

# WASHINGTON STATE BOARD OF HEALTH

## **Draft Minutes of the State Board of Health**

**August 20, 2025**

Hybrid Meeting

ASL and Spanish interpretation available

WA Department of Labor & Industries (Auditorium)

7273 Linderson Way SW

Tumwater, WA 98501-5414

Virtual meeting: ZOOM Webinar

### **State Board of Health Members present:**

Patty Hayes, RN, MSN, Chair

Kelly Oshiro, JD, Vice Chair

Stephen Kutz, BSN, MPH

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

Paj Nandi, MPH

Peter Browning, MA

Mindy Flores, MHCM

Socia Love, MD

### **State Board of Health Members absent:**

### **State Board of Health staff present:**

Michelle Davis, Executive Director

Melanie Hisaw, Executive Assistant

Lilia Lopez, Assistant Attorney General

Ashley Bell, Equity and Engagement  
Manager

Crystal Ogle, Administrative Assistant

Hannah Haag, Community Engagement  
Coordinator

Michelle Larson, Communications  
Manager

Anna Burns, Communications Consultant

Marcus Dehart, Communications  
Consultant

Molly Dinardo, Health Policy Advisor

Ash Noble, Health Policy Advisor

Lindsay Herendeen, Health Policy Analyst

Cait Lang-Perez, Health Policy Analyst

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

Lauren Jenks, Department of Health

Michael Ellsworth, Department of Health

Kelly Cooper, Department of Health

Patty Hayes, Board Chair, called the public meeting to order at 9:05 a.m. and read from a prepared statement (on file). Michelle Davis, Board Executive Director, welcomed the Board and provided a Land Acknowledgement.

**1. APPROVAL OF AGENDA**

**Motion:** Approve August 20, 2025 agenda

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

**2. ADOPTION OF APRIL 9, 2025 MEETING MINUTES**

**Motion:** Approve the June 4, 2025 minutes

**Motion/Second:** Member Flores/Member Browning. Approved unanimously

**3. PUBLIC COMMENT**

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

Gerald Braude recapped the past testimony from Natalie Chavez and shared concerns regarding the characterization of children's deaths. G. Braude talked about the Department of Health (Department) retention of vaccine fact sheets on the website and criticized their credibility. G. Braude referenced a report from 11 months ago on those who lost jobs and licenses due to the mandates.

Bob Runnells expressed gratitude to the Board and the Department for engaging in the Fluoride Science Review. B. Runnells said the National Toxicology Program (NTP) deserves unbiased attention, cited family efforts to avoid fluoride for 50 years, and raised concerns about community water fluoridation (CWF) and informed consent. B. Runnells noted three Clark County jurisdictions requesting fluoride removal and called for stronger science-based education and respectful language.

Bill Osmunson said the law is clear, the Board is like a jury and must ensure safe water for the public. B. Osmunson recently gave a presentation in Washington, D.C. B. Osmunson said the Food and Drug Administration, the Centers for Disease Control and Prevention, and others do not have any safety studies on fluoride in drinking water. B. Osmunson asked the Board to stay focused on safety.

Mariah Kunz urged the Board not to initiate rulemaking on fluoride. M. Kunz is grateful for the Department and Board support of CWF and said the science doesn't call for action. M. Kunz discussed the federal changes and urged caution against changing the current fluoridation messaging and recommendations based on studies lacking scientific standards.

Russell Maier works for Pacific Northwest University and is intimately involved in the fluoride campaign. R. Maier said the risk should be weighed against the benefits. In their community, CWF is a proven method of reducing oral health problems, infections, and health conditions that impact overall systemic health and morbidity.

Natalie Chavez said fear-based information on measles and limited vaccine data is disheartening. N. Chavez discussed preventative measures, including natural immunity, nutrition, supplements, and sanitation, and inquired why public health doesn't address

these topics. N. Chavez said this is another example of why trust in public health is lacking and declining.

Mary Long spoke against promoting or adding CWF. M. Long said fluoride is a chemical and studies show that fluoride leads to dental fluorosis, thyroid suppression, and lower IQ. M. Long raised ethical concerns about mass medication without informed consent and urged the Board to ban fluoride in Washington.

Derek Kemppainen said cavities can be reversed, but IQ loss is permanent. D. Kemppainen said 56 percent of children in fluoridated areas lose IQ points. D. Kemppainen said fluoridation poses an unreasonable risk, causing IQ loss, and an economic loss of \$556 per person per year.

