2SHB 1152 - H AMD **410**
By Representative Schmick

ADOPTED AS AMENDED 03/08/2021

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec. 1.** The legislature finds that everyone in Washington state, no matter what community they live in, should be able to rely on a public health system that is able to support a standard level of public health service. Like public safety, there is a foundational level of public health delivery that must exist everywhere for services to work. A strong public health system is only possible with intentional investments into our state's public health system. Services should be delivered efficiently, equitably, and effectively, in ways that make the best use of technology, science, expertise, and leveraged resources and in a manner that is responsive to local communities.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The department shall convene a foundational public health services steering committee. The steering committee must include members representing the department, the state board of health, federally recognized Indian tribes, and a state association representing local health jurisdictions. The department, state board of health, federally recognized Indian tribes, and a state association representing local health jurisdictions may each select the members to represent their agency or organization and each may select a cochair. The department, federally recognized Indian tribes, and a state association representing local health jurisdictions must have an equal number of members represented on the steering committee. The maximum number of voting steering committee members is 24.

(2) The foundational public health services steering committee shall:

(a) Define the purpose and functions of the regional shared service centers, including:

(i) The duties and role of the regional shared service centers;

(ii) The potential services the regional shared service centers may provide;

(iii) The process for establishing regional shared service centers; and

(iv) How regional shared service centers should coordinate between other regional centers, local health jurisdictions and staff, tribes, and the department in planning and implementing shared services;

(b) Recommend the role and duties of the foundational public health services regional coordinator to the secretary;

(c) Identify the range of potential shared services coordinated or delivered through regional shared service centers;

(d) Determine the location of the four regional shared service centers, splitting the regional shared service centers evenly east and west of the Cascades;

(e) Develop standards and performance measures that the governmental public health system should aspire to meet; and

(f) Identify, if necessary, other personnel needed for regional shared service centers.

(3) Staff support for the foundational public health services steering committee must be provided by the department.

(4) Members of the foundational public health services steering committee that represent local health jurisdictions and federally recognized Indian tribes must be reimbursed for travel expenses as provided in RCW 43.03.050 and 43.03.060. However, members that represent local health jurisdictions and federally recognized Indian tribes who travel fewer than 100 miles to attend a meeting are not eligible for state reimbursement under this section.

NEW SECTION. **Sec. 3.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The public health advisory board is established within the department. The advisory board may:

(a) Advise and provide feedback to the governmental public health system and provide formal public recommendations on public health;

(b) Monitor the performance of the governmental public health system;

(c) Develop goals and a direction for public health in Washington and provide recommendations to improve public health performance and to achieve the identified goals and direction;

(d) Advise the secretary as requested;

(e) Coordinate with the governor's office, department, state board of health, and the secretary;

(f) Monitor the foundational public health services steering committee's performance and provide recommendations to the steering committee;

(g) Evaluate public health emergency response and provide recommendations for future response, including coordinating with relevant committees, task forces, and stakeholders to analyze the COVID-19 public health response;

(h) Evaluate the use of foundational public health services funding by the governmental public health system; and

(i) Apply the standards and performance measures developed by the foundational public health services steering committee to the governmental public health system.

(2) The public health advisory board shall consist of a representative from each of the following appointed by the governor:

(a) The governor's office;

(b) The director of the state board of health or the director's designee;

(c) The secretary of the department or the secretary's designee;

(d) The chair of the governor's interagency council on health disparities;

(e) Two representatives from the tribal government public health sector selected by the American Indian health commission;

(f) One eastern Washington county commissioner selected by a statewide association representing counties;

(g) One western Washington county commissioner selected by a statewide association representing counties;

(h) An organization representing businesses in a region of the state;

(i) A statewide association representing community and migrant health centers;

(j) A statewide association representing Washington cities;

(k) A local health official selected by a statewide association representing Washington local public health officials;

(l) A statewide association representing Washington hospitals, physicians, or nurses;

(m) A statewide association representing Washington public health or public health professionals; and

(n) A consumer nonprofit organization representing marginalized populations.

