM
To: Craig Boothe
Subject: RE: Otoacoustic emission screening (OAE) - Change in Rule WAC 246-760-030

Hi Craig,

Thanks for sending this information along. Are you still available to connect around 8:30 am this morning? If yes I can give you a call then.

Best,

Molly Dinardo, MPH (she/her) Health Policy Advisor Washington State Board of Health Molly.Dinardo@sboh.wa.gov 564-669-3455 Website, Facebook, Twitter

From: Craig Boothe <craigb47@hotmail.com>
Sent: Wednesday, July 26, 2023 8:20 AM
To: Dinardo, Molly (SBOH) <Molly.Dinardo@sboh.wa.gov>
Subject: Otoacoustic emission screening (OAE) - Change in Rule WAC 246-760-030

#### External Email

Molly here is what was sent to Bill Lundin by Ric Giles to review with suggested new language for the OAE screening in schools, the language in italic underline are not yet approved by the department of Health.

Craig

The full ASHA text can be found here <u>https://www.asha.org/Practice-Portal/Professional-</u> <u>Issues/Childhood-Hearing-Screening/#collapse\_1</u>

#### WAC 246-760-030

#### What are the auditory acuity screening standards for screening equipment and procedures?

(1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand hertz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

(3) <u>Or Otoacoustic emission screening (OAE) equipment may be used for initial</u> <u>screening with auditory screening equipment for any student that has a "Fail/Refer" result.</u>

#### What are the procedures for auditory acuity screening?

(1) Schools shall screen all children referenced in WAC <u>246-760-020</u> on an individual basis <u>by using</u>

(a) Otoacoustic emission (OAE) screening and, or

*(b) Auditory screening equipment* at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) <u>Follow manufacturer guidelines for OAE screening. Children who</u> <u>receive "Fail/Refer" results with OAE shall be screened</u>

*using auditory screening equipment.* Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996

standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

Reason for OAE screening be included in any rule change;

- OAE's can screen school age children much more rapidly than using pure tones, saving more time for class room instruction and allowing screeners to complete the auditory screening requirements much quicker.
- OAE requires no active participation from the students.
- Instructions on how to respond to a faint sound are not needed or misunderstood.
- Students who respond or don't respond to pure tones because they watch others doing so is avoided, reducing false positive or false negative screening results.
- Parents notified that their child failed a hearing screening due to false "fail" pure tone screening are reduced.
- Incidence of false "fail/refer" screening results are still possible due to ear canal blockage or transient middle ear issue.
- Incidence of false "pass" are not, only normal hearing can produce a "pass" screening result.
- Any child who receive a "fail/refer" screening should then be screened using traditional pure tone screening.
- OAE screening is required to quickly screen newborn infants before release from the hospital it just makes sense to use them to screen school age children as well.

#### Edited Recommendations taken from the ASHA website, for background information only;

#### **Otoacoustic Emissions (OAE)**

**Otoacoustic emissions** (OAEs)—either transient-evoked OAEs (TEOAEs) or distortion product OAEs (DPOAEs)—are measured using a sensitive probe microphone inserted into the ear canal. OAEs are a direct measure of outer hair cell and cochlear function in response to acoustic stimulation and yield an indirect estimate of peripheral hearing sensitivity. OAEs do not technically test an individual's hearing, but rather OAE results reflect the performance of the inner ear mechanics.

#### **Factors to Consider**

- With OAE protocols taking less time than pure tone protocols, more children may be screened on a given day (Kreisman, Bevilacqua, Day, Kreisman, & Hall, 2013).
- Personnel may include an audiologist, SLP, nurse, or other trained volunteer screener. Equipment can be automatic with no decision making required regarding equipment parameters or pass/fail criteria.
- Screening in quiet environments typically reduces the amount of time needed to complete an OAE hearing screening. A reasonable amount of noise may be present without interrupting the OAE screening process. OAE equipment may indicate when the screening environment is too noisy.
- OAEs will usually be absent when there is outer or middle ear dysfunction.
- OAEs may miss some cases of educationally significant mild and mild-moderate hearing loss or ANSD (AAA, 2011).
- The use of OAE technology may be appropriate for screening children who are difficult to test using pure-tone audiometry (those who cannot respond to traditional pure tone or conditioned play techniques; Stephenson, 2007)

#### **OAE Screening Procedure**

- Place small probe in the ear canal to deliver the sound stimuli.
- Read results. Automated OAE screening units will analyze the emission and provide a result of either "pass" or "fail/refer." Screeners other than audiologists should not independently change the parameters of the test equipment or provide interpretation of findings.

TEOAEs: Clicks or tone bursts are used as the stimuli at one level—for example, 80 dB SPL. Normal distributions for this condition for normal hearing are documented in the literature (Hussain, Gorga, Neely, Keefe, & Peters, 1998).

DPOAEs: Pure tones are used as the stimuli. Normal distributions for this condition for normal hearing are documented in the literature (Gorga et al., 1997).

#### **OAE Screening Results**

Screening programs that use OAE equipment often use the manufacturer's pre-set stimulus and pass/fail parameters, which will vary. This allows for participation by screeners who do not have the background or knowledge to adjust or interpret result parameters. When automated equipment is used, findings will be recorded as either "pass" or "fail/refer." For children who could not complete screening due to lack of cooperation, internal or external noise, or other

reasons, the findings are recorded as "could not scree

Craig Boothe President Lake Chelan Lions Club Sight and Hearing Chairman www.lakechelanlions.org www.lakechelanlionsclubfoundation.org craigb47@hotmail.com 425-241-1401

From:	Dinardo, Molly (SBOH)
To:	craigb47@hotmail.com; Davis, Michelle (SBOH)
Bcc:	Steele, Mike (LEG); Steele, Mike (LEG)
Subject:	RE: WAC on hearing tests in Schools
Date:	Tuesday, July 25, 2023 12:15:00 PM
Importance:	High

Hi Brenda,

Thanks so much for connecting us. Moving you to bcc to avoid further cluttering your inbox.

Hi Craig,

It's nice to meet you virtually.

Please let me know if you would like to submit your inquiry to Rep Steele's office below as a petition for rulemaking, or if you would like to submit a separate request and any additional supporting information directly to the Board for consideration. I spoke with someone from the NW Lion's Foundation back in March regarding a similar inquiry, but never heard back. Below is the information that I provided them with (note the dates were based on the timeframe we received their voicemail). If you have any questions about the information below or about your request, do let me know.

Best,

Molly Dinardo, MPH (she/her) Health Policy Advisor Washington State Board of Health Molly.Dinardo@sboh.wa.gov 564-669-3455 Website, Facebook, Twitter

-----

Hello,

Thanks for reaching out to our team at the State Board of Health and for expressing your interest in updating the school hearing tests listed in <u>Chapter 246-760 WAC</u>.

As I mentioned, our next regularly scheduled <u>Board meeting</u> will be **Wednesday April 12<sup>th</sup>**. This will be a hybrid meeting, with both virtual and in-person options for attendance. Our next Board meeting after April is scheduled for June 14<sup>th</sup> and will also be hybrid.

If you'd like to file a formal petition to the Board requesting to amend Chapter 246-760 WAC, you can do so by following the process outlined on the Board's website <u>here</u>. Note that any member of the public may petition a state agency to adopt, repeal, or amend a rule within its authority. Once

you send your petition to the Board, the Board has 60 days to respond to the petition, and may take one of the following actions at its meeting where the petition is on the agenda:

- Deny the request and explain why the request was denied
- Describe alternative steps the Board will take
- Initiate rulemaking

I encourage you to review <u>the Board's petition policy</u> to learn more about the petitioning, response, and appeal process. You can also find information on the Board's rulemaking process under the <u>Agency Overview</u> section of our website.

To submit a petition for rulemaking, <u>please download and complete the petition form</u> from the Office of Financial Management's (OFM) website. Please let me know if you have any questions about completing the form. Once you complete the form, you can either email your petition to <u>wsboh@sboh.wa.gov</u> or you may email it to me directly. You may also include any supplemental materials that you'd like to include with the petition form for the Board's review. Any materials you submit will be included in the Board meeting packet materials and posted to the Board's website. **The deadline for the Board to post its draft meeting agenda is next week, Wednesday March 29<sup>th</sup>.** 

You may also <u>sign up for public comment</u> at our upcoming Board meeting to share more about your request. Note that the Board does not take testimony on petitions, but you can speak to your petition during the public comment section of the meeting. The information to register for virtual participation will become available on Wednesday March 29<sup>th</sup> with the draft meeting agenda.

From: Glenn, Brenda <Brenda.Glenn@leg.wa.gov> On Behalf Of Steele, Rep. Mike
Sent: Tuesday, July 25, 2023 12:04 PM
To: craigb47@hotmail.com; Dinardo, Molly (SBOH) <Molly.Dinardo@sboh.wa.gov>
Cc: Steele, Mike (LEG) <mike.steele@leg.wa.gov>
Subject: FW: WAC on hearing tests in Schools
Importance: High

External Email

Molly and Craig,

This email serves as a way to introduce you to each other.

Craig Boothe President Lake Chelan Lions Club Sight and Hearing Chairman www.lakechelanlions.org www.lakechelanlionsclubfoundation.org craigb47@hotmail.com 425-241-1401

Molly Dinardo, MPH (she/her) Health Policy Advisor Washington State Board of Health <u>Molly.Dinardo@sboh.wa.gov</u> 564-669-3455 <u>Website, Facebook, Twitter</u>

Craig will work with you Molly on this or let you know who will be contacting you from the Lions to work with you on this issue.

Molly, Rep. Steele and I really appreciate your follow through on this issue!

Brenda Glenn, Sr. Executive Legislative Assistant
For Deputy Minority Leader Rep. Mike Steele
360-786-7832
Visit Rep. Steele's website: <u>https://mikesteele.houserepublicans.wa.gov/</u>
Sign up for Rep. Steele's enewsletters: <u>https://mikesteele.houserepublicans.wa.gov/email-updates/</u>
NOTICE OF PUBLIC DISCLOSURE: Please note, this email and any documents you send this office, may be subject to disclosure requirements under the state Public Records Act, RCW 42.56.

From: Dinardo, Molly (SBOH) <<u>Molly.Dinardo@sboh.wa.gov</u>>
Sent: Tuesday, July 25, 2023 11:33 AM
To: Glenn, Brenda <<u>Brenda.Glenn@leg.wa.gov</u>>
Cc: Davis, Michelle (SBOH) <<u>Michelle.Davis@sboh.wa.gov</u>>; Steele, Rep. Mike
<<u>Mike.Steele@leg.wa.gov</u>>
Subject: RE: WAC on hearing tests in Schools
Importance: High

CAUTION:External email.

Good Afternoon Brenda,

I hope that you are well.

My name is Molly Dinardo, and I'm a Health Policy Advisor for the Washington State Board of Health. In my role, I support the Board's policy and rulemaking work related to vision and hearing screening in schools. I'm writing to follow up on the email correspondence below. Has Rep Steele's office received a response or additional follow-up from the constituent regarding interest in using otoacoustic emission screening (OAE) equipment for hearing screenings in schools?

I ask because the Board has its next full <u>meeting scheduled</u> for Wednesday, August 9<sup>th</sup>. Our team is currently in the process of finalizing our draft meeting agenda for posting and distribution. I'm curious if our team should expect to hear from the constituent/if it's a topic that might be brought to the Board at the August meeting. Any additional information that you might be willing to share would be greatly appreciated.

Thank you in advance for your time and consideration, and I look forward to hearing from you.

Best,

Molly Dinardo, MPH (she/her) Health Policy Advisor Washington State Board of Health Molly.Dinardo@sboh.wa.gov 564-669-3455 Website, Facebook, Twitter

From: Davis, Michelle (SBOH) <<u>Michelle.Davis@sboh.wa.gov</u>>
Sent: Tuesday, July 18, 2023 9:13 PM
To: Steele, Mike (LEG) <<u>mike.steele@leg.wa.gov</u>>
Cc: Dinardo, Molly (SBOH) <<u>Molly.Dinardo@sboh.wa.gov</u>>
Subject: RE: WAC on hearing tests in Schools

Hi Brenda and Representative Steele,

Thank you for your email. I was out of the office last week, please excuse the delay in my response.

The rulemaking for Chapter 246-760 WAC, auditory and visual standards for school districts, falls under the State Board of Health's (Board) authority (<u>RCW</u> <u>28A.210.020</u>). Each board of school directors then has the authority to establish procedures to implement the Board's rules.

While the hearing sections of Chapter 246-760 WAC allow for some flexibility in which

screening technologies are used, the rule generally describes behavioral pure tone screening for auditory screening standards and procedures in schools. The constituent's proposed changes to WAC 246-760-030 below wouldn't necessarily require legislation, this proposal could be presented to the Board through a <u>petition</u> for rulemaking per the Administrative Procedures Act (<u>RCW 34.05.330</u>). The Board would review the petition within 60 days and determine whether to deny the petition in writing or accept the petition and initiate rulemaking.

In March, the Board received a voicemail from a Northwest Lion's Foundation representative regarding their interest in supplying schools with otoacoustic emission screening (OAE) equipment for hearing screenings. One of our policy advisors followed up with the representative by phone and shared information regarding the Board's petition for rulemaking process, but our team hasn't heard anything since the initial inquiry. If your constituent wants to propose their amendment to the rule, Board staff can process the below request as a petition for rulemaking and bring the proposed changes to the next full Board meeting. Please let us know if you would like to us to submit the inquiry as a petition for rulemaking, or if your constituent would like to submit their request and any additional supporting information directly to the Board.

Warm regards,

From: Glenn, Brenda <<u>Brenda.Glenn@leg.wa.gov</u>> On Behalf Of Steele, Rep. Mike
Sent: Tuesday, July 11, 2023 7:54 AM
To: Davis, Michelle (SBOH) <<u>Michelle.Davis@sboh.wa.gov</u>>
Subject: FW: WAC on hearing tests in Schools

External Email

Good morning Michelle,

I sent a constituent's email to the State Board of Education, but going through the WAC I am wondering if this is an area that the State Board of Health handles, (please see email chain below).

The constituent is proposing a Rule change because there is more up to date, better hearing testing equipment available then what is in the WAC. So my questions are: does the rule making for this <u>WAC (246-760-030)</u> fall under the State Board of Health or Education, and can the proposed change be made through rule or would it require legislation?

Thank you,

Brenda Glenn, Sr. Executive Legislative Assistant
For Deputy Minority Leader Rep. Mike Steele
360-786-7832
Visit Rep. Steele's website: <a href="https://mikesteele.houserepublicans.wa.gov/">https://mikesteele.houserepublicans.wa.gov/</a>
Sign up for Rep. Steele's enewsletters: <a href="https://mikesteele.houserepublicans.wa.gov/email-updates/">https://mikesteele.houserepublicans.wa.gov/</a>
Sign up for Rep. Steele's enewsletters: <a href="https://mikesteele.houserepublicans.wa.gov/email-updates/">https://mikesteele.houserepublicans.wa.gov/</a>
Sign up for Rep. Steele's enewsletters: <a href="https://mikesteele.houserepublicans.wa.gov/email-updates/">https://mikesteele.houserepublicans.wa.gov/email-updates/</a>
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From: Glenn, Brenda On Behalf Of Steele, Rep. Mike
Sent: Monday, July 10, 2023 1:53 PM
To: randy.spaulding@k12.wa.us
Subject: WAC on hearing tests in Schools

Good afternoon Randy,

I received J. Lee's out of office response with the suggestion to contact you. I know the Lions probably would like to be ready to give hearing tests to students once school starts, so this seems pretty time sensitive to m.

Rep. Steele received the email below from a constituent and he is wondering if the Rule needs to be changed or if a bill needs to be passed so the Lions can use more updated equipment to do hearing tests in the schools?

Brenda Glenn, Sr. Executive Legislative Assistant
For Deputy Minority Leader Rep. Mike Steele
360-786-7832
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CAUTION:External email.

Mike,

It is mandated be the state of WA that the schools and a yearly basis, screen all children K-5 and 7 for sight and hearing anomalies. The Lake Chelan Lions in conjunction with the school districts, have been screening children for sight and hearing problems for more than25 years and have screened over 16,000 students here in the Lake Chelan Valley.

Last fall, the equipment we were using became unavailable to us for further use. Since then we have raised over \$30,000 to replace the equipment. We are now in the process of buying new screening equipment and would like to buy OAE hearing screeners, which are more advanced than the PT screeners now used. Using the more advanced OAE screeners, would be a step forward in screening the +!0000 students we need to test this year.

We are temporarily blocked from using the new type of equipment because WAC 246-760-030 which was written in 2007 prevents us from using it. The suggested language is before the board of education, but may not even looked at.

Here is the suggested new language for the OAE screening in schools, the language in italics underline have not yet approved by the department of education, but has been submitted to them for consideration and acceptance.

We would like your help in getting the new language in the rules changed.

Thanks for you help

#### WAC 246-760-030

#### What are the auditory acuity screening standards for screening equipment and procedures?

(1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand hertz (Hz) at hearing levels of twenty decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1996 standards.

(2) Qualified persons will check the calibration of frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

(3) Or Otoacoustic emission screening (OAE) equipment may be used for initial screening with auditory screening equipment for any student that has a "Fail/Refer" result.

#### WAC 246-760-040

#### What are the procedures for auditory acuity screening?

(1) Schools shall screen all children referenced in WAC <u>246-760-020</u> on an individual basis *by using* 

(a) Otoacoustic emission (OAE) screening and, or

*(b) Auditory screening equipment* at one thousand, two thousand, and four thousand Hz.

(2) The screener shall:

(a) Follow manufacturer guidelines for OAE screening.\_Children who receive "Fail/Refer" results with OAE shall be screened

*using auditory screening equipment.* Present each of the tonal stimuli at a hearing level of twenty dB based on the ANSI 1996

standards;

(b) Conduct screenings in an environment free of extraneous noise;

(c) If at all possible, complete screening within the first semester of each school year;

(d) Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

(e) Forward the results to the student's new school if the student transfers.

Reason for OAE screening, not to be included in any rule change;

- OAE's can screen school age children much more rapidly than using pure tones, saving more time for class room instruction and allowing screeners to complete the auditory screening requirements much quicker.
- 2. OAE requires no active participation from the students.
- **3.** Instructions on how to respond to a faint sound are not needed or misunderstood.
- Students who respond or don't respond to pure tones because they watch others doing so is avoided, reducing false positive or false negative screening results.
- 5. Parents notified that their child failed a hearing screening due to false "fail" pure tone screening are reduced.
- 6. Incidence of false "fail/refer" screening results are still possible due to ear canal blockage or transient middle ear issue.
- 7. Incidence of false "pass" are not, only normal hearing can produce a "pass" screening result.
- 8. Any child who receive a "fail/refer" screening should

then be screened using traditional pure tone screening.

 OAE screening is required to quickly screen newborn infants before release from the hospital it just makes sense to use them to screen school age children as well.

#### Edited Recommendations taken from the ASHA website, for background information only;

#### Otoacoustic Emissions (OAE)

Otoacoustic emissions (OAEs)—either transient-evoked OAEs (TEOAEs) or distortion product OAEs (DPOAEs)—are measured using a sensitive probe microphone inserted into the ear canal. OAEs are a direct measure of outer hair cell and cochlear function in response to acoustic stimulation and yield an indirect estimate of peripheral hearing sensitivity. OAEs do not technically test an individual's hearing, but rather OAE results reflect the performance of the inner ear mechanics.

Factors to Consider

- 1. With OAE protocols taking less time than pure tone protocols, more children may be screened on a given day (Kreisman, Bevilacqua, Day, Kreisman, & Hall, 2013).
- 2. Personnel may include an audiologist, SLP, nurse, or other trained volunteer screener. Equipment can be automatic with no decision making required regarding equipment parameters or pass/fail criteria.
- 3. Screening in quiet environments typically reduces the amount of time needed to complete an OAE hearing screening. A reasonable amount of noise may be present without interrupting the OAE screening process. OAE equipment may indicate when the screening environment is too noisy.
- 4. OAEs will usually be absent when there is outer or middle ear dysfunction.
- 5. OAEs may miss some cases of educationally significant mild and mild-moderate hearing loss or ANSD (AAA, 2011).
- The use of OAE technology may be appropriate for screening children who are difficult to test using pure-tone audiometry (those who cannot respond to traditional pure tone or conditioned play techniques; Stephenson, 2007)

- 1. Place small probe in the ear canal to deliver the sound stimuli.
- 2. Read results. Automated OAE screening units will analyze the emission and provide a result of either "pass" or "fail/refer." Screeners other than audiologists should not independently change the parameters of the test equipment or provide interpretation of findings.

TEOAEs: Clicks or tone bursts are used as the stimuli at one level—for example, 80 dB SPL. Normal distributions for this condition for normal hearing are documented in the literature (Hussain, Gorga, Neely, Keefe, & Peters, 1998).

DPOAEs: Pure tones are used as the stimuli. Normal distributions for this condition for normal hearing are documented in the literature (Gorga et al., 1997).

#### OAE Screening Results

Screening programs that use OAE equipment often use the manufacturer's pre-set stimulus and pass/fail parameters, which will vary. This allows for participation by screeners who do not have the background or knowledge to adjust or interpret result parameters. When automated equipment is used, findings will be recorded as either "pass" or "fail/refer." For children who could not complete screening due to lack of cooperation, internal or external noise, or other reasons, the findings are recorded as "could not screen"

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Grenda Glenn, Sr. Executive Legislative Assistant
For Deputy Minority Leader Rep. Mike Steele
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#### STATE OF WASHINGTON WASHINGTON STATE BOARD OF HEALTH

PO Box 47990 • Olympia, Washington 98504-7990

August 14<sup>th</sup>, 2023

Craig Boothe President, Sight and Hearing Chairperson Lake Chelan Lion's Club PO Box 1521 Chelan, WA 98816

Sent Via Email

Dear Mr. Boothe,

Thank you for the rulemaking petition you submitted to the State Board of Health (Board) on July 26<sup>th</sup>, 2023, requesting to amend chapter 246-760 WAC to include otoacoustic emission (OAE) as a screening technology in the Board's school auditory screening standards.

The Board met on August 9<sup>th</sup>, 2023, and after reviewing and discussing your petition, voted to accept your petition and explore options to revise relevant sections of chapter 246-760 WAC. The Board directed staff to file a CR-101, Preproposal Statement of Inquiry, to initiate rulemaking, further evaluate your request, and assess potential options regarding whether to include OAE screening technology in the Board's rules.

We will soon file the CR-101 and begin work. As noted during the meeting deliberations, Board Members have requested that staff conduct additional research and bring more information to the Board regarding the use of otoacoustic emission as an auditory screening technology for further consideration and scoping of the rulemaking. If you have additional materials that you'd like to send along for staff to review as part of this process, please let Board staff know.

We thank you for your interest and work on this topic. If you require further assistance, please don't hesitate to contact Molly Dinardo, Health Policy Advisor in our office, at 564-669-3455 or at <u>Molly.Dinardo@sboh.wa.gov</u>.

Sincerely,

Keith Grellner, Chair, State Board of Health

cc: Bill Lundin, Chair, Northwest Lion's Foundation

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: April 22, 2025

WSR 25-09-146

TIME: 12:36 PM

#### PROPOSED RULE MAKING

#### CR-102 (June 2024) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

Agency:	Washington State Board of Health							
⊠ Original Notice								
Supplem	Supplemental Notice to WSR							
Continua	Continuance of WSR							
⊠ Prepropo	sal State	ment of Inqu	uiry was filed as <u>WSR 23-2</u>	2-004;	or			
Expedite	□ Expedited Rule MakingProposed notice was filed as WSR; or							
□ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1); or								
□ Proposal is exempt under RCW								
<b>Title of rule and other identifying information:</b> Chapter 246-760 WAC – Auditory Screening Standards for School Districts. The Washington State Board of Health (Board) is proposing updates to hearing screening standards for schools. The changes would allow school districts to use otoacoustic emission (OAE) devices as an alternative screening tool for students who cannot participate in pure tone audiometry tests. The updates also aim to clarify the language of the rules, ensure consistency with vision screening sections of the rule, and align with current national standards.								
Hearing loc	ation(s):							
					Comment:			
June 4, 2025 1:30 p.m. Physical Location: Washington State Departm Health 111 Israel Road S.E. Tumwater, WA 98501 Building: Town Center Two Rooms 166 & 167) Virtual Link: <u>https://us02web.zoom.us/</u> ar/register/WN_DiQ17FVF hHIzCvdRw#/registration			Physical Location: Washington State Departm Health 111 Israel Road S.E. Tumwater, WA 98501 Building: Town Center Two Rooms 166 & 167) Virtual Link: https://us02web.zoom.us/ ar/register/WN_DiQ17FVF hHIzCvdRw#/registration	ent of (TC2, <u>/webin</u> SSutI	The State Board of Health will be holding a hybrid hearing with the option to attend and testify either via Zoom or in-person.			
Date of inte			4, 2025 (Note: This is <b>N</b>	-	,			
Submit writ Name					ance for persons with disabilities:			
Address	Molly Dinardo P.O. Box 47990 Olympia, WA 98504-7990			t State Board of Health Staff (360) 236-4110				
Email	schoolauditoryscreening@sboh.wa.gov		Fax	N/A				
Fax	N/A			TTY	711			
Other: Please submit comments through the AirTable link below: <u>https://airtable.com/apphlxdKlbsd4Drza/pagrWs7U1Slsue</u> <u>uVU/form</u>				Email	wsboh@sboh.wa.gov			
				Other				
By (date and time) May 23, 2025 at 11:59 p.m.			5 at 11:59 p.m.	By (dat	e) May 28, 2025			

**Purpose of the proposal and its anticipated effects, including any changes in existing rules:** The State Board of Health is proposing updates to chapter 246-760 WAC to modernize its school hearing screening standards. These changes would allow schools to use OAE devices as an optional tool for students who can't complete pure-tone audiometry. The proposal also updates the rules to align with national best practices, use more inclusive language, and improve clarity and consistency with the vision screening sections of the rule. The Board anticipates these changes will make the rules easier to understand and use, and provide more options for schools to screen students who can't be screened with the current audiometry equipment permitted in rule.

**Reasons supporting proposal:** The proposed rule is essential to meet the goals and objectives of RCW 28A.210.020. It also ensures the Board supports evidence-based hearing screening tools, providing consistent, quality screenings for all students across schools and districts. Early identification of hearing challenges helps ensure children receive the support they need to succeed and prevent hearing reductions from affecting their learning. The Board's hearing screening standards have not been updated since 2002. This rulemaking is essential to align screening practices with current evidence-based standards and ensure school screening staff can access clear, up-to-date procedures. Without these updates, the hearing screening rules would be inconsistent with vision screening standards, use less clear language, and offer fewer screening options for students unable to complete pure-tone audiometry.

Statutory authority for adoption: RCW 28A.210.	.020							
Statute being implemented: RCW 28A.210								
Is rule necessary because of a:								
Federal Law?		🗆 Yes 🖂 No						
Federal Court Decision?		□ Yes ⊠ No						
State Court Decision?		$\Box$ Yes $\boxtimes$ No						
If yes, CITATION:								
Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None								
Name of proponent: Washington State Board of Health Type of proponent: □ Private. □ Public. ⊠ Governmental.								
Name of agency personnel responsible for:								
Name	Office Location	Phone						
Drafting: Molly Dinardo	101 Israel Road SE, Tumwater, WA, 98504	564-669-3455						
Implementation: Office of the Superintendent of Public Intstruction	600 Washington St. S.E.Olympia, WA 98504- 7200	360-725-6000						
Enforcement: Office of the Superintendent of Public Instruction	600 Washington St. S.E.Olympia, WA 98504- 7200	360-725-6000						
Is a school district fiscal impact statement requ If yes, insert statement here: The public may obtain a copy of the school dist Name Address Phone Fax TTY Email Other	rict fiscal impact statement by contacting:	□ Yes ⊠ No						
Is a cost-benefit analysis required under <u>RCW 34.05.328</u> ? Yes: A preliminary cost-benefit analysis may be obtained by contacting:								
Name Molly Dinardo								
Address P.O. Box 47990, Tumwater, WA, 98504								
Phone 564-669-3455								
Fax N/A								
TTY 711								
Email <u>molly.dinardo@sboh.wa.gov</u>								
Other								

□ No:	Please explain:				
Regulatory Fairness Act and Small Business Economic Impact Statement Note: The Governor's Office for Regulatory Innovation and Assistance (ORIA) provides support in completing this part.					
This rule p chapter 19			requirements of the Regulatory Fairness Act (see sult the exemption guide published by ORIA. Please		
adopted so regulation adopted.	olely to conform and/or comply with federal state	ute or regu	<u>CW 19.85.061</u> because this rule making is being lations. Please cite the specific federal statute or describe the consequences to the state if the rule is not		
defined by	RCW 34.05.313 before filing the notice of this	proposed r			
adopted by	v a referendum.		ne provisions of <u>RCW 15.65.570</u> (2) because it was		
⊠ This ru	e proposal, or portions of the proposal, is exem	npt under R	CW 19.85.025(3). Check all that apply:		
	<u>RCW 34.05.310</u> (4)(b)		<u>RCW 34.05.310</u> (4)(e)		
	(Internal government operations)		(Dictated by statute)		
	<u>RCW 34.05.310</u> (4)(c)		<u>RCW 34.05.310</u> (4)(f)		
	(Incorporation by reference)		(Set or adjust fees)		
$\boxtimes$	<u>RCW 34.05.310</u> (4)(d)		<u>RCW 34.05.310</u> (4)(g)		
	(Correct or clarify language)		((i) Relating to agency hearings; or (ii) process		
			requirements for applying to an agency for a license or permit)		
This ru	e proposal, or portions of the proposal, is exem	npt under R	<u>CW 19.85.025(4)</u> . (Does not affect small businesses).		
🗆 This ru	e proposal, or portions of the proposal, is exem	npt under R	2CW		
Explanation of how the above exemption(s) applies to the proposed rule: WAC 246-760-001, WAC 246-760-010, WAC 246-020, WAC 246-760-025, WAC 246-760-050, and WAC 246-760-060, are all exempt because it proposes rule updates that clarifies rule language without changing its effect.					
	of exemptions: Check one.				
		•	dentified above apply to all portions of the rule proposal.		
			exemptions identified above apply to portions of the rule		
	out less than the entire rule proposal. Provide de proposal: Is not exempt. (Complete section 3.		• • • • • • • • • • • • • • • • • • • •		
	pusiness economic impact statement: Comp	·			
If any porti on busines		impose mo	re-than-minor costs (as defined by RCW 19.85.020(2))		
No Briefly summarize the agency's minor cost analysis and how the agency determined the proposed rule did not impose more-than-minor costs.					
The proposed rule does not impose more than minor costs on businesses as this rule was determined to not incur any additional costs.					
□ Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses and a small business economic impact statement is required. Insert the required small business economic impact statement here:					
	public may obtain a copy of the small business acting:	economic	impact statement or the detailed cost calculations by		
1	lame				
	Address				
	Phone				
	ax				
	TY				
	Email Other				

		Signature:
Date:	April 21, 2025	
Name:	Michelle A. Davis	Michelle A Davis
Title:	Executive Director	

### Chapter 246-760 WAC ((AUDITORY)) <u>HEARING</u> AND ((VISUAL)) <u>VISION SCREENING</u> STANDARDS—SCHOOL DISTRICTS

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-001 Purpose and application of ((auditory and visual)) hearing and vision screening standards for school districts. Each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to determine if any child demonstrates reduced auditory or visual ((problems)) acuity that may negatively impact their learning. Each board of school directors shall establish procedures to implement these rules.

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-010 Definitions, abbreviations, and acronyms. The definitions, abbreviations, and acronyms in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "AAPOS" or "American Association for Pediatric Ophthalmology and Strabismus" means the national organization that advances the quality of children's eye care, supports the training of pediatric ophthalmologists, supports research activities in pediatric ophthalmology, and advances the care of adults with strabismus.

(2) "ASA/ANSI" or "Acoustical Society of America/American National Standards Institute" means the national organization responsible for publishing standards and technical reports that standardize acoustical terminology and measurements, as well as for developing consensus-driven industry standards.

(3) "Audiometer" means an instrument used to measure hearing acuity. It is commonly used in hearing tests, typically by presenting pure tones, speech signals, or other auditory stimuli to assess changes in a person's hearing ability.

(4) "Audiological evaluation" means a comprehensive diagnostic exam used to determine the type, degree, and configuration of reduction in hearing. This evaluation is performed by a licensed professional or specialist to diagnose and characterize hearing reductions and create an individualized treatment plan to address hearing needs.

(5) "Auditory acuity" or "hearing acuity," refers to how sharp or sensitive someone's hearing is. It can mean the ability to hear faint sounds, distinguish between different sounds (like pitch or loudness), and identify the direction from which a sound is coming from.

(6) "Calibrate" means to adjust and/or verify the accuracy of screening equipment to ensure it meets established standards. This process involves checking and fine-tuning the equipment to ensure it

provides reliable and consistent results in assessing auditory or visual acuity.

(7) "Crowding bars" means four individual lines surrounding a single optotype.

 $((\frac{3}{3}))$  (8) "Crowding box" or "surround box" means crowding bars on all four sides extended to form a crowding rectangle surrounding a single line of optotypes.

((<del>(4)</del>)) <u>(9) "dB" or "decibel" means a unit of measurement used to</u> express the relative intensity of sound. It is commonly used to quantify sound levels and describe hearing sensitivity.

(10) "Distance vision" means the ability of the eye to see images clearly at a calibrated distance.

((<del>(5)</del>)) <u>(11)</u> "Frequencies" refer to the different pitches of sounds, from low (deep) to high (sharp). Hearing is screened across a range of frequencies to identify reduced hearing at one or more frequencies.

(12) "Hearing screening" means a nondiagnostic test to identify if the person being screened needs to be referred for an audiological evaluation.

(13) "Hz" or "hertz" is the standard unit of measurement used for measuring frequency.

(14) "HOTV letters" means a test using the letters H, O, T, and V calibrated of a certain size used to assess visual acuity.

((<del>(6)</del>)) <u>(15)</u> "Instrument-based vision screening device" means a U.S. Food and Drug Administration approved instrument for vision screening that uses automated technology to provide information about amblyopia and reduced-vision risk factors such as estimates of refractive error and eye misalignment.

((<del>(7)</del>)) <u>(16)</u> "Lay person" means any individual who is conducting school-based vision screening other than a school nurse, a school principal or his or her designee, a licensed vision care professional, or an individual trained by and conducting vision screening on behalf of a nationally recognized service organization that utilizes a testretest protocol for vision screening. This includes, but is not limited to, retired nurses, nursing students, parents, and school staff.

(((8))) (17) "LEA vision test(s)" means a test used to measure visual acuity using specific symbols or numbers, designed for those who do not know how to read the letters of the alphabet.

((<del>(9)</del>)) <u>(18)</u> "Licensed vision care professional" means a licensed ophthalmologist or licensed optometrist. ((<del>(10)</del>)) <u>(19)</u> "Near vision acuity" means the ability of the human

((<del>(10)</del>)) <u>(19)</u> "Near vision acuity" means the ability of the human eye to see objects with clarity at close range, also termed near point acuity or near acuity.

((<del>(11)</del>)) <u>(20)</u> "OAEs" or "otoacoustic emission screening technology or devices" refers to a test that measures the function of the inner ear (cochlea). This technology is commonly used for screening infants and other special populations, particularly when behavioral hearing tests, such as pure tone audiometry, are not appropriate.

(21) "Optotype" means figures, numbers or letters of different sizes used in testing visual acuity.

((<del>(12)</del>)) <u>(22)</u> "Principal's designee" means a public health nurse, special educator, teacher or administrator designated by the school principal and responsible for supervision, training, reporting and referral of vision screening in instances where the school nurse or school principal is not filling this role.

((<del>(13)</del>)) <u>(23) "Probe tip" means the part of an OAE screening de-</u> vice inserted into the ear canal to deliver sound and detect inner ear responses. It must fit snugly and comfortably for accurate screening results.

(24) "School nurse" means a registered nurse acting as the health professional in a school whose specialized practice and attendant tasks and activities advance student health, well-being and achievement; and conforms to Washington state educational and nursing laws according to chapters 18.79 RCW and 246-840 WAC, and WAC 181-79A-223.

according to chapters 18.79 RCW and 246-840 WAC, and WAC 181-79A-223. ((<del>(14)</del>)) <u>(25)</u> "Sloan letters" means a test using ((<del>ten</del>)) <u>10</u> specially formed letters which include C, D, H, K, N, O, R, S, V and Z to assess visual acuity.

((<del>(15)</del>)) <u>(26)</u> "Test-retest protocol" means a method of screening where a screener conducts two or more screenings for any student who meets the referral criteria in order to ensure the reliability of the initial screening.

((<del>(16)</del>)) <u>(27)</u> "Tonal stimuli" refer to sounds with a clear pitch or tone, like a musical note or a beep. These sounds are used in hearing tests to check how well someone can hear.

(28) "Visual acuity" refers to the ability of the visual system to discern fine distinctions in the environment as measured with printed or projected visual stimuli.

<u>AMENDATORY SECTION</u> (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-020 ((Frequency)) <u>Screening requirements</u> for schools ((to screen children)). (((1) A school shall conduct auditory and distance vision and near vision acuity screening of children:

(a) In kindergarten and grades one, two, three, five, and seven; and

(b) Showing symptoms of possible loss in auditory or visual acuity and who are referred to the district by parents, guardians, school staff, or student self-report.

(2) If resources are available, a school may:

(a) Expand vision screening to any other grade;

(b) Conduct other optional vision screenings at any grade using evidence-based screening tools and techniques; or

(c) Expand vision screening to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection.

(3) If resources permit, schools shall annually conduct auditory screening for children at other grade levels.)) (1) Schools shall conduct annual screening for hearing and vision (both near and distance) for students:

(a) In kindergarten and in grades one, two, three, five, and seven; and

(b) Showing signs of possible reductions in auditory or visual acuity that may negatively impact their learning, or those referred to the district by parents, guardians, school staff, etc.

(2) If resources are available, a school may:

(a) Expand screenings to other grades;

(b) Conduct additional optional vision screenings at any grade using evidence-based screening tools and techniques; or

(c) Both expand screenings to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection.

### ((AUDITORY ACUITY)) <u>HEARING SCREENING</u> STANDARDS

#### NEW SECTION

WAC 246-760-025 Hearing screening. (1) A school shall conduct all hearing screenings using tools and procedures that are linguistically, developmentally, and age-appropriate, and shall use screening tools identified in WAC 246-760-030.

(2) A school shall conduct hearing screening according to the tool's instructions and screening protocol.

(3) A school is not required to screen a student who has already had a comprehensive audiological evaluation by a licensed professional within the last 12 months. Schools need a report or form signed by a licensed professional to waive the screening, indicating that an examination has been administered. A school must place this report or form in the student's health record.

(4) A school is not required to screen a student reported by the school district as having reduced hearing levels, as required under RCW 72.40.060.

(5) Exempt students may request to participate in hearing screenings to promote inclusion and prevent stigmatization.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-030 ((What are the auditory acuity screening standards for screening equipment and procedures?)) Required and alternative hearing screening tools. (1) Schools shall use ((auditory)) hearing screening equipment ((providing)) that delivers tonal stimuli at frequencies ((at one thousand, two thousand, and four thousand herz)) of 1,000, 2,000, and 4,000 hertz (Hz) at ((hearing)) a sound level((s)) of ((twenty)) 20 decibels (dB), ((as)) measured at the earphones, ((in reference to)) consistent with Acoustical Society of America (ASA)/American National Standards Institute (ANSI) ((1996)) S3.6-2018 (R 2023) standards.

(2) Qualified persons will check the calibration of frequencies and intensity <u>at the earphones</u> at least ((every twelve months, at the earphones,)) <u>once a year</u> using equipment designed for audiometer calibration.

(3) Otoacoustic emission (OAE) screening devices may be used to screen students who cannot participate in pure tone hearing screening including, but not limited to:

(a) Students with special health care needs;

(b) Students with developmental delays or disabilities;

(c) Students who speak a language other than English;

(d) Students who are not old enough or have difficulty understanding the screener's instructions. (4) OAE screening devices shall not replace screening using pure tone hearing screening equipment except as described in subsection (3) (a) through (d) of this section.

(5) If schools use OAE devices for students who cannot participate in pure tone hearing screening, they shall use calibrated equipment that delivers appropriate stimuli and pass/refer criteria.

(a) The tonal stimuli used during the test must be:

(i) 65/55 dB for distortion product otoacoustic emissions (DPOAEs); or

(ii) 80 dB for transitory evoked otoacoustic emissions (TEOAEs).

(b) For a pass result, the screening device must show a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from 2,000 Hz to 8,000 Hz.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-040 ((What are the procedures for auditory acuity screening?)) Hearing screening procedures. (1) Schools shall screen all ((children)) students referenced in WAC 246-760-020 ((on an individual basis at one thousand, two thousand, and four thousand)) using hearing screening equipment that delivers tonal stimuli at 1,000, 2,000, and 4,000 Hz.

(2) The screener shall:

(a) <u>Conduct screenings in an environment free of extraneous</u> <u>noise;</u>

(b) Position the student so they cannot see the front of the hearing screening equipment or are not facing it;

(c) Present each ((<del>of the tonal stimuli</del>)) <u>tone</u> at a hearing level of ((<del>twenty</del>)) <u>20</u> dB ((<del>based on the</del>)), <u>following ASA/ANSI ((<del>1996</del>)) <u>2023</u> standards;</u>

((<del>(b)</del> Conduct screenings in an environment free of extraneous noise;

(c)) (d) Reinstruct the student or reposition the earphones if they appear confused or do not respond to the tonal stimuli;

(e) If at all possible, complete screening within the first semester of each school year;

((<del>(d)</del>)) <u>(f)</u> Place the results of screenings, any referrals, and referral results in each student's health and/or school record; and

((-(e))) (g) Forward the results to the student's new school if the student transfers.

(3) If a student cannot participate in pure tone hearing screening, an OAE device may be used. For screeners using OAE devices, they shall:

(a) Examine the student's ear to select an appropriately sized probe tip that fits comfortably and securely in the ear canal;

(b) Insert the probe into the student's ear canal and begin the screening. Make sure the equipment shows that the probe is securely in place and that the student is calm and still. For the best results, the screener should help the student stay quiet and keep the probe steady during the test;

(c) Continue measuring the OAE response until the equipment shows either a "PASS" or "REFER" result. AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-050 ((What are the auditory acuity)) Hearing screening referral procedures((?)). (1) If a ((child)) student does not respond to one or more frequencies in either ear <u>during a hearing</u> screening or gets a "refer" result from an OAE:

(a) The school must rescreen the ((child)) student within six weeks, allowing a minimum of one to two weeks between screenings when possible; and

(b) <u>The school must notify</u> ((their)) <u>the student's</u> teachers ((of)) <u>about</u> the need for preferential ((<del>positioning</del>)) <u>seating</u> in class ((<del>because of</del>)) <u>due to</u> the possibility of decreased hearing; and

(c) If the student's results indicate the need for additional assessment or follow-up, the school shall notify the parents or legal guardian ((of the need for audiological evaluation if the student fails the second screening)) that a comprehensive audiological assessment is necessary.

(d) If a school district utilizes OAE devices as part of its hearing screening procedures, the school shall identify and document the specific type of screening device used.

(2) <u>The school((s))</u> shall notify parents or legal guardians ((<del>of the need for</del>)) <u>if a</u> medical evaluation <u>is needed</u> if:

(a) ((Indicated by audiological evaluation)) The results of a hearing screening suggest it; or

(b) ((A)) <u>An a</u>udiological evaluation is ((<del>not available</del>)) <u>un-</u> <u>available</u>.

AMENDATORY SECTION (Amending WSR 02-20-079, filed 9/30/02, effective 10/31/02)

WAC 246-760-060 ((What are the auditory acuity)) Hearing screening ((qualifications for)) personnel((?)) qualifications. Each school district shall designate a district audiologist, school nurse, speech language pathologist, health assistant or ((district)) other staff member ((having)) to be responsible for the hearing screening program. This person must:

(1) ((Responsibility for administering the auditory)) Oversee the hearing screening program; and

(2) <u>Have the training and experience to:</u>

(a) ((Develop)) Create an administrative plan for conducting ((auditory)) annual hearing screenings ((in cooperation with the)) and work with appropriate school ((personnel)) staff to ensure the program is carried out efficiently and effectively;

(b) Obtain <u>and maintain</u> the necessary ((instrumentation for carrying out the screening program, and)) <u>screening equipment</u> ensuring ((the equipment)) <u>it</u> is <u>calibrated correctly and</u> in ((proper)) good working order ((and calibration)); and

(c) ((Secure)) <u>Recruit</u> appropriate personnel for carrying out the screening program, if assistance is necessary, and ((for assuring)) <u>assure</u> these personnel are sufficiently trained to:

(i) Understand the purpose((s)) and regulations ((involved in)) of the ((auditory)) hearing screening program((s)); and

(ii) ((Utilize)) Use the screening equipment ((to ensure maximum accuracy)) properly to get accurate results;

(d) Ensure <u>screening</u> records are ((made)) <u>created</u> and distributed as appropriate; and

(e) Disseminate information to other school ((personnel familiarizing)) staff to familiarize them with aspects of a ((child's)) student's behavior ((indicating)) that may indicate the need for referral for ((auditory)) hearing screening.

The person designated as responsible for the hearing screening program must be sufficiently trained to meet the provisions in (c) of this subsection if they are involved in carrying out the screening program.

### ((VISUAL ACUITY)) VISION SCREENING STANDARDS

AMENDATORY SECTION (Amending WSR 17-03-009, filed 1/4/17, effective 7/1/17)

WAC 246-760-100 Qualifications for ((the visual acuity)) vision screening personnel. (1) Persons performing visual screening may include, but are not limited to, school nurses, school principals, other school personnel, or lay persons who have completed training in vision screening; and ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts. If an ophthalmologist, optometrist, or optician who donates his or her services identifies a visual problem that may impact a student's learning, the vision professional shall notify the school nurse, or the school principal or his or her designee of the results of the screening in writing but may not contact the student's parents or guardians directly per RCW 28A.210.020.

(2) Screening must be performed in a manner consistent with this chapter and RCW 28A.210.020. Any person conducting vision screening must be competent to administer screening procedures as a function of their professional training and background or special training and demonstrated competence under supervision by the school nurse, or the school principal or his or her designee.

(3) A lay person shall demonstrate his or her competence at administering the screening tools including controlling for lighting or distractions that could affect the screening results.

(4) Supervision, training, reporting and referral of vision screening shall be the responsibility of the school nurse, or the school principal or his or her designee. The principal or his or her designee must demonstrate his or her competence in vision screening through supervised training by a competent school or public health nurse or licensed vision care professional, have supervisory ability and experience, and have the ability to work well with school staff and lay persons. Ideally, the person should demonstrate the ability to teach vision screening techniques and operations to others. (5) Students in grades kindergarten through ((twelve)) <u>12</u> may not assist with or conduct vision screening of other students in their school district, unless students are supervised and conducting screening within the scope of an advanced vocational health-related curriculum such as nursing.

### Capítulo 246-760 del WAC (por su sigla en inglés, Código Administrativo de Washington) ESTÁNDARES DE LOS <u>EXÁMENES DE ((AUDITIVOS))</u> <u>AUDICIÓN</u> Y ((<del>DE LA VISTA</del>)) VISIÓN —DISTRITOS ESCOLARES

<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 17-03-009 del WSR [por su sigla en inglés, Registro Estatal de Washington], presentada el 4/1/17, en vigencia desde el 1/7/17)

246-760-001 del WAC - Propósito y solicitud de los estándares de los exámenes((auditivos y de la vista)) <u>de audición y visión</u> para los distritos escolares. Cada mesa directiva escolar del estado deberá garantizar y exigir el examen de la agudeza auditiva y visual de los niños y las niñas que asisten a las escuelas en sus distritos para determinar si alguno de ellos/as presenta ((problemas)) <u>agudeza</u> auditiva o visual <u>reducida</u> que pueda tener un impacto negativo en su aprendizaje. Cada junta directiva deberá establecer procedimientos para implementar estas reglas.

[Autoridad reglamentaria: Sección 28A.210.020 del RCW (por su sigla en inglés, Código Revisado de Washington) Secciones de 17-03-009 a 246-760-001 del WSR, presentadas el 4/1/17, en vigencia desde el 1/7/17. Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-001 del WSR, presentadas el 30/9/02, en vigencia

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desde el 31/10/02. Autoridad reglamentaria: Secciones 43.20.050
y 28A.210.020 del RCW. Secciones 92-02-019 (Resolución 225B) a 246760-001 del WSR, presentadas el 23/12/91, en vigencia desde
el 23/1/92. Autoridad reglamentaria: Sección 43.20.050 del RCW.
Sección 91-02-051 (Resolución 124B) del WSR, recodificada como
Secciones 246-760-001, presentadas el 27/12/90, en vigencia desde
el 31/1/91; Resolución 63, secciones 248-144-010 (codificada como 248148-010 del WAC), presentada el 1/11/71.]

<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 17-03-009 del WSR [por su sigla en inglés, Registro Estatal de Washington], presentada el 4/1/17, en vigencia desde el 1/7/17)

Sección 246-760-010 del WAC - Definiciones, abreviaturas y acrónimos. Las definiciones, abreviaturas y acrónimos de esta sección se aplican en todo este capítulo, salvo que el contexto claramente indique lo contrario.

(1) "AAPOS" o "Asociación Estadounidense de Oftalmología Pediátrica y Estrabismo" se refiere a la organización nacional que promueve la calidad de la atención oftalmológica infantil, respalda la formación de oftalmólogos/as pediátricos/as, apoya la investigación en

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oftalmología pediátrica y mejora la atención de personas adultas con estrabismo.