Jonathon Henry said 0.7 parts of fluoride is safe and doesn't cause brain damage. J. Henry emphasized public policy should be based on evidence, not fear. J. Henry said tooth decay harms lives and leads to emergency room visits. J. Henry expressed willingness to debate this issue and urged the Board to support CWF.

Beth Ottmon said the Board must assure safe drinking water, especially for the most vulnerable. B. Ottmon said no modern safety studies prove the 0.7 parts per million optimal is safe. B. Ottmon urged opposition to CWF and to put the health of families first.

#### **4. BOARD ANNOUNCEMENTS AND OTHER BUSINESS**

Michelle Davis, Executive Director, provided updates on staff and Board Member activities. Executive Director Davis announced Dennis Worsham as the new Secretary of Health. Although Secretary Worsham was unable to attend the meeting, the Board extended a warm welcome. Executive Director Davis also introduced Yen Baynes as the new Community Engagement Coordinator for the Governor's Interagency Council on Health Disparities (HDC).

Executive Director Davis noted a complaint submitted to the Attorney General's Office. Executive Director Davis provided updates on ongoing rulemaking projects and recent legislative reports for the Newborn Screening Project and the School Environmental Health and Safety Rule Project. Executive Director Davis also highlighted two video communication projects on school hearing screenings and the Board's Environmental Health and Safety Technical Advisory Committee (TAC). These projects were made possible through Foundational Public Health Services (FPHS) funding.

Executive Director Davis discussed new legislation requiring the Board to revise its rules regarding local board of health composition. Staff have started outreach with Tribes and local health jurisdictions (LHJs). Board Member Steve Kutz will serve as Board sponsor for this rulemaking. Staff anticipate filing the CR-101 in September to initiate the rulemaking process formally.

Executive Director Davis concluded the update by noting that a copy of the FPHS concurrence letter on funding allocations was included in the meeting materials. Executive Director Davis also stated that the team is currently preparing updates for the upcoming FPHS annual reporting.

Patty Hayes, Board Chair, emphasized the Board's unique opportunity to communicate the impact of FPHS funding. Chair Hayes shared that, unlike LHJs and the Department of Health (Department), whose stories often focus on direct programmatic impacts, the Board's narrative centers on its broader work and community benefits. Chair Hayes encouraged the group to reflect on how the Board's investments, spanning language access, community engagement, and staffing, translate into real community benefits. Chair Hayes invited Board Members to provide feedback on this approach and noted ongoing discussions to better frame these stories for audiences closer to the community level.

Executive Director Davis added that many of the Board's staff positions are funded by FPHS, including both of the Board's communication consultants who have been working on video and storytelling communications. Executive Director Davis expressed appreciation for their expertise in technical production and story development.

Peter Browning, Board Member, noted collaboration with the Washington State Association of Local Public Health Officials (WSALPHO) and suggested that the Board clarify its role at the local level. Member Browning emphasized the value of connecting these efforts to the community's safety and well-being, which helps tell a more compelling and relatable story.

## **5. DEPARTMENT OF HEALTH UPDATE**

Tao Sheng Kwan-Gett, Secretary's Designee, shared updates from the Department of Health (Department) and federal developments affecting public health. Member Kwan-Gett noted Dennis Worsham's appointment as the new Secretary of Health.

Member Kwan-Gett discussed the passage of H.R. 1, which includes drastic cuts to the Supplemental Nutrition Assistance Program (SNAP) and the elimination of the SNAP-Ed program. In Washington, 130,000 individuals are projected to lose their SNAP benefits by 2026. Member Kwan-Gett added that Washington will lose \$31-\$51 billion in federal Medicaid funding over the next decade. This could result in 250,000 Washingtonians losing Medicaid coverage and will affect rural communities where a high percentage of children rely on Medicaid. Member Kwan-Gett noted Washington is pursuing the \$50 billion Rural Health Transformation Fund. Member Kwan-Gett said H.R. 1 could impact student loans and Medicaid reimbursements for Planned Parenthood centers. The Washington Attorney General joined a multi-state lawsuit to block its enforcement.

Member Kwan-Gett also discussed that the current Health and Human Services (HHS) Secretary removed all Advisory Committee on Immunization Practices (ACIP) members and appointed new members who lack public health and science backgrounds. Additionally, the LGBTQI+ youth subnetwork of the 988 Suicide and Crisis Lifeline was shut down nationwide. However, the Department of Health (Department) is actively working to ensure that Washington's 988 crisis counselors are trained to support these youth.

