H-0274.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSE BILL 1110**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 67th Legislature 2021 Regular Session**

**By** Representatives Riccelli, Ormsby, Bateman, Leavitt, Cody, Stonier, Frame, Macri, and Pollet

AN ACT Relating to the composition of local boards of health; amending RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031; adding a new section to chapter 43.20 RCW; and creating new sections.

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

NEW SECTION. **Sec.**  The legislature finds that:

(1) Washington's public health system faces significant challenges. For Washington to have effective health boards, the boards need to have balanced representation of elected officials with nonelected individuals who have knowledge of health and public health issues and knowledge of diversity through lived experiences. Health inequities for people of color, Native Americans, low-income individuals and families, and those in rural communities with limited health services can be exacerbated by lack of representation on health boards. It is recognized that better health outcomes will occur when appointments for nonelected board of health positions are made using an equity lens. Further, consumers of public health tend to be not well represented as members of local health boards. There is a clear need for broader representation of consumers that face large health inequities or are direct recipients of public health services, such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services.

(2) The lack of expertise and lived experience on local health boards has led to politics infecting public health during the COVID-19 pandemic with local public health department leaders and workers resigning, retiring, or being fired, and communities being left sick and vulnerable.

(3) The legislature therefore intends for Washington to have local health boards that balance representation of elected officials and nonelected people with a diversity of expertise and lived experience and have a decision-making process that is inclusive and puts public health and people ahead of politics to improve health outcomes.

**Sec.**  RCW 70.05.030 and 1995 c 43 s 6 are each amended to read as follows:

(1) In counties without a home rule charter, the board of county commissioners and members selected under subsection (2) of this section shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of said county.

(2)(a) At least four board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this subsection and the rules adopted by the state board of health under section 6 of this act:

(i) Health care facilities and providers. This category consists of persons practicing or employed in the county who are:

(A) Employees of a hospital located in the county; or

(B) Any of the following providers holding an active or retired active license in good standing under Title 18 RCW:

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists; or

(VI) Pharmacists.

(ii) Public health. This category consists of persons employed in the county who are:

(A) Representatives of tribal governments or the Indian health service;

(B) Medical ethicists;

(C) Epidemiologists;

(D) Sanitarians;

(E) Community health workers;

(F) Holders of master's degrees or higher in public health or its equivalent; or

(G) Members of the environmental public health regulated community.

(iii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference.

(iv) Other community stakeholders. This category consists of persons representing the following types of organizations located in the county:

(A) Community-based organizations that work with populations experiencing health inequities in the county; and

(B) The business community.

(b) Board members selected under this subsection must constitute at least one-half of the total membership of the board.

(c) If the number of board members selected under this subsection is evenly divisible by four, there must be an equal number of members selected from each of the four categories.

(d) If the number of board members selected under this subsection is not evenly divisible by four, there must be an equal number of members selected from each of the four categories up to the nearest multiple of four. If there is one member over the nearest multiple of four, that member may be selected from any of the four categories. If there are two or three members over the nearest multiple of four, each member over the nearest multiple of four must be selected from a different category.

(e) The board members selected under this subsection must be approved by a majority vote of the board of county commissioners.

(f) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, and public health officials;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(3) The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of health to include elected officials from cities and towns and persons other than elected officials who do not meet the criteria in subsection (2) of this section as members so long as persons ((~~other than elected officials do not constitute a majority~~)) selected under subsection (2) of this section continue to constitute at least one-half of the total membership of the board.

(4) An ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.

**Sec.**  RCW 70.05.035 and 1995 c 43 s 7 are each amended to read as follows:

(1) In counties with a home rule charter, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board, consistent with the requirements of this section.

(2)(a) At least four board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this subsection and the rules adopted by the state board of health under section 6 of this act:

(i) Health care facilities and providers. This category consists of persons practicing or employed in the county who are:

(A) Employees of a hospital located in the county; or

(B) Any of the following providers holding an active or retired active license in good standing under Title 18 RCW:

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists; or

(VI) Pharmacists.

(ii) Public health. This category consists of persons employed in the county who are:

(A) Representatives of tribal governments or the Indian health service;

(B) Medical ethicists;

(C) Epidemiologists;

(D) Sanitarians;

(E) Community health workers;

(F) Holders of master's degrees or higher in public health or its equivalent; or

(G) Members of the environmental public health regulated community.

(iii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference.

(iv) Other community stakeholders. This category consists of persons representing the following types of organizations located in the county:

(A) Community-based organizations that work with populations experiencing health inequities in the county; and

(B) The business community.

(b) Board members selected under this subsection must constitute at least one-half of the total membership of the board.

(c) If the number of board members selected under this subsection is evenly divisible by four, there must be an equal number of members selected from each of the four categories.

(d) If the number of board members selected under this subsection is not evenly divisible by four, there must be an equal number of members selected from each of the four categories up to the nearest multiple of four. If there is one member over the nearest multiple of four, that member may be selected from any of the four categories. If there are two or three members over the nearest multiple of four, each member over the nearest multiple of four must be selected from a different category.

(e) The board members selected under this subsection must be approved by a majority vote of the members of the board who are elected officials.

(f) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, and public health officials;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(3) The county legislative authority may appoint to the board of health elected officials from the county legislative authority, cities, and towns and persons other than elected officials who do not meet the criteria in subsection (2) of this section as members so long as persons ((~~other than elected officials do not constitute a majority. The~~)) selected under subsection (2) of this section continue to constitute at least one-half of the total membership of the board.

(4) Except as provided in subsection (2) of this section, the county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses.

(5) The jurisdiction of the local board of health shall be coextensive with the boundaries of the county.