(2) <u>"ASA/ANSI" o "Sociedad Acústica de América/Instituto Nacional</u> Estadounidense de Estándares" se refiere a la organización nacional responsable de publicar normas e informes técnicos que estandarizan la terminología y las mediciones acústicas, así como de desarrollar normas industriales basadas en consenso.

(3) "Audiómetro" se refiere a un instrumento utilizado para medir la agudeza auditiva. Se utiliza comúnmente en pruebas auditivas, generalmente mediante la presentación de tonos puros, señales de habla u otros estímulos auditivos para evaluar cambios en la capacidad auditiva de una persona.

(4) "Evaluación audiológica" hace referencia a un examen diagnóstico integral utilizado para determinar el tipo, grado y configuración de la pérdida auditiva. Esta evaluación la lleva a cabo un profesional o especialista con licencia para diagnosticar y caracterizar las pérdidas auditivas y elaborar un plan de tratamiento individualizado que aborde las necesidades auditivas.

(5) "Agudeza auditiva" o "sensibilidad auditiva" se refiere a qué tan agudo o sensible es el sentido auditivo de una persona. Puede implicar la capacidad de oír sonidos débiles, distinguir entre 16/04/2025 01:49 p.m. [3]NO ARCHIVABLE PARA EL RDS-6323.1 distintos sonidos (como el tono o el volumen) e identificar la dirección de donde proviene un sonido.

(6) "Calibrar" quiere decir ajustar o verificar la precisión del equipo de prueba para garantizar que cumpla con los estándares establecidos. Este proceso implica revisar y afinar el equipo para asegurar que proporcione resultados confiables y consistentes al evaluar la agudeza auditiva o visual.

(7) "Barras de agrupamiento" hace referencia a cuatro líneas individuales que rodean un único optotipo.

((<del>(3)</del>)) <u>(8)</u> <u>"</u>Caja de agrupamiento" o "caja envolvente" hace referencia a barras de agrupamiento en los cuatro lados extendidas para formar un rectángulo que rodea una sola línea de optotipos.

((<del>(4)</del>)) <u>(9) "dB" o "decibelio" es una unidad de medida que se</u> <u>utiliza para expresar la intensidad relativa del sonido. Se utiliza</u> <u>comúnmente para cuantificar los niveles sonoros y describir la</u> sensibilidad auditiva.

(10) "Visión de lejos" quiere decir la capacidad del ojo para ver imágenes con claridad a una distancia calibrada.

((<del>(5)</del>)) <u>(11) "Frecuencias" hace referencia a los diferentes tonos</u> del sonido, desde bajos (graves) hasta altos (agudos). Se evalúa la

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audición en un rango de frecuencias para identificar reducciones auditivas en una o más frecuencias.

(12) "Evaluación auditiva" quiere decir una prueba no diagnóstica para identificar si la persona evaluada necesita ser remitida para una evaluación audiológica.

(13) "Hz" o "hertz" es la unidad estándar utilizada para medir la frecuencia.

(14) "Letras HOTV" hace referencia a una prueba que utiliza las letras H, O, T y V calibradas a cierto tamaño para evaluar la agudeza visual.

((<del>(6)</del>)) <u>(15)</u> "Dispositivo instrumental de examen de visión" hace referencia a un instrumento aprobado por la Administración de Alimentos y Medicamentos de EE. UU. para la evaluación visual que utiliza tecnología automatizada para proporcionar información sobre ambliopía y factores de riesgo de visión reducida, como estimaciones del error refractivo y desalineación ocular.

((<del>(7)</del>)) <u>(16)</u> "Persona no profesional" hace referencia a cualquier individuo que realice pruebas de agudeza visual en las escuelas que no sea un/a enfermero/a escolar, un/a director/a escolar o su designado, un/a profesional de la salud visual con licencia, o una persona capacitada por una organización nacional reconocida que utilice un 16/04/2025 01:49 p.m. [ 5 ]NO ARCHIVABLE PARA EL RDS-6323.1 protocolo de prueba y repetición para la evaluación visual. Lo que incluye, entre otras personas, enfermeros/as jubilados/as, estudiantes de enfermería, padres y madres, y personal escolar.

((<del>(8)</del>)) <u>(17)</u> "Prueba(s) de visión LEA" hace referencia a una prueba utilizada para medir la agudeza visual con símbolos o números específicos, diseñada para personas que no saben leer las letras del alfabeto.

(((9))) (18) "Profesional de la salud visual con licencia" es un/a oftalmólogo/a u optometrista con licencia.

((<del>(10)</del>)) <u>(19)</u> "Agudeza visual de cerca" hace referencia a la capacidad del ojo humano para ver objetos con claridad a corta distancia, también denominada agudeza de punto cercano o agudeza próxima.

((<del>(11)</del>)) <u>(20) "OAE" o "tecnología o dispositivos de emisión</u> otoacústica" hace referencia a una prueba que mide el funcionamiento del oído interno (la cóclea). Esta tecnología se utiliza comúnmente para evaluar a infantes y otras poblaciones especiales, particularmente cuando las pruebas auditivas conductuales como la audiometría tonal no son apropiadas.

(21) "Optotipo" hace referencia a las figuras, números o letras de diferentes tamaños utilizadas en pruebas de agudeza visual.

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((<del>(12)</del>)) <u>(22)</u> "Designado/a del/a director/a" hace referencia al/la enfermero/a de salud pública, un/a educador/a especializado/a, maestro/a o administrador/a designado/a por el/la director/a escolar y responsable de la supervisión, capacitación, informe y derivación de las evaluaciones visuales cuando el/la enfermero/a escolar o el/la director/a no cumplan esta función.

((<del>(13)</del>)) <u>(23)</u> "<u>Punta de sonda" hace referencia a la pieza de un</u> <u>dispositivo de prueba OAE que se introduce en el canal auditivo para</u> <u>emitir sonido y detectar las respuestas del oído interno. Debe</u> ajustarse de manera firme y cómoda para obtener resultados precisos.

(24) "Enfermero/a escolar" hace referencia a un/a enfermero/a registrado/a que actúa como profesional de la salud en una escuela, cuya práctica especializada y actividades promueven la salud, el bienestar y el logro académico de los estudiantes y cumple con las leyes estatales de Washington sobre educación y enfermería de conformidad con los capítulos 18.79 del RCW y el 246-840 y 181-79A-223 del WAC.

((<del>(14)</del>)) <u>(25)</u> "Letras Sloan" hace referencia a una prueba que utiliza ((<del>diez</del>)) <u>10</u> diez letras especialmente diseñadas, que incluyen la C, D, H, K, N, O, R, S, V y la Z para evaluar la agudeza visual.

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((<del>(15)</del>)) <u>(26)</u> "Protocolo de prueba y repetición" hace referencia a un método de evaluación en el que el evaluador realiza dos o más pruebas a cualquier estudiante que cumpla con los criterios de derivación con el fin de garantizar la fiabilidad del examen inicial.

((<del>(16)</del>)) <u>(27)</u> "<u>Estímulos tonales</u>" <u>se refiere a sonidos con un</u> <u>tono o frecuencia clara, como una nota musical o un pitido. Estos</u> <u>sonidos se utilizan en pruebas auditivas para verificar qué tan bien</u> <u>puede oír una persona.</u>

(28) "Agudeza visual" hace referencia a la capacidad del sistema visual para percibir detalles finos en el entorno, medida con estímulos visuales impresos o proyectados.

[Autoridad reglamentaria: Sección 28A.210.020 del RCW. Secciones 17-03-009 y 246-760-010 del WSR, presentadas el 4/1/17, en vigencia desde el 1/7/17].

<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 17-03-009 del WSR [por su sigla en inglés, Registro Estatal de Washington], presentada el 4/1/17, en vigencia desde el 1/7/17)

246-760-020 del WAC ((Frecuencia)) <u>Requisitos de los exámenes</u> para las escuelas ((<del>para evaluar a los niños y las niñas</del>)). ((<del>(1) Las</del>

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escuelas deberán realizar anualmente evaluaciones de agudeza auditiva y visual (tanto de visión lejana como cercana) a los estudiantes que reúnan las siguientes características:

(a) En kínder y en los grados primero, segundo, tercero, quinto y séptimo; y

(b) Presentan signos de posibles disminuciones en la agudeza auditiva o visual que puedan afectar negativamente su aprendizaje, o que sean referidos al distrito por padres, madres, tutores, personal escolar, entre otros.

(2) Si los recursos lo permiten, una escuela podrá hacer lo siguiente:

(a) Ampliar el alcance de la detección a otros grados;

(b) Realizar evaluaciones visuales adicionales y opcionales en cualquier grado, utilizando herramientas y técnicas basadas en evidencia; o

(c) Ampliar el alcance de la detección a otros grados y realizar evaluaciones opcionales según lo descrito en los incisos (a) y (b) de esta subsección.

(3) Si los recursos lo permiten, las escuelas deberán realizar anualmente evaluaciones auditivas a estudiantes de otros niveles escolares.)) (1) Las escuelas deberán realizar anualmente evaluaciones 16/04/2025 01:49 p. m. [9]NO ARCHIVABLE PARA EL RDS-6323.1 de agudeza auditiva y visual (tanto de visión lejana como cercana) a los estudiantes que reúnan las siguientes características:

(a) En kínder y en los grados primero, segundo, tercero, quinto y séptimo; y

(b) Presentan signos de posibles disminuciones en la agudeza auditiva o visual que puedan afectar negativamente su aprendizaje, o que sean referidos al distrito por padres, madres, tutores, personal escolar, entre otros.

(2) Si los recursos lo permiten, una escuela podrá hacer lo siguiente:

(a) Ampliar el alcance de los exámenes a otros grados;

(b) Realizar exámenes visuales adicionales y opcionales en cualquier grado, utilizando herramientas y técnicas basadas en evidencia; o

(c) Ampliar el alcance de los exámenes a otros grados y realizar evaluaciones opcionales según lo descrito en los incisos (a) y (b) de esta subsección.

[Autoridad reglamentaria: Sección 28A.210.020 del RCW. Secciones de 17-03-009 a 246-760-020 del WSR, presentadas el 4/1/17, en vigencia desde el 1/7/17. Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-020 del WSR, presentadas el 30/9/02, 16/04/2025 01:49 p.m. [ 10 ]NO ARCHIVABLE PARA EL RDS-6323.1 en vigencia desde el 31/10/02. Autoridad reglamentaria: Sección 43.20.050 del RCW. Secciones 91-02-051 (Resolución 124B), recodificada como Sección 246-760-020, presentadas el 27/12/90, en vigencia desde el 31/1/91. Autoridad reglamentaria: Sección 28A.31.030 del RCW. Secciones 87-22-010 (Resolución 306) a 248-148-021 del WSR, presentadas el 26/10/87.]

((ACUDEZA AUDITIVA)) ESTÁNDARES PARA LOS EXÁMENES DE AUDICIÓN

#### NUEVA SECCIÓN:

246-760-025 del WAC - Examen de audición. (1) Las escuelas deberán realizar todos los exámenes de audición utilizando herramientas y procedimientos que sean lingüística, evolutiva y etariamente apropiados, y deberán usar los instrumentos identificados en la Sección 246-760-030 del WAC.

(2) Las escuelas deberán llevar a cabo los exámenes de audición conforme a las instrucciones y el protocolo del instrumento utilizado.

(3) No será obligatorio evaluar a un estudiante que ya haya recibido una evaluación audiológica completa por un profesional autorizado en los últimos 12 meses. Para eximirse del examen, la escuela deberá contar con un informe o formulario firmado por el/la 16/04/2025 01:49 p. m. [ 11 ]NO ARCHIVABLE PARA EL RDS-6323.1 profesional correspondiente, indicando que se ha realizado el examen. Este documento deberá archivarse en el expediente de salud del estudiante.

(4) Tampoco será obligatorio evaluar a estudiantes reportados por el distrito escolar como personas con audición reducida, conforme a lo establecido en la Sección 72.40.060 del RCW.

(5) Los estudiantes exentos podrán solicitar participar en los exámenes de audición a fin de promover la inclusión y evitar la estigmatización.

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<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 02-20-079 del WSR, presentada el 30/9/02, en vigencia desde el 10/31/02)

Sección 246-760-030 del WAC ((¿Cuáles son los estándares para los equipos y procedimientos de los exámenes de detección de agudeza auditiva?)) Herramientas obligatorias y alternativas para los exámenes de audición. (1) Las escuelas deben utilizar equipos para examinar ((auditiva)) la audición ((emitiendo)) que emitan estímulos tonales a frecuencias ((de mil, dos mil y cuatro mil hertz)) de 1,000, 2,000, y 4,000 hertz (Hz) a un/unos nivel((es)) ((de audición)) <u>sonoro/s</u> de

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((<del>veinte</del>)) <u>20</u> decibelios (dB), ((<del>como se mide</del>)) medido en los auriculares, ((<del>conforme a</del>)) <u>de conformidad con los estándares S3.6-</u> <u>2018 (R 2023) ((<del>de 1996</del>)) de <u>la ASA (por su sigla en inglés, Sociedad</u> <u>Acústica de América)</u> y el ANSI (por su sigla en inglés, Instituto Nacional Estadounidense de Estándares).</u>

(2) Personas calificadas verificarán la calibración de las frecuencias e intensidades en los auriculares al menos ((<del>en los</del> <del>auriculares al menos una vez por año,</del>)) <u>una vez por año</u>, utilizando equipos diseñados para la calibración de audiómetros.

<u>(3) Se podrán utilizar OAE para examinar la audición en</u> estudiantes que no pueden participar en una prueba por tonos puros, incluidos, entre otros:

(a) Estudiantes con necesidades especiales de atención médica;

(b) Estudiantes con retrasos o discapacidades en el desarrollo;

(c) Estudiantes que hablan un idioma distinto del inglés;

(d) Estudiantes que no tienen la edad suficiente o tienen

dificultades para comprender las instrucciones del examinador.

(4) Los dispositivos OAE no deben reemplazar la prueba de audición por tonos puros, excepto en los casos descritos en el inciso (3)(a) a (d) de esta sección.

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(5) Si las escuelas utilizan dispositivos OAE para estudiantes que no pueden participar en una prueba de tonos puros, deberán utilizar equipos calibrados que emitan estímulos adecuados y criterios de aprobación/remisión.

(a) Los estímulos tonales utilizados durante la prueba deben tener las siguientes características:

(i) 65/55 dB para DPOAE (por su sigla en inglés, emisiones otoacústicas por productos de distorsión); o

(ii) 80 dB para TEOAE (por su sigla en inglés, emisiones otoacústicas evocadas transitorias).

(b) Para obtener un resultado de "aprobado", el dispositivo de prueba debe mostrar una respuesta al menos tres dB superior al ruido de fondo en un mínimo de tres frecuencias diferentes, en el rango de 2,000 Hz a 8,000 Hz.

[Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-030 del WSR, presentadas el 30/9/02, en vigencia desde el 31/10/02. Autoridad reglamentaria: Sección 43.20.050 del RCW. Secciones 91-02-051 (Resolución 124B), recodificada como Sección 246-760-030, presentadas el 27/12/90, en vigencia desde el 31/1/91. Autoridad reglamentaria: Sección 28A.31.030 del RCW. Secciones 87-22-010 (Resolución 306) a 248-148-031 del WSR, presentadas el 26/10/87.] 16/04/2025 01:49 p. m. [ 14 ]NO ARCHIVABLE PARA EL RDS-6323.1 <u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 02-20-079 del WSR, presentada el 30/9/02, en vigencia desde el 10/31/02)

Sección 246-760-040 del WAC ((¿Cuáles son las normas de los exámenes de detección de agudeza auditiva?)) Procedimientos de los exámenes de audición. (1) Las escuelas deben realizar detecciones auditivas a todos los ((niños)) <u>estudiantes</u> mencionados en la Sección 246-760-020 del WAC ((de forma individual a mil, dos mil y cuatro mil)) <u>utilizando equipos de examen de audición que emitan estímulos</u> tonales a 1,000, 2,000 y 4,000 Hz.

(2) El examinador deberá hacer lo siguiente:

 (a) <u>Realizar el examen en un ambiente libre de ruidos externos;</u>
 (b) Ubicar al estudiante de manera que no vea el frente del equipo de examen de audición ni esté frente a él;

<u>(c)</u> Presentar cada <u>tono</u> ((<del>de los estímulos tonales</del>)) a un nivel auditivo de ((<del>veinte</del>)) <u>20</u> dB ((<del>conforme a</del>)), de conformidad con los estándares ASA/ANSI ((<del>de 1996</del>)) de 2023;

((<del>(b) Realizar la detección en un ambiente libre de ruidos</del>

(c)) (d) Repetir las instrucciones al estudiante o reposicionar los auriculares si parece confundido o no responde a los estímulos tonales;

(e) Se recomienda que dichas evaluaciones se lleven a cabo en el primer semestre de cada año escolar;

((<del>(d)</del>)) <u>(f)</u> Registrar los resultados de la prueba, cualquier remisión y sus resultados en el expediente de salud y/o escolar del estudiante; y

((<del>(c)</del>)) <u>(g)</u> Enviar los resultados a la nueva escuela del estudiante si este se transfiere.

(3) Si un estudiante no puede participar en una prueba por tonos puros, puede utilizarse un dispositivo OAE. En ese caso, el examinador deberá hacer lo siguiente:

<u>(a) Examinar el oído del estudiante para seleccionar una punta de</u> <u>sonda del tamaño adecuado que se ajuste de forma cómoda y segura al</u> <u>canal auditivo;</u>

(b) Insertar la sonda en el canal auditivo e iniciar la prueba. Asegurarse de que el equipo indique que la sonda está bien colocada y que el estudiante está tranquilo y quieto. Para obtener mejores resultados, el examinador debe ayudar al estudiante a mantenerse en silencio y a mantener la sonda estable durante la prueba; 16/04/2025 01:49 p. m. [ 16 ]NO ARCHIVABLE PARA EL RDS-6323.1

# (c) Continuar midiendo la respuesta OAE hasta que el equipo indique un resultado de "APROBADO" o "REMISIÓN".

[Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-040 del WSR, presentadas el 30/9/02, en vigencia desde el 31/10/02. Autoridad reglamentaria: Secciones 43.20.050 y 28A.210.020 del RCW. Secciones 92-02-019 (Resolución 225B) a 246-760-040 del WSR, presentadas el 23/12/91, en vigencia desde el 23/1/92. Autoridad reglamentaria: Sección 43.20.050 del RCW. Secciones 91-02-051 (Resolución 124B), recodificada como Sección 246-760-040, presentadas el 27/12/90, en vigencia desde el 31/1/91. Autoridad reglamentaria: Sección 28A.31.030 del RCW. Secciones 87-22-010 (Resolución 306) a 248-148-035 del WSR, presentadas el 26/10/87.]

<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 02-20-079 del WSR, presentada el 30/9/02, en vigencia desde el 10/31/02)

Sección 246-760-050 del WAC ((Cuáles son los exámenes de agudeza auditiva)) Procedimientos de remisión de exámenes de <u>audición</u> ((?)). (1) Si un ((un niño o una niña)) <u>estudiante</u> no responde a una o más frecuencias en alguno de los oídos <u>durante el examen de audición, o si</u> obtiene un resultado de "remisión" en un OAE:

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(a) La escuela debe volver a realizar el examen de audición al
 ((<del>niño</del>)) <u>estudiante</u> dentro de un plazo de seis semanas, <u>dejando pasar</u>
 entre una y dos semanas entre ambas pruebas, si es posible; y

(b) <u>La escuela debe</u> informar a ((<del>sus</del>)) los docentes <u>del</u> <u>estudiante</u> ((<del>acerca de</del>)) <u>sobre</u> la necesidad de ((<del>sentarlo</del>)) <u>ubicarlo</u> en un lugar preferencial en la clase ((<del>debido a</del>)) <u>debido a</u> la posible disminución auditiva; y

(c) <u>Si los resultados del estudiante indican la necesidad de una</u> <u>evaluación adicional o seguimiento, la escuela deberá notificar</u> a los padres o tutores legales ((<del>que es necesaria una evaluación audiológica</del> <del>completa si el estudiante no aprueba la segunda prueba de evaluación</del>)) <u>que es necesaria una evaluación audiológica completa;</u>

(d) Si un distrito escolar utiliza dispositivos OAE como parte de sus procedimientos de examen de audición, deberá identificar y documentar el tipo específico de dispositivo utilizado.

 (2) La escuela((s)) debe informar a los padres o tutores legales
 ((si se requiere)) en caso de necesitar una evaluación médica si sucede lo siguiente:

 (a) ((<del>(a) Así lo indiquen los resultados de una detección</del> auditiva)) Así se indique en los resultados de un examen de audición;
 o

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(b) ((<del>Un</del>)) Una evaluación audiológica ((<del>esté no disponible</del>)) <u>no</u> esté disponible.

[Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-050 del WSR, presentadas el 30/9/02, en vigencia desde el 31/10/02. Autoridad reglamentaria: Sección 43.20.050 del RCW. Secciones 91-02-051 (Resolución 124B), recodificada como Sección 246-760-050, presentadas el 27/12/90, en vigencia desde el 31/1/91. Autoridad reglamentaria: Sección 28A.31.030 del RCW. Secciones 87-22-010 (Resolución 306) a 248-148-091 del WSR, presentadas el 26/10/87.]

<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 02-20-079 del WSR, presentada el 30/9/02, en vigencia desde el 10/31/02)

Sección 246-760-060 del WAC ((Cuáles son las cualificaciones)) <u>Cualificaciones</u> del personal para realizar exámenes de ((agudeza auditiva)) <u>audición((?))</u> Cada distrito escolar deberá designar a un/a audiólogo/a del distrito, <u>enfermero/a escolar</u>, <u>patólogo/a del habla y</u> <u>lenguaje</u>, <u>asistente de salud</u> ((<del>o distrito</del>)) u otro miembro del personal ((<del>para tener</del>)) <u>para estar a cargo del programa de examen de</u> <u>audición</u>. Esta persona deberá hacer lo siguiente:

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 (1) ((Ser responsable de administrar el programa de detección auditiva)) Supervisar el programa de examen de audición; y

(2) Tener la formación y experiencia necesarias para:

(a) ((Desarrollar)) Crear un plan administrativo para llevar a cabo los exámenes de ((de audición)) <u>audición anuales</u> ((mediante la colaboración de)) y trabajar en conjunto con el <u>personal</u> ((personal)) correspondiente para garantizar una implementación eficiente y eficaz del programa;

(b) Adquirir <u>y mantener</u> ((<del>los instrumentos para llevar a cabo el programa de detección</del>)) el <u>equipo</u> <u>de prueba necesario para realizar</u> <u>los exámenes para garantizar ((que el equipo</u>)) que <u>esté correctamente</u> <u>calibrado</u> y en buen ((correcto)) estado ((<del>y calibración</del>)); y

(c) ((<del>Asegurar</del>)) <u>Reclutar</u> al personal adecuado para llevar a cabo el programa, si fuera necesario, y para ((<del>garantizar</del>)) <u>asegurarse</u> de que estén capacitados para lo siguiente:

(i) Comprender el objetivo ((los objetivos)) y las normativas
((involucrados en)) del programa ((de los programas)) de examen
((audición)); y

(ii) ((Usar)) (ii) Utilizar correctamente el equipo de prueba ((para obtener la máxima precisión)) para obtener resultados más precisos;

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(d) Asegurar que los registros de detección se ((realicen))elaboren y distribuyan de manera adecuada; y

(e) Difundir información entre el <u>personal escolar (</u>(<del>personal</del> <del>para que se familiarice</del>)) para que puedan reconocer comportamientos en los <u>estudiantes</u> ((<del>niños</del>)) ((<del>indicando</del>)) <u>que puedan indicar la</u> <u>necesidad</u> de una remisión para un examen de <u>audición</u> ((<del>de audición</del>)).

La persona designada como responsable del programa de examen de audición debe tener la capacitación suficiente para cumplir con lo dispuesto en el inciso (c) si participa en la realización de las detecciones.

[Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-060 del WSR, presentadas el 30/9/02, en vigencia desde el 31/10/02. Autoridad reglamentaria: Sección 43.20.050 del RCW. Secciones 91-02-051 (Resolución 124B), recodificada como Sección 246-760-060, presentadas el 27/12/90, en vigencia desde el 31/1/91. Autoridad reglamentaria: Sección 28A.31.030 del RCW. Secciones 87-22-010 (Resolución 306) a 248-148-101 del WSR, presentadas el 26/10/87.]

### ESTÁNDARES PARA EXÁMENES DE VISIÓN ((ACUDEZA VISUAL))

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<u>SECCIÓN DE MODIFICACIÓN</u> (modificación de la Sección 17-03-009 del WSR [por su sigla en inglés, Registro Estatal de Washington], presentada el 4/1/17, en vigencia desde el 1/7/17)

# 246-760-100 del WAC - Calificaciones del personal para los exámenes de visión ((la agudeza visual)) (1) Las personas que realicen exámenes de la vista pueden incluir, entre otros, a enfermeros escolares, directores escolares, otro personal escolar o personas voluntarias que hayan completado una capacitación en detección visual; así como oftalmólogos, optometristas u ópticos que donen sus servicios profesionales a las escuelas o distritos escolares. Si un oftalmólogo, optometrista u óptico que dona sus servicios identifica un problema visual que podría afectar el aprendizaje de un estudiante, el profesional de la visión deberá notificar por escrito los resultados del examen a la enfermera escolar, al director escolar o a su delegado, pero no podrá comunicarse directamente con los padres o tutores del estudiante conforme a la Sección 28A.210.020 del RCW.

(2) La prueba debe realizarse de acuerdo con este capítulo y con la Sección 28A.210.020 del RCW. Cualquier persona que lleve a cabo un examen de la vista debe tener la competencia necesaria para administrar los procedimientos de detección según su formación

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profesional y experiencia, o bien demostrar competencia a través de una capacitación especial y bajo la supervisión de la enfermera escolar, el director escolar o su delegado.

(3) Una persona voluntaria deberá demostrar su competencia en la administración de las herramientas de prueba, incluyendo el control de la iluminación y de las distracciones que puedan afectar los resultados del examen.

(4) La supervisión, capacitación, registro e indicación de remisiones para los exámenes de la vista serán responsabilidad de la enfermera escolar, el director escolar o su delegado. El director o la persona designada deberá demostrar su competencia en la detección visual mediante una capacitación supervisada por una enfermera escolar o de salud pública competente, o por un profesional licenciado en atención visual. Asimismo, deberá contar con capacidad y experiencia en supervisión, y con la habilidad para trabajar eficazmente con el personal escolar y con personas voluntarias. Idealmente, la persona debería demostrar la capacidad de enseñar a otros las técnicas y procedimientos de examen de visión.

(5) Los estudiantes desde kínder hasta el grado ((doce)) <u>12</u> no podrán ayudar ni realizar exámenes de la vista a otros estudiantes de su distrito escolar, a menos que lo hagan bajo supervisión y como 16/04/2025 01:49 p. m. [23]NO ARCHIVABLE PARA EL RDS-6323.1 parte de un programa avanzado de formación vocacional en el área de la salud, como enfermería.

[Autoridad reglamentaria: Sección 28A.210.020 del RCW. Sección 17-03-009, 246-760-100 del WSR, presentado el 04/01/23, en vigencia desde el 1/07/17; sección 10-15-100, 246-760-100 del WSR, presentado el 20/07/10, en vigencia desde el 20/08/10]. Autoridad reglamentaria: Sección 28A.210.200 del RCW. Secciones de 02-20-079 a 246-760-100 del WSR, presentadas el 30/9/02, en vigencia desde el 31/10/02. Autoridad reglamentaria: Sección 43.20.050 del RCW. Sección 91-02-051 (Resolución 124B) del WSR, recodificada como Secciones 246-760-100, presentadas el 27/12/90, en vigencia desde el 31/1/91; Resolución 63, secciones 248-144-150 (codificada como 248-148-150 del WAC), presentada el 1/11/71.]

# Significant Legislative Rule Analysis

WAC 246-760 a Rule Concerning Hearing Screening Standards for Washington School Districts

**APRIL 2025** 



## 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 who would like to provide input on a rulemaking project, including persons with disabilities. If you cannot access this content 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 <u>wsboh@sboh.wa.gov</u> and describe the following details in your message:

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## A brief description of the proposed rule including the current situation/rule, followed by the history of the issue and why the proposed rule is needed.

The Washington State Board of Health (Board) sets the standards for the annual hearing screenings conducted in Washington school districts, as required by state law (<u>RCW</u> <u>28A.210.020</u>). These standards, established in <u>chapter 246-760 WAC</u>, help schools identify students with diminished hearing and aim to connect them with appropriate diagnostic and follow-up care. The rule covers screening frequency, required and alternative tools, referral criteria, procedures, and qualifications for screening personnel.

In 2023, the Lake Chelan Lion's Club requested the Board update its hearing screening rules to include otoacoustic emission screening (OAE), in addition to the current audiometry screening equipment described in WAC 246-760-030(1). The Board accepted this request and began rulemaking to explore including OAE technology. Additionally, since the hearing screening standards have not been updated since 2002, the Board planned to review other technical and editorial changes as needed.

The proposed changes to chapter 246-760 WAC would allow school districts to use OAE devices as an optional screening tool for students who cannot participate in pure-tone audiometry. These updates align with national hearing screening guidelines and best practices. Additionally, proposed rule changes will improve clarity, consistency, and language, including adding a new "Auditory Screening" section to match WAC 246-760-070 for vision screening. The changes will also remove deficit-based terms like "fail," "loss," and "impairment" to promote a more inclusive and positive approach to hearing screenings.

The Board's hearing and vision screening rules have existed since the 1970s. The rules require that hearing screenings occur annually for students in kindergarten and grades one, two, three, five, and seven, with the option to expand to other grades if resources allow. This is consistent with the American Academy of Audiology's (AAA) guidelines, which recommend screening children three (chronologically and developmentally) and older using pure-tone audiometry.<sup>1</sup>

School hearing screenings are a critical public health tool for identifying students with hearing reductions and ensuring they are referred for appropriate follow-up care. Decreased hearing levels in children are common and can be congenital (present at birth) or acquired later in childhood due to illness, injury, or genetics. <sup>2</sup>

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Significant Analysis

<sup>&</sup>lt;sup>1</sup> American Academy of Audiology. Childhood Hearing Screening Clinical Practice Guidelines. September 1, 2011. Accessed April 10, 2025. <u>https://www.audiology.org/practice-guideline/clinical-practice-guidelines-childhood-hearing-screening/</u>

<sup>&</sup>lt;sup>2</sup> Centers for Disease Control and Prevention. About the Types of Hearing Loss. Parent Guides to Hearing Loss. Published May 14, 2024. Accessed April 10, 2025. <u>https://www.cdc.gov/hearing-loss-children-guide/parents-guide-genetics/about-the-types-of-hearing-loss.html</u>

Each year, about 1 to 3 out of every 1,000 babies are born with decreased hearing. Research shows that this number may increase to about 2 to 5 per 1,00 children by kindergarten.<sup>3</sup> Data from the U.S. Centers for Disease Control and Prevention (CDC) National Health and Nutrition Examination Survey (NHANES) also show that 11-15% of children ages 6 to 19 have some degree of diminished hearing.<sup>4 5</sup>

If hearing changes aren't caught early, and children don't receive the support they need, it can lead to lasting challenges.<sup>6</sup> These may include delays in language development, difficulty with memory, thinking, task management, school performance, social interactions, and emotional well-being.

While many states, including Washington, have universal newborn hearing screening programs, conducting regular screenings throughout childhood is still important, as hearing loss can develop at any age.<sup>7</sup> The proposed rule is needed to meet the requirements of RCW 28A.210.020 and to ensure school hearing screening standards are current and aligned with national best practices.

<sup>&</sup>lt;sup>3</sup> Centers for Disease Control and Prevention. Research and Tracking. Hearing Loss in Children. Published May 15, 2024. Accessed April 10, 2025. <u>https://www.cdc.gov/hearing-loss-children/research/index.html</u>

<sup>&</sup>lt;sup>4</sup> Centers for Disease Control and Prevention. Data and Statistics About Hearing Loss in Children. Hearing Loss in Children. January 31, 2025. Accessed April 10, 2025. <u>https://www.cdc.gov/hearing-loss-children/data/index.html</u> <sup>5</sup> Humes L. Audiograms and Prevalence of Hearing Loss in U.S. Children and Adolescents 6–19 Years of Age. Journal of Speech, Language, and Hearing Research. 2024;67(9):3178-3200. doi:10.1044/2024\_JSLHR-24-00050

<sup>&</sup>lt;sup>6</sup> American Academy of Pediatrics. Hearing Assessment in Infants, Children, and Adolescents: Recommendations Beyond Neonatal Screening | Pediatrics Volume 152, Issue 3. September 2023. Published August 28, 2023. Accessed April 10, 2025. <u>https://publications.aap.org/pediatrics/article/152/3/e2023063288/193755/Hearing-Assessment-in-Infants-Children-and?autologincheck=redirected</u>

<sup>&</sup>lt;sup>7</sup> American Speech-Language-Hearing Association. Childhood Hearing Screening. [Practice portal]. (n.d.). Accessed April 10, 2025. <u>https://www.asha.org/Practice-Portal/Professional-Issues/Childhood-Hearing-Screening/</u> WASHINGTON STATE BOARD OF HEALTH

## Significant Analysis Requirement

The following SA Table 1. identifies rule sections or portions of rule sections that have been determined exempt from significant analysis based on the exemptions provided in RCW 34.05.328(5) (b) and (c).

WAC Section and Title	Description of Proposed Changes	Rationale for Exemption Determination
<u>Example</u> : WAC XXX-XXX-XXX TITLE	Describe proposed changes to the current rule or new rule.	Exemption taken from RCW 34.05.328(5) (b) and (c) and rationale.
WAC 246-760-001 – Purpose and application.	Replaces "auditory or visual problems" with "reduced auditory or visual acuity" that may negatively impact a student's learning to include more inclusive and positive language around hearing and vision screenings.	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without changing its effect. This does not meet the definition of a legislatively significant rule
WAC 246-760-010 – Definitions, abbreviations, and acronyms.	Addition of new terms and definitions for hearing screenings, as there are not currently any included in this section.	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without changing its effect. This does not meet the definition of a legislatively significant rule
WAC 246-760-020 – Frequency for schools to screen children.	This section was relocated and retitled "Screening Requirements for Schools" to reflect its broader scope. Additional updates clarify that annual screenings are required, allow for expanded screenings when resources permit, revise language around acuity concerns, and remove outdated references to hearing screenings.	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without changing its effect. This does not meet the definition of a legislatively significant rule
WAC 246-760-025 – Hearing screening.	Addition of a new section under "Hearing Screening Standards" to include rule	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without

	language similar to WAC 246- 760-070, specifying that hearing screenings must use tools and procedures that are linguistically, developmentally, and age- appropriate, with clarification on student exemptions from screening requirements.	changing its effect. This does not meet the definition of a legislatively significant rule
WAC 246-760-050 – Hearing screening procedures.	The section title was revised to "Hearing Screening Referral Procedures." New language was added to address students receiving a "refer" result from OAEs. The section was also revised for improved readability and plain language use.	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without changing its effect. This does not meet the definition of a legislatively significant rule
WAC 246-760-060 – Hearing screening personnel qualifications.	The section title was updated to "Hearing Screening Personnel Qualifications," and the proposed language specifies additional staff, aside from school nurses, who are involved in school screening programs. Language throughout the section was also revised to improve clarity and readability.	RCW 34.05.328(b)(iv) Proposed rule update clarifies rule language without changing its effect. This does not meet the definition of a legislatively significant rule

### Goals and objectives of the statute that the rule implements.

RCW 28A.210.020 requires each school district in Washington to screen students for hearing issues that may affect their learning and to follow procedures and standards set by the Washington State Board of Health (Board). The proposed rule updates the hearing screening procedures to:

The proposed rule meets the objectives of the statute by updating the current hearing screening procedures and standards to:

- Align with the 2017 updates to vision screening procedures (the hearing guidelines haven't been updated since 2002).
- Improve language for better clarity, readability, and understanding by school districts and screening staff.
- Remove negative terms like " hearing loss," " hearing problems," and "pass/fail" to promote a more inclusive and positive approach to hearing screenings, without changing the substance or outcome of screening itself, based on feedback from the Deaf community, parents, and providers of children who are Deaf or Hard of Hearing.
- Follow national standards and add an optional otoacoustic emission (OAE) screening technology to support students who can't participate in pure tone audiometry screenings due to age, developmental factors, primary language, or other reasons.

These changes aim to help school districts and screening staff improve their hearing screening programs while ensuring the rules are clear and effective.

## Explanation of why the rule is needed to achieve the goals and objectives of the statute, including alternatives to rulemaking and consequences of not adopting the proposed rule.

The proposed rule is essential to meet the goals outlined above and comply with RCW 28A.210.020. It ensures the Board supports evidence-based hearing screening tools, providing consistent, quality screenings for all students across schools and districts. Early identification of hearing challenges helps ensure children receive the support they need to succeed and prevent hearing reductions from affecting their learning.

The Board, in consultation with the Office of the Superintendent of Public Instruction (OSPI), sets school hearing screening standards under chapter 246-760 WAC. Any changes to these standards must be formally adopted through the rulemaking process, following the requirements of the Administrative Procedures Act.

The Board's hearing screening standards have not been updated since 2002. This rulemaking is essential to align screening practices with current evidence-based standards and ensure school screening staff can access clear, up-to-date procedures.

Without these updates, the hearing screening rules would be inconsistent with vision screening standards, use less clear language, and offer fewer screening options for students unable to complete pure-tone audiometry.

Even mild or minimal hearing loss can impact a child's ability to access language and instruction. However, students with disabilities or complex needs are often overlooked during routine screenings because they cannot complete behavioral-based tests, which are currently the standard approach.<sup>8</sup>

To uphold students' rights to education under the Individuals with Disabilities Education Act (IDEA) and the Washington State Constitution, schools should have the flexibility to offer multiple and more inclusive screening options—such as otoacoustic emissions (OAE)—to ensure all children are identified, regardless of age, developmental ability, or primary language.<sup>9</sup> A one-size-fits-all approach does not meet the diverse needs of Washington's students.

https://www.oeo.wa.gov/sites/default/files/public/manual\_basic\_education\_rights.pdf WASHINGTON STATE BOARD OF HEALTH

<sup>&</sup>lt;sup>8</sup> Educational Audiology Association. Hearing Screening Considerations for Children with Significant Disabilities. Position Statement, approved October 2021. Accessed April 10, 2025. <u>https://www.edaud.org/position-stat/19-position-10-21.pdf</u>

<sup>&</sup>lt;sup>9</sup> Washington State Governor's Office of the Education Ombuds. Basic Education Rights and Opportunities in Public Schools. Published January 2015. Accessed April 10, 2025.

Analysis of the probable costs and benefits (both qualitative and quantitative) of the proposed rule being implemented, including the determination that the probable benefits are greater than the probable costs.

## WAC 246-760-030 Hearing screening standards for equipment and procedures.

**Description:** The existing rule establishes hearing screening equipment and procedures standards. Schools must use audiometry equipment set at 1,000, 2,000, and 4,000 Hz in line with American National Standards Institute (ANSI) standards. It also requires that schools have qualified personnel check equipment calibration every year. In this section, the proposed rule:

- Updates the ANSI standards referenced in the rule to the most recent version.
- Allows schools to use otoacoustic emission screening technology as an optional tool for students who cannot be screened using the audiometry equipment described in WAC 246-760-030 (1).
- Specifies that OAE devices shall not replace screening using the audiometry equipment described in WAC 246-760-030 (1).

**Cost(s):** The Board does not anticipate additional costs to the rule because purchasing and using OAE equipment is optional. However, if school districts choose to incorporate OAE technology into their screening programs, they may incur initial costs for purchasing the equipment and ongoing costs of training staff.

**Benefit(s):** The proposed changes benefit students by maintaining current screening requirements while providing an optional tool for students who may have difficulty screening using traditional audiometry equipment due to their age, primary language, or developmental abilities. Additionally, updating the most recent ANSI standards ensures that the equipment and procedures are aligned with current best practices.

## WAC 246-760-040 Hearing screening procedures.

**Description:** The existing rule outlines the procedures for school hearing screenings, specifying the frequencies to be tested and requiring screenings in a quiet environment, following ANSI 1996 standards. It also details where screening results, referrals, and follow-up information should be recorded for each student. In this section, the proposed rule:

- Updates the ANSI standards referenced in the rule to the most recent version.
- Provides additional guidance on screening staff's steps when conducting hearing screenings.

• Introduces guidelines for using OAE technology, including when it can be used and the requirements for screeners administering OAE tests.

**Cost(s):** The Board does not anticipate additional costs from the proposed rule, as using OAE equipment is optional, and the Board does not anticipate that the added guidance requires or incurs extra costs for staff or districts.

**Benefit(s):** The proposed changes benefit students by maintaining current screening requirements while providing an optional tool for students who may have difficulty screening using traditional audiometry equipment due to their age, primary language, or developmental abilities. Additionally, updating the ANSI standards aligns equipment and procedures with current best practices while providing screening staff with updated guidance (in rule) on conducting screenings.

## Summary of all Cost(s) and Benefit(s)

WAC Section and Title	Probable Cost(s)	Probable Benefit(s)
<b>WAC 246-760-030</b> Hearing screening standards for equipment and procedures.	No anticipated additional cost	The proposed changes benefit students by maintaining current screening requirements while providing an optional tool for students who may have difficulty screening using traditional audiometry equipment. Additionally, updating the most recent ANSI standards ensures that the equipment and procedures are aligned with current best practices.
WAC 246-760-040 Hearing screening procedures.	No anticipated additional cost	The proposed changes benefit students by maintaining current screening requirements while providing an optional tool for students. Additionally, updating the ANSI standards aligns equipment and procedures with current best practices while providing screening staff with updated guidance for conducting screenings.

## SA Table 2. Summary of Section 5 probable cost(s) and benefit(s)

## Determination

## Probable Benefits greater than Probable Costs

The Board does not anticipate any additional costs, as the use of OAE equipment for screening is optional. The proposed updates focus primarily on revising screening guidance and aligning with current best practices. The probable benefits of adding OAE as an optional screening tool and updating the rule for consistency and clarity outweigh the probable costs.

List of alternative versions of the rule that were considered including the reason why the proposed rule is the least burdensome alternative for those that are required to comply and that will achieve the goals and objectives of the proposed rule.

The proposed rule is the least burdensome option, as it does not require schools to adopt new technology or procedures that would increase costs. While the Board considered not including OAE screening as an option, survey feedback from school screening staff highlighted that some schools already use OAE devices for students who cannot complete pure-tone audiometry. This rule supports existing practices and gives other schools the flexibility to use OAE technology to support more student screenings without requiring additional costs.

Determination that the rule does not require those to whom it applies to take an action that violates requirements of another federal or state law.

This rule does not require school districts or screening staff to take actions that would violate federal or state law.

Determination that the rule does not impose more stringent performance requirements on private entities than on public entities unless required to do so by federal or state law.

The rule does not impose more stringent performance requirements on private entities; it only applies to public schools. Private schools may follow these hearing screening standards if they choose to do so.

Determination if the rule differs from any federal regulation or statute applicable to the same activity or subject matter and, if so, determine that the difference is justified by an explicit state statute or by substantial evidence that the difference is necessary.

The rule does not differ from any related federal regulation or statute.

Demonstration that the rule has been coordinated, to the maximum extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter.

The Office of Superintendent of Public Instruction (OSPI) has authority over chapter 392-172A WAC – Provision of Special Education. As required by WAC 392-172A-03020(3)(e):

(3) Each school district must ensure that:

(e) The student is assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

This provision requires a school to assess a student's hearing, if appropriate, to determine whether they are eligible for special education. The Board's proposed hearing screening rule does not interfere with or waive the need for a more comprehensive vision assessment required by chapter 392-172A WAC for this student population.

## WASHINGTON STATE

Chapter 246-760 WAC Summary of Comments

General	Staff Recommendations
<ul> <li>This is great! Having the option to screen students using an OAE device to comply with the regulation will benefit those students most at risk. Students who are nonverbal or otherwise unable to hear the tones consistently may meet the standard through OAE screening, thereby eliminating the need for time away from school and the expense of a complete audiological exam. By completing the screening at school, we can quickly identify those barriers to learning and assist students to be at their best for learning. I hope this will be in place for the next school year. Thank you!</li> <li>It just seems like in more remote areas, it is a waste of time. Approximately 98% of families never follow up, regardless of how many times they are contacted. When you are 100 miles from the closest audiology screening, and many insurance plans require a referral from primary care, and those without Medicaid incur out-of-pocket expenses, let alone travel costs, most families will not follow up.</li> <li>I oppose this as now sure seems like a bad time for this. As taxpayers, we are taxed enough already. It would be better if it were an optional referral, rather than a requirement. Too often, these plans are Cadillac-like and expensive while we are on a Hamburger Helper budget. Better to just say no thank you.</li> </ul>	<ul> <li>No proposed action. Commentor expressed support for adding OAEs.</li> <li>No proposed action. Schools are required to conduct hearing screenings under state law (RCW 28A.210.020).</li> <li>No proposed action. The Board does not anticipate any additional costs associated with this rulemaking, as the use of OAE equipment for screening is optional. The proposed updates primarily focus on revising screening guidance to align with current best practices.</li> <li>No proposed action. Commentor expressed general experience with school hearing screenings. No recommended changes were requested.</li> <li>No proposed action. Commentor raised questions regarding the school hearing screening process, and how information is communicated to students and families. No recommended changes were requested.</li> <li>No proposed action. Commentor raised a general question regarding the framing of hearing screenings by screening staff. No recommended changes were requested.</li> <li>No proposed action. Commentor raised a general question regarding the implementation of school hearing screening screening screening staff. No recommented changes were requested.</li> </ul>

family consent.