Member Kwan-Gett said the Department will focus on mitigating federal impacts this 2026 legislative session. Member Kwan-Gett also discussed a locally acquired case of malaria in Pierce County.

Member Kwan-Gett concluded by reflecting on the tragic events at the Centers for Disease Control and Prevention (CDC) Atlanta offices on August 8. Member Kwan-Gett emphasized the importance of restoring public trust in public health systems.

Steve Kutz, Board Member, shared concerns about access to care in Washington State, particularly regarding uninsured people who visit emergency rooms, receive large medical bills, and face legal action to pay them. Member Kutz highlighted the difficulty people already face in accessing primary and specialty care, especially with Medicaid. Member Kutz emphasized the responsibility of the healthcare system to address these challenges, which are likely to worsen.

Member Kwan-Gett responded by acknowledging the significance of Critical Access Hospitals (CAH) in rural communities and agreed that healthcare access will continue to be a significant challenge. Member Kwan-Gett also noted that the State Health Improvement Plan (SHIP) had identified two priorities: healthcare access and mental/behavioral health. These priorities reflect the ongoing concern over access to care in Washington.

Peter Browning, Board Member, raised concerns about the impact of recent changes on smaller hospital districts in Washington. Member Browning emphasized that many districts may struggle to survive, with increasing charity-care costs being passed on to residents. Member Browning also highlighted the challenges smaller hospitals face in cutting back essential services that are not profitable, forcing patients to travel to larger cities for care. This could lead to serious access issues for those unable to travel, exacerbating healthcare disparities.

Member Kwan-Gett acknowledged Member Browning's concerns, agreeing that the changes would not only impact Medicaid recipients but also have broader ripple effects on the health of all Washingtonians.

Member Browning asked whether there had been discussions with the Insurance Commissioner about potential rate increases in the health insurance exchange and the impact this could have on medical debt and family bankruptcies. Member Browning emphasized that healthcare access is a complex issue that requires collaboration across multiple sectors.

Member Kwan-Gett noted that, while not directly involved with the Insurance Commissioner, the Department works closely with healthcare partners. Member Kwan-Gett assured the group that an update on these discussions could be provided at a future meeting.

Mindy Flores, Board Member, commended Member Kwan-Gett's reflection on public health challenges and expressed concern about the future of the healthcare workforce. Member Flores pointed out that many healthcare professionals, particularly in nursing, are expected to retire or leave the profession in the next few years due to burnout and other factors. Member Flores urged the Department to consider the impact on the workforce and to explore ways to support and train the next generation of healthcare providers.

Patty Hayes, Board Chair, acknowledged Member Flores' concerns, sharing statistics from the University of Washington Tacoma campus indicating that 30-50% of nursing graduates leave the profession within three years. Chair Hayes emphasized the role of the Washington Center for Nursing and the potential for innovation in workforce training, particularly with the use of AI and evolving licensure models. Chair Hayes suggested that the issue of workforce sustainability could be further explored in the next year as more data on these impacts emerges. Chair Hayes also looked to Member Kwan-Gett to signal when to dive deeper into these workforce topics.

The Board took a break at 10:45 a.m. and reconvened at 11:00 a.m.

## **6. DEPARTMENT OF HEALTH FLUORIDE SCIENCE REVIEW UPDATE**

Tao Sheng Kwan-Gett, Secretary's Designee, and Lauren Jenks, Department of Health, provided an overview of the Fluoride Science Review Panel (Panel). The Department convened the Panel in response to petitions that the Board had received related to fluoride, citing evidence from the National Toxicology Program (NTP). Member Kwan-Gett and Lauren discussed oral health, the use of fluoride and community water fluoridation (CWF), the Department's role, and the Board's authority (see presentation on file).

Member Kwan-Gett and Lauren summarized the Panels process, findings, and consensus statements. Member Kwan-Gett and Lauren reviewed the Panel's three recommendations. The Panel recommended maintaining the current optimal level of fluoride concentration, beginning rulemaking to consider adopting a state action level of 1.5 mg/L for fluoride, and coordinating with public health partners to update messaging on fluoride.

Member Kwan-Gett noted that local health officers have raised concerns about the Panel's report, and there will be ongoing discussions about this topic. Lauren stated that there will be an ethics review of the Panel's consensus statements and recommendations. Lauren said we need to prepare for possible federal changes from the Environmental Protection Agency (EPA) and the Department of Health and Human Services (HHS). Lauren emphasized the need to plan for how to maintain oral health if CWF becomes unavailable.

