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**HOUSE BILL 1110**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

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

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

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

5 NEW SECTION. **Sec. 1.** The legislature finds that:

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

1 women, infants, and children; the supplemental nutrition program;  
2 home visiting; or treatment services.

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

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

14 **Sec. 2.** RCW 70.05.030 and 1995 c 43 s 6 are each amended to read  
15 as follows:

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

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

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

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

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

31 (I) Physicians or osteopathic physicians;

32 (II) Advanced registered nurse practitioners;

33 (III) Physician assistants or osteopathic physician assistants;

34 (IV) Registered nurses;

35 (V) Dentists; or

36 (VI) Pharmacists.

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

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

3 (B) Medical ethicists;

4 (C) Epidemiologists;

5 (D) Sanitarians;

6 (E) Community health workers;

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

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

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

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

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

24 (B) The business community.

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

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

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

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

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

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

6 (ii) Accountable communities of health; and

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

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

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

19 **Sec. 3.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read  
20 as follows:

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

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

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

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

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

34 (I) Physicians or osteopathic physicians;

35 (II) Advanced registered nurse practitioners;

36 (III) Physician assistants or osteopathic physician assistants;

37 (IV) Registered nurses;

38 (V) Dentists; or

39 (VI) Pharmacists.

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

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

5 (B) Medical ethicists;

6 (C) Epidemiologists;

7 (D) Sanitarians;

8 (E) Community health workers;

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

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

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

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

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

26 (B) The business community.

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

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

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

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

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

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

9 (ii) Accountable communities of health; and

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

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

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

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

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

29 **Sec. 4.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to  
30 read as follows:

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

35 (2) The district board of health of such a district shall consist  
36 of not less than five members for districts of two counties and seven  
37 members for districts of more than two counties, including two  
38 representatives from each county who are members of the board of  
39 county commissioners and who are appointed by the board of county

1 commissioners of each county within the district and members selected  
2 under subsection (3) of this section, and shall have a jurisdiction  
3 coextensive with the combined boundaries.

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

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

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

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

13 (I) Physicians or osteopathic physicians;

14 (II) Advanced registered nurse practitioners;

15 (III) Physician assistants or osteopathic physician assistants;

16 (IV) Registered nurses;

17 (V) Dentists; or

18 (VI) Pharmacists.

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

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

23 (B) Medical ethicists;

24 (C) Epidemiologists;

25 (D) Sanitarians;

26 (E) Community health workers;

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

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

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

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

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

6 (B) The business community.

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

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

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

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

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

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

28 (ii) Accountable communities of health; and

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

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

38 (5) A resolution or ordinance adopted under this section must  
39 specify the provisions for the appointment, term, and compensation,  
40 or reimbursement of expenses. (~~Any multicounty health district~~



1 existing on the effective date of this act shall continue in  
2 existence unless and until changed by affirmative action of all  
3 boards of county commissioners or one or more counties withdraws  
4 [~~withdraw~~] pursuant to RCW 70.46.090.)

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

7 **Sec. 5.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to  
8 read as follows:

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

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

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

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

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

25 (I) Physicians or osteopathic physicians;

26 (II) Advanced registered nurse practitioners;

27 (III) Physician assistants or osteopathic physician assistants;

28 (IV) Registered nurses;

29 (V) Dentists; or

30 (VI) Pharmacists.

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

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

35 (B) Medical ethicists;

36 (C) Epidemiologists;

37 (D) Sanitarians;

38 (E) Community health workers;

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

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

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

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

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

18 (B) The business community.

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

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

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

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

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

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

40 (ii) Accountable communities of health; and

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

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

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

12        NEW SECTION. Sec. 6. A new section is added to chapter 43.20  
13 RCW to read as follows:

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

18        (a) Be fair and unbiased; and

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

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

25        NEW SECTION. Sec. 7. Local boards of health in existence on the  
26 effective date of this section must comply with the requirements of  
27 this act as soon as practicable, but no later than six months  
28 following the effective date of the rules adopted under section 6 of  
29 this act.

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