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**HOUSE BILL 1152**

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**State of Washington**

**67th Legislature**

**2021 Regular Session**

**By** Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske, and Bateman; by request of Office of the Governor

Read first time 01/12/21. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to supporting measures to create comprehensive  
2 public health districts; amending RCW 43.70.515, 70.05.010,  
3 70.05.040, 70.05.045, 70.05.050, 70.05.051, 70.05.053, 70.05.054,  
4 70.05.055, 70.05.060, 70.05.070, 70.05.072, 70.05.074, 70.05.077,  
5 70.05.090, 70.05.100, 70.05.110, 70.05.120, 70.05.130, 70.05.150,  
6 70.05.160, 70.05.170, 70.05.180, 70.05.190, 43.20.030, 43.20.148,  
7 43.20.050, 70.24.022, 70.24.024, 70.24.034, 70.24.150, 70.24.340,  
8 70.24.360, and 70.24.450; reenacting and amending RCW 43.20.025 and  
9 70.24.017; adding new sections to chapter 43.70 RCW; adding new  
10 sections to chapter 70.05 RCW; creating a new section; repealing RCW  
11 70.05.030, 70.05.035, 70.05.080, 70.08.005, 70.08.010, 70.08.020,  
12 70.08.030, 70.08.040, 70.08.050, 70.08.060, 70.08.070, 70.08.080,  
13 70.08.090, 70.08.100, 70.08.110, 70.46.020, 70.46.031, 70.46.060,  
14 70.46.080, 70.46.082, 70.46.085, 70.46.090, 70.46.100, 70.46.120,  
15 43.70.060, 43.70.064, 43.70.066, 43.70.068, and 43.70.070;  
16 prescribing penalties; providing an effective date; and providing an  
17 expiration date.

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

19 NEW SECTION. **Sec. 1.** The legislature finds the COVID-19  
20 pandemic has been the most difficult challenge in Washington's public  
21 health history since the 1918 flu pandemic. More Americans have died

1 from COVID-19 than the number of United States troops killed in  
2 combat during World War II. The COVID-19 pandemic response has  
3 stressed and strained every part of our society and far surpassed the  
4 capabilities of local, state, tribal, and even federal public health  
5 agencies. Before the COVID-19 pandemic, the legislature had initiated  
6 action to address the critical challenges Washington's public health  
7 system faces, including limited organizational capacity, financial  
8 resources, and understaffing through beginning to specifically fund  
9 foundational public health services. The COVID-19 pandemic laid bare  
10 the shortcomings of Washington's current public health system which  
11 have been studied and identified for over a decade. Washington's  
12 current public health system was not able to consistently monitor and  
13 track the pandemic, staff the many required missions, adequately  
14 address the health inequities, and implement standard approaches to  
15 disease containment.

16 The legislature further finds that, in Washington, local health  
17 services are currently provided through a decentralized means by 35  
18 local health jurisdictions. In many cases, rural communities are  
19 served by smaller local health jurisdictions that have less capacity  
20 to provide the full spectrum of foundational public health services  
21 than their urban peers. Local health jurisdictions serving smaller  
22 populations face challenges providing the full spectrum of  
23 foundational public health services and activities to promote and  
24 protect the health of all people. In addition, local health  
25 jurisdictions are overseen by boards in which most the members do not  
26 have direct experience in public health or health care. Since April  
27 2020, a Kaiser health news investigation reports at least 181 local  
28 and state health leaders have resigned, retired, or been fired,  
29 including 11 local health leaders in Washington. Diseases do not  
30 respect borders or boundaries, yet the current decentralized system  
31 in Washington creates a patchwork approach with limited  
32 accountability and consistency. National peer-review studies report  
33 larger jurisdictions perform better on most foundational  
34 comprehensive public health services. Therefore, the legislature  
35 finds comprehensive public health districts comprising larger  
36 populations, balanced governance, and interdependence between all  
37 levels of the public health system will increase accountability,  
38 effectiveness, and performance in delivering foundational public  
39 health services.

1       The COVID-19 pandemic has amplified the health and social  
2 inequities in Washington that existed before its emergence. There are  
3 vast inequities in per capita spending for local public health  
4 services by population size and geographic location. National peer-  
5 review studies report communities with limited public health systems  
6 experience low levels of activity participation, low perceived  
7 effectiveness, and sparse organizational networks compared to  
8 comprehensive public health systems. The inequitable distribution of  
9 morbidity and mortality between Black, indigenous, and people of  
10 color and other populations demonstrates the large health inequities  
11 that must be addressed. Therefore, the legislature finds the state  
12 must determine adequate funding of comprehensive public health  
13 districts from cities, counties, and the state, with the goal of  
14 providing all people with equitable access to foundational public  
15 health services, and once this funding is determined, the legislature  
16 finds this investment in the public's health will continue to be  
17 prioritized.