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<ul> <li>The framing of screenings is importanthow is this information being shared with families and students? Are they aware of what is being done and comfortable with it? Thinking of this from a cultural and language perspective.</li> <li>How can screening and identification of hearing changes be framed less as "screening for a problem" or "issue"?</li> <li>For school hearing screenings how can we be more accessible to the neurodivergent community, and for immigrant and refugee communities?</li> </ul>	
WAC 246-760-001: Purpose and application of hearing and vision screening standards for school districts.	Staff Recommendations
<ul> <li>Why do the terms auditory and visual acuity remain in this section when they've changed in other places in this section and the WAC? I don't believe that PlusOptix and SPOT screeners screen acuity.</li> </ul>	• Staff recommendation: Update the terms in this section for consistency with other proposed changes. Staff proposed changes: "Each board of school directors in the state shall provide for and require screening of the auditory hearing and vision screening visual acuity of children attending schools in their districts to determine if any child demonstrates reduced hearing auditory or visual acuity vision that may negatively impact their learning.
WAC 246-760-010: Definitions, abbreviations, and acronyms.	Staff Recommendations
<ul> <li>(4) "Audiological evaluation" means a comprehensive diagnostic exam used to determine the type, degree, and configuration of reduction in hearing. This evaluation is performed by a licensed professional or specialist to diagnose and characterize hearing reductions and create an individualized treatment plan to address hearing needs.</li> <li>Recommended change: Remove [professional or specialist], replace with [audiologist] *An audiologist is the only professional to diagnose hearing loss in</li> </ul>	<ul> <li>No proposed action. From our engagement in this rule, staff learned that students are either referred to their school audiologist, or health care provider. Suggestion: Keep this language broad to cover providers in addition to audiologists.</li> <li>No proposed action. Language is broad enough to cover that students may be referred to a school audiologist or a health care provider.</li> </ul>

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<ul> <li>children. https://www.asha.org/aud/otc-hearing-aid-toolkit/audiologist-and-hearing-aid-dispenser-what-is-the-difference/</li> <li>(12) "Hearing screening" means a nondiagnostic test to identify if the person being screened needs to be referred for an audiological evaluation. Schools typically referfamilies to the student's health care provider. Insurance doesn't allow school nurses to refer to specialists. The healthcare provider needs to refer the student to a specialist. Sometimes a referral is not required at all because the HCP diagnoses an ear infection, treats it, and the hearing issue is resolved without the need for specialist/audiologist involvement.</li> </ul>	
WAC 246-760-020 Screening requirements for schools.	Staff Recommendations
<ul> <li>(2) If resources are available, a school may: (a) Expand screenings to other grades; (b) Conduct additional optional vision screenings at any grade using evidence-based screening tools and techniques; or (c) Both expand screenings to other grades and conduct optional vision screenings as outlined in (a) and (b) of this subsection. Recommended consideration: including "hearing" in (b) and (c) as follows: (b) Conduct additional optional hearing and vision screenings at any grade using evidence-based screening tools and techniques; or (c) Expand both screenings to other grades and conduct optional hearing and vision screenings as outlined in (a) and (b) of this subsection.</li> </ul>	<ul> <li>No proposed action: Currently, the only optional hearing screening allowed is OAE, and only in specific circumstances. In contrast, WAC 246-760-071 permits the use of additional vision screening tools. Additionally, (a) and (c) allow expansion of hearing screening to other grade levels if resources allow.</li> </ul>
WAC 246-760-025: Auditory screening (New Section).	Staff Recommendations
<ul> <li>Conduct screenings according to the tool's instructions and screening protocols??? Why not according to the tool's instructions? What screening protocol is coming</li> </ul>	• <b>No proposed action:</b> This new rule section was added to align with the vision screening section of the rule (WAC 246-760-070). The intent is to ensure that screeners are

from the tool manufacturer? Are we then having to contact whoever made the tool our school uses and get a protocol? Quite making things even more difficult. Know how to use the tool and leave it at that.	trained in the use of linguistically, developmentally, and age-appropriate screening tools and procedures for their students. Additionally, screeners should follow the tool's instructions in accordance with the school's established hearing screening procedures.
WAC 246-760-030: Required and alternative hearing screening tools.	Staff Recommendations
<ul> <li>Thank you for not requiring additional tools. It is already hard enough buying and maintaining tools and sending them off yearly for calibration all at district expense.</li> <li>(ii) 80 dB for transitory evoked otoacoustic emissions (TEOAEs). (b) For a pass result, the screening device must show a response at least three dB louder than the background noise at a minimum of three different frequencies, ranging from 2,000 Hz to 8,000 Hz.</li> <li>Recommended change: Remove [transitory], replace with [transient] transient evoked otoacoustic emissions</li> <li>The current language is "transitory evoked otoacoustic emissions" which is incorrect. They are called transient evoked otoacoustic emissions.</li> </ul>	<ul> <li>No proposed action. Commentor expressed support for adding OAEs as an optional tool.</li> <li>Staff recommendation: Update to reflect appropriate terminology. Staff propose changing "transitory evoked otoacoustic emissions" to "transient evoked otoacoustic emissions."</li> <li>Staff recommendation: Same proposed changes as above.</li> </ul>
WAC 246-760-040: Hearing screening procedures.	Staff Recommendations
<ul> <li>Free of extraneous noise - should make it "in as quiet an area as possible." There is almost nowhere in our school to find a place free of extraneous noise. It is unrealistic to think that most schools will have an area fully free of extraneous noise. Even the quietest places I can find have fans I can't turn off, heating/cooling systems that noise, etc.</li> </ul>	<ul> <li>Staff recommendation: Update language to reflect comment. Staff proposed changes: (2) The screener shall: (a) Conduct screenings in an environment free of extraneous noise, to the extent possible in a school setting.</li> <li>No proposed action. When an agency adopts rules or guidelines from another source, such as the federal government or a national organization, it is important to clearly specify the exact version being adopted, including</li> </ul>

<ul> <li>(c) Present each ((of the tonal stimuli)) tone at a hearing level of ((twenty)) 20 dB ((based on the)), following ASA/ANSI ((1996)) 2023 standards; Would the WAC last longer to say the "current" standards instead of "2023" standards?</li> <li>(g) Forward the results to the student's new school if they transfer. Is this ALL the results ever, or just the most recent results? Does this apply to ALL students, including those in grades not screened? I don't think many high school nurses care about hearing screening results from 7th grade, especially for their seniors. Maybe having schools forward results from the current school year or the current and previous school year.</li> </ul>	<ul> <li>the date. This ensures a more meaningful notice and comment period, as required by the Administrative Procedure Act (APA), by allowing affected parties to fully review the rules they will need to follow, including any referenced materials, and provide feedback if they choose. It also prevents unintended delegation of authority, where future changes made by the original source automatically become binding under the Board's rule without the Board having formally approved those changes.</li> <li>No proposed action. This language has been part of the rule since at least 2002. If there is uncertainty about whether all screening results or only the most recent should be forwarded when a student transfers, this can be clarified by the screening staff responsible for implementing the program within the district.</li> </ul>
WAC 246-760-050: Hearing screening referral procedures.	Staff Recommendations
<ul> <li>(c) If the student's results indicate the need for additional assessment or follow-up, the school shall notify the parents or legal guardian ((of the need for audiological evaluation if the student fails the second screening)) that a comprehensive audiological assessment is necessary. Again, schools generally get better results referring to the primary care provider. Many times the issue can be resolved at that level. And even if it can't be resolved by the PCP, the PCP needs to make the referral to an audiologist for most insurance plans. We don't want to stick parents with bills for care that aren't paid for by insurance that would have been if they had followed the usual pathway. Maybe there can be language about a comprehensive audiologist exam when districts have an audiologist on staff whose job includes doing a comprehensive exam. Few do any more.</li> </ul>	<ul> <li>Staff recommendation: Propose updating the language in this subsection for clarity. Staff proposed changes: (c) If a student's results suggest the need for further assessment or follow-up, the school shall notify the parents or legal guardian that a comprehensive audiological assessment evaluation may be required assessment is necessary. This evaluation may be preceded by a medical assessment to rule out other factors and to access audiology services as needed.</li> <li>Staff recommendation: Propose updating the language in this subsection for clarity. Staff proposed changes: (2) The school shall notify parents or legal guardians if a medical comprehensive evaluation is needed if: (a) The results of a hearing screening suggest it; or (b) A school or school</li> </ul>

### Page 6

<ul> <li>(2) The school((s)) shall notify parents or legal guardians ((of the need for)) if a medical evaluation is needed if: (a) ((Indicated by audiological evaluation)) The results of a hearing screening suggest it; or (b) ((A)) An audiological evaluation is ((not available)) unavailable. This seems at odds with section c. In c we are directing people to audiology. In this section we are directing them to medical care. Which is it? Few parents are going to do both based on what the school says. They are more likely to do the audiology based on what the provider says.</li> <li>"medical evaluation is needed". Using language like that may put districts on the hook for paying for it. I'm guessing that no budget comes to pay for medical evaluations that school say are needed (as opposed to "we recommend that you follow up with a provider?</li> </ul>	district does not have access to an audiologist on staffAn audiological evaluation is unavailable.
WAC 246-760-060: Hearing screening personnel and qualifications.	Staff Recommendations
• N/A	• N/A

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May 13, 2025

Molly Dinardo State Board of Health Department of Health

Via email

Dear Ms. Dinardo,

On behalf of the Washington Speech-Language-Hearing Association (WSLHA), I am writing to express support for the Washington State Board of Health's proposed updates to Chapter 246-760 WAC – Auditory Screening Standards for School Districts. These rules would allow school districts to use otoacoustic emission (OAE) devises devices as an alternative screening tool for students who cannot participate in pure tone audiometry tests. WSLHA represents the interests of approximately 5000 speech-language pathologists, speech-language pathology assistants, and audiologists across our state.

OAE devices offer a highly effective, objective, and efficient means of identifying potential hearing issues in students—particularly in younger children or students who may have difficulty participating in traditional behavioral hearing screenings.

Allowing school districts to use OAE devices provides several key benefits. OAE testing reduces the risk of false positives and negatives by removing subjectivity from the screening process. This method is especially beneficial for children with developmental delays, non-verbal students, or those who are non-English-speaking. Finally, the screenings are quick and can be administered by trained personnel, allowing schools to screen more students in less time.

By updating regulations to permit the use of OAE devices, school districts will be better equipped to meet the diverse needs of their students and ensure early intervention for those with hearing challenges. Early detection is crucial for a child's speech, language, and educational development.

Thank you for the opportunity to support these rules that will allow school districts to use evidencebased tools to safeguard student health.

Sincerely,

Laurel White, SLP, Ed.D. President

## RCW 28A.210.020

## Visual and auditory screening of pupils—Rules.

Every board of school directors shall have the power, and it shall be its duty to provide for and require screening for the visual and auditory acuity of all children attending schools in their districts to ascertain which if any of such children have defects sufficient to retard them in their studies. Visual screening shall include both distance and near vision screening. Auditory and visual screening shall be made in accordance with procedures and standards adopted by rule of the state board of health. Prior to the adoption or revision of such rules the state board of health shall seek the recommendations of the superintendent of public instruction regarding the administration of visual and auditory screening and the qualifications of persons competent to administer such screening. Persons performing visual screening may include, but are not limited to, ophthalmologists, optometrists, or opticians who donate their professional services to schools or school districts. If a vision professional who donates his or her services identifies a vision defect sufficient to affect a student's learning, the vision professional must notify the school nurse and/or the school principal in writing and may not contact the student's parents or guardians directly. A school official shall inform parents or guardians of students in writing that a visual examination was recommended, but may not communicate the name or contact information of the vision professional conducting the screening.

[ <u>2016 c 219 § 1</u>; <u>2009 c 556 § 18</u>; <u>1971 c 32 § 2</u>; <u>1969 ex.s. c 223 § 28A.31.030</u>. Prior: <u>1941 c 202 § 1</u>; Rem. Supp. 1941 § 4689-1. Formerly RCW <u>28A.31.030</u>, <u>28.31.030</u>.]



**Date:** June 4, 2025 **To:** Washington State Board of Health Members **From:** Patty Hayes, Board Chair

**Subject:** Rules Hearing – Repeal of Chapter 246-366A WAC, Primary and Secondary School Environmental Health and Safety Rules

### Background and Summary:

Under the authority of RCW 43.20.050, the State Board of Health (Board) revised its environmental health and safety standards for primary and secondary schools on August 12, 2009, by adopting chapter 246-366A WAC. The rules reflected the Board's intent to have the new rules supersede chapter 246-366 WAC to promote safe and healthy school environments. Chapter 246-366A WAC has never been implemented due to restrictions enacted by the Legislature related to concerns with the financial impact of the new rules.

The 2009 – 2011 Washington State operating budget bill included a proviso prohibiting the Washington State Department of Health and the Board from implementing new amended school rules until the Legislature takes action to fund implementation. Based on that directive, the Board filed a Rule-Making Order (CR-103) on December 22, 2009, specifying a July 1, 2010, effective date for the new rules. Since then, the Board has reviewed the actions of the Legislature at the end of each session to determine whether any portions of the rules could be implemented and, finding none, has amended the CR-103 to continually specify a later date of effectiveness, through September 1, 2025.

During the 2024 legislative session, the Legislature passed a proviso included in the <u>2024 supplemental operating budget</u> (Section 222, subsection 159, page 491 – 492) that directed the State Board of Health (Board) to review and draft new proposed rules to set minimum health and safety standards for K-12 schools.

The proviso also tasked the Board with developing a report in collaboration with the Office of Superintendent of Public Instruction (OSPI), the Department of Health, a multidisciplinary technical advisory committee, and local health jurisdictions that identifies the sections or subject areas that offer the greatest health and safety benefits to students and includes any related implementation recommendations. In addition, the Board staff must complete an environmental justice assessment. The Board must submit a final report to the Legislature and the Governor's Office by June 30, 2025.

At the Board's April 2025 meeting, the Board accepted the TAC's recommendations regarding the new proposed rule, designated as Chapter 246-370 WAC, and directed staff to begin the process of repealing Chapter 246-366A WAC. In addition the Board may want to consider amending the Purpose section in Chapter 246-366 WAC, which refers to the eventual implementation of Chapter 246-366A.

Today's agenda item includes a brief presentation of the repeal process and the proposed changes to Chapter 246-366 WAC. The presentation also summarizes written public comments received on the proposed repeal and staff responses and recommendations for your consideration. The presentation will be followed by a public

Washington State Board of Health June 4, 2025, Meeting Memo Page 2

hearing allowing additional public testimony on the proposed rulemaking and finally Board discussion and possible action on the proposal.

### **Recommended Board Actions:**

The Board may wish to consider and amend, if necessary, one of the following motions. The recommended motion(s) is provided for the Board's ease of reference. The Board may develop a different motion as necessary.

The Board adopts the proposed repeal of Chapter 246-366A WAC and the amendments to chapter 246-366 WAC, as published in WSR 25-09-121 with the revisions agreed upon at today's meeting, if any, and directs staff to file a CR-103, Order of Adoption, and establish an effective date for the repeal and amendments.

### OR

The Board continues discussion of possible adoption of the proposed amendments to chapter 246-366 WAC and the repeal of Chapter 246-366A WAC as published in WSR 25-09-121, to its next meeting.

### Staff

Nina Helpling, Policy Advisor

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RCW 43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules. (1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.

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

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

(a) Adopt rules for group A public water systems, as defined in RCW 70A.125.010, necessary to assure safe and reliable public drinking water and to protect the public health. Such rules shall establish requirements regarding:

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

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

(iii) Public water system management and reporting requirements;

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

(v) Public water system operation and maintenance requirements;

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

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

(b) Adopt rules as necessary for group B public water systems, as defined in RCW 70A.125.010. The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;

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

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

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

(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and

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

(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those

on-site sewage systems with design flows of less than three thousand five hundred gallons per day.

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

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

(6) The state board may advise the secretary on health policy issues pertaining to the department of health and the state. [2021 c 65 s 37; 2011 c 27 s 1; 2009 c 495 s 1; 2007 c 343 s 11; 1993 c 492 s 489; 1992 c 34 s 4. Prior: 1989 1st ex.s. c 9 s 210; 1989 c 207 s 1; 1985 c 213 s 1; 1979 c 141 s 49; 1967 ex.s. c 102 s 9; 1965 c 8 s 43.20.050; prior: (i) 1901 c 116 s 1; 1891 c 98 s 2; RRS s 6001. (ii) 1921 c 7 s 58; RRS s 10816.]

Explanatory statement—2021 c 65: See note following RCW 53.54.030.

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

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

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

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

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

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

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

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

(2) The legislature intends that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## WASHINGTON STATE BOARD OF HEALTH

### Chapter 246-366A WAC Summary of Formal Comments

General Comments	Staff Recommendations
This seems like a good idea to avoid confusion or wasted effort on outdated rules, so that hopefully 246-370 WAC can be adopted quickly.	<b>No proposed changes.</b> Commenter shows support for this action.
A lot of light has been shed on indoor air quality over the last few years, and I feel that it's really important to monitor and improve the quality of indoor air *especially* in schools. It would be nice to see the "written indoor air quality plan" from 246-370-080 include some sort of CO2 monitoring as it seems to be a decent proxy for measuring air circulation as well as being its own detriment to learning/focus at higher levels.	<b>No proposed changes.</b> This comment is out of scope for this rule hearing but will be considered when rule making continues for chapter 246- 370 WAC.
WAC 246-366A-020	Staff Recommendations
It's perplexing that air quality is not included in the table of contents for the full language of WAC 246-366A because of the challenges we have experienced individually and collectively since the start of the 2020 COVID pandemic and the abundance of evidence* of the inextricable link between effective air quality infrastructure in public indoor spaces and health (of young people in particular). My son who attends Geneva Elementary School has missed 30+ days of school in each of his first three years of attendance due to respiratory illness. Without irony, I write this comment on Monday morning as he sits next to me because he, once again, has a nasty cough that made it very difficult for him to breath overnight. When this happens once or twice, it is very scary; when it happens a number of times that can no longer be counted, it becomes a pattern that emerges from egregious negligence on behalf of the adults who are legally obligated to ensure a safe learning space, and I find that offensive. It doesn't matter if the district is in a period of contraction: if you are enabling your students getting increasingly sick because you're not investing in the right infrastructure, you are responsible for an unacceptable budget and should be held accountable.	No proposed changes. Staff consider that this comment shows support to repeal chapter 246-366A WAC and to continue to address air quality when rule making continues for chapter 246-370 WAC.
Why, for instance, does the start of the General Responsibilities in WAC 246-366A-020 articulate:	

<ul> <li>"(1) Responsibilities of school officials. School officials shall:</li> <li>(a) Maintain conditions within the school environment that will not endanger health and safety.</li> <li>(b) Identify, assess, and mitigate or correct environmental health and safety hazards in their school facilities, establish necessary protective procedures, use appropriate controls, and take action to protect or separate those at risk from identified hazards, consistent with the level of risk presented by the specific hazard, until mitigation or correction is complete.</li> <li>(c) When conditions are identified that pose an imminent health hazard:</li> <li>(i) Take immediate action to mitigate hazards and prevent exposure;"</li> </ul>	
and yet no action has been taken to write intentional language in the administrative code that addresses air quality specifically? Is it because you are unable to take "immediate action to mitigate hazards and prevent exposure"? Do you not want your students to be healthy and avoid all respiratory illnesses as much as possible? Do you not need your students in seats to help improve the budget in the future?	
I ask these questions in good faith. We are all exhausted by these conditions and need improvements immediately.	
* <u>https://www.reuters.com/world/europe/italian-study-shows-</u> ventilation-can-cut-school-covid-cases-by-82-2022-03-22/	

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## School Environmental Health and Safety Rule Project Public Hearing to Repeal chapter 246-366A WAC

Nina Helpling, State Board of Health, Policy Advisor Ash Noble, State Board of Health, Policy Advisor June 4, 2025

## WASHINGTON STATE

## Overview

- Background
- Summary of Comments
- Next Steps
- Rules Hearing
- Motion



## Background

- School Rule History
- Proviso
- Rule Review
- Chapter 246-370 WAC
- Repeal chapter 246-366A WAC



## Summary of Comments

- Received three Comments
  - Two in support
  - One out of scope



## Next Steps

- A public hearing on the rules will take place after this presentation.
- If the Board approves the repeal of chapter 246-366A WAC, staff will file a CR-103 form with the Code Reviser.
- Staff will continue work with the Board, the Governor's Office, and interested parties to advance the school environmental health and safety rule updates.



# Rules Hearing



# Motions

1. The Board adopts the proposed repeal of Chapter 246-366A WAC and the amendments to chapter 246-366 WAC, as published in WSR 25-09-121 with the revisions agreed upon at today's meeting, if any, and directs staff to file a CR-103, Order of Adoption, and establish an effective date for the repeal and amendments.

# OR

2. The Board continues discussion of possible adoption of the proposed amendments to chapter 246-366 WAC and the repeal of Chapter 246-366A WAC as published in WSR 25-09-121, to its next meeting.



# THANK YOU

# To learn more about this project, email <u>schoolehs@sboh.wa.gov</u>

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# 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.





**Date:** June 4, 2025 **To:** Washington State Board of Health Members **From:** Patty Hayes, Board Chair

**Subject:** School Environmental Health and Safety Rule Project – Final Report & Recommendations

#### Background and Summary:

During the 2024 legislative session, the Legislature passed a proviso included in the <u>2024</u> <u>supplemental operating budget</u> (Section 222, subsection 159, page 491 – 492) that directed the State Board of Health (Board) to review and draft new proposed rules to set minimum health and safety standards for K-12 schools.

The proviso also tasked the Board with developing a report in collaboration with the Office of Superintendent of Public Instruction (OSPI), the Department of Health, a multi-disciplinary technical advisory committee (TAC), and local health jurisdictions. This report must identify the sections or subject areas that offer the greatest health and safety benefits to students and include any related implementation recommendations. In addition, Board staff must complete an environmental justice assessment. The Board must submit a final report to the Legislature and the Governor's Office by June 30, 2025.

Since August 2024, the Board's School Environmental Health and Safety subcommittee convened 17 full TAC meetings and three subcommittee meetings to develop the draft rule. An informal comment period gathered public feedback that the technical advisory committee carefully staff reviewed and incorporated, as appropriate, when refining the proposed rule. The Board also produced a fiscal analysis in partnership with the technical advisory committee, OSPI, and industry partners.

Board staff also conducted extensive community outreach, including in-person and online listening sessions throughout the state. Feedback from parents, students, teachers, and support staff proved vital in shaping practical aspects of the proposed rule, and the committee gave thorough consideration to this input. With the underpinning of the draft rule, the Board and its collaborators developed the draft report, identifying the substantive areas that offer the most health and safety benefits within schools as well as related recommendations for implementation of the new rule.

The Board met with the TAC at the Board's April meeting, considered its recommendations, and approved the draft language for the proposed rule, Chapter 246-370WAC. Today, Board staff will present the draft report for the Board's approval. Following discussion today, the Board may take action on approving the draft report.

#### **Recommended Board Actions:**

The Board approves the draft report and directs staff to finalize the report in consultation with the Chair, and submit it to the Office of the Governor and the appropriate committees of the Legislature.

Or

The Board directs staff to continue refining the draft report.

Staff

Nina Helpling, Policy Advisor

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### 

### **School Environmental Health and Safety Rule Project** – 2024-2025

#### 2024 Supplemental Operating Budget

Section 222, Subsection 159, Page 4921

#### Proviso Language:

- (a) \$750,000 of the general fund—state appropriation for fiscal year 2025 is provided solely to review and update the rules for school environmental health and safety. The state board of health and the department shall conduct the review in collaboration with a multi-disciplinary technical advisory committee. The proposed new rules shall establish the minimum statewide health and safety standards for schools. The state board of health shall consider the size of school districts, regional cost differences, the age of the schools, the feasibility of implementing the proposed rules by section or subject area, and any other variables that may affect the implementation of the rules. In developing proposed rules, the state board of health shall:
  - (i) Convene and consult with an advisory committee consisting of, at minimum, representatives from:
    - (A) The office of the superintendent of public instruction;
    - (B) Small and large school districts;
    - (C) The Washington association of school administrators;
    - (D) The Washington state school directors' association;
    - (E) The Washington association of maintenance and operations administrators; and
    - (F) The Washington association of school business officials;
  - (ii) After the development of the draft rules, the state board of health shall meet at least one time with the advisory committee and provide the opportunity for the advisory committee to comment on the draft rules;
  - (iii) Collaborate with the office of the superintendent of public instruction and develop a fiscal analysis regarding proposed rules that considers the size of school districts, regional cost differences, the age of the schools, range of costs for implementing the proposed rules by section or subject area, and any other variables that may affect costs as identified by the advisory committee; and
  - (iv)Assist the department in completing environmental justice assessments on any proposed rules.
- (b) The office of the superintendent of public instruction, the department, the state board of health, the advisory committee, and local health jurisdictions shall work collaboratively to develop and provide a report to the office of the governor and appropriate committees of the legislature by June 30, 2025, detailing prioritized sections or subject areas of the proposed rules that will provide the greatest health and safety benefits for students, the order in which they should be implemented, and any additional recommendations for implementation.

<sup>&</sup>lt;sup>1</sup> <u>https://fiscal.wa.gov/statebudgets/2024proposals/Documents/co/5950-S.SL.pdf</u>







This report was prepared by the State Board of Health

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June 2025



#### **STATE OF WASHINGTON** WASHINGTON STATE BOARD OF HEALTH

PO Box 47990 • Olympia, Washington 98504-7990

Dear Governor Ferguson and Committees of the Legislature,

On behalf of the Washington State Board of Health (Board), I am pleased to present the School Environmental Health and Safety Rule Review report and the new proposed rule. This report is a culmination of a rigorous process conducted in collaboration with our multi-disciplinary technical advisory committee, the Department of Health (Department), the Office of the Superintendent for Public Instruction (OSPI), and local health jurisdictions (LHJs).

This report details the committee's comprehensive review of the state's outdated school environmental health and safety rule. It highlights key issues identified during the development of a new set of minimum public health and safety standards. It candidly discusses challenges that emerged, including some outside the direct scope of the Board's authority and the proposed rule. Our goal is to ensure that you and the Legislature are fully apprised of the committee's recommendations and the complexities we encountered.

Throughout the process of developing the proposed rule, the Board conducted significant outreach to communities, particularly those identified as overburdened. The TAC carefully considered the feedback that we received from the community, and where appropriate, integrated it into the proposed rule.

Full implementation of the proposed rule will require funding for both schools and LHJs to ensure they are able to comply with the minimum health and safety standards. The report's recommendations emphasize priority areas for health and safety improvements that are implemented over three phases to help schools and LHJs prepare and mitigate larger fiscal impacts. We developed this balanced approach to maximize student safety while remaining fiscally responsible.

I look forward to discussing the report and the path forward. Your insights and support are vital as we strive to create safer and healthier educational environments for all Washington students.

Thank you for your continued commitment to the wellbeing of our state's schools and communities.

Sincerely,

- Hayes Putty Hayes



June 2025

### **Executive Summary**

During the 2024 legislative session, the Legislature included a proviso in the operating budget that required the Washington State Board of Health (Board) to convene a multi-disciplinary Technical Advisory Committee to develop a proposed set of minimum environmental health and safety standards for schools, a fiscal analysis, and recommendations for a phased implementation. The Legislature also directed the Department of Health (Department) to complete an environmental justice assessment (EJA) on the proposed rule.

The Board, in collaboration with the Department, Office of Superintendent of Public Instruction (OSPI), and the committee completed a comprehensive review of the existing and delayed school environmental health and safety rules (Chapters 246-366 and 366A WAC) and proposed a new chapter (246-370 WAC) to establish modern, statewide minimum standards for K-12 school facilities. The Department completed an EJA, which evaluated the proposed rule's impacts on overburdened and vulnerable communities, tribes, and populations experiencing environmental health inequities. The assessment concluded that strengthening requirements for indoor air quality, water quality, injury prevention, chemical storage, extreme temperatures, and safe playground design will yield substantial benefits. The assessment estimates the new measures will protect approximately 1.1 million K-12 students across 2,783 public, private, and charter schools by reducing exposure to asthma triggers, respiratory pathogens, and environmental toxins. The assessment also aided in ensuring meaningful community involvement throughout rule development.

The current environmental health and safety rules are over 50 years old. Proposed chapter 246-370 WAC provides updated definitions, site assessment protocols, construction plan reviews for new or altered facilities, routine health inspections every three years (with risk-based flexibility), and explicit direction for emergency hazards and variances. Notably, the proposed rule introduces new requirements focused on comprehensive indoor air quality, indoor temperature limits, and specialized room specifications including health rooms. The committee's recommendations are intentionally designed to allow for flexibility while maintaining accountability for schools and local health jurisdictions. A detailed fiscal analysis estimates initial and ongoing costs to schools, local health jurisdictions, and state agencies. To help ease financial impacts and implementation challenges, the Department will develop templates and comprehensive guidance documents for required plans.

The committee recommends a phased approach to rule implementation to reduce burden and facilitate equitable and sustainable application of the rule across the state. The first phase of rule implementation will focus on initial planning and plan development and prioritizes rule sections with minimal operational change. The second phase incorporates collaborative inspections and assessments involving school officials and local health jurisdictions. The final phase adds new requirements, such as temperature ranges and specialized room standards. Priority rankings guide resource allocation toward highest-impact provisions, such as chemical safety, injury prevention, playground safety, and indoor air quality. The report highlights challenges in aligning health and safety requirements with energy-efficiency mandates, uneven program capacity and funding across jurisdictions, and the acute needs of private schools, rural, and small districts lacking capital resources or specialized staff. Addressing these concerns will require targeted funding, technical assistance, and interagency coordination to ensure all Washington communities benefit from safer, healthier learning environments.



WAC 246-370 School Environmental Health and Safety Rule

June 2025

# Background

#### School Environmental Health and Safety Review

Under state law, the Washington State Board of Health (Board) has broad authority to develop public health rules to protect and improve the health of people in Washington state. Rules adopted by the Board are implemented by the Department of Health (Department) and local health jurisdictions.

Chapter  $246-366^{1}$  of the Washington Administrative Code (WAC) sets the current standards for regulating K-12 school environmental health and safety for over 1.1 million students. However, these standards are over 50 years old and outdated. In 2004, the Board began rulemaking to update these rules and in 2009 adopted chapter  $246-366A^{2}$  WAC Environmental Health and Safety Standards for Primary and Secondary Schools.

In 2010, the Legislature included the following proviso in the operating budget.

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

Each budget since 2010 has retained the proviso, and in response, the Board has continued to extend the effective date of Chapter 246-366A WAC.

Because the Board never implemented Chapter 246-366A WAC, schools and local health jurisdictions remain subject to chapter 246-366 WAC. The 2009 rule (246-366A) includes plan review and periodic inspections, minimum building standards intended to prevent injury and the spread of communicable disease, and controls for sound, lighting, and room temperature. The rule addresses some student health and safety issues such as fall protection and chemical safety. While other rules address aspects of the health and safety that have an impact on school facilities, the Board's rule focuses on the health and safety of K-12 students.

Disparities in funding and infrastructure for school and local health jurisdictions prevent the implementation of Chapter 246-366 WAC uniformly across the state. However, all schools across the state receive food safety inspections and responses to complaints from their local health jurisdiction, but due to differing funding models, some of these services have fiscal impacts or fees associated with them.

<sup>&</sup>lt;sup>1</sup> <u>https://apps.leg.wa.gov/WAC/default.aspx?cite=246-366</u>

<sup>&</sup>lt;sup>2</sup> https://apps.leg.wa.gov/wac/default.aspx?cite=246-366A

#### June 2025

During the 2024 legislative session, the Legislature directed the Board to review chapter 246-366 and 246-366A WACs.<sup>3</sup> They directed the Board to propose updated environmental health and safety standards for K-12 schools in Washington state. Specifically, they required the Board to:

- Convene a technical advisory committee (TAC) consisting of various school associations, school districts, and OSPI to propose minimum statewide health and safety standards
- Collaborate with OSPI to develop a fiscal analysis for implementing the rules
- Assist the Department in completing an <u>environmental justice assessment</u><sup>4</sup> on any proposed rules
- Work with the Department, OSPI, the TAC, and local health jurisdictions to provide a report to the Office of the Governor and appropriate committees of the Legislature by June 30, 2025, detailing the prioritized sections or subject matter focused on the greatest health and safety for students and the order in which they must be implemented

In convening the TAC, the Board included more members than outlined in the proviso to ensure that all voices were heard. Historically, private schools, charter schools, and rural schools have been left out of the conversation, additionally, the Board wanted to ensure geographic and demographic variation to establish a rule that considers all sectors of the State.

Date	Milestone/Action	Purpose
May 2024	Invite TAC members	In addition to the required members, the Board included additional members such as Parent-Teacher Organizations, Teachers Unions, Students, and Private Schools.
June 20, 2024	Filed CR-101 pre-proposal statement of inquiry	The Board filed WSR 24-13-1175 with the Code Reviser to announce the intent to create rule language.
Aug 2024 – May 2024	TAC meetings	The Board Chair and staff worked with TAC members to draft rule language and discuss implementation.
Dec 2024 – Mar 2025	Listening sessions	Board staff hosted virtual and in- person meetings to discuss the preliminary draft language and collected feedback about the finalized draft rule language. These meetings were held across Washington state.

#### The Board's Timeline



<sup>&</sup>lt;sup>3</sup> https://fiscal.wa.gov/statebudgets/2024proposals/Documents/co/5950-S.SL.pdf

<sup>&</sup>lt;sup>4</sup> <u>https://doh.wa.gov/community-and-environment/health-equity/environmental-justice/assessments</u>

<sup>&</sup>lt;sup>5</sup> https://sboh.wa.gov/sites/default/files/2024-06/WSR 24-13-117.pdf

#### June 2025

Date	Milestone/Action	Purpose
Dec 2024 – Feb 2025	Informal comment period	The Board staff invited all interested parties to review and share feedback on the draft rule language.
March 12, 2025	Preliminary review by the Board	Board Members reviewed the draft proposed rule language, Environmental Justice Assessment, and Fiscal Analysis.
April 9, 2025	TAC provides recommendations to the Board	TAC members provided comments and made recommendations to the Board at a joint meeting.
April 2025	Final draft proposal	Board staff finalized required products based on Board direction.
June 4, 2025	Board approves report	The Board approved the final draft rule documents and recommendations.
June 30, 2025	Report to the Governor and Legislature	The Board will submit the final draft rule language, Environmental Justice Assessment, and Fiscal Analysis to the Governor's office and legislative committees.

WAC 246-370 School Environmental Health and Safety Rule

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#### **Environmental Justice Assessment Summary**

Washington State Department of Health Washington State Board of Health

#### Purpose

The 2024 – 2025 School Rule Review project<sup>1</sup> involves a significant agency action to propose a new school environmental health and safety rule. The 2024 Legislature budget proviso<sup>2</sup> directed the State Board of Health (Board) to draft the proposed rule and directed them to collaborate with the Department of Health (Department) in completing the Environmental Justice Assessment (assessment). The Department and the Board prepared this assessment, which discusses the State Board of Health rule proposal.<sup>3,4</sup>

Washington law<sup>5</sup> requires an environmental justice assessment to evaluate potential environmental benefits and harms associated with significant agency actions. An assessment provides opportunities for meaningful participation for impacted communities and Washington Tribes, reduces environmental health disparities, and distributes environmental benefits equitably.

#### **Background Information**

The current rules under chapter 246-366 of the Washington Administrative Code (WAC) set the standards for school environmental health and safety for 1.1 million Washington State students. The Board established these rules more than 50 years ago. In 2024, the Legislature's budget proviso directed the Board to review current rules and develop an updated rule to set minimum health and safety standards for K-12 schools. The proviso also requires that the Board works with the Department to complete an Environmental Justice Assessment.

The proposed rule will affect school staff, visitors, K-12 students, and Pre-K students in public, private, and charter schools in Washington state. Pre-K sites that may be attached to schools include HeadStart, Early Childhood Education and Assistance Program, and Transition to Kindergarten. The Department of Children, Youths, and Families (DCYF) typically covers these programs, but this chapter applies to programs located inside a school facility, that are not licensed by DCYF. Younger children are especially vulnerable to environmental exposures and this assessment includes them in vulnerable populations.



<sup>&</sup>lt;sup>1</sup> 2024-2025 School Rule Review Project | SBOH

<sup>&</sup>lt;sup>2</sup> 5950-S.SL.pdf

<sup>&</sup>lt;sup>3</sup> About Us | SBOH

<sup>&</sup>lt;sup>4</sup> Chapter 43.20 RCW: STATE BOARD OF HEALTH

<sup>&</sup>lt;sup>5</sup> Chapter 70A.02 RCW: ENVIRONMENTAL JUSTICE

The Department will issue guidance based on this rulemaking to assist schools and districts with implementation, including best practices for recommended actions and requirements. This rule covers a broad range of school safety topics, including air quality standards, new construction inspections, classroom temperature, chemical storage, playground safety, imminent health hazards and specialized rooms.

Board staff, in collaboration with the TAC, reviewed but did not include other aspects of school environmental health and safety covered by other state or federal laws and rules, including drinking water regulations<sup>6</sup>, lead in school drinking water<sup>7</sup> and PFAS<sup>8,9</sup>, many of these items are included in the applicability section of the rule. Examples of areas not covered under this rule include safety drills, support services, curriculum and vaccinations.

#### Section One: Analyze Environmental Benefits and Harms

The intent of this section of the assessment is to identify likely environmental benefits, likely environmental harms, associated positive health impacts and associated negative health impacts for overburdened communities, vulnerable populations, and Tribes associated with the planned action.

Establishing baseline requirements for all schools should generally improve environmental health conditions as it codifies areas of concern that are not currently standardized. Benefits include, but are not limited to, reduced exposure to asthma triggers, respiratory pathogens, and environmental toxins. Specific areas that have positive health impacts include strengthened requirements for indoor air quality, water quality, safe indoor temperature limits, injury prevention, specialized rooms, chemical storage, and safe playgrounds. The assessment found no likely environmental harms or negative health impacts directly associated with this action.

#### Section Two: Identify Overburdened Communities and Vulnerable Populations

The intent of this section of the assessment is to identify geographic areas, overburdened communities, and vulnerable populations where environmental and health impacts may result from the agency's actions.

The scope of this rule is statewide, affecting over 1.1 million K-12 students in Washington state, and the teachers, staff, and visitors in those schools. The assessment includes maps showing statewide locations and concentrations of unhealthy air days, extreme weather days, overburdened communities and vulnerable populations, and rates of students receiving free or reduced-price lunch benefits. All community listening sessions took place in overburdened communities and vulnerable population areas.

<sup>&</sup>lt;sup>9</sup> PFAS in Drinking Water—Group A Public Water System Support | Washington State Department of Health



<sup>&</sup>lt;sup>6</sup> RCW 43.20.025: Definitions.

<sup>7</sup> RCW 28A.210.410: Lead contamination at drinking water outlets.

<sup>&</sup>lt;sup>8</sup> 2414016SALandMCLdrinkingwaterCR103Ecombined.pdf

#### Section Three: Tribal Engagement and Consultation

The intent of this section is to describe the Board's engagement and collaboration with Tribes, how information received from Tribes and Tribal organizations informed decision making for this rule-making process and plans for ongoing or future Tribal consultation after publication of the EJ Assessment.

On July 11, 2024, the Board sent a Dear Tribal Leader Letter to the Federally Recognized Tribes of Washington state to provide notice of the upcoming rulemaking, offer consultation, and inform Tribal Leaders of a listening session scheduled for July 22, 2024. The proposed rule does not affect state Tribal educational compact schools; however, many Tribal children attend public, private, or charter schools. Tribal perspectives help ensure that the proposed rule is equitable, represents all Washingtonians, and reflects the Washington state commitment to honoring Tribal sovereignty.

The Board engaged and continues to engage with Tribes in 2024 and 2025 for the School Rules Review project. Tribal engagement included two listening sessions, Dear Tribal Leader Letters sent to Tribal Chairs, tabling at Tribal community events, one-on-one conversations with Tribal members, and calls and emails to Tribal Health and Education Directors to invite them to the listening sessions.

Tribal rights are not directly impacted by this rule. Actions taken by the state of Washington may not impinge upon Tribal sovereignty or reserved treaty rights. The government-togovernment relationship between the state of Washington and the Tribal nations requires that state agencies have meaningful consultation with the Washington Tribes<sup>10</sup> during the process of significant agency actions or the development of policies and program implementation. The rule does not have an impact on Tribal resources.

Tribal compact schools and Bureau of Indian Education schools may choose to implement some or all the standards from the new rule and have access to the Department guidance documents that accompany the rule. School environments may affect Tribal children more due to health, income, and food access disparities. Tribal children attending public or private schools may be in areas with the highest adverse environmental impacts, such as high temperature days, wildfire smoke events, and poor air quality days.

This rule is most likely to have an impact based on increased minimum environmental health and safety standards for all children in Washington state attending public, private, or charter schools. As many Tribal children attend public or private schools, implementation of these standards will benefit some Tribal children.

Board staff received questions about public schools owned and operated by Tribes on reservation land. The rule's prohibition of products with fragrances triggered a question in relation to cultural practices such as smudging. Board staff made a commitment to attendees to address these issues in Department guidance and best practices for implementing the proposed rule.



<sup>&</sup>lt;sup>10</sup> RCW 70A.02.100: Tribal consultation.

The Board has a duty to collaborate with Tribes in the development of policies, to inform them of updates to this work, and to provide formal consultation if requested. Ongoing engagement will continue as the rule moves through the different stages of development.

#### Section Four: Community Engagement Summary

The intent of this section is to summarize the Board's community engagement strategy and work.

In 2024 and 2025, Board staff held three online listening sessions and six in-person listening sessions. Board staff connected with nine educational service districts, 24 school districts, 364 schools, and 198,232 student families via school and district-level flyers. Board staff engaged with organizations that serve people who identify as Latino, Black, Indigenous, and People of Color (BIPOC), LGBTQ+, and people with disabilities. Board staff contacted local and statewide community-based organizations by phone calls, email, and Facebook groups. The Board is committed to ongoing community engagement and will continue outreach to affected communities throughout the rulemaking process.

The Board received 79 unique informal comments and presented them to the technical advisory committee for review and consideration. Board staff engaged 53 participants in the in-person listening sessions and 171 participants in the virtual listening sessions. Concerns raised by participants included air quality, vaping, wildfire smoke, illness in schools, cost of implementation, wildfires, extreme temperatures, safe drinking water, and pest management.

The committee reviewed a summary of public comments and had access to the verbatim comments. Committee members considered the scope of the rule revision, the variety of school facilities, the funding available, and the potential impact on overburdened communities and vulnerable populations.

Ongoing engagement will continue as the rule moves through the different stages of development. The Board continues to communicate with interested parties, school districts, and local health jurisdictions. The Legislature will determine the timeline to adopt and implement the proposed rule. As the proposed rule is scheduled for adoption, the Board will gather comments on rule language from interested parties, publish rule materials on the website, and possibly schedule listening sessions leading up to filing the rule for adoption.

# Section Five: Strategies to Address Environmental Harms and Equitably Distribute Environmental Benefits

The final section of the assessment evaluates strategies to eliminate, reduce, or mitigate environmental harms and ensure equitable access to the environmental benefits. The strategies this rule will address include:

- Providing equitable participation and meaningful engagement with overburdened communities and vulnerable populations (OCVPs) in the development of the rule.
- Prioritizing equitable distribution of resources and benefits to OCVPs.
- Modifying substantive regulatory or policy requirements.



Board staff included a wide range of participants and interested parties in both the technical advisory committee and the public listening sessions from OCVPs. All six in-person listening sessions were held in OCVPs.

Board staff brought resources, benefits, and outreach efforts to OCVPs throughout the state.

- The committee acknowledged the financial impact of regulatory or policy requirements on overburdened communities and sought solutions that would provide flexibility to address environmental health and safety issues while maintaining minimum standards that would be applied equitably throughout the state.
- The Board could use the following to track the equitable distribution of environmental health and safety by implementation of this rule:
  - Local health jurisdictions voluntarily providing school inspections data
  - Schools voluntarily recording the air quality in schools using carbon dioxide monitors
  - Using voluntary surveys with Department or Office of Superintendent of Public Instruction (OSPI) partnerships, identifying the number of schools or districts with extreme temperature readiness plans, indoor air quality plans, and integrated pest management.

#### Summary

The School Rules Review Project has developed a new rule that incorporates the best practices of the current (50-year-old) rule and adds updated scientific research and best practices. The technical advisory committee included advisors from the OSPI, large and small school districts, associations for school directors, maintenance, and operations administrators, school business officials, the parent teacher association, the Department, local health jurisdictions, rural schools, private schools, and a variety of school-related organizations. Throughout the rule-making process, the Board focused on listening to underserved communities, invited all schools to public meetings held in their area, invited community-based organizations serving overburdened or vulnerable communities to participate, and considered their comments in the development of the rule.

In developing the rule proposal, Board staff balanced the need for updated, minimum health and safety standards, the fiscal challenges for all schools, and ideal best practices. The committee and Board recommended a phased implementation that prioritizes health and safety for Washington schoolchildren. This allows for equitable and sustained implementation across the state. If accepted by the Legislature, the phased implementation will prioritize critical safety concerns that have the highest impact, such as chemical storage and indoor air quality. The phased implementation also mitigates fiscal concerns. It allows statewide implementation of the rule over time, with flexibility for districts and local health jurisdictions to prepare and develop resources. The phased implementation encourages building partnerships between schools and local health jurisdictions for the successful implementation of the full rule.

WAC 246-370 School Environmental Health and Safety Rule

June 2025

### **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.

#### WAC 246-370-001 Purpose

The purpose of this chapter is to set minimum environmental health and safety standards for school facilities operated for the primary purpose of providing education.

#### WAC 246-370-005 Definitions

- (1) "Air contaminant" means pollutants in the air that could, depending on dose and circumstances, cause adverse health impacts.
- (2) "Decibel (dB)" means a standard unit of measurement of sound pressure.
- (3) "Decibel, A-weighted (dBA)" means a decibel measure that has been weighted in accordance with the A-weighting scale. The A-weighting adjusts sound level as a function of frequency to correspond approximately to the sensitivity of human hearing.
- (4) "Department" refers to the Washington State Department of Health.
- (5) "Emergency washing facilities" means equipment such as emergency showers, eyewashes, eye/face washes, hand-held drench hoses, or other similar units.
- (6) "Emissions" mean substances released into the air, including gases and particles, from various sources.
- (7) "Equivalent Continuous Sound Level" or "Leq" means the sound pressure level of a noise fluctuating over a period of time, expressed as the amount of average energy.
- (8) "Foot candle" means a unit of measure of the intensity of light falling on a surface, equal to one lumen per square foot.
- (9) "Imminent health hazard" means a significant threat or significant danger to health or safety that requires immediate action to prevent serious illness, injury, or death.
- (10) "Integrated pest management" means a program that reduces sources of food, water, and shelter for pests by using the least toxic pest controls when necessary.
- (11) "Local board of health" means the county or district board of health as defined in RCW 70.05.010(3).
- (12) "Local health officer" means a legally qualified physician who has been appointed as the health officer for the county or district public health department as defined in RCW 70.05.010(2) or their authorized representative.

1

WAC 246-370 School Environmental Health and Safety Rule

June 2025

# **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- 2 Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (13) "New construction" means new buildings or structures, including construction of additions to existing school facilities and reconstruction or retrofitting of an existing building not originally intended for use as a school facility. New construction does not include reconstruction of an existing school facility.
- (14) "Noise abatement" means measures taken to reduce unacceptable sounds or vibrations.
- (15) "Noise criterion" means a single number for rating the sound quality of a room by comparing actual or calculated sound level spectra with a series of established octave band spectra.
- (16) "Noise criterion 35 (NC35)" means the curve for specifying the maximum permissible sound pressure level for each frequency band.
- (17) "OSPI" refers to the Washington Office of Superintendent of Public Instruction.
- (18) "Portable" means any school building with a prefabricated structure that can be transported and installed on-site to provide additional educational space.
- (19) "Preschool" means an educational establishment or learning space offering early childhood education to children not old enough to attend kindergarten.
- (20) "Readiness Plan" means a written guide to ensure the health and safety of the occupants of a school facility in the event of a particular hazard, such as extreme heat or wildfire smoke.
- (21) "School" means any public institution of learning where the primary purpose is educational instruction for children in any grade from kindergarten through grade twelve, including transition programs, programs where students will advance to grade one the following year, and related activities by the public school as defined in RCW 28A.150.010 and any private school or private institution regulated by chapter 28A.195 RCW.
- (22) "School facility" means all buildings and land intended primarily for student use including, but not limited to portables, sports fields, playgrounds, classrooms, and common areas.
- (23) "School official" means a member of the school district or school staff who has the authority to make decisions on behalf of the district or school to maintain and improve environmental health and safety within the limitations of this rule.
- (24) "Site assessment" means an evaluation of any historical or other readily available information on site conditions and surroundings to evaluate whether the site poses a potential hazard to human health and determine if further investigation is needed.
- (25) "Source capture system" means a mechanical exhaust system designed and constructed to capture air contaminants at their source and release air contaminants to the outdoor atmosphere.

WAC 246-370 School Environmental Health and Safety Rule

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# **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- 2 Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (26) "Specialized room" means a space or room that has a specific function that uses equipment, furniture, or supplies not found in a standard room that are a potential health and safety risk. This may include but is not limited to a career and technical education room, laboratory, art room, or health room.
- (27) "Stationary machinery" means equipment that is designed to be installed in a fixed location and does not require intermittent movement to service different needs.
- (28) "Transition services" means a coordinated set of activities as defined in WAC 392-172A-01190.

#### WAC 246-370-010 Applicability

- (1) This chapter applies to all school facilities operated for the primary purpose of providing education, including those primary and secondary school facilities that offer preschool education or transition services. This chapter does not apply to:
  - (a) Any facility or part of a facility that is licensed by the department of children, youth, and families under Title 110 WAC;
  - (b) Private residences used for home-based instruction as defined by RCW 28A.225.010(4);
  - (c) Facilities hosting educational programs where educational instruction is not a primary purpose, including, but not limited to, detention centers, jails, hospitals, mental health units, or long-term care facilities;
  - (d) Private facilities where tutoring is the primary purpose;
  - (e) Public or private postsecondary education facilities providing instruction to students enrolled in secondary school; and
  - (f) State-tribal education compact schools established under chapter 28A.715 RCW.
- (2) Additional environmental health and safety rules that apply to school facilities include, but are not limited to:
  - (a) Chapter 246-215 WAC regarding facility and equipment sanitation, food preparation, food storage, and food temperature control;
  - (b) Chapter 246-217 WAC regarding food service workers, including contracted staff and volunteers, who must maintain a current food worker card as set forth in chapter 246-217 WAC;

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- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (c) Chapters 246-260 and 246-262, as applicable, regarding water Recreation Facilities or aquatic venues;
  - (d) WAC 51-54A-0915 regarding the installation and maintenance of carbon monoxide detection and alarms in mechanical rooms and occupied zones; and
  - (e) RCW 43.70.830 through 43.70.845 regarding lead in drinking water if the facility was built or all plumbing was replaced before 2016.
- (3) Schools must use sewer and liquid waste disposal that is connected to a municipal sewage disposal system or an on-site sewage disposal system designed, constructed and maintained under chapter 246-272A or 246-272B.
- (4) Schools must provide drinking water from public water supplies regulated under WAC 246-290 or 246-291.
- (5) These rules are not intended to replace or supersede the department of labor and industries' authority and jurisdiction under Title 296 WAC over employee safety and health.
- (6) These rules are not intended to replace building code council requirements under Title 51 WAC. In the event this chapter is more stringent to protect health and safety it may supersede Title 51 WAC.
- (7) If the local permitting jurisdiction received a complete building permit application for school construction before the effective date of this chapter, the construction-related requirements of chapter 246-366 WAC apply.

#### WAC 246-370-015 Good Safety Practice and Guidance

- (1) Except where more specific requirements apply, school facilities must apply good safety practices to conditions which present a potential hazard to occupants of the school.
- (2) The department in cooperation with OSPI shall review potentially hazardous conditions in schools which are not aligned with good safety practice, especially in specialized rooms.
- (3) The department and OSPI shall jointly prepare a guide for use during routine school inspections to identify issues relating to good safety practices. The guide should include recommendations for safe facilities and safety practices.
- (4) The guide shall be reviewed and updated at least every five years.



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- Full implementation of the rule, including new rule requirements such as specialized rooms.