Patty Hayes, Board Chair, opened it up for questions and discussion.

Steve Kutz, Board Member, asked for clarification on the current EPA fluoride levels. Lauren explained there is a primary action level at 4 mg/L and a secondary level at 2 mg/L, with required action at 4mg/L. Member Kutz asked about naturally occurring fluoride above 4 mg/L. Lauren stated that communities must remove fluoride and may add it back at the optimal level of 0.7 mg/L.

Member Kutz asked about fluoride levels in bottled water. Lauren stated that the Food and Drug Administration (FDA) regulates bottled water. Shay Bauman, Board staff, clarified that the FDA requires fluoride levels in bottled water to be below 0.7 mg/L, and if the water used is naturally occurring fluoride, between 1.4 and 2.4 mg/L.

Chair Hayes asked the Department and staff to be clear when they discuss action levels versus the optimal fluoridation level.

Member Kutz stated that there is a recommendation to use bottled water instead of tap water to prepare infant formula. However, if you are buying water, you may not know if bottled water has higher levels of fluoride than tap water.

Chair Hayes stated that this is an important issue to flag for the future because it pertains to labelling.

Member Kutz said that if we are recommending parents to use bottled water, then we are not accomplishing the goal. Lauren and Chair Hayes clarified that this was not part of the Panel's recommendation. Lauren added that some places recommend non-fluoridated sources, such as distilled water.

Member Kwan-Gett stated that updating fluoride messaging will require significant discussion and effort to translate the science into community guidance.

Peter Browning, Board Member, inquired about the monitoring of fluoride to address concerns from communities regarding fluctuations in fluoride levels. Lauren stated that water systems are required to continually monitor and shared an example that King County tests hourly.

Paj Nandi, Board Member, inquired about the possibility of the state examining oral health outcomes for communities exposed to naturally occurring fluoride versus those that are fluoridated in Washington State. Lauren responded that it would be difficult since oral health is also impacted by socioeconomic status, and this would not be an easy study to plan and to control for all possible variables.

Member Nandi asked whether there will be monitoring in Florida and Utah about the impacts of stopping community water fluoridation.

Kelly Oshiro, Vice Chair, commended the staff and the Science Review Panel. Member Oshiro asked about the one-third of Washingtonians not on fluoridated water. Lauren noted that some are on well water systems and that water fluoridation is a community decision. The Department has data for each water system.

Member Oshiro asked if the Panel had heard from communities that currently fluoridate their water. Lauren explained the Panel heard from partners, primarily doctors and dentists, but no broad community outreach was done.

Member Oshiro expressed that opposition to fluoride may stem more from social views than the science. Lauren stated this is a "lightning rod" issue among public health and the community.

Member Kutz asked if every water system that is regulated has fluoride levels in their annual report. Lauren stated that fluoride levels are required in communications from water systems.

Chair Hayes stated that people on well water would not get this communication.

Member Kutz asked whether there was future work that needed to be done related to action levels. Lauren responded that the Panel recommended not adjusting the current optimal level of fluoridation and considering adopting a lower state action level.

Shay Bauman, Board staff, reviewed the Board's authority related to community water fluoridation and its alignment with federal guidelines.

Molly Dinardo, Board staff, highlighted past Board recommendations from 2015 on maintaining and expanding CWF. Molly stated that staff would like to review and update these recommendations as they have not been revisited since 2015.

Shay stated that the Panel recommends that the Board consider rulemaking to adopt a SAL of 1.5 mg/L. Timing is affected by ongoing PFAS rulemaking. The Board could decide to initiate rulemaking for fluoride in early 2026. Shay stated that staff could come back later in 2025 to propose possible rulemaking scenarios.

Chair Hayes stated that staff recommend removing the document from the Board's website and returning at a future meeting to discuss potential rulemaking to consider adoption at SAL or state MCL for fluoride.

Member Kutz asked whether we would leave the recommendations on the website while we review and work on an update. Molly responded that the intent is to remove the recommendations while staff work to update them based on the Panel and other work in Washington State.

Member Nandi asked if we have web data about whether those recommendations have been accessed. Michelle Larson, Board staff, stated that the Communications team can obtain more comprehensive data on the document's use, but there has been minimal use over the past five years. Member Nandi questioned whether if it is worth staff time and capacity to update the recommendations since the Board is not legally required to do so.

Member Flores asked if we should wait for future rulemaking, depending on EPA guidance, or if we should move forward. Shay said federal actions are uncertain and staff would propose rulemaking scenarios for the Board to act independently. Member Flores stated that it sounds like we are trying to be proactive.