18       The legislature recognizes that public health and health care  
19 staff have been overwhelmed, overworked and their mental and physical  
20 health are at risk due to the pandemic. The legislature is thankful  
21 for the countless contributions that public health and health care  
22 staff have made to combat this deadly public health crisis and  
23 pandemic. These contributions and efforts have increased public  
24 awareness about the importance of strong infrastructure for our  
25 public health system. Therefore, the legislature finds that  
26 meaningful discourse about the current public health system is  
27 necessary to ensure public trust.

28       The legislature expects emergencies that threaten the health and  
29 well-being of all Washingtonians, emergent and routine, to increase.  
30 Restructuring state funding of foundational public health services is  
31 not enough to face these threats. The legislature intends for  
32 Washington to have a public health system that can respond to 21st  
33 century public health emergencies and public health issues, have the  
34 capacity to improve health outcomes of BIPOC communities, persons  
35 with disabilities, LGBTQ+, rural communities, limited English-  
36 speaking persons, and address health equity across the life span.

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

1 (1) A work group is created to develop and recommend to the  
2 secretary a public health system to provide foundational public  
3 health services to all people in Washington through comprehensive  
4 public health districts and the department.

5 (2) Members of the work group must include:

6 (a) Two representatives from the senate;

7 (b) Two representatives from the house of representatives;

8 (c) Three representatives of local public health;

9 (d) Two representatives of state public health;

10 (e) Three representatives of counties;

11 (f) Two representatives of cities;

12 (g) One tribal representative; and

13 (h) One representative with expertise in government finance.

14 (3) The governor shall appoint the members of the work group and  
15 ensure that members represent diverse geographic locations in both  
16 rural and urban communities.

17 (4) The work group shall develop a transparent process, including  
18 opportunities for public comment.

19 (5) By January 1, 2022, the work group must recommend to the  
20 secretary the system for counties to form comprehensive public health  
21 districts using existing regionalized health structures as a model.

22 (6) By July 1, 2022, the work group must recommend performance  
23 measures and a measure set to the secretary, including the dimensions  
24 listed in section 3 of this act, to be used by each comprehensive  
25 public health district.

26 (7) By January 1, 2023, the work group must submit  
27 recommendations to the legislature on adequate funding of  
28 comprehensive public health districts, including the following:

29 (a) Reasonable per capita estimates to deliver foundational  
30 public health services;

31 (b) Appropriate contribution levels between cities, counties, and  
32 the state; and

33 (c) Adequate allocation levels to sustain the state public health  
34 system.

35 (8) This section expires December 31, 2024.

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

1 (1) The secretary must adopt rules to provide foundational public  
2 health services to all people in Washington through comprehensive  
3 public health districts and the department. These rules must include:

4 (a) A system and process for a county or counties to create  
5 comprehensive public health districts under chapter 70.05 RCW that:

6 (i) Serve a combined population of over 250,000 people;

7 (ii) Provide all foundational public health services described  
8 under RCW 43.70.515; and

9 (iii) Maintain local offices in each county sufficient to meet  
10 community need;

11 (b) Standard statewide performance measures and proposed  
12 benchmarks to track efficiency and effectiveness of comprehensive  
13 public health districts. The performance measures must include  
14 dimensions of:

15 (i) Improving morbidity and mortality of marginalized  
16 communities;

17 (ii) Improving health equity for all people;

18 (iii) Data modernization and interoperability across the state  
19 public health system;

20 (iv) Community engagement; and

21 (v) Emergency preparedness and response;

22 (c) A measure set that:

23 (i) Is of manageable size;

24 (ii) Is based on readily available data;

25 (iii) Gives preference to nationally reported measures; and

26 (iv) Focuses on the overall performance of the system, including  
27 outcomes and total costs;

28 (d) A process for the department to certify comprehensive public  
29 health districts;

30 (e) A process to evaluate comprehensive public health district  
31 and department performance of the measure set developed under (c) of  
32 this subsection; and

33 (f) A process for information and data elements to be reported by  
34 comprehensive public health districts to the department.

35 (2) By November 1, 2024, the secretary shall submit a report to  
36 the appropriate committees of the legislature on comprehensive public  
37 health district performance based on the performance measures  
38 established under subsection (1)(b) of this section.