#### WAC 246-370-020 Site Assessment

- (1) A local health officer shall conduct or require that a site assessment be conducted when a school district is planning:
  - (a) To construct a new school facility on a site that was previously undeveloped or developed for other purposes; or
  - (b) To convert an existing structure for primary use as a school facility.
- (2) A local health officer may conduct or require that a site assessment be conducted when a school district is planning to construct:
  - (a) A new school facility on an existing school site; or
  - (b) An addition to an existing school facility.
- (3) A site assessment must include:
  - (a) A Phase 1 Environmental Site Assessment (ESA) that meets the requirements of the American Society for Testing and Materials (ASTM) Standard #1527-21 (published December 2021);
  - (b) Sampling and analysis of potential contaminants if the Phase 1 ESA indicates that hazardous materials may be present. Sampling and analysis must comply with the applicable rules of the department of ecology, WAC 173-303-110 ; and
  - (c) A noise assessment that measures noise from all sources during the hours that school is normally in session.
    - (i) The noise must not exceed:
      - (A) An hourly average of 55 dBA or the mean sound energy level for a specified time in Leq 60 minutes; and
      - (B) A maximum sound level, recorded during a specified time, measured as Lmax, of 75 dBA during the time of day the school is in session.
- (4) A school official shall ensure:
  - (a) The local health officer receives notification within 90 days of starting:
    - (i) The preliminary planning for school construction that requires a review and approval of a site assessment by a local health officer under subsection (1) of this section; or
    - (ii) The preliminary planning for school construction under subsection (2) of this section to determine if a site assessment is required;
  - (b) Consultation with the local health officer throughout the plan development phase regarding the scope of the site assessment when one is required and the timeline for completion of the site assessment;

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# **Proposed Rule**

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (c) The submission of a written report to the local health officer for a required site assessment that assesses the potential impact on health and safety presented by the proposed site and includes, but is not limited to, the following:
  - (i) The findings and results obtained under subsection (3) of this section;
  - (ii) An analysis of the findings;
  - (iii) If a site exceeds sound levels under subsection (3)(c)(i), the school official must include a plan for noise reduction in the new construction proposal under WAC 246-370-030;
  - (iv) Identified health and safety risks present at the site;
  - (v) A description of any mitigation proposed to address identified health and safety risks present at the site;
  - (vi) Any site assessment-related information requested by the local health officer to complete the site assessment review and approval process; and
- (d) The acquisition of a site review and written site approval from the local health officer when required under subsection (1) or (2) of this section.
- (5) When notified by a school official of preliminary planning for school construction, the local health officer shall:
  - (a) Conduct an inspection of the proposed site;
  - (b) Determine whether a site assessment is required when notice is provided under subsection (4)(a)(ii) of this section and notify the school official of the determination;
  - (c) Review the inspection findings, written report provided under subsection (4)(c), and any other site assessment-related information for environmental health and safety risk;
  - (d) For site assessments conducted under subsection (1) of this section, provide written approval or describe site deficiencies needing mitigation to obtain approval or deny use of the proposed school facility site if mitigation is not possible within 60 days of receiving a complete request unless a school official and the local health officer agree to a different timeline; and
  - (e) For site assessments conducted under subsection (2) of this section, provide written approval or describe site deficiencies needing mitigation to obtain approval of the proposed school facility site within 60 days of receiving a complete request unless the school officials and the local health officer agree to a different timeline.

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# **Proposed Rule**

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- 2 Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.

(6) If a written site assessment request from a school official is received by the local health officer before the effective date of this section, the site assessment requirements of chapter 246-366 WAC apply unless otherwise specified in this chapter.

#### WAC 246-370-030 Construction Plan Review New, Alterations, and Portables

- (1) The following school construction projects must be reviewed and approved by the local health officer:
  - (a) Construction of a new school facility, playground, bathroom, shower, or specialized room;
  - (b) Establishment of a school in all or part of any existing structure previously used for another purpose;
  - (c) Additions or alterations consisting of more than 5,000 square feet of floor area or more than 20 percent of the total square feet of an existing school facility, whichever is less;
  - (d) Alteration of a playground, bathroom, shower, or specialized room; and
  - (e) Installation or construction of a portable classroom.
- (2) A school official shall ensure:
  - (a) Consultation with the local health officer takes place at the 50 percent design development stage of school construction project plans to determine if the project requires construction review;
  - (b) The provision of additional documents, beyond the construction project plans, if requested by the local health officer, which may include, but are not limited to, written statements signed by the project's professional engineer or licensed architect verifying that design elements comply with requirements specified by this chapter;
  - (c) Consultation with the local health officer to determine whether additional construction project review is required to ensure that the project meets the requirements of this chapter;
  - (d) The submission of the design at the 100 percent development stage for the construction design plans.

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# **Proposed Rule**

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (e) The acquisition of a written approval from the local health officer for the construction project before starting construction;
    - (i) If the school official meets the requirements of subsection (2)(a) but the local health officer does not meet the requirements of subsection (3), the school official may proceed with their scheduled construction timeline;
  - (f) The submission of a request for a preoccupancy inspection to the local health officer to correct any imminent health hazards before allowing occupancy at the school facilities; and
  - (g) The local health officer receives notification at least five business days before a desired preoccupancy inspection.
- (3) The local health officer shall:
  - (a) Respond to a request to consult with a school official within 15 business days of receipt;
  - (b) Consult with a school official to determine the necessary documentation for plan review and approval of the particular project;
  - (c) Review construction project plans at the 50 percent design development stage to confirm the need for a construction review and approval to meet the health and safety requirements of this chapter;
  - (d) Consult with a school official when requiring additional construction plan reviews between the 50 and 100 percent construction plan design development stages;
  - (e) Identify and request any additional documents needed to determine compliance with the requirements outlined in this chapter;
  - (f) Provide written approval within 60 days of receiving the 100 percent design development for the construction design plans or provide a written statement describing construction project plan deficiencies that need to change to obtain approval. The school official and the local health officer may alter this timeline if mutually agreed upon;
  - (g) Conduct an inspection:
    - (i) Before occupancy of a completed construction project and within five business days after receiving a request from a school official;
    - (ii) At any point during the construction period to verify compliance with the requirements of this chapter;
    - (iii) In a coordinated effort with the on-site project manager or other appropriate person identified by a school official; or

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (iv) To confirm satisfactory correction of the items identified under (h) or (i) of this subsection;
  - (h) If an imminent health hazard is identified during an inspection, work with the school official and local building official to identify and agree upon a solution that the school officials will implement before occupation of the affected portion; and
  - (i) If other conditions of noncompliance with this chapter are identified during an inspection, provide the school official with a written list of items and consultation in developing a correction schedule based on the level of risk to health and safety.

#### WAC 246-370-040 Routine Inspection

- (1) The local health officer shall:
  - (a) Conduct an environmental health and safety inspection of each school facility within their jurisdiction every three years, prioritizing areas for emphasis based on risk;
  - (b) Notify school officials at the time of discovery, or immediately following the inspection, if conditions that pose an imminent health hazard are identified and follow the imminent health hazard requirements set forth in WAC 246-370-120;
  - (c) Consult with school officials upon completion of the inspection about findings and recommended follow-up actions and, if necessary, collaborate with school officials to develop a remediation schedule;
  - (d) Issue a final inspection report within 60 days following an inspection. The local health officer may establish an alternate timeline for issuing the final inspection report when agreed upon in consultation with school officials. The report must include inspection findings related to this chapter and any required remediation; and
  - (e) Confirm, as needed, that corrections are made.
- (2) The local health officer may:
  - (a) Adjust the inspection interval of the schools within their jurisdiction by developing a written risk-based inspection schedule that is uniformly applied throughout the jurisdiction based on credible data or local risk factors. The time between routine inspections may not:
    - (i) Exceed five years; and

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (ii) Be more frequent than one year; or
  - (b) Allow a school official or qualified designee to conduct the required additional inspections under a program approved by the local health officer if the program includes provisions for:
    - (i) Assuring that the school official or designee conducting the inspection has attended training in the standards, techniques, and methods used to conduct an environmental health and safety inspection;
    - (ii) Completing a standardized checklist at each inspection; and
    - (iii) Providing a written report to the local health officer detailing the findings of the inspection, within 60 days of completing the inspection.

#### WAC 246-370-050 General Building Requirements

A school official shall ensure that school facilities:

- (1) Are clean and in good repair;
- (2) Do not attract, shelter, or promote the propagation of insects, rodents, bats, birds, or other pests of public health significance;
- (3) Have floors that suit the intended use, allow easy cleaning, and dry easily to inhibit mold growth and mitigate fall risks;
- (4) Have no projections from the finished ceiling that are less than seven clear vertical feet from the finished floor;
- (5) Have vacuum breakers or backflow prevention devices installed on hose bibs, sinks, and supply nozzles where hoses or tubing can be connected;
- (6) Provide proper storage for student jackets or backpacks, play equipment, and instructional equipment to mitigate trip, pest, or other public health hazards;
- (7) Contain toilet and handwashing facilities that are accessible for use during school hours and scheduled events;
- (8) Provide handwashing stations equipped with:
  - (a) Soap;
  - (b) Single-use towels, disposable towels, blower, or equivalent hand-drying device;
  - (c) Fixtures with water temperatures that do not exceed 120-degrees Fahrenheit; and
  - (d) Fixtures that deliver at least 10 seconds of running water if they are selfclosing, metering faucets.

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (9) Provide toilet paper in restrooms;
- (10)Provide handwashing sinks that are accessible where activities present a potential risk of microbiological or chemical contamination of the hands in any student spaces, which may include, but are not limited to:
  - (1) Restrooms;
  - (2) Specialized rooms; or
  - (3) Health rooms; and
- (11)Provide accessible drinking fountains that are constructed with a nozzle that directs an arc of water to flow away from the nozzle and is located above water-impervious flooring. The drinking fountains must be deactivated when attached to a handwashing sink in a specialized room or located in a restroom.

#### WAC 246-370-060 Showers and Restrooms

- (1) For new construction or alterations of an existing shower facility for grades nine and above with classes in physical education or team sports, at least one shower must:
  - (i) Meet the Federal Americans with Disabilities Act (ADA);
  - (ii) Meet the requirements of the uniform plumbing code set forth in chapter 51-56 WAC;
  - (iii) Be accessible to any student for use during school hours and scheduled events; and
  - (iv) Contain floors that are slip resistant.
- (2) For new construction or alterations of an existing shower facility for grades nine and above with classes in physical education or team sports, if a locker or dressing room is provided, it must have easy-to-clean walls and floor surfaces that are slip resistant.
- (3) For new construction or alterations of an existing restroom facility, restrooms must:
  - (a) Contain handwashing fixtures that do not have water temperatures that exceed 120 degrees Fahrenheit;
  - (b) Meet the requirements of the uniform plumbing code set forth in chapter 51-56 WAC;
  - (c) Contain floor surfaces impervious to water, slip-resistant, and sloped to floor drains;
  - (d) Contain walls, floors, and ceilings that are easy to clean; and

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- Full implementation of the rule, including new rule requirements such as specialized rooms.

(e) Contain soap and single-use or disposable towels. Blower or equivalent handdrying devices are prohibited.

#### WAC 246-370-070 Indoor Air Quality and Ventilation

A school official shall ensure:	
<ul> <li>(1) The implementation of a written indoor air quality plan within five years of the effective date of this section that includes:</li> <li>(a) Identified areas of indoor air quality concerns and development of preventive measures to address the concerns;</li> <li>(b) A schedule to perform routine inspections of heating, ventilation, and cooling systems;</li> <li>(c) An integrated pest management plan;</li> <li>(d) A plan for monitoring and mitigating carbon dioxide levels if required by subsection (7)(b)(iii) of this section; and</li> <li>(e) A plan with identified actions for ensuring health and safety for periods of increased health risk or poor outdoor air quality;</li> </ul>	1
<ul> <li>(2) The control of air contaminant sources by:</li> <li>(a) Excluding sources of potential air contaminants from a school facility; or</li> <li>(b) Providing a space with appropriately used and maintained ventilation to minimize student exposure to potential air contaminants;</li> </ul>	3
<ul> <li>(3) The development and implementation of a plan to test for radon every five years in regularly occupied areas on or below ground level;</li> <li>(4) The prohibition of air fresheners, candles, or other products that contain fragrances;</li> <li>(5) The minimization of student exposure to construction activities that generate emissions by physically containing the activities or conducting activities when students are not present;</li> </ul>	1
(6) The prompt control of identified moisture sources and remediation of mold using measures to minimize occupant exposure to mold and chemicals used during the remediation process;	3

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (7) Adequate ventilation by:
  - (a) Ensuring direct mechanical exhaust for specialized rooms as set forth in WAC 246-370-140; and
  - (b) Ensuring all student-occupied instruction and gathering spaces during hours of occupation provide outdoor air ventilation flow rates as set forth in chapter 51-52 WAC at the time the ventilation system was permitted;
    - (i) If outdoor air ventilation flow rates were not established at the time of the original building construction, ventilation airflow rates must be operated to meet chapter 51-52 WAC or maximum outdoor air ventilation flow rates achievable within existing system capacity;
    - (ii) Compliance is determined based on variables including but not limited to:(A) The type and area of the space;
      - (B) The planned number of occupants;
      - (C) The type of ventilation system; and
    - (iii) If the school facility does not have a mechanical outdoor air ventilation system or the outdoor air flow rate cannot be determined, provide ongoing carbon dioxide concentration monitoring;
- (8) Adequate filtration by:
  - (a) Ensuring particulate matter filtration as set forth in chapter 51-52 WAC at the time the heating, ventilation, and air conditioning systems were permitted, including facilities that have small, ducted air handlers and ventilation systems;
    - (i) If particulate matter filtration requirements were not established at the time of the original installation of the system, the system must meet chapter 51-52 WAC or the maximum particulate matter filtration achievable within existing system capacity;
- (9) For schools with mechanical heating, ventilation, or cooling systems, the performance of routine maintenance that includes:
  - (a) Testing and balancing for existing heating, ventilation, and air conditioning systems every fifteen years;
  - (b) Performing routine inspections of existing heating, ventilation, and cooling systems to ensure systems are operating within intended parameters of this rule;
  - (c) Replacing filters as needed to achieve required filtration and air flow rates; and
  - (d) Maintaining records of these activities for review upon request by the local health officer.

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- Full implementation of the rule, including new rule requirements such as specialized rooms.

#### WAC 246-370-080 Temperature

- (1) A school official shall ensure the development of an extreme temperature readiness plan and implement the plan when a school facility is occupied by students and either of the following conditions apply:
  - (a) Classroom temperatures are outside of the range of 65 degrees to 79 degrees Fahrenheit; or
  - (b) Hallways, gymnasiums, and common area temperatures are outside of the range of 60 degrees to 79 degrees Fahrenheit.
- (2) A school official may consult with a local health officer to develop an extreme temperature readiness plan.

#### WAC 246-370-090 Noise

A school official shall ensure:

- (1) For new construction:
  - (a) Ventilation equipment or other equipment that will contribute to mechanical noise sources in a classroom must include designs that ensure that the background sounds conform to a noise criterion curve or equivalent not to exceed NC-35. The school official shall certify that equipment and features are installed according to the approved plans;
  - (b) The actual background noise at any student location within a newly constructed classroom must not exceed 45 dBA (Leqx) and 70 dB(Leqx) (unweighted scale) where x is thirty seconds or more. The health officer shall determine compliance with this section when the ventilation system and the ventilation system's noise generating components, such as the condenser, heat pump, and other similar components are in operation; and
  - (c) The maximum ambient noise level in specialized rooms shall not exceed 65 dBA when all fume and dust exhaust systems are operating;
- (2) Portable classrooms constructed before January 1, 1990, moved within the same school property or the same school district, are excluded from the requirements of this section if the portable classrooms:
  - (a) Do not alter the noise abatement features;
  - (b) Do not increase noise-generating features;
  - (c) Were previously used for classroom instruction;

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  - (d) Do not change ownership; and
  - (e) Are located on a site that meets the noise assessment requirements set forth in WAC 246-370-020(3)(c);
- (3) The maximum noise exposure for students in classrooms shall not exceed the levels specified in Table 1;
- (4) Activities that expose students to sound levels equal to or greater than 115 dBA are prohibited; and
- (5) Students are provided with and required to use personal protective equipment where noise levels exceed those specified in Table 1. Personal protective equipment must reduce student noise exposure to comply with the levels specified in Table 1.

#### Table 1 Maximum noise exposures permissible

Duration per day	Sound Level	
(hours)	(dBA)	
8	85	
6	87	
4	90	
3	92	
2	95	
1-1/2	97	
1	100	
1/2 1/4	105	
1/4	110	

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- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.

#### WAC 246-370-100 Lighting

A school official shall ensure that:

 Light intensities that meet or exceed those specified in Table 2 are provided. Natural lighting, energy-efficient lighting systems, lighting fixtures, or bulbs may be used to maintain the minimum lighting intensities;

Table 2 Lighting intensities measured 30 inches above the floor or on working or teaching surfaces. Some lighting fixtures may require a start-up period before reaching maximum light output.

Task	Min. Foot Candle Intensity	
Specialized rooms where safety is of prime consideration or fine detail work is done, for example, family and consumer	50	
science laboratories, science laboratories (including		
chemical storage areas), shops, drafting rooms, and art and		
craft rooms.		
Kitchen and food preparation areas.	50	
General instructional areas, for example, study halls, lecture rooms, and libraries.	30	
Gymnasiums: main and auxiliary spaces, shower rooms and locker rooms.	20	
Non-instructional areas including auditoriums, lunchrooms,	10	
food storage rooms, assembly rooms, corridors, stairs,		
storerooms, and restrooms.		
Excessive brightness and glare in all instructional areas is controlled. Surface		

- (2) Excessive brightness and glare in all instructional areas is controlled. Surface contrasts and direct or indirect glare must not cause excessive eye accommodation or eye strain problems;
- (3) Sun control to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms, and meeting rooms during at least 80 percent of the normal school hours is provided. Sun control is not required for sun angles less than 42 degrees up from the horizontal. Sun control is not required if air conditioning is provided, or special glass is installed having a total solar energy transmission factor of less than 60 percent;

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- Full implementation of the rule, including new rule requirements such as specialized rooms.
- (4) Lighting in a manner that minimizes shadows and other lighting deficiencies on work and teaching surfaces is provided; and
- (5) Windows in sufficient number, size, and location to enable students to see outside at least 50 percent of the school day are provided. Windows are optional in specialized rooms.

### WAC 246-370-110 Injury Prevention

A school official shall ensure: (1) The mitigation of potential slip and fall hazards by, but not limited to: 3 (a) Providing stairwells and ramps with handrails and stairs with surfaces that reduce the risk of injury; (b) Providing protection or barriers for areas that have fall risks such as balconies and orchestra pits; (c) Storing unsecured equipment in a manner that prevents unauthorized use or iniury: (2) The storage of chemicals and cleaning supplies includes: (a) Manufacturer use instructions, warning labels, and safety data sheets for proper storage of the supplies; (b) Labels on supplies that are diluted from bulk chemical or cleaning agents with the accurate agent name and dilution rates; (c) The original bulk or concentrated containers of cleaning and disinfectant agents for reference to labels and instructions until diluted contents are exhausted; (d) Separation of incompatible substances; and (e) Access limited to authorized users; (3) The use of fragrance-free and low-hazard cleaning and sanitation supplies when 1 available or ensure cleaning at a time and manner that would limit exposure to students; and (4) Documentation of a policy to mitigate injury and the spread of diseases if the 3 school allows animals other than service animals in a school facility.

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- 2 Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.

### WAC 246-370-120 Imminent Health Hazard Procedure

- (1) If a school official identifies a condition that could pose an imminent health hazard, a school official shall ensure:
  - (a) The immediate mitigation of hazards and prevention of exposure if an imminent health hazard is confirmed;
  - (b) The immediate consultation with the local health officer to investigate the suspected hazard; and
  - (c) Consultation with the local health officer in developing appropriate health and safety messages for school staff, students, and parents.
- (2) If a local health officer identifies a condition that is an imminent health hazard at a school, the local health officer shall:
  - (a) Immediately inform school officials of the imminent health hazard;
  - (b) Consult with school officials to mitigate hazards and prevent exposure; and
  - (c) If requested, assist school officials in developing health and safety messages for school staff, students, and parents.

### WAC 246-370-130 Playgrounds

(1) A school official shall ensure: 2 (a) Consultation with the local health officer regarding playground review and approval requirements takes place prior to: (i) Installing new playground equipment or fall protection surfaces; (ii) Adding new playground features or equipment to an existing playground; or (iii) Modifying existing playground equipment, features, or fall protection surfaces: (b) The proper installation, maintenance, and operation of playground equipment, 3 including used equipment, and fall protection surfaces: (i) In a manner consistent with the ASTM F 1487-21: Standard Consumer Safety Performance Specification for Playground Equipment for Public Use: and (ii) In a manner consistent with the manufacturer's instructions and Consumer Product Safety Commission Handbook for Public Playground Safety, 2010;

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WAC 246-370 School Environmental Health and Safety Rule

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## **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
  - Full implementation of the rule, including new rule requirements such as specialized rooms.
    - (c) The local health officer receives requested information including playground plans, equipment specifications, and any additional information; and
    - (d) Acquisition of a plan review and written approval from the local health officer before installing, adding, or modifying playground equipment or fall protection surfaces.
- (2) The local health officer shall:
  - (a) Consult with a school official to determine necessary documentation for playground plan review and approval consistent with the scope of the particular project;
  - (b) Review playground plans and equipment specifications to confirm that the requirements of these rules are addressed;
  - (c) Identify and request any additional documents required to complete the review;
  - (d) Provide written approval or denial of the playground plans and equipment specifications within 60 days of receiving all documents needed to complete the review unless the school officials and the local health officer agree to a different timeline;
  - (e) Verify that playground installation complies with the requirements of this section; and
  - (f) Coordinate all playground-related inspections with the school official.
- (3) The use of chromated copper arsenate or creosote-treated wood to construct or install playground equipment, landscape structures, or other structures on which students may play is prohibited.

#### WAC 246-370-140 Specialized Rooms

- (1) A school official shall ensure specialized rooms that are part of a school facility include, if applicable:
   (a) Single-use soap and single-use towels at handwashing sinks;
  - (b) Emergency washing facilities that contain an emergency shower or emergency eyewash fountain or both:
    - (i) An emergency shower must:
      - (A) Be provided when there is potential for major portions of a person's body to contact corrosives, strong irritants, or toxic chemicals; and

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WAC 246-370 School Environmental Health and Safety Rule

June 2025

## **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (B) Deliver water that cascades over the user's entire body at a minimum rate of 20 gallons (75 liters) per minute for fifteen minutes or more;
  - (ii) An emergency eyewash fountain must:
    - (A) Be provided when there is potential for a person's eyes to be exposed to corrosives, strong irritants, or toxic chemicals;
    - (B) Irrigate and flush both eyes simultaneously while the user holds their eyes open;
    - (C) Contain an on-off valve that activates in one second or less and remains on without user assistance until intentionally turned off; and
    - (D) Deliver at least 0.4 gallons (1.5 liters) of water per minute for fifteen minutes or more;
  - (iii) Emergency washing facilities must:
    - (A) Be located so that it takes no more than 10 seconds to reach and the travel distance should be no more than 50 feet;
    - (B) Be kept free of obstacles blocking their use;
    - (C) Function correctly;
    - (D) Provide the quality and quantity of water that is satisfactory for emergency washing purposes; and
    - (E) Be designed, installed, and maintained in accordance with the American National Standards Institute (ANSI) publication Z358.1 -2014, American National Standard for *Emergency Eyewash and Shower Equipment;*
  - (c) A prohibition of use and storage of compounds that are:
    - (i) Considered shock-sensitive explosives, for example, picric acid, dinitroorganics, isopropyl ether, ethyl ether, tetrahydrofuran, dioxane; or
    - (ii) Lethal at low concentrations when inhaled or in contact with skin, for example, pure cyanides, hydrofluoric acid, toxic compressed gases, mercury liquid and mercury compounds, and chemicals identified as the Plist under WAC 173-303-9903. This excludes prescribed medications such as epinephrine pens;
  - (d) Safety procedures and processes for instructing students regarding the proper use of hazardous materials or equipment;
  - (e) Appropriate personal protective equipment when exposure to potential hazards might occur;

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## **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (f) Appropriate situation-specific emergency equipment is available when exposure to potential hazards might occur;
  - (g) Appropriate ventilation, source capture system, or other equipment approved by the local health officer to prevent the recirculation of air into the room or transfer of airflow into other parts of the school facility and to prevent contaminants from entering the students breathing zone; and
  - (h) Emergency shut-off valves or switches for gas and electricity connected to stationary machinery are installed during new construction. Valves or switches must:
    - (i) Be located close to the exit door;
    - (ii) Have unobstructed access; and
    - (iii) Have signage posted adjacent to the valve that room occupants can easily read and understand from the opposite side of the room during an emergency.
- (2) If a school facility has a designated health room, a school official shall ensure that it includes:
  - (a) The means to visually supervise and provide privacy for room occupants;
  - (b) Surfaces that staff can easily clean and sanitize;
  - (c) A handwashing sink in the room;
  - (d) An adjoining restroom; and
  - (e) Mechanical exhaust ventilation that prevents air from flowing from the health room to other parts of the school facility.

#### WAC 246-370-150 Variances and Emergency Waivers

#### (1) A school official may:

- (a) Submit a written variance request to the local health officer if there is an alternative that meets the intent of this chapter. The variance request must include:
  - (i) The specific rule section or sections that the variance would replace;
  - (ii) The alternative proposed to replace the rule section or sections;
  - (iii) A description of how the variance will provide a comparable level of protection as the rule section or sections that it will replace; and
  - (iv) Any clarifying documentation needed to support the request, including but not limited to, engineering reports, scientific data, or photos; and

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## **Proposed Rule**

#### Phase Key

- Sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), or required the development of plans, such as the extreme temperature readiness plan.
- 2 Activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments.
- Full implementation of the rule, including new rule requirements such as specialized rooms.
  - (b) Implement a variance only after obtaining approval from the local health officer.
- (2) The local health officer shall provide written approval or denial of a request for a variance to the school applicant and the department within 60 days of receiving a complete written variance request, unless the school official and the local health officer agree to a different timeline.
- (3) The local health officer may grant a school official an emergency waiver from some or all the requirements in this chapter for the use of a temporary facility, if the facility normally used by the school is not safe to be occupied.

#### WAC 246-370-160 Appeals

- (1) A school official may appeal any environmental health and safety decisions or actions of the local health officer to the local board of health.
- (2) The local board of health will conduct environmental health and safety appeals in a manner consistent with the written procedure within each office.

#### WAC 246-370-170 Severability

If any provision of this chapter or its application to any person or circumstance is held invalid, the remainder of the chapter or the application of the provision to other persons or circumstances is not affected.



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WAC 246-370 School Environmental Health and Safety Rule

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# **Fiscal Analysis**

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## **Cost Assumptions**

**General:** All cost assumptions represent both the school and local health jurisdiction costs to comply with the proposed requirements in chapter 246-370 WAC beyond those currently incurred by 246-366 WAC.

For example, subsections 246-366-040 (current regulation) and 246-370-030 (proposed regulation) WAC both address construction plan reviews. This fiscal analysis will address any new costs or savings that will occur based on the change in requirements from the existing rule to the proposed rule.

**Labor:** Calculated labor costs assume that the new or additional requirements in chapter 246-370 WAC may require additional labor hours than currently required under chapter 246-366. To calculate the additional labor costs needed to comply with the rule, the Board staff surveyed local health officials (LHOs) and the Department of Health (department) staff. The survey gathered the estimated number of additional labor hours needed and identified the staff role that would be most likely to perform those additional labor hours.

#### Labor cost categories:

- **School Official Hours**: The school officials provided a range of hours for each task. The Board staff provided a minimum, maximum, and average of these results.
  - To help reduce labor hour costs to the schools, the Department is creating templates to guide schools when they develop the following plans required by the proposed rule (Please see Appendix A: Readiness Plans for the proposed guideline requirements):
    - 1. Indoor Air quality Plan
    - 2. Radon Plan
    - 3. Carbon Dioxide Monitoring Plan
    - 4. Integrated Pest Management Plan
    - 5. Extreme Temperature Readiness Plan

Some, but not all, local boards of health require cost recovery. Boards that require cost recovery may assess additional fees to schools in their jurisdiction.

- **LHO Hours**: LHOs that don't require fees for cost recovery will incur a cost for hourly services.
- o Hourly LHO Fees: Schools will incur a cost when their LHOs require fees for cost recovery.

#### Labor hour wage calculation:

 School Wage Calculation: The school officials provided a range of "Duty" classifications that would perform the additional hours for each task. Each task has unique Duty classifications specific to that task. There will be slight variations in minimum and maximum labor wage calculations throughout this document. The Board staff used the Duty classifications that the school officials provided to calculate hourly wages based off Office of



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Superintendent of Public Instruction's (OSPI) *Final School District Personnel Summary Reports 2023-24 School Year*<sup>1</sup>. A list of all the Duty codes starts on page 23 that OSPI tracks from year to year. The total wage considers salary, benefits, and total days in 1.0 FTE. The data provided by the schools included a range of job duties that may perform the task in question, so Board staff provided a minimum, maximum, and average of these results.

- LHO Wage Calculation: Surveyed data from LHOs concluded that an Environmental Health Program Specialist would most likely perform the duties required in the proposed rule. LHOs also shared Washington State Local Health District wage information collected in 2024 by Washington State Association of Local Public Health Officials (WSALPHO) (See Appendix B: Environmental Health Specialist Salaries for salary ranges by jurisdiction size).
   WSALPHO's data provided a range of annual salaries based on service population size. The Board staff also estimated benefits and indirect costs based on email polls and phone conversations. Benefits and indirect costs can vary year by year, so we provide only an approximate percentage of the hourly wage. The annual wages, benefits and indirect costs were used to provide a minimum, maximum, and average hourly wage for all LHO labor calculations.
- Department and OSPI Wage Calculations: The Department and OSPI provided Job Class Titles and hourly estimates for the positions that would likely perform the duties required in the proposed rule. To calculate total labor costs the Board staff used data from the Office of Financial Management<sup>2</sup> for hourly wage and the Department's benefit and indirect costs rate.
  - **Construction Costs:** Professional engineers that specialize in school construction supported construction cost calculations. (See **Appendix C: Construction Cost Estimates**)
  - **Trade Service Costs:** Board staff conducted phone surveys of industry professionals that perform the work in Washington state, searched the internet, and consulted with professional engineers that specialize in school construction to calculate trade service costs.
  - **Consumable Goods:** Board staff priced goods through online retail searches, phone surveys, consulted with professional engineers, and consultation with department staff to calculate consumable goods.
  - Costs Per Square Foot: OSPI has an Information and Condition of Schools (ICOS) database, which serves as a web-based inventory tracking system for sites and facilities, where they store information and conditions of buildings for each school district.<sup>3</sup>
     Schools can enter data that pertains to their school in ICOS. Since we calculate some costs as costs per square foot, we used self-reported data for approximately 2,235 public schools.



<sup>&</sup>lt;sup>1</sup> https://ospi.k12.wa.us/sites/default/files/2024-02/allpersonnelsummaryreport2023-24.pdf (accessed 4/21/25)

<sup>&</sup>lt;sup>2</sup> https://ofm.wa.gov/state-human-resources/compensation-job-classes/job-classes-and-salaries

<sup>&</sup>lt;sup>3</sup> https://ospi.k12.wa.us/policy-funding/school-buildings-facilities/information-and-condition-schools-icos

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#### Table 1: School Statistics

School Type	Total Square Feet
Smallest	929
Average	77,391
Largest	367,301

#### Cost Definitions

- Initial Cost: Some routine tasks cost more to set up initially but cost less with future repetition. For instance, the time it takes to do an initial walk through of an older, established large school and identify any safety deficiencies would take longer than the follow up routine walk through after repairing the deficiencies.
- **One time Cost:** The cost to perform the task once (assuming a cost difference from the initial costs).
- Annual Cost: The cost to perform the task once a year.
- **Interval Cost:** The cost to perform a task at a required interval of time like once every 5 years.
- All costs above \$1.00 rounded up to whole numbers.

Table 2:	Number of Types of School
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School Type	Number of Students	Number of Schools
Public <sup>4</sup>	1,104,247	2,235
Private <sup>5</sup>	88,998	531
Charter <sup>6</sup>	5,000	17

Table 3:	Sections Not Analyzed	
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WAC Section and Title	Section Purpose	Exemption Reason
WAC 246-370-001 Purpose	Introduces the topic of the rule	Clarifies who the rule
Formerly 246-366-005 <sup>7</sup>	and why adopted	intends to govern
WAC 246-370-005	Add clarity to rule language and	Brings clarity to rule
Definitions	do not impose requirements for	language only
Formerly 246-366-010 <sup>8</sup>	schools to conform to	
WAC 246-370-010	Outlines what type of school this	Clarifies the entities
Applicability	WAC applies to and refers to	this rule governs and
Formerly 246-366-060 <sup>9</sup> , -	other regulations that schools	other environmental
070 <sup>10</sup> , and -130 <sup>11</sup>	must conform to	health and safety
		regulations that govern
		those entities

<sup>&</sup>lt;sup>4</sup> https://ospi.k12.wa.us/policy-funding/school-buildings-facilities/information-and-condition-schools-icos 2024-2025 enrollment (Accessed 3/18/25)

<sup>&</sup>lt;sup>5</sup> https://projects.propublica.org/private-school-demographics/states/wa 2021-2022 Data (Accessed 4/7/25)

<sup>&</sup>lt;sup>6</sup> https://wacharters.org/charter-public-schools-faq/ (accessed 4/7/25)

<sup>&</sup>lt;sup>7</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-005&pdf=true

<sup>&</sup>lt;sup>8</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-010&pdf=true

<sup>&</sup>lt;sup>9</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-060&pdf=true

<sup>&</sup>lt;sup>10</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-070&pdf=true

<sup>&</sup>lt;sup>11</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-130&pdf=true

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WAC Section and Title	Section Purpose	Exemption Reason
WAC 246-370-060 Showers and Restrooms Formerly WAC 246-366- 090 <sup>12</sup> and 100 <sup>13</sup>	Stipulates shower and restroom requirements for new construction and alteration projects	No changes from WAC 246-366 other than clarifying language and removal of duplicative building code requirements
WAC 246-370-090 Noise Formerly WAC 246-366- 110 <sup>14</sup>	Stipulates permissible levels of noise within a school facility	No changes from WAC 246-366 other than non-substantive changes clarifying language
WAC 246-370-100 Lighting Formerly WAC 246-366- 120 <sup>15</sup>	Stipulates required lighting levels based on tasks performed within a school facility	No changes from WAC 246-366 other than non-substantive changes clarifying language
WAC 246-370-160 Severability Formerly WAC 246-366- 160 <sup>16</sup>	Establishes the independence of individual provisions of the rule and how they remain valid if deeming one provision invalid	Non-substantive changes, clarifying language
WAC 246-370-170 Appeals New WAC Topic	Explains how an entity can appeal a decision made by the local health officer	Explains a process for appeals

<sup>&</sup>lt;sup>12</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-090&pdf=true

<sup>&</sup>lt;sup>13</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-100&pdf=true

<sup>&</sup>lt;sup>14</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-110&pdf=true

<sup>&</sup>lt;sup>15</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-120&pdf=true

<sup>&</sup>lt;sup>16</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-160&pdf=true

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## **Fiscal Analysis by Section**

## WAC 246-370-015 Guidance

#### Formerly 246-366-140<sup>17</sup>

WAC 246-366-140 requires the department and OSPI to jointly prepare a guide used by staff during routine inspections. WAC 246-366-140 requires the creation of the guide but does not require updates to the guide at any frequency. The department published the first *Health and Safety Guide for K-12 Schools in Washington State* (K-12 Guide) in June 2000. The department and OSPI published two subsequent updates of the guide. Once in January 2003 and a second in September 2024.

#### New Requirements of WAC 246-370-015:

• The department must review and update the guide at least every five years.

#### Costs

Agency	Position	Hourly Total Compensation	Total Hours	Position Total
OSPI	Administrative	\$69	120	\$8,222
	Program Specialist 2			
Department	Environmental	\$72	350	\$25,373
	Planner 4			
Department	Environmental	\$67	200	\$13,349
	Planner 3			
Department	Environmental	\$67	200	\$13,349
	Planner 3			
LHO	Environmental Health	\$106	75	\$7,950
	Specialist 3			
	•	-	Total	\$68,243

#### Table 4: Labor: One Time Costs

<sup>&</sup>lt;sup>17</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-140&pdf=true (Accessed 4/2025)

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#### Table 5: Labor: Once Every Five Years Costs

Agency	Position	Hourly Total Compensation	Total Hours	Position Total
OSPI	Administrative Program Specialist 2	\$69	40	\$2,741
Department	Environmental Planner 4	\$72	300	\$21,749
Department	Environmental Planner 3	\$67	100	\$6,674
Department	Environmental Planner 3	\$67	100	\$6,674
LHO	Environmental Health Specialist 3	\$106	50	\$5,300
			Total	\$43,138

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### WAC 246-370-020 Site Assessment

#### Formerly 246-366-030<sup>18</sup>

A site assessment provides a historical review of properties and considers commonly known and reasonably ascertainable information to identify recognized environmental conditions in connection with the subject property and the surrounding area.<sup>19</sup>

WAC 246-366-030 currently requires "the board of education to obtain written approval from the health officer that the proposed development site presents no health problems." WAC 246-366-030 also requires the completion of a noise assessment at the site before beginning construction.

#### New requirements of WAC 246-370-020

WAC 246-366-030 currently requires "the board of education to obtain written approval from the health officer that the proposed development site presents no health problems." WAC 246-366-030 also requires the completion of a noise assessment at the site before beginning construction.

#### New requirements of WAC 246-370-020

- Adds an American Society for Testing and Materials (ASTM) Phase 1 Environmental Site Assessment
- Requires a school official to notify the LHO 90 days before construction planning and throughout the plan development stage of the construction project
- Requires a school official to submit a written report on the health and safety impacts of the construction project
- Adds a 60-day deadline for LHOs to approve or deny completed site assessments
- Gives LHOs flexibility to decide if a new school facility on an existing school site or if an addition to an existing school facility requires a site assessment

#### Costs

A basic ASTM Phase 1 Site Assessment researches and evaluates historical site conditions and the surrounding areas. This includes historical land use to identify known soil contamination issues or other environmental factors of interest. A site assessment for a renovation of an existing building will require additional research to assess the building use and potential building contamination. If an assessment raises concerns about contamination of a site, a Phase 2 Site Assessment might be required. During a Phase 2 site assessment, physical testing of the ground or building materials might be required to confirm contamination and make recommendations for remediation if needed.

Phase 1 and Phase 2 Site assessment costs were an estimate from phone surveys of companies that perform site assessments in Washington state.

<sup>&</sup>lt;sup>18</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-030&pdf=true (Accessed 12/2024)

<sup>&</sup>lt;sup>19</sup> https://www.astm.org/e1527-21.html (Accessed 12/2024)

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#### Table 6: Trade Service Cost: Cost per ASTM Site Assessment

Task	Min.	Max.
ASTM Phase 1 Site Assessment	\$1,400	\$5,000
ASTM Phase 2 Site Assessment	\$10,000	\$30,000

After a completed Phase 1 or Phase 2 site assessment, the LHO will need to review the results and approve the site for construction.

Table 7: Site Assessment: Additional LHO Lat
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	Hourly Wage	Hours	Total Costs Per Site Assessment Review
Min.	\$40	3	\$120
Avg.	\$71	7	\$497
Max.	\$105	12	\$1,260

#### Table 8: Site Assessment: LHO Hourly Fee

	Hourly Fee	Hours	Total Costs Per Site Assessment Review
Min.	\$100	3	\$300
Avg.	\$162	7	\$1,134
Max.	\$250	12	\$3,000

Schools surveyed indicated that smaller schools without dedicated staff or larger schools would take longer to complete the site assessment than those schools that were smaller or had dedicated staff.

#### Table 9: Site Assessment: Additional School Official Labor

	Hourly Wage	Hours	Total Costs Per Site Assessment
Min.	\$48	2	\$96
Avg.	\$107	61	\$6,527
Max.	\$133	200	\$26,600

#### Table 10: Total Additional Labor Costs

Labor Description	Min.	Avg.	Max.
Total Costs to LHO without fee recovery	\$120	\$497	\$1,260
Total Costs to LHO with fee recovery	\$0	\$0	\$0
Total costs to schools if charged LHO Fee	\$396	\$7,661	\$29,600
Total costs to schools if not charged LHO Fee	\$96	\$6,527	\$26,600

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# WAC 246-370-030 Construction Plan Review New, Alterations, and Portables

### Formerly 246-366-040(1)&(2)(a)<sup>20</sup>

Before the start of construction, a school official must submit construction plans for review and approval. The LHO must review the plans and discuss possible changes to construction based on current health and safety regulations. Upon completion, the LHO will inspect the newly constructed building to ensure no imminent health hazards exist and that the building complies with the current regulations.

#### New requirements of WAC 246-370-030

- Added additional parameters requiring a construction plan review:
  - New or altered playgrounds
  - New or altered specialized rooms
  - New or altered bathrooms or showers
  - o Remodeling an existing building that was not used as a school facility
  - Altering more than 5,000 square feet or 20% of the total square feet of the school
  - o Installation of a portable classroom
- Added a specific timeline for the construction plan review:
  - A school official will consult with LHO at 50% design development.
  - A school official will request a preoccupancy inspection at least five days in advance.
  - $\circ$  An LHO has 15 days from receipt of a request to consult with a school official.
  - An LHO provides construction review results within 60 days of receiving the completed 100% design development paperwork.
- Added flexibility for school officials and LHOs:
  - After the initial construction review at 50% design development, the LHO determines the need for additional review.
  - If at any time the LHO cannot meet the required timeline requirement of 246-370-030 WAC, the school official may choose to proceed with construction.

#### Costs

Findings from LHO surveys concluded that the local health staff already perform these tasks, and they require no additional labor hours (see Table 11). Most schools surveyed indicated that it would take up to four additional hours to complete the construction plan review, while two smaller schools without dedicated staff indicated that it would take 40 to 100 additional hours to complete the construction plan review process in the proposed rule.



<sup>&</sup>lt;sup>20</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-040&pdf=true (Accessed 12/2024)

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#### Table 11: Construction Plan Review: Additional LHO Labor Hours

	Hourly Wage	Hours	Total Costs Per Plan Review
Min.	\$0	0	\$0
Avg.	\$0	0	\$0
Max.	\$0	0	\$0

 Table 12:
 Construction Plan Review: Additional School Official Labor Hours

	Hourly Wage	Hours	Total Costs Per Plan Review
Min.	\$46	0	\$0
Avg.	\$106	13	\$1,378
Max.	\$134	100	\$13,400

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### WAC 246-370-040 Routine Inspection

#### Formerly WAC 246-366-040(2)(b)<sup>21</sup>

Routine inspections of school facilities by an LHO ensure that the environmental health and safety of the school complies with the regulations. WAC 246-360-040(2)(b) requires an LHOs to inspect school facilities on a routine basis.

#### New requirements of WAC 246-370-040

- LHOs must inspect school facilities once every three years.
- LHOs have the flexibility to increase the frequency of inspections up to once every year or decrease the frequency of inspections to once every five years based on local risk factors or credible data.
- An LHO may have a qualified designee complete additional inspections.
- LHOs have 60 days to issue a final report to school officials.

#### Cost

Since LHOs have flexibility based on the need to alter the routine inspection frequency of their district, a total cost per year cannot be determined, however we have calculated the total additional cost per inspection below.

#### **Table 13:** Routine Inspection: Additional LHO Hours

	Hourly Wage	Hours	Total Cost
Min.	\$40	1	\$40
Max.	\$105	2	\$210

Table 14: Routine Inspection: Additional School Official Hours

	Hourly Wage	Hours	Total Costs
Min.	\$42	0	\$0
Max.	\$133	6	\$798

 Table 15:
 Routine Inspection: Combined Totals

	Total
Min.	\$40
Max.	\$1,008

Regardless of the routine inspection schedule mentioned above, the local health officers and qualified routine inspection designee or school official must attend annual inspection training.



<sup>&</sup>lt;sup>21</sup> https://app.leg.wa.gov/wac/default.aspx?cite=246-366-040 (Accessed 12/2024)

#### June 2025

#### Table 16: Routine Inspection: Required Annual LHO Annual Training

	Hourly Wage	Hours	Total Cost
Min.	\$40	0	\$0
Max.	\$105	40	\$4,200

 Table 17:
 Routine Inspection: Required Annual School Official Training

	Hourly Wage	Hours	Total Cost
Min.	\$42	4	\$168
Max.	\$133	6	\$798

Table 18: Costs for Routine Inspection Per Year: Combined Training Totals

	Total
Min.	\$168
Max.	\$4,998

#### June 2025

## WAC 246-370-050 General Building Requirements

#### Formerly WAC 246-366-050<sup>22</sup>

This section of the rule describes the basic requirements that all school facilities should comply with such as:

- Clean and in good repair
- Free of pests
- Appropriate floors for intended use
- Adequate storage for loose items to prevent injuries
- Toilet and handwashing facilities available during school and school events
- Provide accessible drinking fountains

#### New requirements from WAC 246-370-050

• Add vacuum breakers or backflow devices on all faucets that can connect a hose or tube to the fixture and be used for activities like filling a mop bucket or diluting chemicals

#### Cost

Any sink that can connect a hose or tube to faucets requires a vacuum breaker or back-flow prevention device installed to prevent potential backflow of unsafe water into the potable water pipes of the school facility. These can be purchased at a local hardware store or purchased online and shipped directly to the school. The plumbing code requires backflow prevention devices. However, we can't determine how many schools currently have backflow devices or how many sinks can connect a hose or tube, therefore the total cost to schools is indeterminate.

	Table 19:	Labor Costs:	One-Time C	Costs for Install
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	Hourly Wage	Hours	Total Costs Per Install
Min.	\$64	0.10	\$6.40
Max.	\$64	0.50	\$32.00

<sup>&</sup>lt;sup>22</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-050&pdf=true (Accessed 12/2024)

#### June 2025

Table 20: Consumable Goods: One Time Cost Per Device

Goods	Min.	Max.
Self-Draining Vacuum Breaker <sup>23</sup>	\$9	\$25
Faucet with inline Vacuum Breaker <sup>24, 25</sup>	\$96	\$130



<sup>&</sup>lt;sup>23</sup> https://www.homedepot.com/pep/Arrowhead-Brass-Chrome-Fine-Thread-Self-Draining-Vacuum-Breaker-PK1390/202579291?clickid=yybU9B2fAxyKR-R0QhVQ3UGOUks1guWC0XEVUM0&irgwc=1&cm\_mmc=afl-ir-2003851-1420157-EdgeBingFlow (Accessed 4/2025)

<sup>&</sup>lt;sup>24</sup> https://www.amazon.com/American-Standard-8344212-0039999997-Service-Breaker/dp/B00CH4RW44/ref=asc\_df\_B00CH4RW44?tag=bingshoppinga-20&linkCode=df0&hvadid=79920803409762&hvnetw=o&hvqmt=e&hvbmt=be&hvdev=c&hvlocint=&hvlocphy=&hvt argid=pla-4583520382335840&psc=1 (Accessed 4/2025)

<sup>&</sup>lt;sup>25</sup> https://www.amazon.com/Zurn-Z843M1-RC-Chrome-Plated-Breaker-Handles/dp/B001UOZVDQ/ref=asc\_df\_B001UOZVDQ?tag=bingshoppinga-20&linkCode=df0&hvadid=80058242473023&hvnetw=o&hvqmt=e&hvbmt=be&hvdev=c&hvlocint=&hvlocphy=&hvt argid=pla-4583657821965601&psc=1 (Accessed 4/2025)

June 2025

## WAC 246-370-070 Indoor Air Quality and Ventilation

#### Formerly WAC 246-366-080<sup>26</sup>

#### **New WAC Chapter**

This new chapter of WAC includes specific requirements to improve and maintain indoor air quality. Indoor air quality standards help to control airborne pollutants and introduce and distribute adequate outdoor airflow. This contributes to a favorable environment for students, better performance of teachers and staff, and a sense of comfort, health, and well-being. Comparative risk studies performed by the Environmental Protection Agency (EPA) and its Science Advisory Board (SAB) have consistently ranked indoor air pollution among the top five environmental risks to public health. Improper indoor air quality can increase health issues such as cough, eye irritation, headache, and asthma. Nearly one in 13 children of school-age have asthma, the leading cause of school absenteeism due to chronic illness. Substantial evidence shows that indoor environmental exposure to allergens, such as dust mites, pests, and molds, can trigger asthma symptoms. These allergens commonly exist in schools.<sup>27</sup>

#### New requirements from WAC 246-370-070

- Develop an indoor air quality plan
- Remove and exclude potential sources of air contaminants
- Develop an integrated pest management plan
- Monitor carbon dioxide concentrations
- Test for radon
- Prohibit fragrances
- Contain emissions from construction
- Control mold growth and exposure
- Provide appropriate ventilation
- Provide appropriate air filtration
- Inspect and maintain ventilation systems
- Test and balance mechanical ventilation systems every 15 years

#### **Costs: Indoor Air Quality**

#### Labor Indoor Air Quality: One Time Cost

Some schools surveyed stated that they have already developed integrated pest management and radon testing plans. Developing these plans would not be a new cost for all schools, just those without plans.



<sup>&</sup>lt;sup>26</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-080&pdf=true (Accessed 4/2025)

<sup>&</sup>lt;sup>27</sup> https://www.epa.gov/iaq-schools/reference-guide-indoor-air-quality-schools#IAQRG\_Section1 (Accessed 11/2024)

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#### Table 21: Indoor Air Quality: Develop Indoor Air Quality Plan

Labor	Hourly Wage	Hours	One-Time Cost
Min.	\$43	8	\$344
Max.	\$134	10	\$4,288

**Table 22:** Indoor Air Quality: Develop Integrated Pest Management Plan

Labor	Hourly Wage	Hours	One-Time Cost
Min.	\$43	0	\$0
Max.	\$134	10	\$1,340

 Table 23:
 Indoor Air Quality: Develop Radon Plan

Labor	Hourly Wage	Hours	One-Time Cost
Min.	\$43	0	\$0
Max.	\$134	10	\$1,340

Table 24: Indoor Air Quality: One-time Cost Totals

	<b>One-Time Cost Total</b>
Min.	\$344
Max.	\$6,968

#### Labor Indoor Air Quality: Annual Cost

Some schools surveyed indicated that they already implement the requirements of the proposed indoor air quality section of this rule in their schools and therefore they would not incur any new costs. Only schools that have not implemented these requirements would incur costs. The total cost to all schools is indeterminate.