Chair Hayes clarified that the Panel recommended that the Board not change the 0.7 mg/L optimal fluoridation level, but to consider the action levels of 4 mg/L and 2 mg/L. That is where the discussion of rulemaking is based. The Board could consider changing those MCLs or adopting a SAL.

Member Oshiro noted that other states may consider a SAL or revise their MCL. Lauren stated that the question is out to associations, and the Department has not yet heard of other states making these considerations.



Member Kwan-Gett noted that removing the recommendations before posting an updated document could create a gap. This could be seen as a lack of support for CWF and could lead to miscommunication.

Chair Hayes suggested noting on the website that the document is under review. Chair Hayes emphasized that, whether the document is removed, left unchanged, or marked as under review, the public should know it is being updated. Molly stated these are all options we could use, and the Board could help decide the wording or leave it to the staff.

Member Kutz stated that the absence of a document would be a vacuum and would support leaving it on the website and indicating it is under review.

**Motion:** Direct Staff to [1] review the Recommended Strategies to Improve the Oral Health of Washington Residents (2015) document and accompanying webpage on the Board's website, indicate on the Board's website that these are under review, and work with the Department of Health to review and update the document's content and messaging; and [2] brief the Board at a future meeting regarding a potential rulemaking to consider adopting a State Advisory Level (SAL) or State Maximum Contaminant Level (MCL) for fluoride.

Member Oshiro suggested adding the second motion before the Board to the first (see above).

**Motion/Second:** [1] Member Kutz & [2] Member Oshiro/Member Browning. Approved unanimously

Molly asked if the Board could discuss whether they would like to have Oral Health Recommendations.

Chair Hayes suggested moving the motions and then having a conversation about intent.

Member Kutz stated the Board needs additional conversation and that potential actions could significantly impact this work. Member Kutz added that federal government decisions could extend the timeline for state decisions.

Member Flores asked whether we are asking staff to review the entire document or just the sections related to community water fluoridation.

Chair Hayes asked the Department to share the findings of the ethics review at a future meeting.

Member Nandi returned to Molly's point and asked if the Board could continue the conversation about whether we want to have policy recommendations as a Board and what role the Department could play in developing policy and programmatic recommendations. Member Nandi also stated that posting information on the Board's website may not be the best way to communicate policy recommendations.

Chair Hayes suggested future work may need to occur with the Board's partners to understand this.

The Board broke for lunch at 12:54 p.m. and reconvened at 1:30 p.m.

## **7. FEDERAL CHANGES IN NEWBORN SCREENING AND PROPOSED UPDATES TO WASHINGTON STATE'S CANDIDATE CONDITION REVIEW PROCESS**

Kelly Oshiro, Board Vice Chair, reviewed the Board's authority and noted federal changes may affect how new conditions are reviewed.

Molly Dinardo, Board staff, and Megan McCrillis, Department of Health staff, provided updates on federal developments, including the termination of the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) and potential impacts of HR. 1 on Medicaid funding for newborn screening. The termination of the federal ACHDNC disrupted reviews for Duchenne's Muscular Dystrophy and Metachromatic leukodystrophy (MLD). The Health Resources and Services Administration (HRSA) is seeking public comment on these conditions but is not accepting new Recommended Uniform Screening Panel (RUSP) nominations.

Molly then shared insights from the newborn screening policy team regarding the candidate condition reviews and technical advisory committee (TAC) meetings over the past fiscal year. Molly highlighted that in the spring, the TAC reviewed congenital cytomegalovirus (cCMV) and evaluated three specimen types: dried blood spot, saliva swab, and dried urine filter paper. The TAC ultimately recommended dried urine filter paper as the optimal specimen, as both blood spot and saliva swab failed to meet the Board's sensitivity criteria (below 95%). However, the Board's current authority permits screening only using dried blood spot specimens. Expanding this authority would require further policy development, resources, and funding. Molly recommended that the Board focus on conditions that can be screened using dried blood spot specimens for the time being.

Molly also proposed minor updates to the Board's process and criteria for newborn screening to clarify authority and allow flexibility for changes in federal review processes. These changes are not to the rule itself but guide how the Board reviews conditions (see presentation on file).

Steve Kutz, Board Member, noted that the Board has traditionally considered evaluating conditions even if they were not on the RUSP. Member Kutz suggested that this may need to be the default approach in the future. Molly agreed, stating that Washington may need to rely more on its own process if future conditions are not reviewed nationally.