(3) In addition to the members of the public health advisory board listed in subsection (2) of this section, there must be four nonvoting ex officio members from the legislature consisting of one legislator from each of the two largest caucuses in both the house of representatives and the senate.

(4) Staff support for the public health advisory board, including arranging meetings, must be provided by the department.

(5) Legislative members of the public health advisory board may be reimbursed for travel expenses in accordance with RCW 44.04.120. Nonlegislative members are not entitled to be reimbursed for travel expenses if they are elected officials or are participating on behalf of an employer, governmental entity, or other organization. Any reimbursement for other nonlegislative members is subject to chapter 43.03 RCW.

(6) The public health advisory board is a class one group under chapter 43.03 RCW.

Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

(1) With any state funding of foundational public health services, the state expects that measurable benefits will be realized to the health of communities in Washington as a result of the improved capacity of the governmental public health system. Close coordination and sharing of services are integral to increasing system capacity.

(2)(a) ((~~Funding~~)) Except as provided in (c) of this subsection, funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter 43.376 RCW, jointly certifies with a state association representing local health jurisdictions and the state board of health, to the office of financial management that they are

in agreement on the distribution and uses of state foundational public health services funding across the public health system.

(b) If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.

(c) Of amounts appropriated for foundational public health services funding above $30,000,000 per biennium, the department must allocate 65 percent to shared services, including establishing and operating the regional comprehensive public health district centers, the regional health officers, and the foundational public health services regional coordinators, unless the appropriations act specifies otherwise.

(3) By October 1, 2020, the department, in partnership with sovereign tribal nations, local health jurisdictions, and the state board of health, shall report on:

(a) Service delivery models, and a plan for further implementation of successful models;

(b) Changes in capacity of the governmental public health system; and

(c) Progress made to improve health outcomes.

(4) For purposes of this section:

(a) "Foundational public health services" means a limited statewide set of defined public health services within the following areas:

(i) Control of communicable diseases and other notifiable conditions;

(ii) Chronic disease and injury prevention;

(iii) Environmental public health;

(iv) Maternal, child, and family health;

(v) Access to and linkage with medical, oral, and behavioral health services;

(vi) Vital records; and

(vii) Cross-cutting capabilities, including:

(A) Assessing the health of populations;

(B) Public health emergency planning;

(C) Communications;

(D) Policy development and support;

(E) Community partnership development; and

(F) Business competencies.

(b) "Governmental public health system" means the state department of health, state board of health, local health jurisdictions, regional comprehensive public health district centers, sovereign tribal nations, and Indian health programs located within Washington.

(c) "Indian health programs" means tribally operated health programs, urban Indian health programs, tribal epidemiology centers, the American Indian health commission for Washington state, and the Northwest Portland area Indian health board.

(d) "Local health jurisdictions" means a public health agency organized under chapter 70.05, 70.08, or 70.46 RCW.

(e) "Regional comprehensive public health district centers" or "regional shared service centers" means a center established under section 6 of this act to provide coordination of shared public health services across the state in order to support local health jurisdictions.

(f) "Service delivery models" means a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

NEW SECTION. **Sec. 5.** A new section is added to chapter 43.70 RCW to read as follows:

(1) Beginning October 1, 2022, and annually thereafter, the department, in consultation with federally recognized Indian tribes, local health jurisdictions, and the state board of health, shall submit to the appropriate committees of the legislature, the governor, and the public health advisory board a report of the distribution of foundational public health services funding as provided in RCW 43.70.515. The report must contain:

(a) A statement of the funds provided to the governmental public health system for the purpose of funding foundational public health services under RCW 43.70.515;

(b) A description of how the funds received by the governmental public health system were distributed and used; and

(c) The level of work funded for each foundational public health service and the progress of the governmental public health system in meeting standards and performance measures developed by the foundational public health services steering committee.

(2) The public health advisory board shall, each October 1st, make recommendations to the department, the foundational public health services steering committee, the legislature, and governor on the priorities for the governmental public health system and foundational public health services funding.