Table 25:	Indoor Air Quality:	Implement Indoor Ai	r Quality Plan Annual Cost
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	Hourly Wage	Hours	Total Annual Costs
Min.	\$43	0	\$0
Max.	\$134	68	\$9,112

Schools surveyed said that if they did not have dedicated staff members to implement a pest management plan or have never implemented a pest management plan, it would take an additional 200 to 600 hours annually to implement a pest management plan.

Table 26:	Integrated Pest	Management Plan With	hout Dedicated Staff Annual Costs

	Hourly Wage	Hours	Total
Min.	\$43	200	\$8,600
Avg.	\$80	440	\$35,200
Max.	\$134	600	\$68,400

Schools with dedicated staff or schools that already have a pest management plan said they would need the following additional hours to implement an integrated pest management plan.

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#### Table 27: Integrated Pest Management Plan with Dedicated Staff Annual Costs

	Hourly Wage	Hours	Total
Min.	\$43	5	\$215
Avg.	\$80	12	\$960
Max.	\$134	18	\$2,052

#### Table 28: Indoor Air Quality: Annual Cost Totals

	Annual Cost Total
Min.*	\$515
Max.**	\$77,512

\* Minimum total reflects a school that already has an integrated pest management plan developed and has dedicated staff to implement the plan.

\*\* Maximum total reflects a school that will need to develop an indoor air quality plan and a pest management plan and that does not have dedicated staff to implement the pest management plan.

#### **Consumable Costs: Radon Testing Every Five Years**

The proposed rule requires radon testing once every five years. Schools test radon on all ground-floor or sub-ground classrooms in a school. Using data from ICOS, we can estimate the number of classrooms that would need to be tested, but we cannot determine the total. Data shows that schools range from one to seven floors and have anywhere from one to 120 classrooms. The data shows at least one school with a single floor and 87 classrooms, which would all need to be tested.

	Hourly Wage	Hours	5 Year Cost
Min.	\$43	1	\$43
Max.	\$134	50	\$6,700

Min.	\$43	1	\$43
Max.	\$134	50	\$6,700

	3,		
	Test Cost	Number of Tests	5 Year Cost
Min. <sup>28</sup>	\$12	1	\$12
Max. <sup>29</sup>	\$16	87	\$1,392

Table 30: Consumable Costs: Radon Testing Every Five Years



<sup>&</sup>lt;sup>28</sup> https://www.homedepot.com/pep/PRO-LAB-Radon-Gas-Test-Kit-RA100/100141467?mtc=SEM-BF-CDP-BNG-D26P-026\_005\_PUMPS-NA-NA-NA-DSA-NA-NA-NA-NA-NBR-NA-NA-NEW-NA-N2025 LBT&cm mmc=SEM-BF-CDP-BNG-D26P-026 005 PUMPS-NA-NA-NA-DSA-NA-NA-NA-NA-NBR-NA-NA-NEW-NA-N2025 LBT-21692166716-167614481895-

<sup>1738649489211&</sup>amp;gclid=ccedf711c6ad124e499990fdde1850a1&gclsrc=3p.ds&msclkid=ccedf711c6ad124e499990f dde1850a1 (Accessed 4/2025)

<sup>&</sup>lt;sup>29</sup> https://www.bing.com/shop/productpage?q=radon+test+kits&filters=scenario%3a%2217%22+gType %3a%2212%22+gld%3a%22302571249599%22+gldHash%3a%220%22+gGlobalOfferIds%3a%2230257124959 9%22+AucContextGuid%3a%220%22+GroupEntityId%3a%22302571249599%22+NonSponsoredOffer%3a%22T rue%22&productpage=true&FORM=SHPPDP&browse=true (Accessed 4/2025)

#### June 2025

#### **Costs: Ventilation**

The ventilation and filtration subsections of WAC 246-370-070 allow schools the flexibility to maximize outdoor airflow rates and increase filtration where possible within the capabilities of the systems that already exist within the school facility. This means that schools will only incur costs based on where their current ventilation needs require them to make changes.

This report includes all potential costs for schools to conform with WAC 246-370-070(7)(b) of the proposed rule. Many of the total costs in this section will be determined by the size of the school. Since school sizes vary from school to school, some of the total costs to schools will be indeterminate. If we could not determine the total costs to a school, we used a cost per square foot or the total cost of one consumable good.

For ventilation specifically, schools will have three options to comply with the ventilation requirements in the proposed rule.

1. WAC 246-370-070(7)(b) "Ensuring all student-occupied instruction and gathering spaces during hours of occupation provide outdoor air ventilation flow rates as set forth in chapter 51-52 WAC at the time the ventilation system was permitted."

If a school's ventilation system complies with this subsection of the rule, the school does not need to take any further action and therefore will not incur a cost.

If the school cannot comply with WAC 246-370-070(7)(b), then WAC 246-370-070(7)(b)(i) states "If outdoor air ventilation flow rates were not established at the time of the original building construction, ventilation airflow rates must be operated to meet chapter 51-52 WAC or maximum outdoor air ventilation flow rates achievable within existing system capacity."

To conform with this subsection of the proposed rule, a school must hire a professional to test and balance (TAB) the ventilation system.

Task	Cost (per sq ft)	Small School	Average School	Large School
Test and Balance	0.81	929 sq ft	77,391 sq ft	367,301 sq ft
	Total	\$753	\$62,687	\$297,514

#### Table 31: Trade Services: One Time Cost

3. If the school cannot comply with WAC 246-370-070(7)(b) or WAC 246-370-070(7)(b)(i), then the school must conform with WAC 246-370-070(7)(b)(iii), which states "*If the school facility does not have a mechanical outdoor air ventilation system or the outdoor air flow rate cannot be determined, provide ongoing carbon dioxide concentration monitoring.*"

To conform with this subsection of the rule a school must develop a carbon dioxide monitoring plan and purchase a carbon dioxide sensor to monitor carbon dioxide in at least one room. The first year of implementation will take slightly more labor hours to set up the monitoring and tracking system plan.

Table 32:	Consumable G	Goods Ventilati	ion: One-time Co	st Per Room
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Goods	Min.	Max.
Portable carbon dioxide sensor	\$170	\$3,425
Fixed carbon dioxide sensor and installation	\$2,000	\$2,500

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#### Table 33: Labor Ventilation: Develop Carbon Dioxide Monitoring Plan - One Time Cost

	Hourly Wage	Hours	One-Time Cost
Min.	\$43	5	\$215
Max.	\$134	10	\$1,340

**Table 34:** Labor Ventilation: Implementation of Carbon Dioxide Monitoring Plan – First Year

 Initial Cost
 Initial Cost

	Hourly Wage	Hours	One-Time Cost
Min.	\$43	25	\$1,075
Max.	\$134	200	\$26,800

Table 35: Labor Ventilation: Carbon Dioxide Monitoring Plan - Annual Cost

	Hourly Wage	Hours	Annual Cost
Min.	\$43	20	\$860
Max.	\$134	175	\$23,450

#### **Costs: Filtration**

This report includes all potential costs for schools to conform with WAC 246-370-070(8) of the proposed rule. The costs in this section will depend on the size of the school to determine the total cost to comply with the proposed rule. Since school sizes vary from school to school, the total costs for schools will be indeterminate. Since we cannot determine the total costs to a school, we used the cost per square foot to comply with this rule.

#### **Consumable Goods Ventilation: Annual Cost**

Schools will have two options to comply with the filtration requirements WAC 246-370-080(8) of the proposed rule.

1. WAC 246-370-070 (8)(a) "Provide adequate filtration by ensuring particulate matter filtration as set forth in chapter 51-52 WAC at the time the heating, ventilation, and air conditioning systems were permitted, including in facilities that have small, ducted air handlers and ventilation systems."

If a school's filtration system complies with this subsection of the rule, the school does not need to take any further action and therefore will not incur a cost.

If the school cannot comply with WAC 246-370-070(8)(a) then WAC 246-370-070(8)(a)(i) states "If particulate matter filtration requirements were not established at the time of the original installation of the system, the system must meet chapter 51-52 WAC or the maximum particulate matter filtration achievable within existing system capacity."

Currently, chapter 51-52 WAC requires the equivalent filtration rate of a MERV 13 filter. Schools typically do not install a filter lower than MERV 8. The estimates below cover the increased cost (per square foot) to replace a MERV 8 with a MERV 13 filter.

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**Table 36:** Consumable Goods Ventilation: Annual Increase Filter Size from MERV 8 to

 MERV 13

	Cost (per sq ft)	Square Feet	Total
Min.	\$0.07	929	\$66
Max.	\$0.10	367,301	\$36,731

**Table 37:** Consumable Goods Ventilation: Annual Increased Utility Rates Depending on Fuel

 Source

	Cost (per sq ft)	Square Feet	Total
Min.	\$0.01	929	\$10
Max.	\$0.02	367,301	\$7,347

#### Trade Services: Once every 15 years

TAB involves testing and adjusting the air and water flow, pressure, temperature, and humidity of heating, ventilation, and air conditioning (HVAC) systems. Certified professionals typically test the system, which requires specialized equipment to measure and adjust the HVAC systems. The TAB process includes visual inspection, functional testing, measuring airflow rates, adjusting system components, and documenting the results.<sup>30</sup> The total cost to schools to perform a TAB will vary from school to school depending on school size and therefore is indeterminate.

#### Table 38: Trade Services: Once every 15 years

Task	Cost (per sq ft)	Small School	Avg. School	Large School
Test and Balance	0.81	929	77,391	367,301
Total		\$753	\$62,687	\$297,514

#### Labor: Routine Ventilation Inspections

The proposed rule requires regular filter replacement for mechanical ventilation systems; however, manufacture specifications require filter replacements to ensure that the mechanical ventilation system remains operable. Since this proposed rule does not add a new requirement, we did not include the cost for filter replacement in this fiscal report.

The rule does require "routine" ventilation inspections, which manufacturers usually only recommend but don't require. Depending on the type of system, the school could complete this task several times a year. The total annual cost to schools is indeterminate, however the costs below cover one inspection per year.

<sup>&</sup>lt;sup>30</sup> https://bluerithm.com/test-and-balance-tab-of-an-hvac-system-what-it-is-and-why-its-important/ (Accessed 2/2025)

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Table 39: Labor Ventilation: Routine Ventilation Inspection

	Hourly Wage	Hours	Per Inspection Cost
Min.	\$43	2	\$86
Max.	\$134	8	\$1,072

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### WAC 246-370-080 Temperature

#### Formerly

This section of the rule stipulates the permissible indoor temperature range of school facilities. WAC 246-366-090 and WAC 246-370-090 require that classrooms maintain a minimum temperature of 65 degrees Fahrenheit and that gymnasiums and other "common" areas maintain a minimum temperature of 60 degrees Fahrenheit.

#### New requirements from WAC 246-370-080

- Sets a maximum indoor temperature of 79 degrees Fahrenheit for the school facility
- Requires school officials to develop an extreme temperature readiness plan

#### Costs

Each school facility will prepare a customized plan to implement when the facility or parts of the facility rise above the maximum or fall below the minimum temperature required in WAC 246-370-090 for extended periods of time. Since weather conditions vary geographically and from year to year, each school will customize their readiness plan for their unique circumstances, the total annual cost to implement the plan is indeterminate.

	· · · · · · · · · · · · · · · · · · ·				
	Hourly Wage	Hours	One-Time Cost		
Min.	\$65	1	\$65		
Max.	\$133	10	\$1,330		

#### Table 40: Develop Extreme Temperature Readiness Plan

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## WAC 246-370-110 Injury Prevention

#### Formerly WAC 246-366-050<sup>31</sup>

This section of the rule requires general overall facility injury prevention.

#### New requirements from WAC 246-370-110

- Provide fall protection for balconies and orchestra pits
- Store unsecured equipment when not in use
- Update chemical and cleaning supply storage
- Provide fragrance-free and low-hazard cleaning and sanitation supplies
- Develop an animal safety plan

#### Cost

#### **Consumable Goods: One Time Cost**

This section requires adequate fall guards when two adjacent occupied areas have a minimum height of 30 inches per chapter 1015.2 of the 2024 International Building Code.<sup>32</sup> Most schools already have the required protection in place. The size of an area that would require a fall guard varies from school to school, therefore the total cost to install fall guards is indeterminate.

#### Table 41: Consumable Goods: One Time Cost

	Cost (per
Goods	linear foot)
Fall protection guards	\$350

#### Labor Chemical and Cleaning Supply Storage

Proper storage and use of cleaning and chemical supplies requires a school to do an initial walkthrough of the school and inventory the supplies. Some schools, especially small elementary schools, may already comply. Larger high schools with multiple specialized classrooms or older schools with large amounts of outdated or unlabeled supplies will take longer to inventory and properly store all supplies. Schools already in compliance will only have recurring annual maintenance costs.

<sup>&</sup>lt;sup>31</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-050&pdf=true (Accessed 4/2025)

<sup>&</sup>lt;sup>32</sup> https://codes.iccsafe.org/content/IBC2021P1/chapter-10-means-of-egress#IBC2021P1\_Ch10\_Sec1015 (Accessed 2/2025)

#### June 2025

#### Table 42: Labor Chemical and Cleaning Supply Storage: One Time

	Hourly Wage	Hours	One-Time Cost
Min.	\$43	0	\$0
Max.	\$134	32	\$4,288

Table 43: Labor Chemical and Cleaning Supply Storage: Annual Maintenance

	Hourly Wage	Hours	Annual Cost
Min.	\$43	1	\$43
Max.	\$134	10	\$1,340

#### Fragrance-Free and Low-Hazard Cleaning Supplies

Fragrance-free and low-hazard cleaning supplies compare in price to equivalent supplies with fragrances or those with a higher health hazard. Schools won't incur an additional cost to comply with this requirement of the proposed rule.

#### Labor Animal Safety Plan: One Time Cost

Not all schools allow animals on the premises and would not require an animal safety plan.

#### Table 44: Labor Animal Safety Plan: One Time Cost

	Hourly Wage	Hours	One Time Cost
Min.	\$43	0	\$0
Max.	\$134	120	\$16,080

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## WAC 246-370-120 Imminent Health Hazard Procedure

#### **New WAC Chapter**

This section of the rule requires that a school official take action when they identify an imminent health hazard in a school facility. An imminent health hazard could be a sewage leak, prolonged utility interruption, fires, floods, etc.

#### New requirements from WAC 246-370-120

- Identify and mitigate exposure to an imminent health hazard
- Collaborate between school officials and LHOs to investigate the potential hazard

#### Costs

School officials currently identify and mitigate potential health hazards in schools. There will be no additional costs to schools to conform to this requirement.

#### Labor Imminent Health Hazard Annual Cost

LHOs expect additional labor hours associated with this requirement when we require school officials to report potential health hazards to their local health department.

Table 45: Additional Labor: Imminent Health Hazard LHO Consulting

	Hourly Wage	Hours	Annual Cost
Min.	\$40	1	\$40
Max.	\$105	100	\$10,500

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## WAC 246-370-130 Playgrounds

#### **New WAC Chapter**

This section of the rule sets minimum installation and maintenance requirements for new and updated playgrounds.

#### New requirements from WAC 246-370-130

- School officials must submit plans and consult with their LHO before installing, updating, or modifying playground structures or fall protection surfaces.
- LHOs have 60 days to approve or deny the school official's plans for playground construction.
- School officials must maintain equipment consistent with ASTM F 1487 Standard Consumer Safety Performance Specification for Playground Equipment for Public Use and Consumer Product Safety Commission Handbook for Public Playground Safety, 2010.
- School officials cannot use chromated copper arsenate or creosote-treated wood to construct or install playground equipment, landscape structures, or other structures.

#### Costs

LHOs perform playground inspections when schools replace existing equipment or construct a new playground on an existing school site. Depending on the size and the nature of the equipment, the time to conduct these inspections would vary. When surveyed, LHOs explained that they already perform these inspections, but it might take additional time with the requirements in the proposed rule language. School officials indicated zero additional labor hours incurred by these proposed rules.

	Hourly Wage	Hours	Annual Cost
Min.	\$40	0	\$0
Max.	\$105	3	\$315

 Table 46:
 Playground Inspections: Additional LHO Hours

 Table 47:
 Playground inspections: LHO hourly fees

	Hourly Wage	Hours	Annual Cost
Min.	\$100	0	\$0
Max.	\$250	3	\$750

#### Table 48: Total Labor Costs

Labor Description	Min.	Max.
Total Costs to LHO without fee recovery	\$0	\$315
Total Costs to LHO with fee recovery	\$0	\$0
Total costs to schools if charged LHO Fee	\$0	\$750
Total costs to schools if not charged LHO Fee	\$0	\$0

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### WAC 246-370-140 Specialized Rooms

#### Formerly WAC 246-366-140<sup>33</sup>

WAC 246-366-140 mentions minimum health and safety standards for chemical laboratories. WAC 246-370-150 created the definition of a "specialized room" to include more than just chemistry laboratories. Specialized rooms serve as classrooms with a specific function that uses equipment, furniture, or supplies not found in a standard classroom that pose a potential health or safety risk. This definition may include, but is not limited to, a career and technical education room, a laboratory, an art room, or a health room. These types of rooms could require special ventilation and permit temperatures outside of a normal classroom range.

#### New requirements from 246-370-140

- Requires emergency eye wash and showers in specialized rooms, not just installing them at the time of new construction
- Requires single-use soap and towels in hand-washing facilities
- Adds the Washington State Labor and Industry requirements for emergency eye wash and shower installation and fixture requirements
- Prohibits shock-sensitive and lethal at low-concentration compounds
- Requires safety procedures for students
- Provides personal protective equipment
- Requires installation of appropriate ventilation equipment for specialized room activities that produce air contaminants
- Adds specific requirements, such as showers and bathrooms, for school facilities that have health rooms
- Includes emergency shut off for gas and electricity in new construction

#### Costs

We estimated construction costs based on basic expected costs with assumptions that there could be at minimum ceiling work and floor work for all these installations. Some assumptions were made about electrical, plumbing, and parts costs. Not all schools will need to incur these costs, so a total school cost is indeterminate.

<sup>&</sup>lt;sup>33</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-140&pdf=true (Accessed 4/2025)

#### June 2025

#### Table 49: Construction: One Time Cost

Goods	<b>Construction Cost</b>	City Capacity Fee	Total
Emergency Eye Wash Install	\$4,000	\$0	\$4,000
Emergency Shower Install	\$6,000	\$0	\$6,000
Source Capture Ventilation	\$20,000	\$0	\$20,000
Handwashing Sink	\$3,000	\$1,370	\$4,370
Bathroom - Toilet	\$5,000	\$4,100	\$9,100
Bathroom - Urinal	\$5,000	\$3,420	\$8,420
Emergency Shut Off Valves: Gas	\$5,000	\$0	\$5,000
Emergency Shut Off Valves:	\$2,500	\$0	\$2,500
Electric			

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### WAC 246-370-150 Variances and Emergency Waivers

#### Formerly WAC 246-366-150<sup>34</sup>

This section of the rule outlines how a school official can request an exception to the rule requirements. The request must show how the alternative to the rule still meets the intent.

#### New requirements from WAC 246-370-150

- Requires an LHO to approve or deny a variance within 60 days of receiving a complete variance packet
- Allows an LHO to issue an emergency waiver in an instance where a school might have to temporarily use a facility not regularly used as a school
- Allows an LHO to permit a school to remain in operation during an imminent health hazard event if safe to do so

#### Costs

Table 50: Labor Variances: Additional LHO Hours

	Hourly Wage	Hours	Annual Cost	
Min.	\$40	10	\$400	
Max.	\$105	10	\$1,050	

#### Table 51: Labor Variances LHO Fees

	Hourly Wage	Hours	Annual Cost	
Min.	\$100	10	\$1,000	
Max.	\$250	10	\$2,500	

 Table 52:
 Total Annual Additional Labor Costs

Labor Description	Min.	Max.
Total Costs to LHO without fee recovery	\$400	\$1,050
Total Costs to LHO with fee recovery	\$0	\$0
Total costs to schools if charged LHO Fee	\$1,000	\$2,500
Total costs to schools if not charged LHO Fee	\$0	\$0

<sup>&</sup>lt;sup>34</sup> https://app.leg.wa.gov/WAC/default.aspx?cite=246-366-150&pdf=true (Accessed 4/2025)

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### **Implementation Recommendations**

The School Environmental Health and Safety Rule Technical Advisory Committee developed an implementation plan using a phased approach. The intent behind this approach balances student health and safety with cost mitigation. The first phase includes sections that did not make substantive changes to the rule, set out basic WAC structures (such as definition and applicability sections), and required the development of plans, such as the extreme temperature readiness plan. Phase two focuses on activities that require collaboration between school officials and local health jurisdictions, such as inspections and assessments. The final phase brings schools into full implementation, including new rule requirements such as specialized rooms.

In addition to the phased approach, the committee stack ranked the requirements in each section or subsection of rule from 1 to 12 to prioritize the greatest health and safety benefits for students (See **Appendix D: Priority Rank for Implementation**). A ranking of 1 indicates the greatest health priority, while items marked as a 12 are primarily process related and have no direct impact on the health and safety of students.

In this portion of the report, committee implementation recommendations are organized by phase and section. Priority ranking is located to the third column of tables 1, 6, and 9 below. This number identifies the overall stack rank based solely on health and safety benefits. The fourth column describes the purpose for the change. The costs for implementation of each section are listed in the subsequent tables organized by item and task. Given the variability in local health jurisdiction programs, and the differences in school district infrastructure and practices, cost information is set out in a range of minimum to maximum costs. Page 2 of *Tab 06\_WAC 246-370 School Rule Report\_Fiscal Analysis* provides details of the Board's cost assumptions used to calculate the cost to implement the rule.

Table 1: Phase One		Table 2	2: Ir	Initial Cos	
Item #	Rule Section		Item #	Ti	ask
	070(4)		1	D	evelop Inc
	Quality and		1	D	evelop Int
	Ventilation		2	D	evelop Ra
2	070(3) Indoor		3	D	evelop Ex
	Quality and Ventilation		8	U	pdate Go

The first column (Item #) in the Phase table of each section corresponds with the first column in each of the cost tables.

### June 2025

### Phase One: Planning

### 1

Table 1:	Phase One Section Implementation by Priority

Item #	Rule Section	Priority	Description	Estimated Cost
1	070(1) Indoor Air Quality and Ventilation	4	Describes required components of an indoor air quality plan	See Table Below
2	070(3) Indoor Air Quality and Ventilation	4	Describes requirements for a radon testing plan	See Table Below
3	080(1) Temperature	8	Describes the requirements for developing an extreme temperature readiness plan	See Table Below
4	080(2) Temperature	8	Describes collaboration between school official and local health officer	No Cost
5	050(1)-(9) General Building Requirements	9	Describes existing requirements for school facilities under construction	See Table Below
6	001 Purpose	12	Describes existing requirements for school facilities under construction	No cost
7	010 Applicability	12	Description of what types of facilities this rule applies to and exemptions	No cost
8	015(1)-(4) Good Safety Practice and Guidance	12	Describes how good safety practices are developed, maintained, and updated	See Table Below
9	090 Noise	12	Describes requirements for ensuring safe noise levels within a school facility	No cost
10	100 Lighting	12	Describes requirements for ensuring healthy lighting levels within a school facility	No cost
11	170 Severability	12	Describes the limitations of chapter application when any element is found to be invalid	No cost
12	005 Definitions	12	Includes all terminology associated with the chapter once all phases have been implemented	No cost

### Table 2: Initial Costs

Item #	Task	Min	Мах
1	Develop Indoor Air Quality Plan	\$344	\$4,288
1	Develop Integrated Pest Management Plan	\$0	\$1,340
2	Develop Radon Plan	\$0	\$1,340
3	Develop Extreme Temperature Readiness Plan	\$65	\$1,330
8	Update Good Safety and Practices Guide	N/A	\$68,243
	Total	\$409	\$76,541

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### Table 3: Annual Costs

Item #	Task	Min	Max
1	Annual Implementation of Indoor Air Quality Plan	\$0	\$9,112
	Subtotal	\$0	\$9,112
With Inte	grated Pest Management		
1	Integrated Pest Management Plan with Dedicated Staff	\$215	\$2,052
	Total	\$215	\$11,164
1	Integrated Pest Management Plan without Dedicated Staff	\$8,600	\$68,400
	Total	\$8,600	\$77,512

#### Table 4:Five-Year Costs

Item #	Task	Min	Max
2	Implement Radon Plan Every Five Years	\$43	\$6,700
2	Consumables for Radon Testing Every Five Years	\$12	\$1,392
8	Update Good Safety and Practices Guide	N/A	\$43,138
	Total	\$55	\$51,230

#### Table 5: One-Time Costs

Item #	Task	Min	Max
5	Install of Backflow Device	\$7	\$32
5	Backflow Device	\$9	\$130
	Total	\$16	\$162

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### Phase Two: Collaboration

#### Estimated Item # **Rule Section Priority Descriptio**n Cost 13 040 Routine 2 Describes responsibilities of local health See Table Inspection officer for ensuring school facilities are Below inspected according to the requirements and timeline of this section 14 120 Imminent Health 3 Describes requirements for identifying, See Table Hazard Procedure responding to, and communicating Below imminent health hazards 130(1)(a) Playgrounds 5 15 Describes when consultation with local See Table health officer is required Below 16 130(1)(c)-(2)(f)5 Describes expectations for local health Included in Playgrounds officials for the notification and inspection item 15 of playground plans and equipment 17 030 Construction Plan 7 See Table Describes planning, review, and approval Review New. of construction before occupancy Below Alterations, and Portables 18 020 Site Assessment 10 Describes the requirements for assessing See Table the sites for construction of new school Below facilities 19 150 Variances and 12 Describes a school official's options for See Table **Emergency Waivers** requesting a variance or emergency waiver Below 20 160 Appeals 12 Describes process for submitting and No cost reviewing appeals

Some, but not all, local boards of health require cost recovery. These boards will assess additional fees to the schools.

Table 6:	Phase Two Section	Implementation	by Priority
		mplomontation	by i nonty

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#### June 2025

### Table 7: Cost Per Task

Item #	Task	Min	Мах
13	Routine School Inspection: Labor Hours	\$40	\$1,008
15	Playground Inspections: LHO Cost – No Cost Recovery	\$0	\$315
15	Playground Inspections Fee: School Cost Charged by LHO –	\$0	\$750
	Required Cost Recovery		
17	Construction Plan Review: Labor Hours	\$0	\$13,400
18	ASTM Phase 1 Site Assessment: Vendor Cost	\$1,400	\$5,000
18	ASTM Phase 2 Site Assessment: Vendor Cost	\$10,000	\$30,000
18	Site Assessment: LHO Cost – No Cost Recovery	\$120	\$1,260
18	Site Assessment Fee: School Cost Charged by LHO – Required	\$300	\$3,000
	Cost Recovery		
18	Site Assessment: School Labor Cost	\$96	\$26,600
	Total	\$11,956	\$81,333

#### Table 8: Annual Costs

Item #	Task	Min	Max
13	Training – Routine Inspections	\$168	\$4,998
14	Imminent Health Hazard LHO Consulting	\$40	\$10,500
19	(1) Variance - LHO Cost – No Cost Recovery	\$400	\$1,050
19	(2) Variance - School Cost Charged by LHO – Required Cost	\$1,000	\$2,500
	Recovery		
	Total Including (1) Variance – No cost recovery	\$608	\$16,548
	Total Including (2) Variance – required cost recovery	\$1,208	\$17,998

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### Phase Three: Full Implementation

### 3

Item #	Rule Section	Priority	Description	Estimated cost
22	110 Injury Prevention	1	Describes requirements for mitigating physical and chemical injury and the spread of disease through permitted animals in school facilities	See Table Below
23	11 070(2) Indoor Air Quality and Ventilation	4	Describes requirements to control and ventilate air contaminants	Costs Included in section Phase 1 070(1)
24	070(4)-(9) Indoor Air Quality and Ventilation	4	Describes airborne contaminants and ventilation requirements for controlling them	See Table Below
25	130(1)(b) Playgrounds	5	Describes school officials' responsibilities for installation, maintenance, and operation of playground equipment	Costs assessed in Section Phase 2 130(1)(a)
26	130(3) Playgrounds	5	Describes prohibited chemical treatment of playground equipment	Costs assessed in Section Phase 2 130(1)(a)
27	140 Specialized Rooms	6	Describes requirements for specialized rooms	See Table Below
28	080(1)(a)-(b) Temperature	8	Describes parameters for use when implementing an extreme temperature readiness plan	Indeterminate Cost
29	050(10)-(11) General Building Requirements	9	Describes new requirements for school facilities under construction	Costs assessed in Phase 3 140 or required under building code
30	060 Showers and Restrooms	11	Describes requirements for installing showers and restrooms in new construction	No Cost

### Table 9: Phase Three Section Implementation by Priority

Table 10: One Time Costs: Labor

Item #	Task	Min	Max
24	Chemical and Cleaning Supply Storage	\$0	\$4,288
24	Animal Safety Plan	\$0	\$16,080
24	Develop CO <sub>2</sub> Monitoring Plan	\$215	\$1,340
	Total	\$215	\$21,708

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#### Table 11: Annual Costs: Labor

Item #	Task		Min	Max
24	Chemical and Cleaning Supply Storage: Labor		\$43	\$1,340
24	Increased Utility Rates: Consumable Goods		\$10	\$7,347
24	Increase in Filter Size: Consumable Goods		\$66	\$36,731
24	1st Year CO <sub>2</sub> Monitoring: Labor		\$1,075	\$26,800
		1st Year Total	\$1,194	\$72,218
24	2+ Year CO <sub>2</sub> Monitoring: Labor		\$860	\$23,450
		2+ Year Total	\$979	\$68,868

### Table 12: Every 15 years: Trade Services

Item #	Task	Cost (per sq ft)	Small School	Average School	Large School
24	Test and Balance	0.81	929 sq ft	77,391 sq ft	367,301 sq ft
		Total	\$753	\$62,687	\$297,514

#### Table 13: Cost Per Task If Task is Required

Item #	Task	Construction Cost	City Capacity Fee	Per Linear Foot	Min	Max	Total
27	Emergency Eye Wash Install	\$4,000	\$0				\$4,000
27	Emergency Shower Install	\$6,000	\$0				\$6,000
27	Source Capture Ventilation Install	\$20,000	\$0				\$20,000
27	Handwashing Sink Install	\$3,000	\$1,370				\$4,370
27	Bathroom - Toilet Install	\$5,000	\$4,100				\$9,100
27	Bathroom - Urinal Install	\$5,000	\$3,420				\$8,420
27	Emergency Shut Off Valves: Gas Install	\$5,000	\$0				\$5,000
27	Emergency Shut Off Valves: Electric Install	\$2,500	\$0				\$2,500
24	Routine Ventilation Inspection: Labor				\$86	\$1,072	
24	Portable Carbon Dioxide Sensor Install				\$170	\$3,425	
24	Fixed Carbon Dioxide Sensor Install				\$2,000	\$2,500	
22	Fall Protection Guards Install			\$350			

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# **Discussion and Concerns**

Throughout the rule development process, the technical advisory committee members discussed and identified several issues and challenges. Many of these issues exceed the scope of the Board's authority to address, but the Board found it important to highlight committee member concerns for policy makers. These items, summarized below, highlight school and public health system challenges across Washington State.

### Energy-efficiency, climate change, and student health

Washington's clean-buildings rule aims to reduce greenhouse gas emissions by improving energy efficiency in schools. However, strategies such as reducing HVAC run-times can compromise indoor air quality, affecting student health and learning—especially during the cold and flu season and for those with asthma. Balancing energy goals with healthy environments is particularly challenging for underfunded schools with aging infrastructure. Stakeholders emphasize the need for collaboration across sectors to ensure health-focused ventilation remains a priority. Additionally, misalignment between the rule's five-year performance cycles and local funding timelines, along with unclear compliance penalties, creates further strain especially for private and charter schools and rural and small districts. Committee members encourage policymakers to allow flexibility in the clean building performance standards for schools to account for changing environmental conditions, enabling schools to better balance energy efficiency goals with health needs during periods of elevated infection risk.

Committee members identified the need for clean-buildings requirements to allow for fluctuating environmental conditions as an important way policymakers might enable schools to dynamically balance HVAC efficiency targets with health considerations during periods of higher infection risks, increased thermal demands, or other air quality concerns as they arise. Schools already experience increased environmental hazards and rising operating costs due to our changing climate, which demonstrates the necessity to resolve this tension between health and efficiency as quickly as possible without compromising the underlying policy goals. The clean buildings rule allows performance-path options and appeals for alternate compliance plans but lacks clear deadlines and penalty guidance. Private, charter, rural, and small schools worry that they'll have to prioritize paying fines over investing in classroom resources.

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Committee members commented that as climate risks intensify, these concerns are magnified. More frequent and severe heatwaves, wildfire smoke events, and shifts in pest populations are expected to place additional strain on school infrastructure. In response to rising outdoor risks, students are likely to spend more time indoors—yet tighter buildings, designed for energy efficiency, may trap air contaminants and require increased pesticide use due to expanding pest ranges. This creates a direct tension between compliance with the Clean Buildings Performance Standard and the school health and safety rule. Schools may need to increase ventilation, air conditioning, or filtration capacity to protect health, even when those measures conflict with energy efficiency targets. Balancing climate resilience, student health, and energy goals will require coordinated solutions that do not force schools to choose between safety and sustainability.

### Prioritizing student health, cost savings, mold and pest prevention

Keeping school air clean and dry is essential for health. Proper ventilation, temperature control, and moisture checks prevent mold, pests, and exposure to toxins. When districts update HVAC systems and seal buildings correctly, they often save on utility bills and repair costs. Many schools already run pest-management plans and inspect for damp spots, but those efforts may not be included in state funding formulas, despite their potential to lower long-term operating expenses. The committee recognized that some larger school districts have expertise that can be shared with smaller districts or private schools. However, limited awareness and communication between schools reduces opportunities for identifying the need for assistance or sharing expertise between districts or among public and private schools.

# Local public health varies in program capacity, services, and fee/funding approach

Washington's thirty-five local health jurisdictions vary significantly in their capacity to support school health and safety programs. While twelve jurisdictions operate full programs, fourteen offer limited or developing support, and nine have no formal school-based program at all. Some charge school's inspection fees, while others use Foundational Public Health Services (FPHS) or other funds to subsidize or offset costs. This creates regional disparities in the level of environmental health services available to schools, leading to unequal protections for students across the state.

The difficulty of maintaining a skilled, stable workforce drives much of this variability. The formation and maintenance of a school environmental health program requires consistent funding for staff positions that demand a broad and specialized knowledge base. This steep learning curve, combined with high public health turnover and limited dedicated funding, puts jurisdictions at risk of losing vital capacity. Without consistent funding for trained staff and trainers, local health agencies may be unable to provide the technical support schools need to meet new standards—undermining implementation of the rule, especially in underserved areas. Reductions to Foundational Public Health Services funding may lead to local health jurisdictions having to pare back on school environmental health and safety work to focus limited funding on other public health priorities.

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### Funding-model barriers, levy dependence, and school-type differences

The state's prototypical funding model pays schools based on student headcount, not building size, condition, or operating costs. Its assumptions about average facility needs and the cost of staff fall well below what many schools require. When student enrollment drops, budgets shrink while day-to-day and long-term maintenance require the same or an increased investment to maintain aging buildings and systems. Public school districts rely on state and local funding formulas and levies. Relying on local levies and property taxes to bridge the gap between state and local funding leads to inequities in district funding and building maintenance. Districts with a more financially stable and higher tax base may pass measures more easily than those with a more limited tax base.

Additionally, though charter schools typically receive the same per-student state allocation, they are unable to access local property tax levies and must rely on small grants or higher-interest bank loans. Charter schools also do not have dedicated facilities funding, so they may struggle to implement school environmental health and safety regulations and must divert funds from operational funds. Charter schools, like small or rural schools, typically have limited maintenance teams that lack specialized expertise, making implementation of health and safety rules difficult. Charter schools have advocated to be included in technical assistance programs, environmental health training resources, and regional maintenance support networks.

### Private School Funding Challenges in Meeting Government Facility Mandates

Private schools rely primarily on enrollment-driven revenue through tuition, endowments, and donations. These revenue streams are sensitive to enrollment fluctuations and must be balanced against the economic realities of the communities they serve. As a result, private schools often lack the flexibility to raise tuition quickly or substantially enough to offset the costs associated with new government facility mandates.

Unlike public schools, private institutions cannot levy local taxes and generally have limited or no access to state funding streams or grant programs. This leaves many private schools without the financial support needed to comply with newly introduced environmental health and safety regulations.

In addition to financial constraints, private schools often operate with lean administrative teams. Many do not employ full-time facility managers, and some do not own their buildings, which further complicates the process of implementing mandated changes. Requirements involving facility upgrades, detailed inspections, and extensive paperwork and reporting place a significant strain on already limited staff capacity.

Together, these financial and operational limitations make it difficult for private schools to meet new regulatory standards in a timely and sustainable way.

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### Workforce capacity and funding stability

Schools and local health jurisdictions have challenges with workforce retention and recruitment. School maintenance and custodial teams may lack training or expertise for HVAC troubleshooting or mold cleanup. Based on feedback from the committee, schools and jurisdictions struggle to retain skilled workers due to the opportunities for better pay in other industries. Many schools lack resources to identify emerging health issues on site. Jurisdiction, which may charge fees to operate programs, may not have governing body support to charge or increase fees. Stable state funding may enable local health jurisdictions to not be fully reliant on a fee-for-service model to provide support to schools.

### Small-school burdens and capacity constraints

Small and rural districts experience additional challenges in funding and workforce capacity related to maintenance teams. Their remote locations make it hard to share technical help regionally. Depending on local levy success, and bond capacity, school boards may need to prioritize funding for student programming over infrastructure needs.

### Lead in drinking water

The committee identified several issues with the requirements for lead testing in schools. The current requirements outlined in the Lead in Water Remediation Grant limit who can complete the testing and specify that the funds available are for reimbursement only. LHJs are not approved to complete water testing in schools. Moreover, funds for replacing fixtures are limited to like-for-like, meaning that a modern, practical bottle filler fixture cannot replace a bubbler-type fountain if using grant funds. Complications have surfaced with the remediation process. Occasionally, the remediation increases lead levels due to improper flushing of pipes or not replacing the pipes or the valves that connect the fixture to the plumbing in the wall.

### Gaps and emerging school models

During the development process, Board staff and some committee members toured school facilities, including an emerging model: outdoor schools. Outdoor schools are programs, both public and private, that hold classes outdoors most of the time. The current and proposed rules do not directly address these types of schools. The Board needs additional research to determine the best approach for ensuring student health and safety at these school types.

Staff also identified residential boarding schools for additional review. In Washington state, both public and private residential boarding schools have dormitories. While the school facility must meet the standards outlined in the school rules the residential spaces may not be subject to the rule. The Board needs to determine if a separate agency takes responsibility for ensuring health and safety compliance.

Finally, committee members shared concerns about providing appropriate support for schools owned and operated by sovereign Tribal nations. There are nine schools operated by Tribes in the state, and the committee members and Board staff found it important to elevate the concern around appropriate funding for the Tribal schools to ensure health and safety measures.

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Appendix D: Priority Rank for Implementation

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### Appendix A: Readiness Plans

### 1. School Indoor Air Quality Plan

### Background

<u>According to EPA</u>, indoor air pollution is among the top five environmental risks to public health. Indoor Air Quality (IAQ) problems in schools may increase respiratory infections, asthma, coughing, eye irritation, headaches, allergic reactions, and other adverse health effects.

Improving IAQ in schools is vital to the comfort and health of students and staff, promotes positive educational outcomes, and decreases school absenteeism.

### Purpose of a School IAQ Plan

WAC 246-370-070 requires Washington schools to adopt a written IAQ plan. An IAQ plan refers to a set of written procedures and practices that schools or districts can use to prevent and control IAQ problems.

EPA IAQ Tools for Schools provides model IAQ plans.

### Key Points of a School IAQ Plan

- Addresses IAQ training for staff
- Designates key school staff to oversee the IAQ plan
- Periodic walkthrough inspections of the school facilities
- Cleaning and maintenance that addresses dust, mold, and other pollutants
- Chemical management that includes proper storage and disposal of chemicals
- Preventive maintenance including regular inspection of heating, ventilation, and cooling systems to ensure optimal performance
- Procedures to protect students and staff from dust and contaminants during building renovations and construction activities
- A policy for animals and plants
- Responding to complaints and follow-up actions
- Plans to address toxic materials such as mold, asbestos, lead, radon, pesticides, and mercury
- Plans to address poor ventilation, elevated indoor contaminant levels, such as airborne viral outbreaks, and poor outdoor air quality

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### 2. Radon in Schools

#### Background

Radon is a colorless, odorless radioactive gas that occurs from the breakdown of the natural element uranium commonly found in rocks and soil. People are exposed to radon gas as it moves though soil and seeps into buildings, including homes and schools where it can become trapped and concentrate to unhealthy levels.

Exposure to radon gas can cause lung cancer. The <u>EPA</u> estimates that radon gas causes 21,000 lung cancer deaths each year making it the second leading cause of lung cancer in the US.

The EPA estimates that more than 70,000 schoolrooms in use today have high radon levels and nearly one in five schools in the nation has at least one schoolroom that exceeds the recommended <u>action level of 4.0 pCi/L</u> to reduce radon.

Testing is the only way to know if radon gas levels are high enough to cause health problems. Testing is relatively simple and inexpensive. The EPA recommends all schools test for radon gas.

Where radon is found at high levels, schools may need to take recommended steps, such as hiring a certified radon mitigation professional, training school staff to identify radon risks, and learning how to maintain radon reduction.

#### **Purpose of a School Radon Plan**

A radon plan will include minimum testing requirements for a school or district to meet Chapter 246-370-070 (3) WAC. A well-written plan can help schools determine if radon levels require a retest or action to reduce radon at their school.

#### Key Points of a School Radon Plan

- Plan written by school to meet their specific needs
- Help ensure testing meets requirements, standards, and protocols
- Help ensure proper steps are taken to reduce radon if needed

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### 3. School Carbon Dioxide Monitoring and Mitigation Plan

### Background

The <u>U.S. Department of Energy</u> has linked bringing adequate outdoor air into classrooms with improved attendance, reduced disease transmission, and better performance for students. Indoor air pollutants in schools include, but are not limited to, dust, pest allergens, infectious disease particles, and emissions from school program activities. Outdoor air flowing through indoor spaces can dilute or remove these and other pollutants.

However, the rate of outdoor air flowing into a room is difficult to measure. Carbon dioxide ( $CO_2$ ) levels are easier to measure and can be used to approximate outdoor air flow rates. The amount of  $CO_2$  in a classroom increases as occupants exhale. More  $CO_2$  in a classroom may indicate a lack of fresh outdoor air flowing in.

To increase outdoor air, schools may open doors and windows or increase mechanical ventilation. Assessing ventilation through CO<sub>2</sub> level measurement can be especially important in older schools with inefficient or no mechanical ventilation systems.

In addition to outdoor air, schools should control indoor air pollutants and provide filtered air. Appropriate filters can remove particles like wildfire smoke, dust, and pollen. To control indoor air pollutants, schools can choose safer cleaning chemicals, avoid fragranced items, and take measures to prevent the spread of respiratory viruses.

### Purpose of a CO<sub>2</sub> Monitoring and Mitigation Plan

A monitoring and mitigation plan outlines how a school or district will measure CO<sub>2</sub>. The plan will include the following:

- Specific actions a school can take when indoor CO2 levels begin to rise above recommended levels
- Minimum requirements for a school or district that must meet Chapter 246-370-070 (1)(d) and (7)(b)(iii) WAC for ongoing CO<sub>2</sub> concentration monitoring

### Key Points of a CO<sub>2</sub> Monitoring and Mitigation Plan

- Specifications for a CO<sub>2</sub> monitoring device
- How, where, and when to measure CO<sub>2</sub>
- Recommended CO<sub>2</sub> levels to approximate enough outdoor air ventilation
- Strategies to increase outdoor air ventilation
- Roles and responsibilities

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### 4. School Integrated Pest Management Plan

### Background

Pests can pose big problems in schools. Mice and cockroaches can trigger asthma, mice and rats transmit infectious diseases, and termites can damage structures making them unsafe. However, pesticides can harm student health and the environment, and they pose risks to children's developing bodies.

Integrated Pest Management (IPM) is a well-established method to control pests by removing sources of food, water, and shelter. When necessary, schools may use the least toxic chemical pesticide. An IPM works to exclude pests from the building and surrounding area by making structural improvements, keeping facilities clean, doing repairs, and educating occupants. An IPM can help schools protect the health and safety of students and staff while reducing costs over time.

### Purpose of a School IPM Plan

An IPM plan outlines how a school or district prevents and excludes pests and when it will have to use pesticides. It includes minimum requirements for a school or district to meet Chapter 246-370-070 (1)(c) WAC. It also incorporates best practices to achieve the health and financial benefits of an IPM.

### Key Points of a School IPM Plan

- A school or district IPM policy statement
- Roles and responsibilities of a designated coordinator, administrators, and all staff
- Monitoring procedures and pest population thresholds for action
- Prevention and control methods
- Training and communication resources for staff, students, and parents
- Expectations and agreements with contractors
- Links to Washington pesticide regulations

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### 5. Extreme Temperature Readiness Plan

### Background

Extreme heat and cold events are expected to last longer and become more frequent and intense as the climate changes. With rising temperatures, school buildings are heating up, and many are without air conditioning.

A <u>2020 report</u> from the Government Accountability Office (GAO) estimated 36,000 public schools nationwide were without adequate air conditioning. An estimated 41% of school districts needed to update or replace heating, ventilation, and air conditioning (HVAC) systems in at least half of their schools. The Washington Office of Superintendent of Public Instruction (<u>OSPI</u>) has said that many schools in our state have inadequate HVAC systems.

Children are especially vulnerable to heat-related illness because they are often active and their bodies are still developing (<u>NIHHIS</u>). In addition to health impacts, children's learning is also affected by warming temperatures. The EPA's 2023 report on the health impacts of climate change on children shows that temperature increases of 2 degrees Celsius are associated with 4% reductions in academic achievement per child relative to average learning gains experienced each school year.

### Purpose of an Extreme Temperature Readiness Plan

An extreme temperature readiness plan provides detailed steps a school or district can take to respond to extreme indoor temperatures to protect students. It will include minimum requirements for schools or districts to meet Chapter 246-366-090 WAC.