(6) The local health officer, as described in RCW 70.05.050, shall be appointed by the official designated under the provisions of the county charter. The same official designated under the provisions of the county charter may appoint an administrative officer, as described in RCW 70.05.045.

**Sec.**  RCW 70.46.020 and 1995 c 43 s 10 are each amended to read as follows:

(1) Health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties.

(2) The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district and members selected under subsection (3) of this section, and shall have a jurisdiction coextensive with the combined boundaries.

(3)(a) At least four board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this subsection and the rules adopted by the state board of health under section 6 of this act:

(i) Health care facilities and providers. This category consists of persons practicing or employed in the district who are:

(A) Employees of a hospital located in the county; or

(B) Any of the following providers holding an active or retired active license in good standing under Title 18 RCW:

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists; or

(VI) Pharmacists.

(ii) Public health. This category consists of persons employed in the district who are:

(A) Representatives of tribal governments or the Indian health service;

(B) Medical ethicists;

(C) Epidemiologists;

(D) Sanitarians;

(E) Community health workers;

(F) Holders of master's degrees or higher in public health or its equivalent; or

(G) Members of the environmental public health regulated community.

(iii) Consumers of public health. This category consists of district residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference.

(iv) Other community stakeholders. This category consists of persons representing the following types of organizations located in the district:

(A) Community-based organizations that work with populations experiencing health inequities in the district; and

(B) The business community.

(b) Board members selected under this subsection must constitute at least one-half of the total membership of the board.

(c) If the number of board members selected under this subsection is evenly divisible by four, there must be an equal number of members selected from each of the four categories.

(d) If the number of board members selected under this subsection is not evenly divisible by four, there must be an equal number of members selected from each of the four categories up to the nearest multiple of four. If there is one member over the nearest multiple of four, that member may be selected from any of the four categories. If there are two or three members over the nearest multiple of four, each member over the nearest multiple of four must be selected from a different category.

(e) The board members selected under this subsection must be approved by a majority vote of the members of the board who are elected officials.

(f) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, and public health officials;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(4) The boards of county commissioners may by resolution or ordinance provide for elected officials from cities and towns and persons other than elected officials who do not meet the criteria in subsection (3) of this section as members of the district board of health so long as persons ((~~other than elected officials do not constitute a majority.~~)) selected under subsection (3) of this section continue to constitute at least one-half of the total membership of the board.

(5) A resolution or ordinance adopted under this section must specify the provisions for the appointment, term, and compensation, or reimbursement of expenses. ((~~Any multicounty health district existing on the effective date of this act shall continue in existence unless and until changed by affirmative action of all boards of county commissioners or one or more counties withdraws [withdraw] pursuant to RCW 70.46.090.~~))

(6) At the first meeting of a district board of health the members shall elect a chair to serve for a period of one year.

**Sec.**  RCW 70.46.031 and 1995 c 43 s 11 are each amended to read as follows:

(1) A health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter. The resolution or ordinance may specify the membership, representation on the district health board, or other matters relative to the formation or operation of the health district consistent with the requirements of this section.

(2)(a) At least four board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this subsection and the rules adopted by the state board of health under section 6 of this act:

(i) Health care facilities and providers. This category consists of persons practicing or employed in the district who are:

(A) Employees of a hospital located in the county; or

(B) Any of the following providers holding an active or retired active license in good standing under Title 18 RCW:

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists; or

(VI) Pharmacists.

(ii) Public health. This category consists of persons employed in the district who are:

(A) Representatives of tribal governments or the Indian health service;

(B) Medical ethicists;

(C) Epidemiologists;

(D) Sanitarians;

(E) Community health workers;

(F) Holders of master's degrees or higher in public health or its equivalent; or

(G) Members of the environmental public health regulated community.

(iii) Consumers of public health. This category consists of district residents who have self-identified as having faced significant health inequities or as having lived experiences, with public health-related programs such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference.

(iv) Other community stakeholders. This category consists of persons representing the following types of organizations located in the district:

(A) Community-based organizations that work with populations experiencing health inequities in the district; and

(B) The business community.

(b) Board members selected under this subsection must constitute at least one-half of the total membership of the board.

(c) If the number of board members selected under this subsection is evenly divisible by four, there must be an equal number of members selected from each of the four categories.

(d) If the number of board members selected under this subsection is not evenly divisible by four, there must be an equal number of members selected from each of the four categories up to the nearest multiple of four. If there is one member over the nearest multiple of four, that member may be selected from any of the four categories. If there are two or three members over the nearest multiple of four, each member over the nearest multiple of four must be selected from a different category.

(e) The board members selected under this subsection must be approved by a majority vote of the members of the board who are elected officials.

(f) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, and public health officials;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(3) The county legislative authority may appoint elected officials from cities and towns and persons other than elected officials who do not meet the criteria in subsection (2) of this section as members of the health district board so long as persons ((~~other than elected officials do not constitute a majority~~)) selected under subsection (2) of this section continue to constitute at least one-half of the total membership of the board.

((~~Any single county health district existing on the effective date of this act shall continue in existence unless and until changed by affirmative action of the county legislative authority.~~))

NEW SECTION. **Sec.**  A new section is added to chapter 43.20 RCW to read as follows:

(1) The state board of health shall adopt rules establishing the appointment process for the members of local boards of health who are not elected officials. The selection process established by the rules must:

(a) Be fair and unbiased; and

(b) Ensure, to the extent practicable, that the membership of local boards of health include a balanced representation of elected officials and nonelected people with a diversity of expertise and lived experience.

(2) The rules adopted under this section must go into effect no later than one year after the effective date of this section.

NEW SECTION. **Sec.**  Local boards of health in existence on the effective date of this section must comply with the requirements of this act as soon as practicable, but no later than six months following the effective date of the rules adopted under section 6 of this act.

**--- END ---**