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Four regional comprehensive public health district centers are established to coordinate shared services across local health jurisdictions and the state. The four regional comprehensive public health district centers must be split evenly between the east side of the Cascades and the west side of the Cascades and located as determined by the foundational public health services steering committee established in section 2 of this act.

(2) In addition to the duties and role of the regional comprehensive public health district centers determined by the foundational public health services steering committee authorized in section 2 of this act, the district centers may:

(a) Coordinate shared services across the governmental public health system;

(b) Provide public health services;

(c) Conduct an inventory of all current shared service agreements, both formal and informal, in the region;

(d) Identify potential shared services for the region; and

(e) Analyze options and alternatives for the implementation of shared service delivery across the region.

(3) Each regional comprehensive public health district center must have a foundational public health services regional coordinator. The regional coordinator must be an employee of the department. To the extent feasible, the department must give preference to candidates for the regional coordinator that are able to work out of the regional comprehensive public health district center that the coordinator will be assigned.

(4) By January 1, 2023, counties must establish a formal contractual relationship with one primary regional comprehensive public health district center that is on the same side of the Cascades as the county. A county may enter into formal or informal relationships with other regional comprehensive public health district centers. Federally recognized Indian tribes and 501(c)(3)

organizations registered in Washington that serve American Indian and Alaska Native people within Washington may enter into formal or informal relationships with regional comprehensive public health district centers.

NEW SECTION. **Sec. 7.** A new section is added to chapter 43.70 RCW to read as follows:

(1) The position of regional health officer is created within the department. The regional health officers are deputies of the state health officer. The secretary shall appoint four regional health officers. One regional health officer west of the Cascades and one regional health officer east of the Cascades must be appointed by January 1, 2022. To the extent feasible, the secretary must give preference to candidates for the regional health officer who are able to work out of the regional comprehensive public health district center that the candidate will be assigned.

(2) Regional health officers may:

(a) Work in partnership with local health jurisdictions, the department, the state board of health, and federally recognized Indian tribes to provide coordination across counties;

(b) Provide support to local health officers and serve as an alternative for local health officers during vacations, emergencies, and vacancies; and

(c) Provide mentorship and training to new local health officers.

(3) A regional health officer must meet the same qualifications as local health officers provided in RCW 70.05.050.

Sec. 8. 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 the members selected under subsections (2) and (3) 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) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under section 12 of this act:

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

(A) Medical ethicists;

(B) Epidemiologists;

(C) Experienced in environmental public health, such as a registered sanitarian;

(D) Community health workers;

(E) Holders of master's degrees or higher in public health or the equivalent;

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

(G) Any of the following providers holding an active or retired 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;

(VI) Naturopaths; or

(VII) Pharmacists;

(ii) 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. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under this subsection (2) is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

(d) There may be no more than one member selected under this subsection (2) from one type of background or position.

(3) If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board of health must include a tribal representative selected by the American Indian health commission.

(4) 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 as members so long as ((~~persons other than~~)) the city and county elected officials do not constitute a majority of the total membership of the board. ((~~An~~))

(5) Except as provided in subsections (2) and (3) of this section, an ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.

(6) The number of members selected under subsections (2) and (3) of this section must equal the number of city and county elected officials on the board of health.

(7) Any decision by the board of health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

Sec. 9. 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. The membership of the local board of health must also include the members selected under subsections (2) and (3) of this section.

(2)(a) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under section 12 of this act:

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

(A) Medical ethicists;

(B) Epidemiologists;

(C) Experienced in environmental public health, such as a registered sanitarian;

(D) Community health workers;

(E) Holders of master's degrees or higher in public health or the equivalent;

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

(G) Any of the following providers holding an active or retired 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;

(VI) Naturopaths; or

(VII) Pharmacists;

(ii) 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. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under this subsection (2) is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

(d) There may be no more than one member selected under this subsection (2) from one type of background or position.

(3) If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board of health must include a tribal representative selected by the American Indian health commission.