### Key Points of an Extreme Temperature Readiness Plan

- How the school monitors indoor temperatures
- Steps to reduce indoor heat and improve ventilation in classrooms
- Elevated indoor temperature to consider action
- Extreme indoor temperature to consider possible facility or room closures
- Staff training to recognize and prevent heat stress and heat illness
- A communication policy to notify parents or guardians and dismiss students early due to extreme temperature

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# Appendix B: Environmental Health Specialist Salaries

	, , , ,
Min	Max
\$62,467	\$79,726
\$55,120	\$75,983
х	\$88,000
х	x
х	x
\$51,048	\$72,576
\$71,739	\$93,538
\$61,716	\$83,868
х	x
\$60,240	\$79,380
\$69,023	\$96,762
\$59,062	\$70,433
\$70,768	\$96,826
	\$62,467 \$55,120 x x x \$51,048 \$71,739 \$61,716 x \$60,240 \$69,023 \$59,062

#### Table 1: Small jurisdictions (less than 50,000 people)

#### Table 2: Medium jurisdictions (50,000 to 99,999 people)

	•			
	Min	Max		
14	\$58,452	\$86,064		
15	\$55,000	\$70,000		
16	\$56,812	\$91,410		
17	\$56,139	\$80,350		
18	\$60,936	\$86,077		
19	\$55,728	\$81,852		
20	\$52,531	\$62,784		

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#### Table 3: Large jurisdictions (100,000 to 249,999 people)

	Min	Max
21	\$62,556	\$83,831
22	\$55,908	\$78,480
23	\$48,499	\$62,186
24	\$78,042	\$99,278
25	\$64,667	\$103,750
26	\$56,784	\$101,616
27	\$53,124	\$91,368
28	\$59,964	\$106,884
29	\$64,666	\$84,374
30	\$58,219	\$85,467
31	\$61,835	\$94,341
32	\$65,645	\$97,973

#### Table 4: Extra-large jurisdictions (750,000 people or more)

	Min	Max
33	\$100,573	\$127,482
34	\$52,395	\$70,221

#### **Table 5: Overall Salary Ranges**

	Min	Max
All jurisdictions	\$48,499	\$127,482
Mean	\$61,322	\$86,545
Median	\$59,513	\$85,467

June 2025

### Appendix C: Construction Cost Estimates

### 1. Typical Elementary School Construction Cost Per Square Foot (Mechanical Only)

	COST OPINION	Square Foot (Mechanical Only)			1 5 2	HARGIS L201 third avenue, ste 600 eeattle, washington 98101 206.448.3376 www.hargis.biz
BASIS OF OPINION	Other	PREPARED BY Brian Cawl	ley, P.E.		DATE	January 8, 2025
JOB NUMBER	23100.xx	COST MODEL SF 64,000			OVERHEAD &	PROFIT 15%
new construction - mech	anical summary		subtotal	OH&P	total	cost per square foot
code minimum ventila	ntion - dedicated outside air sys	tem - multizone system (425 CFM/classro	om)			
Mechanical Only (Div	ision 23, D30)		\$3,835,347.31	\$575,302.10	\$4,410,649.40	\$68.92
150% code minimum v	ventilation - dedicated outside	air system - multizone system (635 CFM/c	:lassroom)			
Mechanical Only (Div	ision 23, D30)		\$4,026,963.69	\$604,044.55	\$4,631,008.24	\$72.36
		Cost Difference	\$191,616	\$28,742	\$220,359	\$3.44
existing construction - m	echanical summary		subtotal	OH&P	total	cost per square foot
		le zone	subtotal	OH&P	total	cost per square foot
	icated outside air system - sing	le zone	subtotal \$855,820.06	ОН&Р \$128,373.01	total \$984,193.07	cost per square foot \$15.38
existing building - ded Mechanical Only (Div	icated outside air system - sing					
existing building - ded Mechanical Only (Div	icated outside air system - singi ision 23, D30) trols modification - multizone v					
existing building - ded Mechanical Only (Div existing building - con Mechanical Only (Div	icated outside air system - singi ision 23, D30) trols modification - multizone v	/av system	\$855,820.06	\$128,373.01	\$984,193.07	\$15.38
existing building - ded Mechanical Only (Div existing building - con Mechanical Only (Div	icated outside air system - sing ision 23, D30) trols modification - multizone v ision 23, D30) trols modification - single zone	/av system	\$855,820.06	\$128,373.01	\$984,193.07	\$15.38
existing building - ded Mechanical Only (Div existing building - conf Mechanical Only (Div Mechanical Only (Div	icated outside air system - sing ision 23, D30) trols modification - multizone v ision 23, D30) trols modification - single zone	/av system system	\$855,820.06 \$267,198.80	\$128,373.01 \$40,079.82	\$984,193.07 \$307,278.62	\$15.38 \$4.80
existing building - ded Mechanical Only (Div existing building - conf Mechanical Only (Div Mechanical Only (Div	icated outside air system - singl ision 23, D30) trols modification - multizone v ision 23, D30) trols modification - single zone ision 23, D30) trols modification - CO2 sensors	/av system system	\$855,820.06 \$267,198.80	\$128,373.01 \$40,079.82	\$984,193.07 \$307,278.62	\$15.38 \$4.80
existing building - ded Mechanical Only (Div existing building - cont Mechanical Only (Div existing building - cont Mechanical Only (Div existing building - cont	icated outside air system - sing ision 23, D30) trols modification - multizone v ision 23, D30) trols modification - single zone ision 23, D30) trols modification - CO2 sensors	/av system system	\$855,820.06 \$267,198.80 \$383,358.80	\$128,373.01 \$40,079.82 \$57,503.82	\$984,193.07 \$307,278.62 \$440,862.62	\$15.38 \$4.80 \$6.89

EXCLUSIONS

1 - Design contingency

2 - Sales tax

3 - Utility charges or upgrades

4 - Escalation

June 2025

### 2. Code Minimum Ventilation - Dedicated Outside Air System - Multizone System (425 CFM/Classroom)

Basis OF OPINON         Other         PEPARED BY Brian Cavley, P.E.         DATE           DATE         DATE         DATE         DATE         DATE           DATE         DATE         DATE         DATE           DATE         DATE         DATE         DATE         DATE         DATE           DATE         DATE         DATE         DATE         DATE         DATE         DATE <th cols<="" th=""><th>mechanica</th><th>cost opinion</th><th></th><th></th><th></th><th></th><th></th><th></th><th>н</th><th>ΛRG</th><th>15</th></th>	<th>mechanica</th> <th>cost opinion</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>н</th> <th>ΛRG</th> <th>15</th>	mechanica	cost opinion							н	ΛRG	15
BASIS OF OPINION DDB NUMBEROtherPREPARED BY Brian Cawley, P.E.DATEDATEJanuary, 2.025JOB NUMBER2310.xxCOST MODEL SF. 64.00TotalTotalSoverall CostTotalSoverall CostSoverall Cos	code minimum ve	entilation - dedicated outside air s	ystem - multizone	e system (	425 CFM/class	room)			sea	ttle, washington 9		
JOB NUMBER         2310.xx         COST MODEL SF 64000         VERHEAD & PROFIT         Isk           description         unamber         unit         unit cost         ista         engineering         ista           SECTION 230600 EAL PROVISIONS         ista         unit cost         ista         subtotal         OH&P         ista           General Provisions         ista         ista         ista         ista         ista         ista           Formality with tables, bond         64,000         SF         4.9         31,638         31,638         4,746         36,838           Tables, Services, cranes, Rentals Etc.         70         WKS         1,423,022         10,03,611         10,511         11,5572         119,383           Fuel Costs         1         LS         14,430,20         14,830         2,225         17,051           Section 230505 Descuet and System Start UP         64,000         SF         -									ww	/w.hargis.biz		
quantity         material cost         labor cost         engineering opinion           DIVISION 23         number         unit         unit cost         total         unit cost         total         otdal         oH&P         total           SECTION 230500 CENERAL PROVISIONS         64,000         SF         .49         31,638         31,638         4,746         36,383           Trailer, Services, Cranes, Rentals Etc.         60         WKS         1,235.85         74,151         11,123         85,274           Foreman / Non Labor         70         WKS         1,243.02         10,811         105,821         103,811         105,821         11,864         11,864         14,830         2,225         17,055           SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP          .19         11,864         11,864         1,780         13,644           SECTION 230510 BASIC MATERIALS AND METHODS	BASIS OF OPINION	Other	PR	EPARED BY	Brian Cawley, P.E				DATE	Janu	ary 8, 2025	
description         number         unit         unit cost         total         unit cost         total         subtotal         OH&P         total           SECTION 230500 GENERAL PROVISIONS	JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	ROFIT	15%	
DIVISION 23           SECTION 230500 GENERAL PROVISIONS           General Provisions			quan	tity	material o	ost	labor cos	st	engi	neering opini	ion	
General Provisions           Permit, Mobilitation, Submittals, Bond         64,000         SF         .49         31,638         31,638         4,746         36,838         85,774           Trailer, Services, Cranes, Rentals Etc.         60         WKS         1,235,85         74,151         11,123         85,274           Foreman / Non Labor         70         WKS         1,4830.20         13,811         103,811         15,572         119,383           Fuel Costs         1         LS         14,830.20         14,830         14,830         2,225         17,055           SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP	DIVISION 23	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total	
General Provisions           Permit, Mobilitation, Submittals, Bond         64,000         SF         .49         31,638         31,638         4,746         36,838         85,774           Trailer, Services, Cranes, Rentals Etc.         60         WKS         1,235,85         74,151         11,123         85,274           Foreman / Non Labor         70         WKS         1,4830.20         13,811         103,811         15,572         119,383           Fuel Costs         1         LS         14,830.20         14,830         14,830         2,225         17,055           SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP	SECTION 230500 GEN	ERAL PROVISIONS										
Trailer, Services, Cranes, Rentals Etc.       60       WKS       1,235.85       74,151       74,151       11,123       85,274         Foreman / Non Labor       70       WKS       1,483.0.20       103,811       103,811       103,811       115,572       119,383         Fuel Costs       1       LS       11       LS       14,830.20       14,830       14,830       2,225       17,055         SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP												
Foreman / Non Labor       70       WKS       1,483.02       103,811       103,811       12,572       119,383         SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				SF					31,638	4,746	,	
Fuel Costs       1       LS       14,830.20       14,830       2,825       17,055         SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP Project Closeout and System Start Up       64,000       SF       .19       11,864       11,864       1,780       13,644         SECTION 230510 BASIC MATERIALS AND METHODS Basic Materials and Methods       64,000       SF       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC Indoor Air Quality - HVAC       64,000       SF       .0.66       3,955       3,955       593       4,548         SECTION 230512 INDOOR AIR QUALITY - HVAC							,	,	,	,		
SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP		ibor					,	,	,			
Project Closeout and System Start Up       64,000       SF       .19       11,864       11,864       1,780       13,644         SECTION 230510 BASIC MATERIALS AND METHODS       5       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       5       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       5       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       5       .06       3,955       3,955       593       4,548         SECTION 230548 VIBRATION ISOLATION       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL       5       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	Fuel Costs		1	LS			14,830.20	14,830	14,830	2,225	17,055	
Project Closeout and System Start Up       64,000       SF       .19       11,864       11,864       1,780       13,644         SECTION 230510 BASIC MATERIALS AND METHODS       5       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       5       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       5       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       5       .06       3,955       3,955       593       4,548         SECTION 230548 VIBRATION ISOLATION       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL       5       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	SECTION 230505 PRO	JECT CLOSEOUT AND SYSTEM START UP										
Basic Materials and Methods       64,000       SF       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       Indoor Air Quality - HVAC       64,000       SF       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       SECTION 230548 VIBRATION ISOLATION       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       54,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288			64,000	SF			.19	11,864	11,864	1,780	13,644	
Basic Materials and Methods       64,000       SF       .62       39,547       39,547       5,932       45,479         SECTION 230512 INDOOR AIR QUALITY - HVAC       Indoor Air Quality - HVAC       64,000       SF       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       SECTION 230548 VIBRATION ISOLATION       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       54,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288		· ·										
SECTION 230512 INDOOR AIR QUALITY - HVAC       64,000       SF       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL       Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       Electrical Provision S       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	SECTION 230510 BASI	IC MATERIALS AND METHODS										
Indoor Air Quality - HVAC       64,000       SF       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       SECTION 230548 VIBRATION ISOLATION       Section 230548 VIBRATION ISOLATION       Section 230550 SEISMIC CONTROL       SECTION 230550 SEISMIC CONTROL       Section 230550 SEISMIC CONTROL       Section 230593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	Basic Materials ar	nd Methods	64,000	SF			.62	39,547	39,547	5,932	45,479	
Indoor Air Quality - HVAC       64,000       SF       .06       3,955       3,955       593       4,548         SECTION 230513 ELECTRICAL PROVISIONS       Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       SECTION 230548 VIBRATION ISOLATION       Section 230548 VIBRATION ISOLATION       Section 230550 SEISMIC CONTROL       SECTION 230550 SEISMIC CONTROL       Section 230550 SEISMIC CONTROL       Section 230593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288												
SECTION 230513 ELECTRICAL PROVISIONS         Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       Section 1solation       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL       Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288		-	64,000	SE			06	3 95 5	3 955	593	4 548	
Electrical Provisions       64,000       SF       .25       15,819       15,819       2,373       18,192         SECTION 230548 VIBRATION ISOLATION       Section 1solation       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL       Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 230593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	mador An Quanty	TIVAC	04,000	51			.00	3,333	3,555	555	4,540	
SECTION 230548 VIBRATION ISOLATION         Vibration Isolation       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 2305593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	SECTION 230513 ELEC	TRICAL PROVISIONS										
Vibration Isolation       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 2305593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288	Electrical Provisio	ns	64,000	SF			.25	15,819	15,819	2,373	18,192	
Vibration Isolation       64,000       SF       .93       59,321       .19       11,864       71,185       10,678       81,863         SECTION 230550 SEISMIC CONTROL Seismic Control       64,000       SF       .25       15,819       .12       7,909       23,728       3,559       27,288         SECTION 2305593 TESTING, ADJUSTING AND BALANCING       SF       .25       15,819       .12       7,909       23,728       3,559       27,288												
SECTION 230550 SEISMIC CONTROL           Seismic Control         64,000         SF         .25         15,819         .12         7,909         23,728         3,559         27,288           SECTION 230593 TESTING, ADJUSTING AND BALANCING  <												
Seismic Control         64,000         SF         .25         15,819         .12         7,909         23,728         3,559         27,288           SECTION 230593 TESTING, ADJUSTING AND BALANCING                        23,728         3,559         27,288	Vibration Isolation	n	64,000	SF	.93	59,321	.19	11,864	71,185	10,678	81,863	
Seismic Control         64,000         SF         .25         15,819         .12         7,909         23,728         3,559         27,288           SECTION 230593 TESTING, ADJUSTING AND BALANCING                        23,728         3,559         27,288	SECTION 230550 SEIS											
SECTION 230593 TESTING, ADJUSTING AND BALANCING			64.000	SE	.25	15.819	.12	7,909	23,728	3.559	27,288	
			0,,000		.25	,0	.12	.,		-,	_,	
Testing, Adjusting and Balancing         64,000         SF         .93         59,321         59,321         8,898         68,219	SECTION 230593 TEST	TING, ADJUSTING AND BALANCING										
	Testing, Adjusting	and Balancing	64,000	SF			.93	59,321	59,321	8,898	68,219	

### mechanical cost opinion

code minimum ventilation - dedicated outside air system - multizone system (425 CFM/classroom)

								wv	vw.hargis.biz	
BASIS OF OPINION Other		PR	EPARED BY	' Brian Cawley, P.I	Ξ.			DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	& PROFIT	15%
		quan	itity	material	cost	labor cos	st	engi	neering opin	ion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
	IECHANICAL INSULATION									
Mechanical Inst										
Piping system ir Fiberglass	nsulation									
3/4" pi	pe, 1-1/2" wall	1,600	LF	2.45	3,915	4.56	7,296	11,212	1,682	12,893
1" pipe	e, 1-1/2" wall	490	LF	2.62	1,284	4.77	2,337	3,621	543	4,164
1-1/4"	pipe, 1-1/2" wall	650	LF	2.85	1,856	5.01	3,253	5,109	766	5,875
1-1/2"	pipe, 1-1/2" wall	0	LF	2.99		5.01				
2" pipe	e, 1-1/2" wall	350	LF	3.30	1,155	5.28	1,847	3,002	450	3,452
2-1/2"	pipe, 1-1/2" wall	300	LF	3.53	1,060	5.56	1,668	2,729	409	3,138
3" pipe	e, 1-1/2" wall	250	LF	3.70	924	5.90	1,474	2,398	360	2,757
4" pipe	e, 1-1/2" wall	140	LF	4.20	588	7.17	1,004	1,592	239	1,831
6" pipe	e, 1-1/2" wall	0	LF	4.98		9.08				
Elastomeric	c									
1" pipe	e, 1" wall	450	LF	4.19	1,885	6.80	3,059	4,944	742	5,686
Duct system ins	sulation									
Duct Wrap		25,488	SF	.23	5,985	2.60	66,149	72,133	10,820	82,954
Duct Liner		10,000	SF	2.94	29,413	6.07	60,680	90,093	13,514	103,607
	OMMISSIONING SUPPORT									
Commissioning	Support - Phased	64,000	SF			.31	19,774	19,774	2,966	22,740
SECTION 230810 SY										
Systems Trainin	ng	64,000	SF	.02	1,582	.19	11,864	13,446	2,017	15,463
	STEM O&M MANUALS									
System O&M N	1anuals	64,000	SF	.02	1,582	.06	3,955	5,537	830	6,367
	UTOMATIC TEMPERATURE CONTROLS									
Automatic Tem	perature Controls	64,000	SF	4.33	276,830	6.18	395,472	672,302	100,845	773,148

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

206.448.3376

### mechanical cost opinion

#### HARGIS 1201 third avenue, ste 600

seattle, washington 98101

code minimum ventilation - dedicated outside air system - multizone system (425 CFM/classroom)

BASIS OF OPINION	Other	PREPARED BY Brian Cawley, P.E.				DATE	Janua	ary 8, 2025		
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD 8	PROFIT	15%
		quan	ıtity	material o	ost	labor cost	i	engi	neering opinio	on
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
	ABLE FREQUENCY DRIVES									
Variable Frequenc										
	y Drives, Enclosed (NEMA 1), 460V									
10 HP		2	EA	3,676.65	7,353	858.92	1,718	9,071	1,361	10,432
SECTION 231123 NAT	URAL GAS PIPING									
Natural Gas Piping										
Seismic Gas Shut-	Off Valve									
Seismic Gas Sl	hut-Off Valve	1	EA	370.76	371	247.17	247	618	93	711
Schedule 40 Black	Steel Piping and Fittings									
3/4", Pipe,stl,	sched 40, thrded, W/cplgs, &hngrs 10' o.c.,blk	40	LF	5.17	207	10.07	403	610	91	701
	50% Fitting cost, 1 per 8 LF	5	/LF	32.75	164	48.61	243	407	61	468
1", Pipe,stl, sc	hed 40, thrded, W/cplgs, & hngrs 10' o.c.,blk	325	LF	5.41	1,759	11.62	3,776	5,535	830	6,365
	50% Fitting cost, 1 per 8 LF	40.625	/LF	39.75	1,615	55.00	2,234	3,849	577	4,427
2", Pipe,stl, sc	hed 40, thrded, W/cplgs, & hngrs 10' o.c.,blk	45	LF	14.77	665	17.30	779	1,443	216	1,660
	50% Fitting cost, 1 per 8 LF	5.625	/LF	38.62	217	80.95	455	673	101	773
Misc. Valves & reg	ulators	3	/LF	370.76	1,112	197.74	593	1,705	256	1,961
SECTION 232113 HYDI	RONIC PIPING SYSTEMS									
Hydronic Water Pi	ping									
Black Steel or	Copper, w/hngrs at 10' OC, welded or brazed									
3/4", Copper,	brazed	1,600	LF	5.55	8,878	11.16	17,856	26,734	4,010	30,744
	Fittings, 1 per 10 LF	160	/LF	4.62	740	52.04	8,327	9,066	1,360	10,426
1", Copper, br	azed	490	LF	8.53	4,178	12.54	6,145	10,324	1,549	11,872
	Fittings, 1 per 10 LF	49	/LF	10.28	504	61.64	3,021	3,524	529	4,053
1-1/4", Coppe	r, brazed	650	LF	14.09	9,158	14.67	9,534	18,691	2,804	21,495
	Fittings, 1 per 10 LF	65	/LF	15.84	1,030	66.96	4,352	5,382	807	6,189
1-1/2", Coppe	r, brazed	240	LF	12.73	3,055	16.37	3,928	6,983	1,047	8,031
	Fittings, 1 per 10 LF	24	/LF	23.09	554	76.52	1,837	2,391	359	2,749
2", Copper, br	azed	350	LF	22.12	7,743	20.19	7,068	14,810	2,222	17,032
	Fittings, 1 per 10 LF	35	/LF	36.30	1,270	88.21	3,088	4,358	654	5,012
2-1/2", Coppe	r, brazed	300	LF	31.51	9,454	27.42	8,226	17,681	2,652	20,333
	Fittings, 1 per 10 LF	30	/LF	80.12	2,404	151.98	4,560	6,963	1,044	8,008

### mechanical cost opinion

ACR Tubing, Copper Type L, 3/4"

ode minimum ve	ntilation - dedicated outside air system	- multizone	e system (	425 CFM/class	sroom)				attle, washington 9 6.448.3376	8101
								wv	vw.hargis.biz	
ASIS OF OPINION	Other	PR	EPARED BY	Brian Cawley, P.E				DATE	Janu	ary 8, 20
OB NUMBER	23100.xx	соѕт	MODEL SF	64000				OVERHEAD &	PROFIT	1
		quantity		material	cost	labor cos	t	engi	neering opini	on
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
3", Steel, weld	ded	250	LF	21.01	5,252	39.54	9,884	15,137	2,271	17,4
	Fittings, 1 per 10 LF	25	/LF	69.83	1,746	333.73	8,343	10,089	1,513	11,0
	Pipe to Pipe Joint, 1 per 10 LF	25	/LF			141.68	3,542	3,542	531	4,(
4", Steel, weld	ded	140	LF	20.82	2,915	45.91	6,428	9,343	1,402	10,
	Fittings, 1 per 10 LF	14	/LF	102.58	1,436	453.83	6,354	7,790	1,168	8,9
	Pipe to Pipe Joint, 1 per 10 LF	14	/LF			170.05	2,381	2,381	357	2,
Expansion Tanks	ng and valves, 1-1/2" & under	68	EA	296.60	20,169	148.30	10,085	30,254	4,538	34,
211 Gallon, Bl	ladder Type, B&G B-800SR	1	EA	8,768.36	8,768	556.13	556	9,324	1,399	10,
Air Separators wit	h flange, removable head									
Combination A	Air Eliminator/Dirt Separator, 6"	1	EA	15,448.13	15,448	1,235.85	1,236	16,684	2,503	19,
CTION 232116 PIPIN	NG SPECIALTIES									
Piping Specialties		1	LS	20,000.00	20,000	6,000.00	6,000	26,000	3,900	29,
CTION 232120 HYDI	RONIC VALVES									
Valves		64,000	SF	.10	6,400	.15	9,600	16,000	2,400	18,
CTION 232123 HYDI	RONIC PUMPS									
Hydronic Pumps										
	d, Close Coupled	-								
	31-2GB 200 gpm @ 125' 15 hp	2	EA	7,349.60	14,699			14,699	2,205	16,
Pump Suction Diff	users, Cast Iron				* * * *	6=6				-
4"		2	EA	1,174.06	2,348	370.76	742	,	463	3,
Pump accessories	3", (2) gate valve(s), balancing valve, check valve,	2	EA	3,577.79	7,156	1,237.70	2,475	9,631	1,445	11,
	RIGERANT PIPING SYSTEMS									
Refrigerant Piping		100	15	4.00		2.00	4	2 220	240	~
	Copper Type L, 3/8"	400	LF	1.93	771	3.89	1,557	2,328	349	2,

50

LF

5.01

250

4.80

240

490

74

564

23

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

# mechanical cost opinion

HARGIS 1201 third avenue, ste 600

code minimum v	ode minimum ventilation - dedicated outside air system - multizone system (425 CFM/classroom)								1201 third avenue, ste 600 seattle, washington 98101 206.448.3376 www.hargis.biz			
BASIS OF OPINION	Other	PF	REPARED B	Y Brian Cawley, P.I	E.			DATE	Janu	iary 8, 2025		
JOB NUMBER	23100.xx	COST	MODEL S	F 64000				OVERHEAD	& PROFIT	15%		
		quar	ntity	material	cost	labor co	st	eng	ineering opin	ion		
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total		
	ATER TREATMENT SYSTEMS											
Water Treatmen												
Chemical Treatm		3,000	GAL	14.21	42,637			42,637	6,396	49,032		
Chemical Pot Fee	eder	1	EA	926.89	927	494.34	494	1,421	213	1,634		
SECTION 233100 AIR												
Air Distribution												
Galvanized Steel	Ductwork, 22 gauge											
Installed at 1	10' to 15'											
Over 50	00lbs	42480	LBS	2.47	104,998	12.36	524,989	629,987	94,498	724,485		
Flexible Ductwo	rk in 5'-0" lengths, 12"dia ave.	200	EA	19.16	3,831	44.49	8,898	12,729	1,909	14,639		
Stainless Steel D	uctwork, 18 gauge, Welded											
1000lbs	to 2000lbs	1500	LBS	4.94	7,415	14.83	22,245	29,660	4,449	34,109		
Silencers		8	EA	4,325.48	34,604	1,235.85	9,887	44,491	6,674	51,164		
SECTION 233300 AIR	R DISTRIBUTION ACCESSORIES											
Air Distribution A	Accessories											
Volume Damper	s and Quadrants											
12x12		100	EA	48.82	4,882	28.42	2,842	7,724	1,159	8,883		
24x24		100	EA	140.89	14,089	74.15	7,415	21,504	3,226	24,729		
VAV Terminal Ur	nits, HW Reheat											
6" Inlet		17	EA	970.14	16,492	118.02	2,006	18,499	2,775	21,274		
8" Inlet		3	EA	970.14	2,910	118.02	354	3,264	490	3,754		
10" Inlet		17	EA	970.14	16,492	118.02	2,006	18,499	2,775	21,274		
12" Inlet		14	EA	1,001.04	14,015	118.02	1,652	15,667	2,350	18,017		

mechanical cost opinion

HARGIS 1201 third avenue, ste 600

seattle, washington 98101

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code minimum ventilation - dedicated outside air system - multizone system (425 CFM/classroom)

BASIS OF OPINION	Other	PR	EPARED BY	/ Brian Cawley, P.I	E.			DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SE	64000				OVERHEAD &	& PROFIT	15%
		quar	itity	material	cost	labor cos	t	engi	neering opin	ion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
	DISTRIBUTION EQUIPMENT									
Air Distribution Ec										
0	s, Budget from Manufacturer	1	LS	596,590.91	596,591	74,151.00	74,151	670,742	100,611	771,353
Centrifigal Fans										
	ugal, supply/exhaust booster	<u>_</u>							4 070	
,	, 10" Diameter Connection	3	EA	1,946.46	5,839	451.09	1,353	7,193	1,079	8,272
,	M, 12" Diameter Connection	3	EA	1,977.36	5,932	673.54	2,021	7,953	1,193	9,146
1,520 CFI	M, 16" Diameter Connection	1	EA	2,039.15	2,039	673.54	674	2,713	407	3,120
Roof Mounted Up	bblast - Kitchen 2000 cfm 3/4 HP	2	LS	3,089.63	6,179	270.65	541	6,721	1,008	7,729
SECTION 233700 AIR	DEVICES									
Air Devices		64,000	SF	1.85	118,642	.93	59,321	177,962	26,694	204,657
Large Return	Grilles 48x36	4	EA	263.24	1,053	53.76	215	1,268	190	1,458
Louvers		325	SF	247.17	80,330	29.66	9,640	89,970	13,495	103,465
SECTION 234100 FILT	ERS									
Filters, Panel Type	e, Spare	508	SF	33.99	17,265			17,265	2,590	19,855
SECTION 235100 FLUI	ES AND STACKS									
Flues and Stacks,	per Boiler									
Flues and Stacks,	per Boiler, AL294C	2	EA	18,537.75	37,076	1,853.78	3,708	40,783	6,117	46,901
SECTION 235200 BOIL	LERS									
Boilers										
Heating water boi	iler, condensing									
2000 MBH		2	LS	74,151.00	148,302	6,179.25	12,359	160,661	24,099	184,760
Condensate Neut	ralization Tube	2	EA	308.96		50.00	100	100	15	115

### mechanical cost opinion

HARGIS 1201 third avenue, ste 600

code minimum ve	entilation - dedicated outside air system			attle, washington 6.448.3376	98101					
								w	ww.hargis.biz	
BASIS OF OPINION	Other	PF	REPARED BY	/ Brian Cawley, P.	.E.			DATE	Jan	uary 8, 2025
JOB NUMBER	23100.xx	COST MODEL SF 64000						OVERHEAD &	& PROFIT	15%
		quar	ntity	material	cost	labor co	ost	engi	neering opin	nion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 238100 PACK	KAGED HVAC EQUIPMENT									
Packaged HVAC Eq	quipment									
Outdoor Condensi	ing Unit	1	LS	37,075.50	37,076	6,179.25	6,179	43,255	6,488	49,743
1.5 Ton - Ductless	Indoor Evap. with Matching Outdoor Cond. Unit	2	EA	3,707.55	7,415	1,853.78	3,708	11,123	1,668	12,791
Condensate Pan P	'ump	2	EA	247.17	494	123.59	247	742	111	853
SECTION 238200 TERN	MINAL HEAT TRANSFER EQUIPMENT									
Terminal Heat Trai	insfer Equipment									
Hydronic Fin Tube	2 Units	17	EA	2,039.15	34,666	803.30	13,656	48,322	7,248	55,570
Electric Unit Heate	er, Commercial, 1.5 kW	14	EA	244.70	3,426	95.78	1,341	4,767	715	5,482
Electric Cabinet He	eater, 5 kw	4	EA	2,966.04	11,864	131.00	524	12,388	1,858	14,246
Total Mechanical (Divi	/ision 23)				1,950,469	656,922	1,884,879	3,835,347	575,302	4,410,649

June 2025

### 3. 150% Code Minimum Ventilation - Dedicated Outside Air System - Multizone System (635 CFM/Classroom)

	nechanical <b>cost opinion</b> 50% code minimum ventilation - dedicated outside air system - multizone system (635 CFM/classroom)									<b>I S</b> te 600 98101
BASIS OF OPINION	Other	PI	REPARED BY	Brian Cawley, P.I				DATE	vw.hargis.biz Janu	ary 8, 2025
JOB NUMBER	23100.xx		MODEL SF					OVERHEAD 8		15%
JOD HOMPEN	25100.00	quai		material	cost	labor cos	+		neering opini	
DIVISION 23	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 230500 GEN	ERAL PROVISIONS									
	ization, Submittals, Bond Cranes, Rentals Etc.	64,000 60 70 1	SF WKS WKS LS			.49 1,235.85 1,483.02 14,830.20	31,638 74,151 103,811 14,830	31,638 74,151 103,811 14,830	4,746 11,123 15,572 2,225	36,383 85,274 119,383 17,055
	JECT CLOSEOUT AND SYSTEM START UP and System Start Up	64,000	SF			.19	11,864	11,864	1,780	13,644
SECTION 230510 BASI Basic Materials an	C MATERIALS AND METHODS ad Methods	64,000	SF			.62	39,547	39,547	5,932	45,479
SECTION 230512 INDO Indoor Air Quality	DOR AIR QUALITY - HVAC - HVAC	64,000	SF			.06	3,955	3,955	593	4,548
SECTION 230513 ELEC Electrical Provision		64,000	SF			.25	15,819	15,819	2,373	18,192
SECTION 230548 VIBR Vibration Isolation		64,000	SF	.93	59,321	.19	11,864	71,185	10,678	81,863
SECTION 230550 SEISI Seismic Control	MIC CONTROL	64,000	SF	.25	15,819	.12	7,909	23,728	3,559	27,288
SECTION 230593 TEST Testing, Adjusting	TING, ADJUSTING AND BALANCING and Balancing	64,000	SF			.93	59,321	59,321	8,898	68,219

### mechanical cost opinion

Automatic Temperature Controls

150% code minimum ventilation - dedicated outside air system - multizone system (635 CFM/classroom)

								ww	w.hargis.biz	
BASIS OF OPINION	Other		PREPARED B	Y Brian Cawley, P.I	Ξ.			DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	СС	ST MODEL S	<b>F</b> 64000				OVERHEAD &	ROFIT	15%
		q	uantity	material	cost	labor cos	t	engi	neering opin	ion
	description	numbe	r unit	unit cost	total	unit cost	total	subtotal	OH&P	total
	CHANICAL INSULATION									
Mechanical Insula										
Piping system ins	ulation									
Fiberglass	4.4.(2)	1 200		2.45	2.026	4.50	F 473	0.400	1 261	0.670
	e, 1-1/2" wall	1,200	LF	2.45	2,936	4.56	5,472	8,409	1,261	9,670
	L-1/2" wall	490	LF	2.62	1,284	4.77	2,337	3,621	543	4,164
	pe, 1-1/2" wall	650	LF	2.85	1,856	5.01	3,253	5,109	766	5,875
	pe, 1-1/2" wall	0	LF	2.99	000	5.01	1 500	2 572	200	2.050
	L-1/2" wall	300	LF	3.30	990	5.28	1,583	2,573	386	2,959
, , ,	pe, 1-1/2" wall	270	LF	3.53	954	5.56	1,502	2,456	368	2,824
	L-1/2" wall	400	LF	3.70	1,478	5.90	2,358	3,836	575	4,411
	L-1/2" wall	200	LF	4.20	840	7.17	1,434	2,274	341	2,615
	L-1/2" wall	0	LF	4.98		9.08				
Elastomeric										
1" pipe, 1		450	LF	4.19	1,885	6.80	3,059	4,944	742	5,686
Duct system insul	lation									
Duct Wrap		28,674		.23	6,733	2.60	74,417	81,150	12,173	93,323
Duct Liner		10,000	SF	2.94	29,413	6.07	60,680	90,093	13,514	103,607
SECTION 230800 CON	/IMISSIONING SUPPORT									
Commissioning St	upport	64,000	SF			.31	19,774	19,774	2,966	22,740
SECTION 230810 SYST	TEMS TRAINING									
Systems Training		64,000	SF	.02	1,582	.19	11,864	13,446	2,017	15,463
SECTION 230820 SYST	TEM O&M MANUALS									
System O&M Mar	nuals	64,000	SF	.02	1,582	.06	3,955	5,537	830	6,367
SECTION 230900 AUT	OMATIC TEMPERATURE CONT	TROLS								

64,000

SF

4.33

276,830

6.18

395,472

672,302

100,845

773,148

Appendices

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

206.448.3376

### mechanical cost opinion

150% code minimum ventilation - dedicated outside air system - multizone system (635 CFM/classroom)

								ww	w.hargis.biz	
BASIS OF OPINION	Other	PF	REPARED BY	/ Brian Cawley, P.E				DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	ROFIT	15%
		quar	ntity	material	cost	labor cos	t	engi	neering opini	on
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
	IABLE FREQUENCY DRIVES									
Variable Frequenc										
	y Drives, Enclosed (NEMA 1), 460V	2	ΓA	2.676.65	7 252	050.03	1 710	0.071	1 201	10 422
10 HP		2	EA	3,676.65	7,353	858.92	1,718	9,071	1,361	10,432
SECTION 231123 NAT	URAL GAS PIPING									
Natural Gas Piping	5									
Seismic Gas Shut-	Off Valve									
Seismic Gas S		1	EA	370.76	371	247.17	247	618	93	711
	Steel Piping and Fittings									
3/4", Pipe,stl,	sched 40, thrded, W/cplgs, &hngrs 10' o.c.,blk	40	LF	5.17	207	10.07	403	610	91	701
	50% Fitting cost, 1 per 8 LF	5	/LF	32.75	164	48.61	243	407	61	468
1", Pipe,stl, sc	hed 40, thrded, W/cplgs, & hngrs 10' o.c.,blk	325	LF	5.41	1,759	11.62	3,776	5,535	830	6,365
	50% Fitting cost, 1 per 8 LF	40.625	/LF	39.75	1,615	55.00	2,234	3,849	577	4,427
2", Pipe,stl, sc	hed 40, thrded, W/cplgs, & hngrs 10' o.c.,blk	45	LF	14.77	665	17.30	779	1,443	216	1,660
	50% Fitting cost, 1 per 8 LF	5.625	/LF	38.62	217	80.95	455	673	101	773
Misc. Valves & reg	gulators	3	/LF	370.76	1,112	197.74	593	1,705	256	1,961
SECTION 232113 HYD	RONIC PIPING SYSTEMS									
Hydronic Water Pi	iping									
Black Steel or	Copper, w/hngrs at 10' OC, welded or brazed									
3/4", Copper,	brazed	1,200	LF	5.55	6,659	11.16	13,392	20,050	3,008	23,058
	Fittings, 1 per 10 LF	120	/LF	4.62	555	52.04	6,245	6,800	1,020	7,820
1", Copper, br	azed	490	LF	8.53	4,178	12.54	6,145	10,324	1,549	11,872
	Fittings, 1 per 10 LF	49	/LF	10.28	504	61.64	3,021	3,524	529	4,053
1-1/4", Coppe	er, brazed	650	LF	14.09	9,158	14.67	9,534	18,691	2,804	21,495
	Fittings, 1 per 10 LF	65	/LF	15.84	1,030	66.96	4,352	5,382	807	6,189
1-1/2", Coppe	r, brazed	240	LF	12.73	3,055	16.37	3,928	6,983	1,047	8,031
	Fittings, 1 per 10 LF	24	/LF	23.09	554	76.52	1,837	2,391	359	2,749
2", Copper, br	azed	300	LF	22.12	6,637	20.19	6,058	12,695	1,904	14,599
	Fittings, 1 per 10 LF	30	/LF	36.30	1,089	88.21	2,646	3,735	560	4,296
2-1/2", Coppe	er, brazed	270	LF	31.51	8,509	27.42	7,404	15,913	2,387	18,299
	Fittings, 1 per 10 LF	27	/LF	80.12	2,163	151.98	4,104	6,267	940	7,207

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

206.448.3376

### mechanical cost opinion

HARGIS 1201 third avenue, ste 600

seattle, washington 98101

150% code minimum ventilation - dedicated outside	e air system - multizone system (	635 CFM/classroom)
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									BISIDIE .	
BASIS OF OPINION	Other	PF	REPARED BY	Brian Cawley, P.E				DATE January 8, 202		
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	ROFIT	15%
		quar	ntity	material	cost	labor cos	t	engi	neering opini	on
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
3", Steel, we	elded	400	LF	21.01	8,404	39.54	15,815	24,219	3,633	27,852
	Fittings, 1 per 10 LF	40	/LF	69.83	2,793	333.73	13,349	16,142	2,421	18,564
	Pipe to Pipe Joint, 1 per 10 LF	40	/LF			141.68	5,667	5,667	850	6,517
4", Steel, we	elded	200	LF	20.82	4,165	45.91	9,183	13,348	2,002	15,350
	Fittings, 1 per 10 LF	20	/LF	102.58	2,052	453.83	9,077	11,128	1,669	12,797
	Pipe to Pipe Joint, 1 per 10 LF	20	/LF			170.05	3,401	3,401	510	3,911
VAV Run out pip	ping and valves, 1-1/2" & under	68	EA	296.60	20,169	148.30	10,085	30,254	4,538	34,792
Expansion Tanks	S									
211 Gallon,	Bladder Type, B&G B-800SR	1	EA	8,768.36	8,768	556.13	556	9,324	1,399	10,723
Air Separators w	vith flange, removable head									
Combinatio	n Air Eliminator/Dirt Separator, 6"	1	EA	15,448.13	15,448	1,235.85	1,236	16,684	2,503	19,187
SECTION 232116 PIF										
Piping Specialtie	25	1	LS	20,000.00	20,000	6,000.00	6,000	26,000	3,900	29,900
SECTION 232120 HY	DRONIC VALVES	64.000	SF	10	6 400	15	0.000	16.000	2 400	10,400
Valves		64,000	SF	.10	6,400	.15	9,600	16,000	2,400	18,400
SECTION 232123 HY										
Hydronic Pumps										
, ,	ted, Close Coupled									
	.531-2GB 200 gpm @ 125' 15 hp	2	EA	7,349.60	14,699			14,699	2,205	16,904
	liffusers, Cast Iron	2	LA	7,549.00	14,099			14,099	2,205	10,904
4"	inusers, cast non	2	EA	1,174.06	2,348	370.76	742	3,090	463	3,553
•	es 3", (2) gate valve(s), balancing valve, check valve,	2	EA	3,577.79	7,156	1,237.70	2,475	9,631	1,445	11,076
Fullp accessorie		2	LA	3,377.73	7,150	1,237.70	2,475	9,031	1,440	11,070
SECTION 232300 RE	FRIGERANT PIPING SYSTEMS									
Refrigerant Pipir										
0	, Copper Type L, 3/8"	400	LF	1.93	771	3.89	1,557	2,328	349	2,678
-	, Copper Type L, 3/4"	50	LF	5.01	250	4.80	240	490	74	564
	·									•

### mechanical cost opinion

150% code minimum ventilation - dedicated outside air system - multizone system (635 CFM/classroom)

								~~~	w.nargis.biz	
BASIS OF OPINION	Other	PR	EPARED BY	/ Brian Cawley, P.E	Ξ.			DATE	Janu	iary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	ROFIT	15%
		quan	tity	material	cost	labor cos	st	engi	neering opin	ion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 232500 WAT	FER TREATMENT SYSTEMS									
Water Treatment	Systems									
Chemical Treatme	ent	3,000	GAL	14.21	42,637			42,637	6,396	49,032
Chemical Pot Feed	der	1	EA	926.89	927	494.34	494	1,421	213	1,634
SECTION 233100 AIR I	DISTRIBUTION									
Air Distribution										
	Ductwork, 22 gauge									
Installed at 10										
Over 5000		47790	LBS	2.47	118,123	12.36	590,613	708,735	106,310	815,046
	in 5'-0" lengths, 12"dia ave.	200	EA	19.16	3,831	44.49	8,898	12,729	1,909	14,639
	ctwork, 18 gauge, Welded									
1000lbs to	o 2000lbs	1500	LBS	4.94	7,415	14.83	22,245	29,660	4,449	34,109
Silencers		8	EA	4,325.48	34,604	1,235.85	9,887	44,491	6,674	51,164
Air Distribution Ac	DISTRIBUTION ACCESSORIES									
Volume Dampers										
12x12		100	EA	48.82	4,882	28.42	2,842	7,724	1,159	8,883
24x24		100	EA	48.82	4,082	74.15	2,842 7,415	21,504	3,226	24,729
VAV Terminal Unit	to HW Rohoot	100	LA	140.69	14,009	/4.15	7,415	21,504	5,220	24,729
6" Inlet	IS, HWY REHEAL	17	EA	970.14	16,492	118.02	2,006	18,499	2,775	21,274
8" Inlet		3	EA	970.14 970.14	2,910	118.02	2,006	3,264	490	3,754
10" Inlet		0	EA	970.14 970.14	2,910	118.02	554	3,204	490	5,754
10 met 12" Inlet		31	EA		21.022	118.02	2 650	24 601	E 204	20.905
12 Iniet		31	EA	1,001.04	31,032	118.02	3,659	34,691	5,204	39,895

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

### mechanical cost opinion

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

150% code minimum ventilation - dedicated outside air system - mult	tizone system (635 CFM/classroom)
---------------------------------------------------------------------	-----------------------------------

BASIS OF OPINION	Other	PR	PREPARED BY Brian Cawley, P.E.					DATE		January 8, 2025	
JOB NUMBER	23100.xx	COSTI	COST MODEL SF 64000					OVERHEAD & PROFIT		15%	
		quan	quantity		material cost		t	engineering op		ion	
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total	
SECTION 233400 AIR D	DISTRIBUTION EQUIPMENT										
Air Distribution Eq	uipment										
Air Handling Units	, Budget from Manufacturer	1	LS	675,000.00	675,000	74,151.00	74,151	749,151	112,373	861,524	
Centrifigal Fans											
	igal, supply/exhaust booster										
500 CFM,	10" Diameter Connection	3	EA	1,946.46	5,839	451.09	1,353	7,193	1,079	8,272	
1,380 CFN	I, 12" Diameter Connection	3	EA	1,977.36	5,932	673.54	2,021	7,953	1,193	9,146	
1,520 CFN	Л, 16" Diameter Connection	1	EA	2,039.15	2,039	673.54	674	2,713	407	3,120	
Roof Mounted Up	Roof Mounted Upblast - Kitchen 2000 cfm 3/4 HP		LS	3,089.63	6,179	270.65	541	6,721	1,008	7,729	
SECTION 233700 AIR D	DEVICES										
Air Devices	Air Devices		SF	1.85	118,642	.93	59,321	177,962	26,694	204,657	
Large Return (	Grilles 48x36	4	EA	263.24	1,053	53.76	215	1,268	190	1,458	
Louvers		325	SF	247.17	80,330	29.66	9,640	89,970	13,495	103,465	
SECTION 234100 FILTE	RS										
Filters, Panel Type	, Spare	508	SF	33.99	17,265			17,265	2,590	19,855	
SECTION 235100 FLUE	S AND STACKS										
Flues and Stacks, per Boiler											
Flues and Stacks, p	per Boiler, AL294C	2	EA	18,537.75	37,076	1,853.78	3,708	40,783	6,117	46,901	
SECTION 235200 BOIL	ERS										
Boilers											
Heating water boil	ler, condensing										
2500 MBH			LS	81,566.10	163,132	6,179.25	12,359	175,491	26,324	201,814	
Condensate Neutralization Tube		2	EA	308.96		50.00	100	100	15	115	

### mechanical cost opinion

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

BASIS OF OPINION	Other	PREPARED BY Brian Cawley, P.E.					DATE	Jan	uary 8, 2025		
JOB NUMBER	23100.xx	COST MODEL SF 64000					OVERHEAD & PROFIT		15%		
		quantity		material cost		labor cost		engineering opi		nion	
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total	
SECTION 238100 PACKAGED HVAC EQUIPMENT											
Packaged HVAC Equipment											
Outdoor Condensing Unit		1	LS	37,075.50	37,076	6,179.25	6,179	43,255	6,488	49,743	
1.5 Ton - Ductless Indoor Evap. with Matching Outdoor Cond. Unit		2	EA	3,707.55	7,415	1,853.78	3,708	11,123	1,668	12,791	
Condensate Pan Pump		2	EA	247.17	494	123.59	247	742	111	853	
SECTION 238200 TERM	INAL HEAT TRANSFER EQUIPMENT										
Terminal Heat Tran	sfer Equipment										
Hydronic Fin Tube l	Hydronic Fin Tube Units		EA	2,039.15	34,666	803.30	13,656	48,322	7,248	55,570	
Electric Unit Heater, Commercial, 1.5 kW		14	EA	244.70	3,426	95.78	1,341	4,767	715	5,482	
Electric Cabinet Hea	ater, 5 kw	4	EA	2,966.04	11,864	131.00	524	12,388	1,858	14,246	
Total Mechanical (Division 23)					2,058,849	656,922	1,968,115	4,026,964	604,045	4,631,008	

June 2025

### 4. Existing Building - Dedicated Outside Air System - Single Zone

### mechanical cost opinion

existing building - dedicated outside air system - single zone

### HARGIS

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									ww.margis.biz	
ASIS OF OPINION	Other	PR	PREPARED BY Brian Cawley, P.E.						Janu	nuary 8, 202 159
OB NUMBER	23100.xx	COST	COST MODEL SF 64000					OVERHEAD & PROFIT		
		quan	quantity		cost	labor cost		engineering opi		nion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
DIVISION 23										
ECTION 230500 GEN	ERAL PROVISIONS									
General Provision										
	ization, Submittals, Bond	64,000	SF			.12	7,909	7,909	1,186	9,0
Foreman / Non La	cranes, Rentals Etc.	12	WKS			1,235.85	14,830	14,830	2,225	17,0
Foreman / Non La	DOF	12	WKS			1,235.85	14,830	14,830	2,225	17,0
	IECT CLOSEOUT AND SYSTEM START I									
Project Closeout a	ind System Start Up	64,000	SF			.06	3,955	3,955	593	4,
ECTION 230510 BASI	C MATERIALS AND METHODS									
Basic Materials an	d Methods	64,000	SF			.19	11,864	11,864	1,780	13,
ECTION 230513 ELEC	TRICAL PROVISIONS									
Electrical Provisio		64,000	SF			.93	59,321	59,321	8,898	68,
ECTION 230548 VIBR										
Vibration Isolation		64,000	SF	.06	3,955	.06	3,955	7,909	1,186	9,0
ECTION 230550 SEISI										
Seismic Control		64,000	SF	.06	3,955	.06	3,955	7,909	1,186	9,0
ECTION 230593 TEST	ING, ADJUSTING AND BALANCING									
Testing, Adjusting		64,000	SF			.43	27,683	27,683	4,152	31,
ECTION 230700 MEC	HANICAL INSULATION									
Mechanical Insula										
Duct system insula	ation									
Duct Wrap		3,186	SF	.23	748	2.60	8,269	9,017	1,353	10,
Duct Liner		1,000	SF	2.94	2,941	6.07	6,068	9,009	1,351	10,

# mechanical cost opinion

1201 third avenue, ste 600 seattle, washington 98101 206.448.3376

www.hargis.biz

existing building - dedicated outside air system - single zone

BASIS OF OPINION	Other	PREPARED BY Brian Cawley, P.E.					DATE		January 8, 2025	
JOB NUMBER	23100.xx	COST MODEL SF 64000					OVERHEAD & PROFIT		15%	
		quantity		material cost		labor cost		engineering opi		ion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 230800 COMMIS Commissioning Suppo		64,000	SF			.19	11,864	11,864	1,780	13,644
SECTION 230810 SYSTEM Systems Training	IS TRAINING	64,000	SF	.06	3,955	.06	3,955	7,909	1,186	9,096
SECTION 230820 SYSTEM System O&M Manual		64,000	SF	.06	3,955	.06	3,955	7,909	1,186	9,096
SECTION 230900 AUTOMATIC TEMPERATURE CONTROLS Automatic Temperature Controls		64,000	SF	.62	39,547	.62	39,547	79,094	11,864	90,959
SECTION 233100 AIR DISTRIBUTION Air Distribution Galvanized Steel Ductwork, 22 gauge Installed at 10' to 15' Over 5000lbs		5310	LBS	2.47	13,125	12.36	65,624	78,748	11,812	90,561
SECTION 233400 AIR DIST Air Distribution Equip High Efficiency Heat R	ment	17	EA	21,071.24	358,211	4,943.40	84,038	442,249	66,337	508,586
SECTION 233700 AIR DEV Air Devices Large Return Grill		64,000	SF EA	.25 263.24	15,819	.12 53.76	7,909	23,728	3,559	27,288
Louvers SECTION 234100 FILTERS		76.2	SF	247.17	18,834	29.66	2,260	21,094	3,164	24,259
Filters, Panel Type, Sp		130	SF	33.99	4,403			4,403	660	5,063
Total Mechanical (Divisio	n 23)				470,826	622,190	384,994	855,820	128,373	984,193

# **Board of Health Legislative Report** WAC 246-370 School Environmental Health and Safety Rule

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### 5. Existing Building - Controls Modification - Multizone VAV System