Member Kutz raised concerns about funding availability, particularly if federal or Medicaid funding for testing or follow-up is not available. Member Kutz suggested that the Board could take action on conditions but defer implementation depending on budget.

Molly explained that newborn screening is funded through legislative authority to increase the newborn screening fee and through the Health Care Authority (HCA)

negotiating fees with managed care organizations (MCOs). However, the impact of future MCO negotiations is uncertain, especially given the potential decrease in federal funding for Medicaid. This could reduce insurance coverage for many people in Washington State.

Member Kutz expressed concerns about the implications of reduced federal funding that could negatively affect health insurance coverage and rural hospitals.

Patty Hayes, Board Chair, expressed concern if many children lose Medicaid coverage, parents may be billed directly for newborn screening, and the Department may not receive reimbursement. Chair Hayes asked how the Board and Department would track these impacts. Megan said they can follow up with the Board on this. Megan added that the Department does sometimes bill people directly, such as for home births.

Chair Hayes acknowledged that while this issue is not directly related to the proposed changes, it is an essential consideration for future discussions about these tests. Molly agreed, emphasizing that ongoing conversations are necessary, as both federal and state budgets will influence the Board's decisions about recommending conditions for screening.

Tao Sheng Kwan-Gett, Secretary's Designee, asked about the impacts of the ACHDNC's discontinuation and whether a national association might fill the gap. Megan responded that the American College of Medical Genetics and Genomics (ACMG) has initiated discussions on what a new national recommended list might look like. Megan noted criticisms of the federal process, but that the RUSP list is still being maintained, and advocates continue to work toward aligning states with it.

Member Kwan-Gett stated that having more flexibility at the state level would be beneficial with the federal uncertainty.

Member Oshiro asked Molly to discuss the proposed change regarding dried blood spots.

Molly reminded the Board that four conditions on the RUSP, but not yet on Washington's panel, are scheduled for review by 2026. Three of these conditions can be tested using dried blood spots, while the fourth, congenital hearing loss, requires a point-of-care test (audiology). Molly noted that, given the recent cCMV TAC outcomes, it seems premature to convene a TAC for congenital hearing loss, especially since the Board does not have the explicit authority to mandate testing for conditions that cannot be detected via dried blood spot. Molly stated that the Board may need to revisit congenital hearing loss in the future.

**Motion:** The Board accepts the proposed updates clarifying authority and addressing federal uncertainty to the candidate condition review process and qualifying assumption, as presented by Board and Department staff, for the purpose of evaluating conditions for inclusion in Washington's mandatory newborn screening panel.

**Motion/Second:** Member Kwan-Gett/Member Nandi. Approved unanimously

Member Oshiro noted that the Board's newborn screening TAC has not reviewed the proposed changes this year. However, staff made these changes in response to the dynamic landscape and their role as stewards of the Board's resources.

Member Kutz emphasized that the newborn screening infrastructure must ensure access to services for affected babies and their families. Member Kutz expressed concern that identifying conditions without available services would be harmful and suggested that the Board might need to delay implementing screening until sufficient funding is available.

## **8. NEWBORN SCREENING, WILSON'S DISEASE TECHNICAL ADVISORY COMMITTEE (TAC) RECOMMENDATIONS**

Kelly Oshiro, Vice Chair, introduced staff and reminded the Board of the August 2024 petition on Wilson Disease. In response to the petition, the Board and the Department of Health (Department) convened a technical advisory committee (TAC) in June to evaluate Wilson Disease using the Board's newborn screening criteria.

Molly Dinardo, Board staff, presented background on Wilson Disease and its petition for inclusion on Washington's newborn screening panel. Wilson Disease is a rare inherited metabolic disorder that prevents the elimination of excess copper, potentially leading to life-threatening health issues. It is not currently screened for in any U.S. state and has not been reviewed for inclusion on the federal Recommended Uniform Screening Panel (RUSP).

Megan McCrillis, Department of Health staff, presented on the screening technology, diagnosis and treatment, and cost-benefit analysis for Wilson Disease. Megan also outlined the infrastructure needs for screening.

Molly then presented the TAC's recommendation. 14 of 16 members voted in favor of adding Wilson Disease to the newborn screening panel. No members opposed.

Tao Sheng Kwan-Gett, Secretary's Designee, asked the presenters to discuss the content of slide six regarding the shifts in deaths and neurological cases. What does that mean for Washingtonians?