(4) The county legislative authority may appoint to the board of health elected officials from cities and towns and ((~~persons other than~~)) the city and county elected officials as members so long as persons other than elected officials do not constitute a majority of the total membership of the board. ((~~The~~))

(5) Except as provided in subsections (2) and (3) of this section, the county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses.

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

(7) 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.

(8) The number of members selected under subsections (2) and (3) of this section must equal the number of city and county elected officials on the board of health.

(9) Any decision by the board of health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

Sec. 10. 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 subsections (3) and (4) of this section, and shall have a jurisdiction coextensive with the combined boundaries.

(3)(a) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under section 12 of this act:

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

(A) Medical ethicists;

(B) Epidemiologists;

(C) Experienced in environmental public health, such as a registered sanitarian;

(D) Community health workers;

(E) Holders of master's degrees or higher in public health or the equivalent;

(F) Employees of a hospital located in the health district; or

(G) Any of the following providers holding an active or retired 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;

(VI) Naturopaths; or

(VII) Pharmacists;

(ii) Consumers of public health. This category consists of health 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. These individuals may not be elected officials, and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under this subsection (2) is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

(d) There may be no more than one member selected under this subsection (2) from one type of background or position.

(4) If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the health district, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the health district, the board of health must include a tribal representative selected by the American Indian health commission.

(5) The boards of county commissioners may by resolution or ordinance provide for elected officials from cities and towns and persons other than elected officials as members of the district board of health so long as ((~~persons other than~~)) the city and county elected officials do not constitute a majority of the total membership of the board. ((~~A~~))

(6) Except as provided in subsections (3) and (4) of this section, 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.~~))

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

(8) The number of members selected under subsections (3) and (4) of this section must equal the number of city and county elected officials on the board of health.

(9) Any decision by the board of health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

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

(1)(a) 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.

(b) 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.

(c) In addition to the membership of the district health board determined through resolution or ordinance, the district health board must also include the members selected under subsections (2) and (3) of this section.

(2)(a) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under section 12 of this act:

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

(A) Medical ethicists;

(B) Epidemiologists;

(C) Experienced in environmental public health, such as a registered sanitarian;

(D) Community health workers;

(E) Holders of master's degrees or higher in public health or the equivalent;

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

(G) Any of the following providers holding an active or retired 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;

(VI) Naturopaths; or

(VII) Pharmacists;

(ii) 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. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under this subsection (2) is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category. However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

(d) There may be no more than one member selected under this subsection (2) from one type of background or position.

(3) If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the board of health must include a tribal representative selected by the American Indian health commission.

(4) The county legislative authority may appoint elected officials from cities and towns and persons other than elected officials as members of the health district board so long as ((~~persons other than~~)) the city and county elected officials do not constitute a majority 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.~~))

(5) The number of members selected under subsections (2) and (3) of this section must equal the number of city and county elected officials on the board of health.

(6) Any decision by the board of health related to the setting or modification of permit, licensing, and application fees may only be determined by the city and county elected officials on the board.

NEW SECTION. **Sec. 12.** 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.

Sec. 13. RCW 70.05.130 and 1993 c 492 s 242 are each amended to read as follows:

All expenses incurred by the state, health district, or county in carrying out the provisions of ((~~chapters 70.05 and~~)) this chapter and chapter 70.46 RCW or any other public health law, ((~~or~~)) the rules of the department of health enacted under such laws, or enforcing proclamations of the governor during a public health emergency, shall be paid by the county and such expenses shall constitute a claim against the general fund as provided in this section.

Sec. 14. RCW 70.08.100 and 1949 c 46 s 10 are each amended to read as follows:

(1) Agreement to operate a combined city and county health department made under this chapter may after two years from the date of such agreement, be terminated by either party at the end of any calendar year upon notice in writing given at least six months prior thereto. The termination of such agreement shall not relieve either party of any obligations to which it has been previously committed.

(2) Before terminating such an agreement, the terminating party shall:

(a) Provide 12 months' notice and a meaningful opportunity for the public to comment on the termination including, but not limited to, at least two public meetings held at different locations within the county and the county and city must jointly conduct a third public meeting within the boundaries of the partner city; and

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the termination. The mediator must be appointed by the state board of health and be paid for by the party seeking termination.