# mechanical cost opinion

### HARGIS

1201 third avenue, ste 600 seattle, washington 98101 existing building - controls modification - multizone vav system 206.448.3376 www.hargis.biz BASIS OF OPINION PREPARED BY Brian Cawley, P.E. DATE January 8, 2025 Other COST MODEL SF 64000 JOB NUMBER 23100.xx **OVERHEAD & PROFIT** 15% labor cost quantity material cost engineering opinion description number unit cost total unit cost total subtotal OH&P unit total **DIVISION 23** SECTION 230500 GENERAL PROVISIONS General Provisions 64,000 SF Permit, Mobilization, Submittals, Bond .11 7,040 7,040 1,056 8,096 Trailer, Services, Cranes, Rentals Etc. 12 WKS 550.00 6,600 6,600 990 7,590 Foreman / Non Labor 12 WKS 550.00 6,600 6,600 990 7,590 SECTION 230505 PROJECT CLOSEOUT AND SYSTEM START UP Project Closeout and System Start Up 64,000 SF .06 3,520 3,520 528 4,048 SECTION 230510 BASIC MATERIALS AND METHODS Basic Materials and Methods 64,000 SF .06 3,520 3,520 528 4,048 SECTION 230513 ELECTRICAL PROVISIONS Electrical Provisions 64,000 SF .28 17,600 17,600 20,240 2,640 SECTION 230593 TESTING, ADJUSTING AND BALANCING Testing, Adjusting and Balancing SF 64,000 .66 42,240 42,240 6,336 48,576 SECTION 230800 COMMISSIONING SUPPORT Commissioning Support 64,000 SF 28,160 32,384 .44 28,160 4,224 SECTION 230810 SYSTEMS TRAINING Systems Training 64,000 SF .06 3.520 .06 3,520 7,040 1.056 8,096 SECTION 230900 AUTOMATIC TEMPERATURE CONTROLS Automatic Temperature Controls 64,000 SF 1.65 105,600 .55 35.200 140,800 21.120 161.920

Total Mechanical (Division 23)	110,348	553,671	156,851	267,199	40,080	307,279

# Board of Health Legislative Report WAC 246-370 School Environmental Health and Safety Rule

June 2025

# 6. Existing Building - Controls Modification - CO<sub>2</sub> Sensors

## mechanical cost opinion

existing building -	controls modification - CO2 se	nsors						sea	1 third avenue, st ttle, washington 9 .448.3376	
								ww	w.hargis.biz	
BASIS OF OPINION	Other	PR	EPARED BY	' Brian Cawley, P.	Ε.			DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	PROFIT	15%
		quan	tity	material	cost	labor cost	t	engir	neering opini	ion
DIVISION 23	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 230500 GENE	RAL PROVISIONS									
General Provisions										
Permit, Mobili	zation, Submittals, Bond	64,000	SF			.11	7,040	7,040	1,056	8,096
Trailer, Services, Cr	-	12	WKS			550.00	6,600	6,600	990	7,590
Foreman / Non Lab	oor	12	WKS			550.00	6,600	6,600	990	7,590
SECTION 230505 PROJ	ECT CLOSEOUT AND SYSTEM START I	JP								
Project Closeout ar	nd System Start Up	64,000	SF			.06	3,520	3,520	528	4,048
	C MATERIALS AND METHODS									
Basic Materials and	d Methods	64,000	SF			.06	3,520	3,520	528	4,048
SECTION 230513 ELECT										
Electrical Provision	S	64,000	SF			.28	17,600	17,600	2,640	20,240
SECTION 230593 TESTI Testing, Adjusting a	NG, ADJUSTING AND BALANCING	64,000	SF			.83	52,800	52,800	7,920	60,720
	-	04,000	10			.05	52,800	52,800	7,920	00,720
SECTION 230800 COM		64,000	SF			.44	28,160	28,160	4,224	32,384
	oport	04,000	31			.++	28,100	20,100	4,224	52,564
SECTION 230810 SYSTE	EMS TRAINING									
Systems Training		64,000	SF	.06	3,520	.06	3,520	7,040	1,056	8,096
SECTION 230900 AUTO	OMATIC TEMPERATURE CONTROLS									
Automatic Temper	ature Controls	64,000	SF	2.75	176,000	1.10	70,400	246,400	36,960	283,360
Total Mechanical (Divi	sion 23)				180,748	553,671	202,611	383,359	57,504	440,863

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# Board of Health Legislative Report WAC 246-370 School Environmental Health and Safety Rule

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Unit Cost per Sensor

# mechanical cost opinion

existing building -	controls modification - CO2 sensors							sea 20	attle, washington 9 6.448.3376	
BASIS OF OPINION	Other	DE		Brian Cawley, I				DATE	ww.hargis.biz	iary 8, 2025
DASIS OF OF IMION	ourci							DATE	June	ury 0, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	64000				OVERHEAD &	& PROFIT	15%
		quar	ntity	materia	al cost	labor co			neering opin	ion
DIVISION 23	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 230500 GEN	ERAL PROVISIONS									
General Provisions										
	ization, Submittals, Bond	64,000 12	SF WKS			.11	7,040	7,040	1,056	8,096
Foreman / Non La	iranes, Rentals Etc. hor	12	WKS			550.00	6,600	6,600	990	7,590
forchidity Non Ed		14	VVII.D			330.00	0,000	0,000	550	,,550
	IECT CLOSEOUT AND SYSTEM START UP									
Project Closeout a	ind System Start Up	64,000	SF			.06	3,520	3,520	528	4,048
SECTION 230510 BASI	C MATERIALS AND METHODS									
Basic Materials an		64,000	SF			.06	3,520	3,520	528	4,048
		-								
SECTION 230513 ELEC										
Electrical Provision	ns	64,000	SF			.11	7,040	7,040	1,056	8,096
SECTION 230593 TEST	ING, ADJUSTING AND BALANCING									
Testing, Adjusting	•	64,000	SF							
	IMISSIONING SUPPORT	64.000	6F			06	2 520	2 5 2 0	530	4.040
Commissioning Su	pport	64,000	SF			.06	3,520	3,520	528	4,048
SECTION 230810 SYST	EMS TRAINING									
Systems Training		64,000	SF			.06	3,520	3,520	528	4,048
										_
SECTION 230900 AUT Automatic Tempe	OMATIC TEMPERATURE CONTROLS	64,000	SF	.55	35,200	.55	35,200	70,400	10,560	80,960
Automatic rempe		04,000	اد		55,200		55,200	70,400	10,500	80,500
Total Mechanical (Div	ision 23)				36,428	553,395	72,811	109,239	16,386	125,625

Appendices

HARGIS 1201 third avenue, ste 600

# WAC 246-370 School Environmental Health and Safety Rule

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## 7. Existing Building - Test & Balance

mechanical cost opinion							н	I A R G	15
existing building - test & balance							se 20	201 third avenue, st eattle, washington 9 06.448.3376 ww.hargis.biz	
BASIS OF OPINION Other	PREF	PARED BY	Brian Cawley, P.	E.			DATE	Janu	ary 8, 2025
JOB NUMBER 23100.xx	COST M	ODEL SF	64000				OVERHEAD	& PROFIT	15%
	quanti	ty	material	cost	labor co	st	eng	ineering opini	ion
description DIVISION 23	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
SECTION 230500 GENERAL PROVISIONS									
General Provisions Permit, Mobilization, Submittals, Bond	64,000	SF			.05	3,200	3,200	480	3,680
SECTION 230510 BASIC MATERIALS AND METHODS									
Basic Materials and Methods	64,000	SF			.05	3,200	3,200	480	3,680
SECTION 230593 TESTING, ADJUSTING AND BALANCING									
Testing, Adjusting and Balancing	64,000	\$F			.50	32,000	32,000	4,800	36,800
SECTION 230900 AUTOMATIC TEMPERATURE CONTROLS									
Automatic Temperature Controls	64,000	SF			.05	3,200	3,200	480	3,680
Total Mechanical (Division 23)				1,116	503,688	44,192	45,308	6,796	52,104

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# 8. Existing Building - Filters

mechanical	cost opinion								F	I A R G	I S
existing building -	filters								se	201 third avenue, st eattle, washington 9 06.448.3376	
									w	ww.hargis.biz	
BASIS OF OPINION	Other		PRE	PARED B	Y Brian Cawley, P.E				DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx		COST	/IODEL S	F NA				OVERHEAD	& PROFIT	25%
			quant	ity	material	cost	labor	cost	eng	ineering opin	ion
SECTION 234100 FILTE	description RS	nı	mber	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
Filters, Panel Type,	, MERV 8 per classroom, 3 Sets Filters	1	2.00	SF	5.09	61			61	15	76
Filters, Panel Type	, MERV 13 per classroom, 3 Sets Filters	1	2.00	SF	9.11	109			109	27	137
MERV 8 cost per b	uilding SF (based on 900 SF classroom)	\$	0.09	/SF	Assumes minimu	m 12 filter o	order, and 3 sets	of filters per	year.		
MERV 13 cost per	building SF (based on 900 SF classroom)	\$	0.16	/SF	Assumes minimu	m 12 filter o	order, and 3 sets	of filters per	year.		
	Price Delta	\$	0.07								
Filters, Panel Type	, MERV 8 per classroom, 4 Sets Filters	1	6.00	SF	5.09	81			81	20	102
Filters, Panel Type	, MERV 13 per classroom, 4 Sets Filters	1	6.00	SF	9.11	146			146	36	182
MERV 8 cost per b	uilding SF (based on 900 SF classroom)	\$	0.12	/SF	Assumes minimu	m 12 filter c	order, and 4 sets	of filters per	year.		
MERV 13 cost per	building SF (based on 900 SF classroom)	\$	0.22	/SF	Assumes minimu	m 12 filter c	order, and 4 sets	of filters per	year.		
	Price Delta	\$	0.10								
Utility Cost Delta Per yearly BIN Calc	culation with typical K-12 usage profile for 111	1.000 SE	school:		\$ 0.02 /	YR					
i ci yeariy bili cale		.,			÷ 0.02 /						

# WAC 246-370 School Environmental Health and Safety Rule

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## 9. Existing Building - Guard Rail System

# mechanical cost opinion

existing building -	guard rail system							sea	01 third avenue, st attle, washington 9 6.448.3376	
								wv	ww.hargis.biz	
BASIS OF OPINION	Other	F	REPARED BY	/ Brian Cawley, P.I	E.			DATE	Janu	ary 8, 2025
JOB NUMBER	23100.xx	cos	T MODEL SI	64000				OVERHEAD 8	& PROFIT	15%
		qu	antity	material	cost	labor co:	st	engi	neering opini	ion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
C2010 Guardrail System	m									
Guardrail (without	Handrail)									
40" Rail, intern	neidate bar, without Handrail	1	LF	154.00	154	150.00	150	304	46	350

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# WAC 246-370 School Environmental Health and Safety Rule

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### 10. Emergency Eyewash

Hose bibb, Interior and Exterior

Thermostatic mixing valves

Drain for Emergency Shower

Point of Use TMV

Subtotal Division 22

# mechanical cost opinion

#### 206.448.3376 www.hargis.biz BASIS OF OPINION Other PREPARED BY Brian Cawley, P.E. DATE January 8, 2025 JOB NUMBER 23100.xx COST MODEL SF NA **OVERHEAD & PROFIT** 15% quantity material cost labor cost engineering opinion description number unit cost total unit cost total subtotal OH&P total unit **DIVISION 22** SECTION 224000 PLUMBING FIXTURES **Plumbing Fixtures** Fixtures (Includes faucet, fittings, piping & insulation to clg) Water Closets, wall mounted with carrier, no tank 930.00 ΕA 3,000.00 Urinals EΑ 1,000.00 890.00 955.00 880.00 Lavs ΕA Sinks EΑ 1,200.00 875.00 **Eyewash Stations** 1 EΑ 1,200.00 1,200 800.00 800 2,000 300 2,300 **Emergency Shower Stations** ΕA 1,500.00 700.00 Mop Sinks, and trim ΕA 2,161.00 1,122.50 Shower, Enclosed HC EΑ 2,500.00 600.00 Electric Water Cooler EΑ

ΕA

EΑ

ΕA

ΕA

1

2,000.00		600.00		
350.00		250.00		
1,000.00	1,000	480.00	480	1,480
300.00		150.00		
1,200.00		800.00		
	2,200		1,280	3,480

Appendices

HARGIS 1201 third avenue, ste 600 seattle, washington 98101

222

522

1.702

4,002

# WAC 246-370 School Environmental Health and Safety Rule

June 2025

### 11. Emergency Eyewash Shower

### mechanical cost opinion

#### 1201 third avenue, ste 600 seattle, washington 98101 emergency eyewash shower 206.448.3376 www.hargis.biz **BASIS OF OPINION** Other PREPARED BY Brian Cawley, P.E. DATE January 8, 2025 JOB NUMBER 23100.xx COST MODEL SF NA **OVERHEAD & PROFIT** 15% material cost labor cost quantity engineering opinion unit cost subtotal OH&P description number unit unit cost total total total **DIVISION 22** SECTION 224000 PLUMBING FIXTURES **Plumbing Fixtures** Fixtures (Includes faucet, fittings, piping & insulation to clg) Water Closets, wall mounted with carrier, no tank EΑ 3,000.00 930.00 Urinals EΑ 1,000.00 890.00 Lavs ΕA 955.00 880.00 Sinks EΑ 1,200.00 875.00 800.00 Eyewash Stations ΕA 1,200.00 **Emergency Shower Stations** 1 ΕA 1,500.00 1,500 700.00 2,200 330 2,530 700 Mop Sinks, and trim ΕA 2,161.00 1,122.50 Shower, Enclosed HC ΕA 2,500.00 600.00 Electric Water Cooler ΕA 2,000.00 600.00 Hose bibb, Interior and Exterior ΕA 350.00 250.00 Thermostatic mixing valves 1 ΕA 1,000.00 1,000 480.00 480 1,480 222 1,702 Point of Use TMV ΕA 300.00 150.00 Drain for Emergency Shower 1 ΕA 700.00 700 800.00 800 1.500 225 1,725 Subtotal Division 22 3,200 1,980 5,180 777 5,957

Appendices

HARGIS

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12. Handsink

mechanica	l cost opinion							н	ARG	<b>3   S</b>
handsink								sea	01 third avenue, attle, washingtor 6.448.3376	
								wv	vw.hargis.biz	
BASIS OF OPINION	Other	Р	REPARED BY	Brian Cawley, P.E				DATE	Jai	nuary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SF	NA				OVERHEAD	& PROFIT	15%
		qua	intity	material o	cost	labor cost		eng	ineering op	inion
	description	number	unit	unit cost	total	unit cost	total	subtotal	OH&P	total
DIVISION 22										
SECTION 224000 PLU										
Plumbing Fixtures										
Fixtures (Includes	s faucet, fittings, piping & insulation to clg)									
	s, wall mounted with carrier, no tank		EA	3,000.00		930.00				
Urinals			EA	1,000.00		890.00				
Lavs			EA	955.00		880.00				
Sinks		1	EA	1,200.00	1,200	875.00	875	2,075	311	2,386
Eyewash Stat	tions		EA	1,200.00		800.00				
Emergency S	hower Stations		EA	1,500.00		700.00				
Mop Sinks, ar	nd trim		EA	2,161.00		1,122.50				
Shower, Encl	osed HC		EA	2,500.00		600.00				
Electric Wate	er Cooler		EA	2,000.00		600.00				
Hose bibb, In	terior and Exterior		EA	350.00		250.00				
Thermostatic mix	king valves		EA	1,000.00		480.00				
Point of Use TMV	/		EA	300.00		150.00				

ΕA

Subtotal Division 22

Drain for Emergency Shower

1,200

800.00

875

2,075

311

2,386

700.00

Appendices

# WAC 246-370 School Environmental Health and Safety Rule

June 2025

### 13. Bathroom

mechanica	l cost opinion						н	ΛR	GΙ	S
bathroom							sea 206	1 third aver ttle, washin 5.448.3376	gton 98101	
							ww	w.hargis.biz		
BASIS OF OPINION	Other	PREPARED BY	Brian Cawley, P.E.				DATE		January	8, 2025
JOB NUMBER	23100.xx	COST MODEL SF	NA			1	OVERHEAD	& PROFI	-	15%
DIVISIÓN 22	description	quantity number unit	material cos unit cost	st total	labor cost	total	engi subtotal	neering OH&I		total

SECTION 224000 PLUMBING FIXTURES									
Plumbing Fixtures									
Fixtures (Includes faucet, fittings, piping & insulation to clg)									
Water Closets, wall mounted with carrier, no tank	1	EA	3,000.00	3,000	930.00	930	3,930	590	4,520
Urinals		EA	1,000.00		890.00				
Lavs	1	EA	955.00	955	880.00	880	1,835	275	2,110
Sinks		EA	1,200.00		875.00				
Eyewash Stations		EA	1,200.00		800.00				
Emergency Shower Stations		EA	1,500.00		700.00				
Mop Sinks, and trim		EA	2,161.00		1,122.50				
Shower, Enclosed HC		EA	2,500.00		600.00				
Electric Water Cooler		EA	2,000.00		600.00				
Hose bibb, Interior and Exterior		EA	350.00		250.00				
Thermostatic mixing valves		EA	1,000.00		480.00				
Point of Use TMV		EA	300.00		150.00				
Drain for Bathoom	1	EA	700.00	700	800.00	800	1,500	225	1,725
Subtotal Division 22				4,655		2,610	7,265	1,090	8,355

# WAC 246-370 School Environmental Health and Safety Rule

June 2025

14. Source	Capture Hood									
mechanica	l cost opinion							н	ΛRG	15
source capture ho	ood							seat	1 third avenue, ste tle, washington 98 448.3376	
								ww	w.hargis.biz	
BASIS OF OPINION	Other	р	REPARED B	<b>r</b> Brian Cawley, P.I	E.			DATE	Janua	ary 8, 2025
JOB NUMBER	23100.xx	COST	MODEL SI	F NA				OVERHEAD 8	ROFIT	15%
		qua	ntity	material	cost	labor cos	it	engi	neering opini	ion
DIVISION 23	description	number	unit	unit cost	total	unit cost	total	subtotal	ОН&Р	total
SECTION 233100 AIR I	DISTRIBUTION									
Air Distribution										
	Ductwork, 22 gauge									
Installed at 10		500	1.00	2.00	1 000	10.00	5 000	c 000		c 000
200lbs to	20002	500	LBS	2.00	1,000	10.00	5,000	6,000	900	6,900
SECTION 233400 AIR I	DISTRIBUTION EQUIPMENT									
Air Distribution Ec	quipment									
Centrifigal Fans										
	ugal, supply/exhaust booster									
	M, 16" Diameter Connection	1	EA	2,000.00	2,000	2,500.00	2,500	4,500	675	5,175
SECTION 233800 CON		16	65	200.00	2 200	200.00	2 200	6 400	000	7 260
Source Capture Pr	rocess Hood	16	SF	200.00	3,200	200.00	3,200	6,400	960	7,360
Subtotal Division	23				6,200		10,700	16,900	2,535	19,435

# Board of Health Legislative Report WAC 246-370 School Environmental Health and Safety Rule June 2025

# Appendix D: Priority Rank for Implementation

On February 6, 2025, the technical advisory committee used the pairwise methodology to stack rank the rule sections based on which provided the greatest health and safety benefits. This approach systematically compares each section with every other section. Members voted on each pair and the total number of votes for each section were tallied to provide the stack ranking (See **Table 7: Stack-Ranked Sections Based on Health and Safety Benefits**).

**Note**: The committee excluded sections with no direct health or safety benefit, such as purpose, definition, and severability.

Table 0. Stack-Ranked Sections Dased on Health and Sa							
Section	# Votes						
1. Injury Prevention	114						
2. Routine Inspection	101						
3. Imminent Health Hazard	98						
4. Indoor Air Quality/Ventilation	97						
5. Playgrounds	94						
6. Specialized Rooms	92						
7. Construction Plan Review	73						
8. Temperature	70						
9. General Building Requirements	65						
10. Site Assessment	55						
11. Showers and Restrooms	3						

#### Table 6: Stack-Ranked Sections Based on Health and Safety Benefits

## WASHINGTON STATE DEPARTMENT OF HEALTH

Environmental Justice Assessment Report

2024-2025 School Environmental Health and Safety Rule Review Project



#### Board of Health, June 2025

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

#### For more information or additional copies of this report:

Washington State Department of Health Division/Office: Contact Name: PO Box 47824, Olympia WA 98504-7824 Tumwater, WA 98602 [program phone number] [program email address]



### Overview

An Environmental Justice Assessment (EJA) evaluates the environmental justice impacts of an agency's action. The template is designed to meet all of the requirements established under <u>Washington's Environmental Justice</u> <u>Law</u><sup>1</sup> (also known as the HEAL Act). While the HEAL Interagency Working Group developed the template, this document has been adapted by the Washington State Department of Health (Department) to meet agency needs for fulfilling the requirements of completing an assessment.

	Table 1: Environmental Justice Asses	
1.	Primary agency responsible for this action	Washington State Department of Health in coordination with Washington State Board of Health
2.	Primary agency staff contact(s)	River Lin: Washington State Department of Health Ash Noble: Washington State Board of Health
3.	Secondary agency contact(s), if applicable	
4.	Description of proposed significant agency action	This rulemaking is required by a budget proviso that was included in the <u>Washington State 2024 supplemental operating</u> <u>budget</u> , (Section 222, subsection 159, page 492). The new chapter (246-370 WAC) will establish updated, minimum statewide health and safety standards for schools and formalize school environmental health and safety inspection procedures.
5.	Date environmental justice assessment was initiated	June 27, 2024
6.	Date environmental justice assessment was completed	
7.	Type of significant agency action (check one)	$\boxtimes$ The development and adoption of significant legislative rules as defined in <u>RCW 34.05.328<sup>2</sup></u>
8.	Link(s) to initial notification with Office of Financial Management and/or other postings, such as publicly available results, materials, or reports related to the assessment.	OFM Notification Department Notification Legislative Report with Financials 2024-2025 School Rule Review Project   State Board of Health Website History of Primary and Secondary School Environmental Health Safety Rule Revision   State Board of Health Website

# **Background Information:**

Under current state law<sup>3</sup>, the State Board of Health (Board) has authority to develop public health rules to protect and improve the health of people in Washington state. Public health rules adopted by the Board are implemented by the Department of Health (Department) and local health jurisdictions (LHJs). The <u>Washington State 2024</u> <u>supplemental operating budget<sup>4</sup></u>, Section 222, subsection 159, page 492 (2024 proviso) requires the Board to

<sup>&</sup>lt;sup>1</sup> Washington's Environmental Justice Law (HEAL Act) https://app.leg.wa.gov/RCW/default.aspx?cite=70A.02&full=true <sup>2</sup> RCW 34.05.328

https://app.leg.wa.gov/RCW/default.aspx?cite=34.05.328#:~:text=PDF%20RCW%2034.05.328%20Significant%20legislative% 20rules%2C%20other%20selected,objectives%20of%20the%20statute%20that%20the%20rule%20implements%3B

<sup>&</sup>lt;sup>3</sup> https://app.leg.wa.gov/RCW/default.aspx?cite=43.20.050&pdf=true (Accessed 4/30/2025)

<sup>&</sup>lt;sup>4</sup> https://fiscal.wa.gov/statebudgets/2024proposals/Documents/co/5950-S.SL.pdf (Accessed 4/30/2025)



review and update the current K-12 school environmental health and safety rules. The 2024 proviso also requires that the Department, in collaboration with the Board, conduct an EJA for any proposed rules.

<u>Chapter 246-366</u> of the Washington Administrative Code (WAC)<sup>5</sup> currently addresses school environmental health and safety requirements. This WAC is now over 50 years old. In 2004, the Board initiated rulemaking to update the school environmental health and safety standards. This rule update took five years to complete, and the Board adopted <u>chapter 246-366A WAC</u><sup>6</sup> in 2009. However, the 2009–2011 Washington state operating budget included a proviso prohibiting the Board and the Department from implementing any new or amended rules for primary or secondary school facilities unless the Legislature formally funded the rule implementations. The prohibition has been continued in each operating budget since 2010.

In July 2024, the Board, at the direction of the Legislature, started to review the current rules and convened a technical advisory committee (TAC) comprised of large and small public schools, private schools, charter schools, teacher unions, Washington parent teacher association (PTA) members, Washington Office of Superintendent of Public Instruction (OSPI), and Local Health Officials (LHOs) that are governed by LHJs. The committee focused on the scope of the proposed rulemaking to set minimum environmental health and safety standards for K-12 grade students. Environmental health and safety include topics such as slip and fall protection, water quality, food safety, chemical exposure, sanitary needs, and air quality. Topics do not include safety aspects like fire drills, active shooter drills, lock down procedures, or vaccine requirements. Additionally, the proposed rule is not applicable to worker environmental health and safety conditions protected under Title 296 WAC or to the following educational spaces:

- Any facility or part of a facility that is licensed by the Department of Children, Youth, and Families (DCYF) under Title 110 WAC;
- Private residences used for home-based instruction as defined by RCW 28A.225.010(4);
- Facilities hosting educational programs where educational instruction is not a primary purpose including, but not limited to, detention centers, jails, hospitals, mental health units, or long-term care facilities;
- Private facilities where tutoring is the primary purpose;
- Public or private postsecondary education facilities providing instruction to students enrolled in secondary school; or
- State-Tribal education compact schools established under chapter 28A.715 RCW.

Current rules and state laws regulate certain school environmental conditions in depth. The proposed rule will reference and not duplicate the following requirements:

- Chapter 246-215 WAC regarding facility and equipment sanitation, food preparation, food storage, and food temperature control;
- Chapter 246-217 WAC regarding food service workers, including contracted staff and volunteers, who must maintain a current food worker card as set forth in chapter 246-217 WAC;
- Chapters 246-260 and 246-262 WAC, as applicable, regarding water recreation facilities or aquatic venues;
- WAC 51-54A-0915 regarding the installation and maintenance of carbon monoxide detection and alarms in mechanical rooms and occupied zones; and
- RCW 43.70.830 through 43.70.845 regarding lead in drinking water if the facility was built or all plumbing was replaced before 2016.

The proposed rule also requires school facilities to:

<sup>&</sup>lt;sup>5</sup> https://app.leg.wa.gov/wac/default.aspx?cite=246-366&full=true&pdf=true (Accessed 4/30/2025)

<sup>&</sup>lt;sup>6</sup> https://app.leg.wa.gov/wac/default.aspx?cite=246-366A&full=true&pdf=true (Accessed 4/30/2025)



- Use sewer and liquid waste disposal that is connected to a municipal sewage disposal system or an onsite sewage disposal system designed, constructed, and maintained under chapters 246-272A or 246-272B WAC; and
- Provide drinking water from public water supplies regulated under chapters 246-290 or 246-291 WAC.

Historically, regulating school environmental health and safety is a cooperative task performed by the Board, the Department, OSPI, and LHOs. The Board reviews and updates the current regulations. LHOs work with schools to implement the requirements of the rule. The Department and OSPI work together to provide education, training, best practice guidance documents, and templates for LHOs and schools to use. Prior to 2023, the Department had one full-time employee to provide education and training. In 2023, the team grew to three full-time employees and will soon be at full capacity of four full-time employees and a section manager to provide additional support.

Washington's 35 LHJs differ widely in school rule implementation and support. About 12 LHJs run full inspection programs, 14 offer limited programs or are looking to starting a program, and nine have no formal school inspection program. Some LHJs charge schools fees for inspection programs and others use Foundational Public Health Services (FPHS) funding to support programs and limit or reduce costs for schools. This means schools in neighboring counties can receive very different levels of service and cost burdens.

Funding for schools has been historically problematic. The state's prototypical funding model pays schools based on student headcount, not building size, condition, or operating costs. When student enrollment drops, budgets shrink while day-to-day and long-term maintenance require the same or an increased investment to maintain aging buildings and systems. Public school districts rely on state and local levies and property taxes to bridge the gap between state and local funding. This reliance leads to inequities in district funding and building maintenance. Districts with a more financially stable and higher tax base may pass measures more easily than those with a more limited tax base.

Unlike public schools, private institutions and charter schools cannot levy local taxes. While charter schools do get the same per-student state allocations as public schools, most need to supplement with small grants or higher interest loans. Private schools do not get the per-student state allocations, so they rely primarily on enrollment-driven revenue through tuition, endowments, and donations. These revenue streams are sensitive to enrollment fluctuations and must be balanced against the economic realities of the communities they serve. As a result, private schools often lack the flexibility to raise tuition quickly or substantially enough to offset the costs associated with new government facility mandates.

The TAC took these factors into consideration and proposed <u>chapter 246-370 WAC</u><sup>7</sup> as a new chapter of draft rules. The proposed school rule encourages partnerships over penalties. The proposed rule sets clear roles for schools, LHOs, and the Department encouraging cooperative support among these entities to address school needs. The Board also proposed repealing chapters 246-366 and 246-366A WAC, if the legislature allows the Board to proceed with the adoption of chapter 246-370 WAC.

The proposed rulemaking will directly affect nearly 1.1 million K-12 students served by 2,783 public, private, and charter schools in Washington state. Staff, teachers, visitors, and young children in programs that are licensed by DCYF, but located on a K-12 facility, may indirectly benefit from amendments made to the school environmental health and safety rules.

The draft rule proposes the following changes:

- Updated and new definitions
- Citations to other regulations that schools must currently follow outside of current school environmental health and safety rules

<sup>&</sup>lt;sup>7</sup> https://sboh.wa.gov/sites/default/files/2025-04/Draft%20Language%20chapter%20246-370%20WAC.pdf



- Improved specificity for pre-construction site assessments, construction plan reviews, and routine school inspections
- Updated language for clarity for showers, restrooms, injury prevention, temperature, variances, severability, and appeals
- Added new sections for ventilation, indoor air quality, imminent health hazards, playgrounds, and specialized rooms



#### Section 1: Analyze Environmental Benefits and Harms

# 1. Describe likely environmental benefits<sup>8</sup> for overburdened communities, vulnerable populations (OCVPs), and Tribes associated with this action.

There are likely environmental benefits for OCVPs, and Tribes associated with this action in schools throughout the state. The proposed rule emphasizes the increased importance of partnerships between LHOs, school officials, and Department staff to increase health and safety knowledge throughout schools and LHJs. The proposed requirements for environmental health and safety will provide the strongest impacts for schools in OCVPs and Tribal areas as these are more likely located in areas with stressors like higher air pollution, limited health care facilities, or higher heat indexes.

Students in Washington state must attend school 180 days a year from kindergarten through grade 12 or 11.21% of their lives over 13 years. That is approximately 13,320 hours when a single student is exposed to a school facility environment. The proposed rule includes new and updated language to establish minimum health and safety standards for those students who will attend school in K-12 school facilities. The proposed rule focuses on the health and safety of students in K-12 public, private, and charter schools.

The proposed rule may result in the following environmental benefits:

#### Water Quality: Proposed chapter 246-370-050 WAC

Many organic and inorganic contaminants may affect school drinking water supplies. As mentioned above, the regulations that address these contaminants are in other state laws (RCWs) and rules (WACs) and are outside the scope of this rulemaking. However, schools are still required to comply with them.

The proposed rule does contain additional measures to safeguard school drinking water. For example, the proposed rule includes a requirement to install backflow prevention devices on hose bibs, sinks, and supply nozzles used to connect hoses or tubing to faucets. Janitorial rooms, groundskeeping areas, and specialized rooms for activities like a chemistry lab, art studio, or auto mechanics commonly include these types of sinks. These sinks have the potential to come in contact with cleaning agents or other chemicals that can contaminate drinking water if a backflow occurs. The devices would prevent any liquid from back syphoning into the potable water line during a low-pressure event protecting drinking water supply within the school facility and any potable water lines connected to the school.

#### Built Environments: Proposed chapters 246-370-050 and 246-370-060 WAC

The built environment of a school refers to (among many other things) the construction and maintenance of school buildings and facilities. When districts construct and maintain school buildings properly, they should provide a beneficial environmental effect on the students attending the school. A few sections of the proposed rule require built environmental standards that improve environmental benefits for all students.

For example, during the public listening sessions and public comment period, Board staff heard that some students may only have access to a shower at school. The state building code currently does not require a shower in an educational space, so some schools may not offer showering facilities. Because of these concerns, proposed rule language in chapter 246-370-060 WAC requires that when a school is newly

<sup>&</sup>lt;sup>8</sup> Environmental benefits mean activities that: (a) Prevent or reduce existing environmental harms or associated risks that contribute significantly to cumulative environmental health impacts; (b) Prevent or mitigate impacts to overburdened communities or vulnerable populations from, or support community response to, the impacts of environmental harm; or (c)meet a community need formally identified to a covered agency by an overburdened community or vulnerable population that is consistent with the intent of chapter 70A.02 RCW.



constructed or makes major alterations to the school facility, plans should include at least one shower accessible to any student during school hours and scheduled school events. Further, guidance from the Department will recommend the number of total showers a school might consider installing based on school enrollment.

Interested parties and TAC members commented on student bathrooms being locked during school hours and unsafe drinking fountains in classrooms. When children are unable to use restroom facilities during school hours, they can become uncomfortable in class and lose focus on educational instruction. Further, when children are forced to hold their bladders, it can cause bladder stretching, abnormal forced bladder straining, and even more frequent urinary tract infections.<sup>9</sup>

The building code requires a certain number of toilets, handwashing sinks, and drinking water fountains in educational spaces, and proposed chapter 246-370-050 WAC adds new requirements in the interest of student health and safety. The proposed rule requires that bathroom facilities are accessible during school hours and during school events. The bathroom must provide toilets, handwashing sinks, toilet paper, soap, and hand-drying capabilities. The proposed rule also requires that a handwashing sink is available in areas where exposure to microbial activity or chemicals might occur, for example, classrooms for art, biology, or chemistry. Where a specialized classroom includes a drinking fountain attached to a handwashing sink, the proposed rule requires disabling the drinking fountain to avoid contamination from the sink.

#### Safe Chemical and Cleaning Supplies: Proposed chapter 246-370-110 WAC

Findings from recent Washington state school inspections showed that some schools have outdated chemical supplies and hazardous chemicals (e.g. mercury) stored on school grounds. The proposed rule establishes minimum requirements to safely use and store chemicals. Part of the use and storage of chemicals includes removing and eliminating unsafe and expired chemicals from school grounds to mitigate the potential health and safety risks to staff and students. Safe removal and disposal of chemicals ensures that the chemical removal does not cause environmental contamination and pollution.

#### 2. Describe likely environmental harms<sup>10</sup> for OCVPs, and Tribes associated with this action.

We anticipate that there will be no environmental harm associated with this action. By establishing consistent baseline requirements for all schools, environmental health conditions should generally improve as the proposed rule will likely reduce known environmental harms.

#### 3. Describe likely associated positive health impacts for OCVPs and Tribes associated with this action.

#### Air Quality: Proposed chapter 246-370-070 WAC

According to the Environmental Protection Agency (EPA), indoor air pollution is among the top five environmental risks to public health. Common school allergens include dust mites, pests, and molds contributing to the increased risks of asthma and other respiratory illnesses.<sup>11</sup> Additionally, the EPA

<sup>&</sup>lt;sup>9</sup> https://childrens.uvahealth.com/services/pediatric-urology/dysfunctional-elimination-syndrome (Last accessed 5/12/2025) <sup>10</sup> **Environmental harm** means the individual or cumulative environmental health impacts and risks to communities caused by historic, current, or projected: (a) Exposure to pollution, conventional or toxic pollutants, environmental hazards, or other contamination in the air, water, and land; (b) Adverse environmental effects, including exposure to contamination, hazardous substances, or pollution that increase the risk of adverse environmental health outcomes or create vulnerabilities to the impacts of climate change; (c) Loss or impairment of ecosystem functions or traditional food resources or loss of access to gather cultural resources or harvest traditional foods; or (d) Health and economic impacts from climate change.

<sup>&</sup>lt;sup>11</sup> https://www.epa.gov/iaq-schools/reference-guide-indoor-air-quality-schools#IAQRG\_Section1 (Last accessed 11/2024)



recognizes that asthma-related illness is the leading cause of school absenteeism nationwide. In Washington state, the School Nurse Corps of Washington shared that an estimated 54,000 students a year self-report as having asthma with the use of a prescribed inhaler. On average that is approximately 5% of the student population.

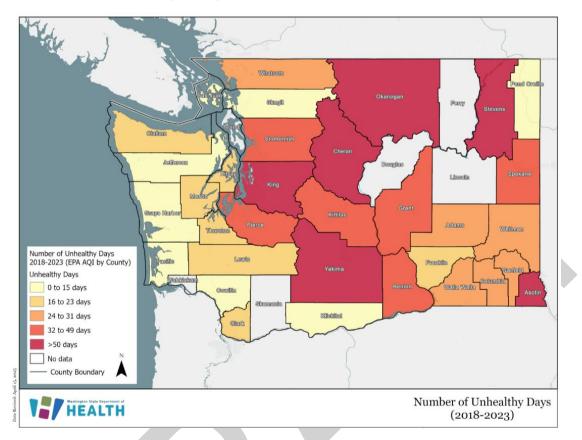
Chapter 246-370-070 WAC Indoor Air Quality and Ventilation is a new section of rule drafted to include specific requirements to improve and maintain indoor air quality. Indoor air quality standards help to control airborne pollutants like dust, chemicals, or cleaning agents and airborne communicable diseases like COVID, the flu, or Respiratory Syncytial Virus (RSV). Additionally, quality indoor air standards can help introduce and distribute adequate outdoor airflow. This chapter also includes a requirement for schools to create a plan that ensures health and safety for periods of increased health risk or poor outdoor air quality (See Map 1 below). In communities identified as overburdened and likely to be highly impacted by air pollution, we anticipate positive health effects for children due to the Indoor Air Quality and Ventilation section of the proposed rule. If the community air quality baseline is affecting children, the improved air quality inside the schools may have positive health impacts. Studies have shown that improvements in indoor air quality decreased absenteeism, increased student performance, increased overall student performance speed, and achieved higher overall test scores.<sup>12</sup> <sup>13</sup> <sup>14</sup>

<sup>&</sup>lt;sup>12</sup> Hines, E.W. (1996). *Building condition and student achievement and behavior*. Blacksburg, VA: Unpublished doctoral dissertation, Virginia Polytechnic Institute and State University

<sup>&</sup>lt;sup>13</sup> Douglas, J.W.B. and J.M. Ross. (1965). *The effects of absence on primary school performance*. The British Journal of Educational Psychology 35:28-40

<sup>&</sup>lt;sup>14</sup> Myhrvold, A.N., E. Ölsen, and O. Lauridsen. (1996). *Indoor environment in schools — Pupils health and performance in regard to CO2 concentrations. Proceedings, Indoor Air '96: The 7th International Conference on Indoor Air Quality and Climate.* Nagoya, Japan.4:369-371





#### Map 1. Number of Unhealthy Air Days (2018-2023)

Map 1 displays 2018-2023 EPA Unhealthy Air Days.<sup>15</sup> For each county, Department staff took the sum of all days in 2018-2023 that ranked as "Unhealthy for Sensitive Groups" (AQI value 101 through 150), "Unhealthy" (AQI value 151 through 200), "Very Unhealthy" (AQI value 201 through 300) and "Hazardous" (AQI value 301 – 500) and used that sum to project the number of unhealthy air days for that county. EPA recommends that active children and adults and people with asthma should reduce time outside and limit time outdoors performing heavy exertion when AQI values reach 101 or above.<sup>16</sup>

#### Radon: Proposed chapter 246-370-070

According to the EPA, "a nationwide survey of radon levels in schools estimates that nearly one in five has at least one schoolroom with a short-term radon level above 4 pCi/L, the level at which EPA recommends that schools take action to reduce radon. EPA estimates that more than 70,000 schoolrooms in use today have high short-term radon levels. The EPA ranks indoor radon among the most serious environmental health problems facing us today. After smoking, it is the second leading cause of lung cancer in the United States causing an estimated 21,000 lung cancer deaths a year".<sup>17</sup> Radon is an odorless, colorless, and tasteless gas that can get trapped inside of buildings and homes. There are no short-term health effects from radon exposure, so if a person is exposed to radon they would likely not experience symptoms of lung cancer until

<sup>&</sup>lt;sup>15</sup> https://aqs.epa.gov/aqsweb/airdata/download\_files.html (Accessed December 2024)

<sup>&</sup>lt;sup>16</sup> https://www.epa.gov/ozone-pollution-and-your-patients-health/patient-exposure-and-air-quality-index (Last accessed May 2025)

<sup>&</sup>lt;sup>17</sup> https://www.epa.gov/radon/radon-schools (Last accessed May 2025)



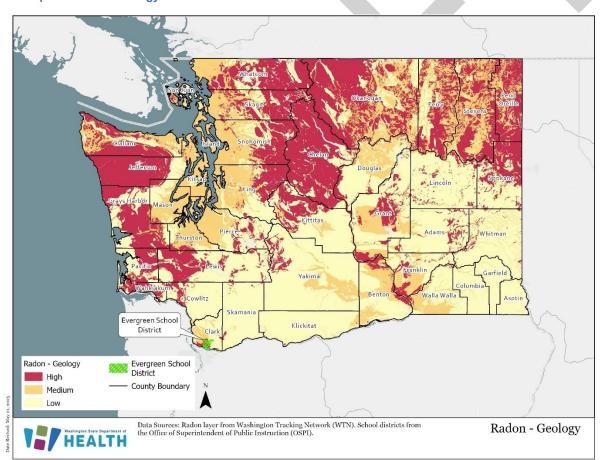
five to 25 years after exposure.<sup>18</sup> Since there are no immediate human health reactions to radon exposure in schools, onsite testing is imperative to help school officials mitigate exposure in the school environment

The Washington Tracking Network (WTN) created the following map (Map 2) using testing data supplied by laboratories from October 31, 1989, of the most recent year for available data. The map shows the potential to be exposed to radon based on surface geological characteristics.<sup>19</sup>

The map ranges from:

- High: Geology contains uranium or has rock types known to contain uranium.
- Medium (variable): Geology may have uranium-containing rock deposited from glacial or other events.
- Low: Geology or soil type unlikely to contain uranium.

(Map Caveat: In Washington state, rocks or soil that contain uranium and its product, radon gas, can be anywhere in the state. We classified various risk areas but there is no area with no risk at all.)



#### Map 2. Radon Geology

<sup>&</sup>lt;sup>18</sup> https://www.epa.gov/radon/what-are-health-effects-exposure-radon (Last accessed May 2025)

<sup>&</sup>lt;sup>19</sup> https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/radon (Last accessed May 2025)



In the proposed rule, schools are required to test for radon every five years in regularly occupied areas of the school at or below ground level. This will allow schools to identify rooms in the school where radon gas is being emitted at significant levels to cause human harm. Schools would further be able to set in motion mitigation efforts to limit exposure to the occupants of the school facility.

Evergreen Public Schools in Vancouver, Washington, provided an example of radon testing in an overburdened school district. They have preemptively been conducting radon testing across their schools since the 2016 – 2017 school year. The school district has performed testing in 100% of their school buildings to date. There were incidents where testing results indicated high levels (above 4 pCi/L) of radon in classrooms. Evergreen has executed mitigation techniques in all classrooms with high levels of radon to ensure the health and safety of their students. All of Evergreen's radon testing is available online at: <a href="https://sites.google.com/evergreenps.org/radon-testing/home">https://sites.google.com/evergreenps.org/radon-testing/home</a>.

The proposed rule will increase testing for radon throughout the state, including schools in OCVP areas. Testing for radon will have positive health impacts on OCVPs by allowing schools to mitigate radon exposure in classrooms.

#### Temperature: Proposed chapter 246-370-080

According to the EPA, "children are extra sensitive to high temperatures. Their bodies' natural defenses and abilities to regulate heat are still developing, so the consequences of extreme heat can occur quickly, last longer and be more severe."<sup>20</sup> Studies have also shown that children who experience thermal discomfort are more likely to have lower test scores and less class participation.<sup>21</sup>

The proposed rule includes requirements for school officials to create a plan to ensure that students are not routinely exposed to temperatures below 65 degrees or above 79 degrees Fahrenheit in classroom settings. The requirement for a plan was designed so that each school can tailor a plan to fit their school needs. The proposed rule encourages school officials to collaborate with their local health officer to design the appropriate plan that best suits each school's unique infrastructure.

#### Injury Prevention: Proposed chapter 246-370-110

Cleaning products and maintenance activities in schools are known to be significant sources of exposure to chemical contaminants.<sup>22</sup> Children also may be exposed to a variety of other hazardous chemicals in these environments, such as glues, paints, and other art supplies; mercury from older thermometers; a range of chemicals in chemistry labs; lead acid in batteries and other automotive and trade shop supplies; formaldehyde in pressed wood furniture, flooring, carpets, curtains, and cleaning products; volatile organic compounds in paints, aerosol sprays and fresheners, cleaning supplies, and building materials and furnishings.<sup>22</sup>

The proposed rule requires that schools use proper storage methods for chemical and cleaning supplies. Further, the proposed rule requires that schools use fragrance-free and low-hazard supplies when available or ensure that cleaning happens at a time that would limit exposure if safer cleaning products are not an option.

<sup>&</sup>lt;sup>20</sup> https://www.epa.gov/schools/environmental-health-threats-found-schools#Extreme%20Heat (Last accessed May 2025)

<sup>&</sup>lt;sup>21</sup> https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0136165 (Last accessed May 2025)

<sup>&</sup>lt;sup>22</sup> https://www.epa.gov/system/files/documents/2022-04/supplementary-topics-schools-and-child-care.pdf (Last Accessed May 2025)



#### Playground Safety: Proposed chapter 246-370-130

According to Children's Safety network "over 200,000 playground-related injuries are treated in an emergency department each year" nationwide.<sup>23</sup> Most commonly, falls and equipment related accidents make up over 65% of all those injuries.

During TAC meetings, members discussed playground incidents that they have witnessed in their local schools. Common playground issues include falls, body entrapment in playground equipment, playground surface deficiencies, broken or hazardous equipment, and surfaces containing hazardous chemicals.

The proposed rule requires schools to install and maintain playground equipment consistent with both the *ASTM F 1487-21: Standard Consumer Safety Performance Specification for Playground Equipment for Public Use* and the *Consumer Product Safety Commission Handbook for Public Playground Safety, 2010.* Both publications are the latest publications for playground safety in the United States. Additionally, the proposed rule prohibits the use of chromated copper arsenate (CCA) or creosote to treat materials used in construction or installation of playground equipment, landscape structures, or other structures on which students may play. CCA was prohibited for use by the EPA in 2003 because of the high concentrations of arsenic.

#### Specialized Rooms: Proposed chapter 246-370-140

Specialized rooms (which include career and technical education rooms) located in a school facility are classrooms that have nontraditional equipment and chemicals used in classrooms such as auto shop, chemistry, or art. These spaces have the protentional for heat and cold temperature exposure, chemical exposure, biological exposure, gas and particulate exposure, and increased bodily injury.

Specialized rooms for advanced technical and professional training are especially important for schools in OCVP and Tribal areas, providing a pathway to higher-paying jobs or continuing education. Students can obtain skills to help them explore career options while still attending school. Pasco School District offers specialty automotive classes where high school students may qualify for employment opportunities and internships with local businesses.

The proposed rule includes a new section of requirements dedicated to health and safety standards for these specialized rooms. The proposed rule includes requirements for proper emergency response equipment like showers and eye wash stations, prohibiting dangerous compound storage, supplying adequate personal protective gear, activity specific ventilation, emergency gas and electricity shut off valves, and specific health room requirements. These health and safety precautions ensure that students can continue to safely use these rooms to develop valuable hands-on skills.

#### 4. Describe likely associated negative health impacts for OCVPs, and Tribes associated with this action.

We anticipate that there will be no negative health impacts for overburdened communities, vulnerable populations, and Tribes associated with this action. Negative health impacts for these communities could occur if these rules were not implemented.

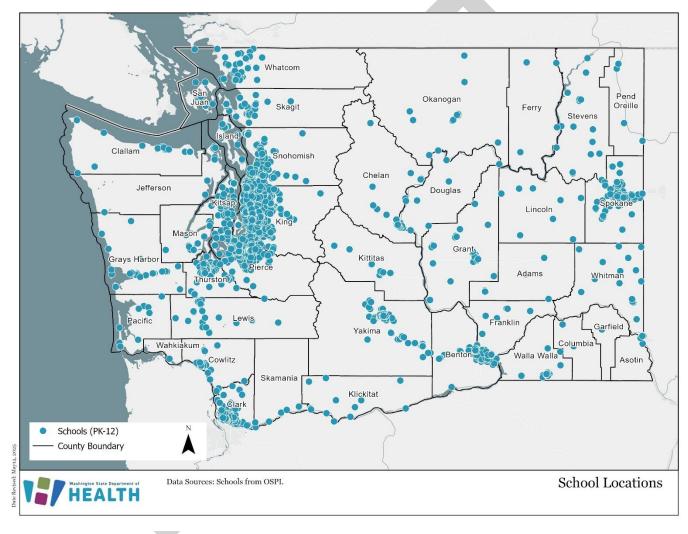
<sup>&</sup>lt;sup>23</sup> https://www.childrenssafetynetwork.org/infographics/playground-related-injuries-treated-emergencydepartment?utm\_source=chatgpt.com (Last accessed May 2025)



Section 2: Identify Overburdened Communities and Vulnerable Populations

# 1. Identify the geographic areas where there may be environmental and health impacts as a result of the agency action.

As shown on Map 3 below, schools affected by this proposed rulemaking are located statewide. The highest concentration of school locations extends from just south of Olympia, Washington, up the Interstate-5 corridor through northwestern Washington and centered around Spokane in eastern Washington.



Map 3. School Locations



2. Describe overburdened communities<sup>24</sup> and vulnerable populations <sup>25</sup>(OCVP) identified within the geographic area(s) where there may be environmental and health impacts as a result of the agency action.