Megan explained that Washington has about 80,000 births annually, with an estimated two babies born with Wilson's Disease each year. Approximately 6% of patients may require a liver transplant, with a 13% mortality rate within a year of the procedure. Late identification carries a 3% mortality rate, but early intervention can enable a normal lifespan.

Member Kwan-Gett asked if screening would reduce neurological cases over 10 years.

Megan confirmed this is plausible. About 32% of babies with Wilson Disease may develop neurological symptoms, which are harder to treat and impact quality of life. Early intervention can prevent these systems entirely.

Steve Kutz, Board Member, noted that saving even one or two liver transplants could potentially offset the cost of early testing and care.

Member Kwan-Gett expressed appreciation for the scientific and public health reasoning behind the TAC's recommendation but raised concerns about the financial burden of adding the condition to the screening panel without clear funding.

Member Oshiro shared these concerns and worried that future generations might lack access to specialized care. Member Oshiro emphasized that Washington would be a pioneer in screening for Wilson Disease, as the RUSP has not reviewed it. Member Oshiro acknowledged the impact of powerful parent testimony and the challenges such petitions present.

Peter Browning, Board Member, asked if Wilson Disease can be predicted using family history.

Megan clarified that Wilson Disease is genetic, and without screening, family history is the primary method for early identification.

Member Browning suggested focusing on patients with a family history of Wilson Disease.

Molly explained that genetic screening access in Washington State is inconsistent, and adding Wilson Disease to the panel would make Washington a leader in this area. Molly noted that achieving RUSP inclusion is difficult, and states must first screen for a condition to generate the data necessary for RUSP consideration.

Member Browning noted that some individuals who test positive may never show symptoms, potentially revealing the true prevalence of Wilson's Disease. Member Browning recalled that the cost per test was higher than discussed in the presentation.

Member Kutz explained that rulemaking depends on legislative funding, so this wouldn't be added right away. Member Kutz suggested that early detection could save costs by preventing later-onset conditions could save costs.

Molly added that Wilson Disease is an autosomal recessive disease, so family history isn't a great way to identify potential patients.

Patty Hayes, Board Chair, asked if there was a motion. After a brief pause, Chair Hayes suggested tabling the matter.

Member Kutz then moved the Board begin rulemaking and add this project to the queue.

Member Kwan-Gett noted that rulemaking would not proceed until funding is available, addressing concerns about potential harm.

**Motion:** The Board directs staff to file a CR-101 to initiate rulemaking for chapter 246-650 WAC to consider adding Wilson Disease to the Washington State newborn screening panel.

**Motion/Second:** Member Steve Kutz/Vice Chair Kelly Oshiro. Members Browning, Nandi, and Oshiro abstained from voting. No Board Members voted against the motion. All remaining Board Members voted to approve the motion.

## **9. HEALTH IMPACT REVIEW FISCAL YEAR 2025 UPDATE**

Cait Lang-Perez, Lindsay Herendeen, and Miranda Calmjoy, Board staff, provided an overview of Health Impact Reviews (HIR). HIR's are objective, nonpartisan analyses to determine the impacts of legislation on health equity in the state. HIR's analyses provide legislators with information for their decision making and don't make recommendations. The HIR team highlighted fiscal year 2025 HIR requests, staff engagement with key informants, feedback from legislators and participants, and opportunities for national presentations and interagency collaboration (see presentation on file).

Patty Hayes, Board Chair, expressed appreciation for the HIR team's work.

Paj Nandi, Board Member, stated that they use HIRs as part of their curriculum at the University of Washington. Students appreciate how practical, relevant, and impactful this work is. Member Nandi expressed gratitude for the HIR team's work.

Tao Sheng Kwan-Gett, Secretary's Designee, thanked the HIR team for their presentation and complimented the team for another year of great work. Member Kwan-Gett suggested using the HIR team's successes as a Foundational Public Health Systems (FPHS) story.

Michelle Davis, Executive Director, said FPHS funding funds two of three HIR analysts and their travel. The funds also support community compensation for eligible key informants. Executive Director Davis mentioned that Washington State is unique in conducting HIRs on legislative and budgetary proposals and expressed pride in the HIR team.

Chair Hayes stated that a story that reflects something FPHS does for legislators is likely to be persuasive.

Steve Kutz, Board Member, stated that although it is difficult to measure, HIRs are likely to inform and perhaps change legislative proposals. Member Kutz suggested that HIRs might be helpful to assess the impacts of Medicaid funding cuts.