Sec. 15. RCW 70.46.090 and 1993 c 492 s 251 are each amended to read as follows:

(1) Any county may withdraw from membership in said health district any time after it has been within the district for a period of two years, but no withdrawal shall be effective except at the end of the calendar year in which the county gives at least six months' notice of its intention to withdraw at the end of the calendar year. No withdrawal shall entitle any member to a refund of any moneys paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective. Any county which withdraws from membership in said health district shall immediately establish a health department or provide health services which shall meet the standards for health services promulgated by the state board of health. No local health department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050.

(2) Before terminating such an agreement, the terminating party shall:

(a) Provide 12 months' notice and a meaningful opportunity for the public to comment on the termination including, but not limited to, at least two public meetings held at different locations within the health district; and

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the termination. The mediator must be appointed by the state board of health and be paid for by the party seeking termination.

NEW SECTION. **Sec. 16.** A new section is added to chapter 43.70 RCW to read as follows:

The department may adopt rules necessary to implement this act.

NEW SECTION. **Sec. 17.** The following acts or parts of acts are each repealed:

(1) RCW 43.70.060 (Duties of department—Promotion of health care cost-effectiveness) and 1989 1st ex.s. c 9 s 108;

(2) RCW 43.70.064 (Health care quality—Findings and intent—Requirements for conducting study under RCW 43.70.066) and 1995 c 267 s 3;

(3) RCW 43.70.066 (Study—Uniform quality assurance and improvement program—Reports to legislature—Limitation on rule making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;

(4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and 1997 c 274 s 4 & 1995 c 267 s 5; and

(5) RCW 43.70.070 (Duties of department—Analysis of health services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

NEW SECTION. **Sec. 18.** Sections 8 through 11 of this act take effect July 1, 2022.

NEW SECTION. **Sec. 19.** If at least $60,000,000 for the purposes of sections 2, 4 through 7, and 16 of this act, referencing sections 2, 4 through 7, and 16 of this act by bill or chapter number and section number, is not provided by June 30, 2021, in the omnibus appropriations act, sections 2, 4 through 7, and 16 of this act are null and void."

Correct the title.

EFFECT: (1) Removes underlying provisions related to:

(a) Comprehensive health services districts, including the work group recommendations and State Board of Health (State Board) rule making related to establishing the comprehensive health services districts; and

(b) Prohibiting material changes to a county's public health governance without State Board of Health approval.

(2) Establishes four regional Comprehensive Public Health District Centers to coordinate shared public health services across local health jurisdictions and the State.

(3) Establishes the Public Health Advisory Board within the Department of Health (DOH).

(4) Requires the DOH to convene a Foundational Public Health Services Steering Committee to define the roles and duties of the regional Comprehensive Public Health District Centers.

(5) Creates the position of Foundational Public Health Services regional coordinator within each regional Comprehensive Public Health District Center.

(6) Modifies the position of regional health officer by reducing the number of officers from six to four and establishing duties for the officer to work in partnership with the governmental public health system and provide support to local health officers.

(7) Requires the governmental public health system to annually report on the distribution and uses of foundational public health services funding.

(8) Requires 65 percent of funds appropriated for foundational public health services above $30 million per biennia to be allocated to shared services, unless the appropriations act specifies differently.

(9) Modifies the requirements for including nonelected members to local boards of health and requires the State Board to adopt rules establishing an appointment process for members of the local boards of health who are not elected.

(10) Requires a party terminating an agreement to operate a city or county health department or multicounty health district to provide 12 months of notice, an opportunity for public comment, and to participate in a good faith mediation process.

(11) Modifies the intent language.

(12) Authorizes the DOH to adopt rules necessary to implement the act.

(13) Modifies the contingent null and void clause, so that the sections related to the regional Comprehensive Public Health District Centers are null and void if at least $60 million for the purposes of the Comprehensive Public Health District Centers is not appropriated in the 2021-2023 Omnibus Appropriations Act.

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