Board and Department staff downloaded mapping data from the Office of Financial Management's (OFM) Overburdened Communities (OBC) Mapping Tool<sup>26</sup> to identify geographic areas considered as "overburdened communities." The mapping tool identifies these overburdened communities as census tracts ranked 9 or 10 on the Environmental Health Disparities map areas characterized as "disadvantaged" on the federal Climate and Economic Justice Screening Tool, and census tracts that are fully or partially on "Indian Country" as defined in 18 U.S.C. Sec. 1151.<sup>27</sup> Using data about public schools from OSPI's Information and Condition of Schools (ICOS) database Department staff identified the schools that were located within a geographic area identified as overburdened on OFM's OBC mapping tool.

In Table 2 below, Board staff used data from OSPI's Report Card Database<sup>28</sup> to display detailed public-school data within each county.

- **County**: The individual counties in Washington
- Number of students: The number of students reported as enrolled in schools per county
- Number of Students Identified as OCVP per county: the number of students enrolled in a school that is in a community identified as an overburdened or vulnerable population. Board and Department staff assumed that if a school falls in an OBC per OFM's mapping tool, the school population is 100% OBCVP
- % Students Identified as OCVP per county: The percentage of OCVP students as compared to the total student population enrolled in a county If a school location falls within the boundaries of the defined OCVP boundaries the schools enrolled population are counted as OVCP.
- **Demographics**: The number of individual self-reported race categories that were collected when students enrolled in school
- Unhoused: The number of self-identified students that do not have reliable shelter
- Low-Income (Free/Reduced / Lunch): the number of students that qualify for free or reduced lunches based on household income.
- Section 504: The number of students that qualify for section 504 disability assistance<sup>29</sup>
- Students with Disabilities: The number of students that self-identity as having a disability

120.897341%2C7.00 (Accessed 5/13/2025)

<sup>28</sup> https://reportcard.ospi.k12.wa.us/ (Last Accessed May 2025)

<sup>&</sup>lt;sup>24</sup> Overburdened community means a geographic area where vulnerable populations face combined, multiple environmental harms and health impacts, and includes, but is not limited to, highly impacted communities as defined in RCW 19.405.020.
<sup>25</sup> Vulnerable populations means population groups that are more likely to be at higher risk for poor health outcomes in response to environmental harms, due to: (i) Adverse socioeconomic factors, such as unemployment, high housing and transportation costs relative to income, limited access to nutritious food and adequate health care, linguistic isolation, and other factors that negatively affect health outcomes and increase vulnerability to the effects of environmental harms; and (ii) sensitivity factors, such as low birth weight and higher rates of hospitalization.

**Vulnerable populations** includes, but is not limited to:(i) Racial or ethnic minorities;(ii) Low-income populations;(iii) Populations disproportionately impacted by environmental harms; and (iv) Populations of workers experiencing environmental harms.

<sup>&</sup>lt;sup>26</sup> https://geo.wa.gov/datasets/e0074300efda47efa6b01e6236bcfe48\_0/explore?location=47.044319%2C-

<sup>&</sup>lt;sup>27</sup> https://fortress.wa.gov/doh/wtnibl/WTNIB L/ (Accessed 5/13/2025)

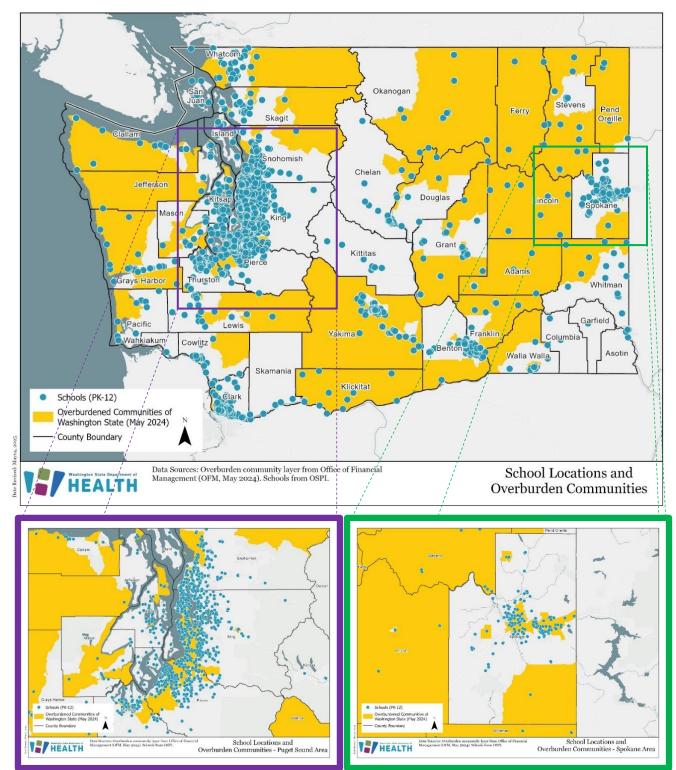
<sup>&</sup>lt;sup>29</sup> https://www.ed.gov/sites/ed/files/about/offices/list/ocr/docs/504-resource-guide-201612.pdf (Last Accessed May 2025)



- English Language Learner: The number of students that self-identify as learning the English language
- Local Health Jurisdiction Inspection Program: This identifies if the county health district has an active school environment health and safety program
- Table 2 Data Summary
  - Over 1.1 million students are enrolled in public schools.
  - o 32% of students are enrolled in public schools in communities that are identified as OCVP.
  - o 3.26% of enrolled public-school students self-reported as being unhoused.
  - o 47.41% of enrolled public-school students qualify for free or reduced lunch.
  - o 4.85% of enrolled public-school students qualify for 504 disability benefits.
  - o 15.37% of enrolled public-school students self-reported as disabled.
  - 14.74% of enrolled public-school students self-reported that English was not their first language.
  - 53.85% of LHJs currently don't have an established school environmental health and safety program.









County	Number of Students	Number of Students Identified as OCVP	% Students Identified as OCVP	American Indian/ Alaskan Native	Asian	Black/ African American	Hispanic/ Latino	Native Hawaiian/ Other Pacific Islander	Two or More Races	White	Unhoused	Low-Income (Free/Reduced Lunch)	Section 504	Students with Disabilities	English Language Learners	Local Health Jurisdiction Inspection Program
Adams	5,391	5,078	94	5	17	13	4,446	1	42	867	57	4,235	180	634	2,107	No
Asotin	3,157	1,432	45	41	25	37	336	12	208	2,498	70	1,652	156	627	32	In Process
Benton	38,646	16,253	42	98	892	588	14,407	105	1,891	20,664	702	18,875	2,011	5,170	5,727	Yes
Chelan	12,733	3,734	29	64	105	71	6,488	16	326	5,663	706	7,733	637	1,823	2,890	In Process
Clallam	10,989	8,475	77	620	171	267	1,894	52	1,182	6,802	332	5,969	564	2,045	514	Inquired
Clark	75,474	12,778	17	307	3,408	1,960	16,298	1,756	6,653	45,092	2,500	31,116	3,596	11,959	10,343	Yes
Columbia	1,159	0	0	16	42	93	230	32	42	704	37	264	23	198	67	No
Cowlitz	17,387	4,924	28	187	228	120	3,368	255	1,075	12,153	791	10,065	769	3,203	1,207	No
Douglas	7,288	3,263	45	21	54	33	4,197	5	108	2,870	322	4,598	331	1,013	1,766	In Process
Ferry	1,071	484	45	169	14	6	79	3	95	705	22	577	6	177	-	Yes
Franklin	21,526	9,696	45	46	273	153	15,883	59	484	4,628	226	14,748	506	3,090	7,636	Yes
Garfield	343	0	0	0	1	0	39	0	2	300	-	156	-	52	3	No
Grant	21,390	15,142	71	313	136	161	13,584	18	559	6,595	771	14,721	739	3,238	5,896	In Process
Grays Harbor	10,795	5,384	50	531	114	111	2,842	30	864	6,295	518	7,076	469	1,978	1,014	Inquired
Island	8,009	1,533	19	43	371	272	1,497	69	944	4,808	491	3,295	462	1,664	333	Yes
Jefferson	2,684	936	35 30	60	45	19 26.074	280 58,155	16 4.657	207 29.421	2,050 103.965	30 8.772	1,336 104.476	125 16.231	403	64 54,339	No
King Kitsap	289,124 34,529	86,406 3,375	30 10	1,508 446	65,290 1,356	26,074	6,103	4,657	4,740	20,499	8,772 747	14,099	2,263	39,415 5,731	54,339 1,865	In Process Yes
Kittitas	5,454	3,375	0	29	73	040 34	1,096	495	244	20,499	73	2,581	2,203	826	395	Yes
Klickitat	4,970	2,879	58	149	92	111	1,090	28	340	3,188	69	2,301	200	822	330	Inquired
Lewis	12,782	3,402	27	95	95	153	2,946	20	685	8,777	280	7,411	366	2,072	902	Inquired
Lincoln	2,261	1,521	67	91	10	133	154	6	96	1,892	17	1,120	61	346	7	Yes
Mason	9,212	3,101	34	234	72	81	3,031	34	765	4,995	743	5,547	527	1,534	1,718	No
Okanogan	11,092	9.995	90	690	303	416	3,376	95	877	5,315	266	7.912	148	1,700	1,136	No
Pacific	3,398	682	20	48	70	95	838	10	182	2,155	358	2,001	109	566	247	Yes
Pend Oreille	1,850	1,498	81	65	7	2	167	3	125	1,473	155	1,182	62	318	-	Yes
Pierce	138,714	44,624	32	1,439	8,431	11,282	30,992	5,051	19,962	61,555	5,042	67,430	6,028	20,844	14,224	Yes
San Juan	1,715	0	0	9	19	10	364	1	115	1,197	22	587	49	319	145	Inquired
Skagit	18,555	2,916	16	326	289	175	7,122	72	896	9,668	556	10,402	937	3,264	3,460	In Process
Skamania	981	0	0	7	5	8	126	3	58	771	35	517	49	149	18	No
Snohomish	111,123	17,653	16	1,090	13,049	5,872	25,090	1,161	9,306	55,537	3,471	47,716	5,878	17,973	17,438	Yes
Spokane	79,089	31,747	40	846	1,569	2,115	8,329	1,610	7,280	57,339	2,927	40,725	3,318	13,699	5,138	Yes
Stevens	6,674	5,578	84	415	128	112	689	18	497	4,815	171	3,841	270	736	149	Yes
Thurston	42,969	3,344	8	511	2,303	1,475	8,820	784	5,342	23,713	1,511	18,587	2,359	7,735	2,322	Yes
Wahkiakum	405	0	0	1	4	1	50	0	31	318	33	229	9	69	14	Yes
Walla Walla	8,614	1,812	21	26	92	89	3,758	19	274	4,353	221	5,276	391	1,427	1,370	Yes
Whatcom	27,923	5,666	20	975	1,227	349	6,402	89	2,044	16,837	969	12,323	1,920	4,754	3,068	Yes
Whitman	4,674	549	12	47	202	97	563	13	283	3,469	57	1,848	226	746	171	In Process
Yakima Oronal Tatal	52,449	36,614	70	1,645	345	314	38,234	27	989	10,890	2,027	40,336	1,435	7,800	15,050	Inquired
Grand Total	1,106,599	352,474	32%	13,213	100,927	53,629	293,335	16,643	99,234	529,379	36,097	524,671	53,665	170,119	163,105	N/A

#### Table 2: Overburdened Communities and Vulnerable Populations by County: Data excerpt from OSPI Report Card Data Base 2024-2025 School Year



#### Section 3: Tribal Engagement and Consultation

#### 1. Summarize Tribal engagements and invitations for Tribal consultation to date.

The Board engaged with Tribes on several occasions. There were two listening sessions, two Dear Tribal Leader Letters, tabling at Tribal community events, and one-on-one conversations with Tribal members. Steven Kutz, a State Board of Health Member representing a federally recognized Tribe in Washington, provided feedback during and outside of board meetings.

The Board's staff and Tribal Liaison provided information about the development and engagement of proposed school environmental health and safety rules with department's Tribal engagement staff, the Governor's Office of Indian Affairs, and Tribal events when engaged in conversation about the board's work.

- On July 11, 2024, Board staff sent a Dear Tribal Leader Letter to the Federally Recognized Tribes of Washington state to provide notice of the upcoming rulemaking and inform Tribal Leaders that a listening session would be held on July 22, 2024.
- On July 22, 2024, Board staff hosted a listening session.
- In July 2024, Board staff provided information at the American Indian Health Commission's Tribal Opioid Conference and shared printed materials about the rule revision project.
- In August 2024, Board staff provided information and spoke at the Office of Native Education's State Tribal Education Compact Schools (STEC) Convening and shared printed materials about the rule revision project and about opportunities to engage with the rulemaking.
- In January 2025, Board staff sent an email to Washington State Native American Education Advisory Committee (WSNAEAC) leadership offering to share information at a WSNAEAC meeting and shared the opportunity to provide written comment.
- On March 3, 2025, Board staff sent a second Dear Tribal Leader Letter to the Federally Recognized Tribes of Washington state to provide notice of the upcoming rulemaking and inform Tribal Leaders that a listening session would be held on April 7, 2025.
- Board staff contacted the federally recognized Tribes of Washington state, Tribal community health organizations and STEC schools to invite them to the April 7, 2025, listening session.
- At the April 7 listening session, four attendees joined, each representing different Tribes and Tribal organizations.

For the full list of outreach to Tribal contacts, see Appendix 1.

For more details of the April 7, 2025, Tribal listening session, see Appendix 2.

#### 2. Describe likely impacts to Tribal rights and resources associated with this action.

At this time, the Board has not addressed standards around Native American Boarding Schools in Washington state, but it is important to highlight the impacts to indigenous peoples. Native American Boarding Schools were created<sup>30</sup> as the government's attempt to remove children from their families and erase Native language, culture, and beliefs. Many Native people in Washington state have been directly impacted or are

<sup>&</sup>lt;sup>30</sup> https://www.sos.wa.gov/archives/explore-our-collection/national-history-day-topic-guide/native-american-boarding-schools (Last Assessed May 2025)



close to someone who was directly impacted by boarding schools. The historical context of boarding schools emphasizes the need for comprehensive health and safety rules in school settings. The Attorney General's Office <sup>31</sup> identified 17 Indian boarding schools in Washington state that participated in forced assimilation. This highlights the state government's role in perpetuating harm against Native students, families, and culture. To ensure the Board is not continuing harm, it will continue to collaborate with and learn from Tribes and Tribal organizations.

During Tribal listening sessions and other Tribal engagements, Board staff affirmed that STEC Schools are exempt from this rule. Board staff also received feedback highlighting concerns over the definition of fragrance (WAC 246-370-070); the specific example used was related to the cultural practice of smudging, which involves the burning of sage. This concern will be addressed in updated Department guidance and best practices. The language pertaining to fragrances is not meant to inhibit Tribal cultural or spiritual practices.

# 3. Summarize how information received from Tribes and Tribal organizations informed decision-making about this action.

Board staff received questions about the applicability of the proposed rule on school facilities operated by public school districts on land recently purchased by a Tribe. Schools operated by Tribes on reservation land are exempt from these standards, but schools operated by non-Tribal entities on Tribal land, such as a public school district, are required to meet the standards of the rule. Members of Tribal public health agencies shared about resources they use for their school health and safety, such as the Bureau of Indian Education. Agency staff are committed to continuing to connect with the Bureau of Indian Education and the OSPI's Office of Native Education.

A Tribal member asked if fragrances, such those that result from the cultural practice of smudging, apply to this rule. Staff indicated that the language is not intended to prohibit cultural practices. Additionally, staff shared that they would provide clarification in Department guidance and best practices. Board staff chose not to provide a list of exemptions in the rule, as it could limit other cultural practices through omission. Using the guidance to address cultural practices allows for greater inclusion and flexibility.

Board staff incorporated specific comments from Tribes and Tribal organizations into the rule, such as the clear exemption for STEC schools. Additional comments will be used to inform Department guidance and best practices, which will also utilize information received from Tribes and Tribal organizations. This will allow for additional conversations to take place between agencies, Tribes and Tribal organizations.

# 4. Describe any plans for ongoing and/or future Tribal consultation after the publication of the EJ Assessment.

Board staff will continue to connect with staff at the Bureau of Indian Education and coordinate with the OSPI's Office of Native Education. The Board will need to continue to collaborate and ensure that Tribal perspective is considered, both during and after development. Staff will continue to keep Tribes informed of any changes, regardless of direct impact, and provide formal consultation if requested. This is also stated under RCW 43.376.020. Board staff will be available for future comments and questions regarding the proposed rule.

<sup>&</sup>lt;sup>31</sup> https://www.sos.wa.gov/archives/explore-our-collection/national-history-day-topic-guide/native-american-boarding-schools (Last Accessed May 2025)



### Section 4: Community Engagement Summary

# 1. Summarize engagement with people from overburdened communities and vulnerable populations to date.

#### **Listening Sessions**

Across Washington state, many school communities—such as Yakima, Pasco, Auburn, and Vancouver—are overburdened, with significant proportions of students from low-income, minority, English learner, and special education populations. For example, in districts like Union Gap and Pasco, over 70% of students are economically disadvantaged, and Latino students make up the majority, with high rates of English language learners. Similarly, districts such as Evergreen and Auburn report that over half of their students are from minority backgrounds and qualify for free or reduced-price lunch. These communities face compounded challenges including poor indoor air and water quality, extreme temperatures, asthma triggers, outdated infrastructure, and limited access to environmental health information. Disparities in resources, teacher diversity, and building safety place undue burdens on these populations, making them particularly vulnerable to environmental health risks and less equipped to adapt to new health and safety regulations without targeted support and investment.

The Board held multiple listening sessions across the state for community members, families, teachers, and school staff to share comments and concerns regarding environmental health and safety in schools. Six inperson sessions were held from October 2024 through February 2025 in Yakima, Lacey, Spokane, Vancouver, Pasco, and Auburn. Map 5 shows the overlay of our public meetings and listening sessions with overburdened communities. There were three virtual listening sessions held for a statewide audience in January and February 2025. 53 individuals attended a total of six in-person listening sessions, plus state and local public health officials.

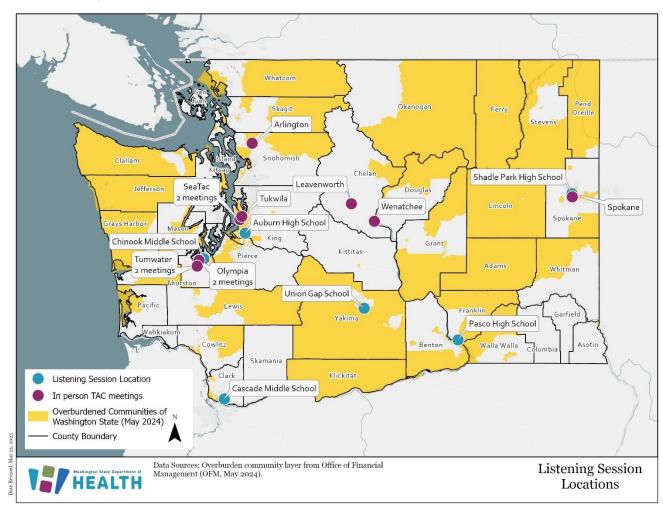
To engage with community at each in-person session, the Board contacted the Educational Service District and school districts associated with the location. The Board also contacted community-based organizations, Parent Teacher Student Associations (PTSAs), and organizations serving local BIPOC, disability, and LGBTQ communities. The Board provided flyers in English and Spanish, with Russian translation added for Vancouver, Pasco, and Auburn. Each session had Spanish and ASL interpretation services available, with Russian added for Vancouver, Pasco, and Auburn.

Additionally, the Board hosted three virtual listening sessions on Zoom in January and February 2025. Agency staff shared changes in regulations for feedback from community members, families, teachers, and school staff. 171 individuals participated in three virtual listening sessions, including state and local public health officials.

Information about the three virtual listening sessions was included in January newsletters published by the Department's HEAL Implementation team for more than 2,000 subscribers. For the two February 24, 2025, virtual listening sessions, the Board contacted all Educational Service Districts, all major school districts, statewide community-based organizations, PTSAs, and statewide organizations serving BIPOC, disability, and LGBTQ communities. The Board provided flyers in English, Spanish, and Russian. Each session had Spanish and ASL interpretation services available.

For full demographic information for each of the regions in which listening sessions were held, please see Appendix 2.





#### Map 5. Listening Sessions and Overburdened Communities

#### Written Comments

Agency staff received 79 unique comments throughout the informal comment period held from December 2024 through February 2025. We provided an extended period to allow for as many people to review and comment on the proposed rule. We also sent out multiple GovDelivery notices and met with different organizations to inform interested parties about the comment period.

#### **Technical Advisory Committee**

The proposed rule language was developed in collaboration with a TAC, whose composition was primarily dictated by the 2024 proviso. The TAC included members from OSPI, the Department, small and large school districts, the Washington associations of school administrators, school directors, maintenance and operations administrators, school business officials, and representatives from PTSA and other community-based organizations. The TAC met 17 times between August 2024 until May 2025.

#### **Follow-up Communication**

An email summary of the outcomes of the rule revision project was sent to all previous non-Tribal community contacts. This follow-up email invited community contacts to stay connected to the progress of this work and informed them of next steps. Next steps include adoption and funding of rules by the Washington state legislature, which could include informal or formal comment periods. In addition, the Department will publish



the final Environmental Justice Assessment in the HEAL Newsletter, which had 2,666 subscribers at the time of this publication.

# 2. Summarize information received from people from overburdened communities and vulnerable populations.

Board staff did not request any personally identifying or demographic information from participants to ensure that individuals felt comfortable sharing their experiences and concerns. Participants raised the following concerns through written comments, in-person listening sessions, and virtual listening sessions: Air quality (vaping, fragrances, wildfire smoke, filtration and how to measure air quality); illness in schools, especially for immunocompromised children; cost of implementation; general wildfire issues; extreme temperatures; playground materials; presence of outdoor green space; safe drinking water; mold; pest management; chemical safety; bathroom maintenance; noise control; reporting requirements for inspections; all gender restrooms and showers; and lactation rooms. For detailed concerns from each individual listening session, please refer to Appendix 2.

# 3. Summarize how information received from people from overburdened communities and vulnerable populations informed decision-making about this action.

Agency staff compiled themes and suggestions from written comments and listening sessions and presented them to the TAC. When considering whether to incorporate community input, the TAC considered the scope of the rule revision, the variety of school facilities, the variety of funding available to update schools, and how the rule language would impact OCVPs.

The scope of the rule revision is to establish the minimum environmental health and safety standards in schools. Many suggestions from community members wanted to incorporate best practices into rule language; however, best practices will be compiled and published in Department guidance, not in the rule language. The intent of this rule is to establish minimum standards and best practices frequently change, so incorporating them into guidance allows easy updating to align with emerging science. Suggestions for best practices will be considered as Department develops guidance for implementation and were typically excluded from the proposed rule language. One example of this is the indoor air quality section of the rule (WAC 246-370-070). Agency staff received several comments requesting that stringent indoor air quality rules be established according to emerging science around infectious disease prevention and control. This type of comment would be characterized as the best practice to be incorporated into guidance and not the rule language.

The TAC also considered the wide variety of facilities and funding available to update facilities to meet new standards. Schools can serve anywhere from fewer than 10 students to more than 2,000 and have a similarly wide range of available funding. Therefore, the TAC considered draft rules that establish minimum health and safety standards to limit the burden to schools without ready access to funding. Many community members were concerned that their schools would be penalized for not having the funding to make updates required by the rules. One example of this is the indoor air quality section of the rule (WAC 246-370-070). Because many schools cannot afford HVAC updates, the TAC incorporated flexibility into the rule language to avoid burdening or penalizing these schools, such as multiple pathways to meet the proposed standard.

Potential impacts to overburdened communities and vulnerable populations were also considered in the development of the rule language. Agency staff and the TAC considered who has historically borne disproportionate burdens of environmental harms, and who would likely be most impacted by the rules, if implemented. One example of this is the section of the rule on access to showers (WAC 246-370-060). Agency staff were told that many students can only access showers in school facilities. To support student access to this benefit of their built environment, agency staff and the TAC established a minimum number of showers based on the student population of a school.



# 4. Describe plans for ongoing engagement with people from overburdened communities and vulnerable populations.

The Board is committed to keeping overburdened communities and vulnerable populations informed about this work. The Board has developed communication plans and different educational documents to provide insights and updates regarding this proposed rule. Further steps pertaining to next steps are dependent on decisions made by the legislature.



### Section 5: Strategies to Address Environmental Harms and Equitably Distribute Environmental Benefits

- 1. Which of the following strategies will the agency pursue to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits (check all that apply):
  - □ Eliminating the disparate impact of environmental harms on overburdened communities and vulnerable populations;
  - □ Reducing cumulative environmental health impacts on overburdened communities or vulnerable populations;
  - □ Preventing the action from adding to the cumulative environmental health impacts on overburdened communities or vulnerable populations;
  - Providing equitable participation and meaningful engagement of vulnerable populations and overburdened communities in the development of the significant agency action;
  - Prioritizing equitable distribution of resources and benefits to overburdened communities;
  - □ Promoting positive workforce and job outcomes for overburdened communities;
  - □ Meeting community needs identified by the affected overburdened community;
  - Modifying substantive regulatory or policy requirements; and
  - Any other mitigation techniques, including those suggested by the Environmental Justice Council, the Office of Equity, or representatives of overburdened communities and vulnerable populations.

#### 2. Briefly describe the proposed method/approach for each strategy selected in Section 5, Question 1.

Map 5 illustrates where listening sessions and in-person public TAC meetings were held in relation to the identified OCVPs. These public session locations align closely with the identified OCVPs in Section 2. While agency staff did not ask for any identifying or demographic information from participants, staff prioritized engagement in geographies that aligned with OCVP analysis. In addition, the Board held several virtual meetings in the evenings to allow greater participation opportunities.

The recommended phased implementation of the proposed rule (chapter 246-370 WAC) from the existing rule (chapter 246-366 WAC) sets new minimum health and safety standards for schools. Through the guidance of the TAC and the Board, all aspects of the proposed rule were considered through an equity lens. How to best benefit the students, what was fiscally possible, and how to implement critical safety measures as quickly as possible were just some of the aspects that were considered when introducing the proposed language. The voices of Tribal governments, community members, school administrators and staff for large and small schools, as well as parent groups and local health jurisdictions, were considered in setting the proposed standards. These diverse perspectives provide the best opportunities for environmental justice and safety for all students and in OCVP and Tribal schools and districts.

#### **Environmental Justice Report**



### 3. Describe additional strategies the program has identified to eliminate, reduce, and/or mitigate harms and equitably distribute benefits.

There are no identified harms to mitigate with this proposed rulemaking.

By proving consistent baseline requirements for all schools, the Board and Department anticipate that equitable distribution of benefits should occur.

4. If the agency determines that it does not have the ability or authority to eliminate, reduce, or mitigate environmental harms caused by a significant agency action, or does not have the ability or authority to address the equitable distribution of environmental benefits, provide a clear explanation of why it has made that determination.

Does not apply.

5. Identify performance measures or indicators (recommended 3-5) that can be used to track the equitable distribution of environmental benefits and/or the elimination, reduction, or mitigation of environmental harms for OCVPs, or Tribes.

OSPI collects extensive amounts of data that is used for school and district accountability. They provide information to the Legislature and other stakeholders and write policies at the state, local, and federal levels. The ICOS is a web-based site and facilities inventory tracking system where information and building condition details about each school district are stored. ICOS meets the increasing demand for accurate school facility information and building condition data that supports statewide programs such as the School Construction Assistance Program (SCAP), District facility management, and school facility information requests or policy decisions. This information supports the performance-based Asset Preservation Program, which gauges how well the facilities, buildings, and sites are maintained.

Poverty is highlighted as a risk factor for adverse outcomes for the listed environmental health impacts. Free or Reduced-Price meal benefits (ICOS labels this as low-income) are often used as a proxy for measuring poverty at the individual school level. Examples of measures from ICOS that could be used to track equitable distribution of environmental benefits and/or the mitigation of environmental harms for OCVPs or Tribes could include measuring "low-Income" student enrollment against:

- The schools that have voluntarily reported as completing a routine inspection as outlined in chapter 246-370-040 of the proposed rule with a three-year time period.
- The schools that have voluntarily reported that they have created an indoor air quality plan as outlined in chapter 246-370-070 of the proposed rule.
- The schools that have voluntarily reported that they have created an extreme temperature readiness plan as outlined in chapter 246-370-080 of the proposed rule.



### Appendix A: Tribal Contacts

Federally Recognized Tribes of Washington state

- Confederated Tribes of the Chehalis Reservation
- Confederated Tribes of the Colville Reservation
- Cowlitz Indian Tribe
- Hoh Indian Tribe
- Jamestown S'Klallam Tribe
- Kalispel Tribe of Indians
- Lower Elwha Klallam Tribe
- Lummi Nation
- Makah Tribe
- Muckleshoot Indian Tribe
- Nisqually Indian Tribe
- Nooksack Indian Tribe
- Port Gamble S'Klallam Tribe
- Puyallup Tribe
- Quileute Tribe
- Quinault Indian Nation
- Samish Indian Nation
- Sauk-Suiattle Indian Tribe
- Shoalwater Bay Indian Tribe
- Skokomish Indian Tribe
- Snoqualmie Indian Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe
- Stillaguamish Tribe of Indians
- Suquamish Tribe
- Swinomish Indian Tribal Community
- Tulalip Tribes
- Upper Skagit Indian Tribe
- Confederated Tribes and Bands of the Yakama Nation

Outreach to 28 Tribal Health Departments, Washington state

Outreach to 24 Tribal Education Departments, Washington state

Contacted an additional 14 Native American organizations and 7 STEC/Tribal compact schools, Washington state

#### Appendix B: Listening Sessions

#### Yakima Listening Session, October 10, 2024

- The Yakima listening session was held at the Union Gap School and had five participants plus local and state public health officials.
- The Union Gap School District is comprised of 572 students, 83% Latino,1% AIAN, .9% Black, 13% white. About 25% of the students are English language learners, 93% qualify as low-income students and 16% are classified as disabled.
- The Educational Service District (ESD) 105 in Central Washington serves 66,188 students; 54% Latino, 38% white, 3.8% AIAN, 22% English language learners, 70% low- income.
- The Mount Adams School District (on the Yakama Reservation), the Yakima School District, and the Union Gap School District shared the flyer and social media post reaching families of approximately 16,953 students.

Participants raised the following concerns:

- Kids vaping in bathrooms is #1 complaint to the LHJ
- Locked bathrooms (due to vaping) is #2 complaint to LHJ
- Costs of implementation
- Air Conditioning; smell of formaldehyde
- Plant trees
- Air quality, especially during wildfire season
- Effects of smoke on HVAC system and filters
- Children and staff with asthma being sent home during wildfires
- Playground materials for cushioning
- Use of incentives to use best energy standard practices

#### Thurston County Listening Session, November 12, 2024

The Thurston County session was held at Chinook Middle School in Lacey and had four participants and their children, plus local and state public health officials.

The North Thurston Public Schools District is comprised of 24 schools and 15,028 students, with minority enrollment about 50%; 28.6% of students are economically disadvantaged. The student population is 45.6% White, 5% Black, 7% Asian or Asian/Pacific Islander, 22% Hispanic/Latino, 1% AIAN, and 2.8% Native Hawaiian or other Pacific Islander, and 16% of students are of two or more races.

The Olympia, Tumwater and North Thurston School Districts shared the flyer, reaching families of approximately 36,328 students.

Participants raised the following concerns:

- Cleaning of practice mats; controlling for ringworm
- Drinking fountains (cleanliness)
- Clean water; reports of children needing to bring their own bottled water
- Testing of water
- Funding
- Availability of school nurses at all schools

Biggest goals for this project/committee

- Indoor air quality; extreme temperatures
- Regulations for chemicals
- Integrated pest management- require professional contractor?
- Children eating lunch in classrooms; food debris, pests more likely
- Schools required to start composting in 2026
- Complaints about noise in cafeterias; children prefer to eat in classroom
- Asthma; teachers bringing in scented soap or room scent
- Suggestion to have bonuses or incentives if schools follow best practices

#### Spokane Listening Session, November 19, 2024

- The Spokane listening session was held at Shadle Park High School and had eight participants and local and state public health officials.
- This school district has approximately 29,000 students in 57 schools. The student population is 66% white, 13% two or more races, 11.5% Latino, 3.6% Black/African American, 2.4% Asian, 2.4% Pacific Islander, 1.1% Native American. About 8.5% of students are English Language learners, and 62% are low-income.
- The ESD sent the event flyer to 57 schools, for the families of approximately 29,000 students.

Participants raised the following concerns:

- Vaping: discussed that there might be 20 girls in the bathroom, smoking
- Hard to access restroom due to vaping
- People eat in the bathroom
- Bathroom smells like sewage, often out of paper towels
- Non responsiveness to vape detectors going off
- Closed bathrooms during school hours and events
- Things floating in toilets; deliberate plugging of toilets
- Asks: no vaping, please flush, reinforce the phone ban, showers are not private. Water fountains are not clean, clean these better. Food is not fresh. Ventilation system is so loud. There was a stabbing in the bathroom.

#### Vancouver Listening Session, December 9, 2024

- The Vancouver listening session was held at Cascade Middle School and had seven participants plus local and state public health officials.
- The Evergreen School District is comprised of 39 schools and 22,113 students. The district's minority enrollment is 50%. About 54% of students are economically disadvantaged. The student population is 49% White, 3% Black, 6% Asian or Asian/Pacific Islander, 30% Hispanic/Latino, .4% American Indian or Alaska Native, and 3.4% Native Hawaiian or other Pacific Islander. In addition, 9.5% of students are of two or more races and 18% of students are English learners. An audit from 2020 indicated that 45% of students were BIPOC, while 90% of teachers and administrators were white.
- The Evergreen School District shared the flyer to the families of 22,000 students and also staff. The Vancouver School District shared the flyer to approximately 17,000 families of students, and the Battleground School District shared the flyer to their community page available to families of 12,654 students.

Participants raised the following concerns:

- Clorox wipes should not be used; their hazard list is not good
- How do we get cleaning agents out of the classroom?
- How do we protect kids on playgrounds when they have hard surfaces?
- We shared that the TAC has been discussing IAQ and ventilation
- No scented cleaners or air fresheners
- Exhausting air outside and not recirculating air
- Shared that Department has guidance on basic IAQ items
- Parents were concerned about children not having jackets during the colder months
- How can we ensure that wet floors get cleaned up (like right after recess)
- We asked if there were any issues with smoke or if the buildings were too cold or hot for their students. No one mentioned any.
- We asked if there was an issue with kids vaping in the schools
- Parents stated that the school shuts down the bathrooms to stop the vaping.
- Parents think that the playground could be safer by requiring more recess aids
- Tri-Cities listening session, January 13, 2024
- The Tri-Cities listening session was held on January 13, 2025, at the Pasco High School, Pasco, WA and had 26 participants plus local and state public health officials.
- The Pasco School District is comprised of 25 schools and 19,403 students. The district's minority enrollment is 79%. About 74% of students are economically disadvantaged. The student population is 22% White, 1% Black, 1.8% Asian or Asian/Pacific Islander, 73% Hispanic/Latino, .1% American Indian or Alaska Native, and .3% Native Hawaiian or other Pacific Islander. In addition, 2.4% of students are of two or more races, 36% of students are English learners and 15% are in special education. About 7.3% of students are migrants.
- The Pasco School District shared our flyer twice with the families of approximately 19,000 students

Participants raised the following concerns:

- Concerns about mold, and how to detect it
- Concerns about water quality, air quality, and how to learn about these (how to access the information)
- Are there contaminants in the water?
- They hear things (re water quality) and don't know where to find the information
- Information and rules are different for each school district
- Concerns re PFAs in Kennewick water
- Have a program to give an award for best information, or a contest for a picture
- Involve the students
- Concerns regarding safety on stairs (bullying on stairs)
- Minimum standards for snow days and air quality (outside air)
- Need a comprehensive table that shows where to find school information (re hazards)
- L&I rules protect adults who are working; we need to be more protective for vulnerable kids
- Private schools lack funding and may be renting their building; take that into account
- Cigarettes or vaping in bathrooms. Bathrooms are dirty, and groups may not allow others into restrooms
- Food is repetitive
- Older school, the heating unit had smoke and building evacuated.
- Gap in Medicaid if they maybe earn slightly too much; child's medical equipment needs not covered. Children need accessible medical care.
- Concerns re the three-year inspection schedule; what happens in the years without inspection?
- Suggestion to have a rating system for schools, similar to restaurants; like they got an A+ on inspection.

#### Auburn Listening Session, February 10, 2025

- The Auburn listening session was held on February 10, 2025, at Auburn High School, Auburn and had three participants plus local and state public health officials.
- The Auburn School District is comprised of 27 schools and 18,236 students. The district's minority enrollment is 3% Hispanic, 14% Asian, 9% Multi-racial, 8% Blac/African American, 6% Native Hawaiian/Pacific Islander, 1% Native American, 29% White; approximately 25% of our students are English Learners, 12% receive special education support and 63% of students qualify for free or reduced lunch.
- The flyer was shared by ESD 121, the Auburn School District shared the flyer (on the day of the event), to the families of 18,236 students attending 27 school in the Auburn School District, and the Seattle School District shared to the families of 51,215 students attending 103 schools.

Participants raised the following concerns:

- Drinking water
- Food quality
- Water reported to taste weird
- Concerns about comment period ending
- Concern regarding this meeting having been rescheduled
- Playground safety
- Natural disasters and safety
- Temperature control
- How to find the results of school inspections
- Report of the band room, that is too hot
- Concerns re mouthpieces on water fountains; are they tested?
- Disposing of chemical waste from classrooms
- Is there collaboration in the school rule process?
- Gender affirming bathrooms
- RCWs for lactation rooms for staff and students

#### Online Listening Session, January 30, 2025

- The January 30, 2025, Online listening Session had an unusually high number of attendees, and through investigation, it was found that session had 850+ attendees, and likely a majority were bots, attracted by compensation. For that session, likely 50 or less were real attendees (not bots).
- Outreach for this session was done by the HEAL Team online newsletter, which reaches approximately 2,000 viewers.

Participants raised the following concerns:

- Air quality
- Air filtration
- Prolonged time spent indoors
- Stray dogs and cats on campus
- Increase or guarantee water quality testing
- Sanitization of mouth pieces on water fountains
- Comment not enough time to get word out. Need to reach more families. Ideas include:
  - Avoiding dinnertime
  - Avoid big blocks of text
  - o Avoid technical language, break down into simple terms
  - o Use large fonts, lots of visuals, color coding and high contrast background
  - o Deliver from direct people, school counselors, local orgs

- Question re how environmental justice and focus groups are done
- Wildfire seasons, air quality, climate change, pandemics, EPA not regulating
- Indoor air quality. Mask mandates have gone away and has impacted immunocompromised folks.
- Prioritize protecting immunocompromised folks.
- Last time the rule was updated?
- · Accountability to incorporate feedback from these community meetings into the rule
- Drinking water and concern for contaminants
- How to pin for Spanish interpreter for those that arrive late
- Framing impacted people as experts.
- Sharing information with family resource centers and places where there is already trust.
- Food waste in schools how can it be reduced
- What is "informal comment"?
- Accountability- will comments be incorporated into rule?
- Student compensation

#### Online Listening Sessions (2), February 24, 2025

• We held two online sessions on February 24, 2025. The daytime session, 11:00 a.m. to 1:00 p.m., had 101 attendees plus Public Health staff. The nighttime session, 6:00 to 8:00 p.m. had 20 attendees plus Public Health staff.

Outreach for this session began February 10, 2025.

- GovDelivery sent by the Department on December 24, 2024, to 7,270 saved contacts, 93.9% delivery rate
- GovDelivery sent by the Board on December 24, 2024, to 260 subscribers, 97% delivery rate 152 unique openings
- Lori Kanes from TPCHD sent a reminder to her 191 school contacts in her district of providing comments
- Contacts at Public Health, Seattle-King County were asked to share the event through their contact list.
- School Districts and ESDs contacted included all (9) Washington state ESD offices, Seattle Public Schools, Olympia School District, Auburn School District, Cascade School District, Tumwater School District, Yakima School District, Union Gap School District, Wapato School District, West Valley School District, White Swan School District, Puyallup School District, Federal Way Public Schools, Richland School District, Columbia School District, Kennewick School District, Pasco School District, Camas School District, Ridgefield School District, Battleground School District, Vancouver School District, Wenatchee School District, Arlington Public Schools, Mount Vernon School District, Evergreen Public Schools.
- Native American organizations contacted included the Bureau of Indian Education, Puyallup Tribal School, Muckleshoot Tribal School, Tribal-Compact Schools (Office of Native Education), Affiliated Tribes of Northwest Indians (ATNI), Salish School of Spokane, Northwest Native American Research Center for Health (NW NARCH), National Native American Boarding School Healing Coalition, United Indians of All Tribes, Nisqually Tribal Education office, Seattle Public Schools Native American Education
- Latino organizations the flyer was sent to included Washington MESA, MEChA YVCC, Centro Cultural Mexicano, El Centro De La Raza, Tri-Cities Latino Community Network (TCLCN), Cielo, La Casa Hogar, WA State Commission on Hispanic Affairs, Migrant Education Parent Advisory Council, OSPI, Latinx Advisory Committee, Casa Latina, Latino Community Fund
- Community-based and other organizations the flyer was sent to included Alliance for Education, Somali Health Board, Utopia WA, One America, Spokane NAACP Youth, NAACP Northwest, Seattle King County NAACP, NAACP Yakima County, Casa Latina, Latino Community Fund, Community Action of Skagit Valley, , PFLAG- (LGBTQ+), Lambert House (LGBTQ youths, the Washington state LGBTQ Commission, the League of Women Voters of Washington, League of Women Voters of Benton and Franklin Counties, The Arc of King County, Arc of Tri Cities, Children's Council of Skagit County, WEA, WAMOA, Washington Stem, Whidbey Island Language, Art & STEM Center (WILASC), School Nurse Corps (OSPI), School Nurse Organization of Washington (SNOW), Washington Autism Alliance, Rainier

Beach Action Coalition, The Rural Alliance, WA State PTSA, Seattle PTSA, Bellevue PTSA, multiple school PTSA, Seattle Special Education PTSA, WA State Chapter- Sierra Club, JConnect Seattle, Alliance for Education, Washington State Charter Schools Association, Washington Association of School Business Officials, Washington Federation of Independent Schools, Association of Washington School Principals, Washington Association of School Administrators, Yakima Health District, Washington State School Directors' Association, Stilly Valley Health Connections, Envision Career Academy, Thurston County Chamber of Commerce, Mid-Columbia Libraries, WA Center for Deaf and Hard of Hearing Youth.

• The Auburn School District sent the flyer to families of approximately 17,000 students attending 26 schools in the district.

Participants raised the following concerns:

- Homeschooling due to indoor air quality at schools
- Illness in schools, especially for immunocompromised children
- Covid virus more stable when CO2 levels are high
- Need extreme temperature readiness plan for school districts.
- Cost of these rules and ranking process
- Should be minimum health and safety only. Reduce the number of toilets and showers to align with plumbing code.
- Portables should have air filters and handwashing stations.
- Improved IAQ caused improved test scores and less absenteeism.
- Need clear ventilation/air quality standards.
- Follow ASHRE 241 recommendations
- Two Air cleaners \$325 total
- <u>CR Boxes</u> that parents can help with; parents are not allowed to donate.
- Connecticut legislature granted 11.5M for CR Boxes for schools.
- Parents have asked to supply CO2 meters to classrooms and are being denied.
- For CO<sub>2</sub>, define what is allowable and what is best practice; should be 800 ppm or less.
- Absences are increasing and affecting school funding.
- School example with significantly more illness with a decrease in ventilation but increase in filtration.
- What renovations would trigger LHJ involvement?
- Standards for showers? Least utilized by students.
- Mechanical ventilation and lack of in many schools
- Excessive heat will impact students' health, participation, and safety at school.
- Cost of the rule
- Define minimum standards and best practices.
- Risk assessment and risk ranking process
- Undue burden on private schools... new rules should only apply to public schools which receive taxpayer funding.
- Was there an increase in hospitalization or deaths of children (related to schools) that caused the rule review?
- Does this require a tax raise on state residents?
- Potential overstep of authority from the State, specifically private and homeschooling situations
- Inspection takes time away from students
- Advocating for improved/optimal HVAC systems
- Government oversight and overreach

#### Tribal Listening Session, April 7, 2025

• The Tribal listening session was held on April 7, 2025, by Zoom; 3:30 to 5 p.m. This session had four attendees plus Public Health officials.

Outreach for this session began March 4, 2025.

- Government to Government letter sent to all Tribal Chairs in Washington state "Invitation for Collaboration Rulemaking Regarding School Environmental Health and Safety".
- HEAL Tribal Engagement Coordinator, Department of Health HEAL team, contacted seven Tribal Organizations and seven STEC / BIE schools.
- An additional five Native American organizations were contacted.
- All 30 Federally Recognized Indian Tribes in Washington state; contacted with Tribal Leader letter, and then almost all Tribes contacted twice, contacted by phone and email to Health Director and Education Director.

Participants raised the following concerns:

- Attendees asked to have the presentation slides (now emailed)
- Encouraged staff to collaborate with BIE (Bureau of Indian Education). They do annual checks and are out of Albuquerque, NM. They test water, look at safety plans, for asbestos, etc. They would like reporting to align so there is no duplication.
- Encouraged staff to share information with listening session participants, OSPI, Office of Native Education and Amanda Bryant, BIE, Education
- Concern regarding regulations on room scent devices and fragrances. Impact on Native Americans traditional use of sage with fragrance-free proposed regulation.
- Need follow up to question about Tribe (Tulalip) purchasing land from Marysville SD and leasing it back to them. Would rules apply if the building/land is tribal owned but leased to a non-tribal SD?



# School Environmental Health and Safety Rule Project

**Legislative Report Review** 

Nina Helpling, State Board of Health, Policy Advisor Ash Noble, State Board of Health, Policy Advisor June 4, 2025

# WASHINGTON STATE

# Overview

- Proviso
- Community Engagement
- Environmental Justice Assessment
- Summary of Changes
- Legislative Report
- Motions

1

# Proviso

## Funding & Purpose

- \$750,000 allocated for FY 2025 to update school health & safety rules.
- Goal: Establish minimum statewide health & safety standards for schools.

## **Key Considerations**

- School district size & regional cost differences.
- Age of schools & feasibility of phased implementation.
- Other variables impacting rule implementation.

## **Final Report**

- Due June 30, 2025
- Draft rules with advisory committee input.
- Sections prioritized with the greatest student health & safety benefits
- Recommended implementation order
- Additional recommendations for rule implementation
- Include a fiscal analysis.
- Include an environmental justice assessment.

# Proviso

## **Advisory Committee Composition**

- Office of Superintendent of Public Instruction (OSPI)
- Small & large school districts
- WA Association of School Administrators
- WA State School Directors' Association
- WA Association of Maintenance & Operations Administrators
- WA Association of School Business Officials

# **Full Project Representation**

### Associations

- Association of Washington School Principals
- School OPS
- The Rural Alliance
- Washington Association of Maintenance & Operations Administrators (WAMOA)
- Washington Association of School Administrators (WASA)
- Washington Association of School Business Officials (WASBO)
- Washington Education Association
- Washington State Association of Local Public Health Officials (WSALPHO)
- Washington State Parent Teacher Association (PTA)

### **Public School Districts**

- Auburn
- Bellingham Public Schools
- Evergreen (Clark County)
- Inchelium
- Lake Washington
- Richland
- South Kitsap
- Spokane

### **Private Schools**

- Washington Federation of Independent Schools
- Washington State Catholic Conference/Catholic Schools

### **Health Districts**

- Spokane
- Benton-Franklin
- Whatcom

### **State Agencies**

- Office of Superintendent of Public Instruction (OSPI)
- Washington State Department of Health (Department)
- Washington State Board of Health (Board)

# **Community Engagement**

### **In-Person Listening Sessions held** throughout WA State, 2024 – 2025

- Yakima
- Olympia
- Spokane
- Tri-Cities
- Vancouver
- Auburn

## **3 Online Listening Sessions**

1 daytime and 2 evening sessions ullet

## **Tribal outreach:**

- 29 Federally Recognized Tribes invited to two separate Tribal Listening Session
- 12 Tribal educational or community organizations

### **9 Educational Service Districts**

- 24 school districts • Flyers to families of 198,232 students 364 schools contacted **Community outreach:**

- Latino
- BIPOC
- LGBTQ
- Disability
- Other community-based organizations  $\bullet$

# **Environmental Justice Assessment**

# Summary

Included in the Legislative Report

# Full report

- Full Background
- Section 1: Benefits and Harms
- Section 2: Identifying Overburdened Communities and Vulnerable Populations
- Section 3: Tribal Engagement and Consultation
- Section 4: Community Engagement Summary
- Section 5: Strategies to Address Environmental Harms and Equitably Distribute **Environmental Benefits**

# Summary of Changes

### No Change from chapter 246-366 WAC

- Noise
- Lighting
- Severability
- Appeals

### Updated

- Definitions
- Guidance •
- Site Assessments
- **Construction Plan Review** •
- **Routine Inspection** •
- **General Building** •
- Showers and Restrooms

### New

- **Imminent Health Hazards**  $\bullet$
- Playgrounds  $\bullet$
- Specialized Rooms

• Indoor Air Quality and Ventilation

# Legislative Report

- Patty's Cover Letter
- Executive Summary
- Background
- Environmental Justice Summary
- Proposed Rule
- Fiscal Report
- Implementation Recommendations
- Discussions and Concerns

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# Motions

1. The Board approves the draft legislative report and directs staff to finalize in consultation with the Chair and submit to the Office of the Governor and the appropriate committees of the Legislature.

OR

2. The Board directs staff to continue refining the draft report.



# 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.