## **10. CHAPTER 246-260 WAC AND CHAPTER 246-262 WAC WATER RECREATION RULEMAKING UPDATE**

Patty Hayes, Board Chair, introduced the water recreation rulemaking update.

Joe Graham, Department of Health staff, provided an overview of Washington's 4,800 Water Recreational Facilities, key safety concerns, and two petitions related to ADA and lifeguard allowances. Joe reviewed the rulemaking timeline, responsibilities of the Department and local health jurisdictions, and next steps for rulemaking (see presentation on file).

Paj Nandi, Board Member, asked about lifeguards and costs in schools. Joe said they will follow up after asking technical experts.

Kelly Oshiro, Board Vice Chair, asked if lifeguard is a technical term and if they are accredited. Joe said yes, there are qualifications to be a lifeguard.

Tao Sheng Kwan-Gett, Secretary's Designee, thanked Joe for the work on water safety and prevention, and commented on the impact of safety in water recreation.

Peter Browning, Board Member, said that drinks in a pool can be disastrous and is sure that research supports this.

Patty Hayes, Board Chair, talked about the intersection of the School Environmental Health and Safety Rules and the need to collaborate.

Kelly Oshiro, Vice Chair, said that a list of schools with pools should be compiled.

The Board took a break at 3:20 p.m. and reconvened at 3:30 p.m.

## **11. STATE BOARD OF HEALTH BUDGET OVERVIEW**

Ashley Bell, Board staff, and Michelle Davis, Executive Director, reviewed the Board's funding and the fiscal year 2026 budget outlook, including a \$750 million<sup>1</sup> shortfall and a \$22 million reduction in foundational public health services (FPHS) funding.

Executive Director Davis introduced Board Members to the concept of zero-based budgeting (ZBB), which requires every expense to be justified for each new period, starting with a zero base. Ashley discussed the implications and benefits of ZBB.

Executive Director Davis reviewed current budget cuts, salary and COLA gaps, and challenges from historical underspending. Executive Director Davis explained that the Board will need additional policy development capacity and operations support to maintain current operations and respond to a rapidly changing future. Executive Director Davis explained next steps to control spending and plans for a 2026 decision package (see presentation on file).

Kelly Oshiro, Vice Chair, asked about the policy director position. Executive Director Davis explained the position would coordinate policy work, improve agency engagement, support legislative presence, and manage bill tracking during sessions.

Steve Kutz, Board Member, noted the Board is doing well considering the circumstances, but we need to do better with community engagement, and asked if a policy director could help with that. Executive Director Davis noted the concern.

Mindy Flores, Board Member, asked if Members could do anything to further advocate for the Board. Executive Director Davis responded that Board Members could share current events with the community and help us think about how our work touches the community more broadly.

---

<sup>1</sup> Executive Director Davis inadvertently shared an incorrect forecast amount. The correct amount is \$720 million. See [here](#) for Governor Ferguson's statement on revenue forecast.

Perer Browning, Board Member, commented that the reality at local government is widespread budget shortfall, beyond even the state level, which affects the ability to provide direct services to the community. Executive Director Davis agreed.

Patty Hayes, Board Chair, commented that we need these exercises to keep grounded and that a decision package is an important step to be able to talk about our needs.

Member Kutz noted the increased presence and relevance of the Board in the public sector. Chair Hayes agreed.

## **12. SCHOOL RULE PROJECT UPDATE**

Patty Hayes, Board Chair, explained the need for ongoing School Rule Project (SRP) updates because the Board continues to engage the technical advisory committee (TAC). Chair Hayes noted continued engagement with local health and partners and that the team is developing a communication plan that includes regular updates to the TAC (see materials on file).

## **13. BOARD MEMBER COMMENTS AND UPDATES**

Patty Hayes, Board Chair, informed Board Members that the Board has received a rulemaking petition around osteoporosis, but that is not under the Board's rulemaking authority.

Michelle Davis, Executive Director, explained that the petition is to require insurance carriers to include bone density testing in their coverage. The Board has no authority over insurance coverage so staff are reaching out to the Health Care Authority (HCA) and the Office of the Insurance Commissioner (OIC) to determine the correct agency to handle this petition.

Executive Director Davis recognized Shay Bauman for their five years of state service.

## **ADJOURNMENT**

Patty Hayes, Board Chair, adjourned the meeting at 4:23 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 [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) TTY users can dial 711.

PO Box 47990 • Olympia, Washington • 98504-7990  
360-236-4110 • [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) • [sboh.wa.gov](http://sboh.wa.gov)