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

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

9       (2)(a) Funding for foundational public health services shall be  
10 appropriated to the office of financial management. The office of  
11 financial management may only allocate funding to the department if  
12 the department, after consultation with federally recognized Indian  
13 tribes pursuant to chapter 43.376 RCW, jointly certifies with a state  
14 association representing local health jurisdictions until the  
15 creation of comprehensive public health districts, comprehensive  
16 public health districts, and the state board of health, to the office  
17 of financial management that they are in agreement on the  
18 distribution and uses of state foundational public health services  
19 funding across the public health system.

20       (b) After January 1, 2023, foundational public health services  
21 funding may only be distributed to the department, the state board of  
22 health, Indian health programs, and comprehensive public health  
23 districts certified by the department. The department must evaluate  
24 comprehensive public health districts' performances to satisfy the  
25 measure set identified in section 3 of this act before allocation on  
26 January 1, 2025, and biennially thereafter.

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

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

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

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

38       (c) Progress made to improve health outcomes.

39       (4) For purposes of this section and sections 2 and 3 of this  
40 act:

1       (a) "Comprehensive public health district" means all the  
2 territory consisting of one or more counties organized under chapter  
3 70.05 RCW; serving a combined population of over 250,000 people; in  
4 which a district health department has capacity and resources to  
5 provide all foundational public health services to all people living  
6 within the district.

7       (b) "District health department" means a public health agency  
8 organized under chapter 70.05 RCW.

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

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

14       (ii) Chronic disease and injury prevention;

15       (iii) Environmental public health;

16       (iv) Maternal, child, and family health;

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

19       (vi) Vital records; and

20       (vii) Cross-cutting capabilities, including:

21       (A) Assessing the health of populations;

22       (B) Public health emergency planning;

23       (C) Communications;

24       (D) Policy development and support;

25       (E) Community partnership development; and

26       (F) Business competencies.

27       (~~(b)~~) (d) "Governmental public health system" means the state  
28 department of health, state board of health, local health  
29 jurisdictions until the creation of comprehensive public health  
30 districts, comprehensive public health districts, sovereign tribal  
31 nations, and Indian health programs located within Washington.

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

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

38       (~~(e)~~) (g) "Service delivery models" means a systematic sharing  
39 of resources and function among state and local governmental public

1 health entities, sovereign tribal nations, and Indian health programs  
2 to increase capacity and improve efficiency and effectiveness.

3 **Sec. 5.** RCW 70.05.010 and 1993 c 492 s 234 are each amended to  
4 read as follows:

5 For the purposes of (~~chapters 70.05 and 70.46 RCW~~) this chapter  
6 and unless the context thereof clearly indicates to the contrary:

7 (1) (~~"Local"~~) "Comprehensive public health district" means all  
8 territory consisting of one or more counties organized under this  
9 chapter serving a combined population of over 250,000 people in which  
10 a district health department has capacity and resources to provide  
11 foundational public health services as defined in RCW 43.70.515 to  
12 all people within the territory.

13 (2) "Department" means the department of health.

14 (3) "District board of health" means the board of health that  
15 oversees the comprehensive public health district.

16 (4) "District health departments" means the county or district  
17 which provides comprehensive public health services to persons within  
18 the area.

19 (~~(2) "Local"~~) (5) "District health officer" means the legally  
20 qualified physician who has been appointed as the health officer for  
21 the (county or) district (public) health department.

22 (~~(3) "Local board of health" means the county or district board~~  
23 ~~of health.~~

24 (~~(4) "Health district" means all the territory consisting of one~~  
25 ~~or more counties organized pursuant to the provisions of chapters~~  
26 ~~70.05 and 70.46 RCW.~~

27 (~~(5) "Department" means the department of health.~~) (6)  
28 "Secretary" means the secretary of health.

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

31 (1) By January 1, 2023, counties must form comprehensive public  
32 health districts. The structure of the comprehensive public health  
33 districts is determined by the work group under section 2 of this act  
34 and the rules adopted by the department under section 3 of this act.  
35 The department must certify a comprehensive public health district.

36 (2) Counties with populations over 1,000,000 may be considered a  
37 comprehensive public health district without joining with other  
38 counties when the county legislative authority of the county passes a



1 resolution or ordinance to organize such a comprehensive public  
2 health district under this chapter. Any city with a population of  
3 100,000 or more and the county in which it is located, are  
4 authorized, as agreed upon between the respective governing bodies of  
5 such city and county, to establish and operate the comprehensive  
6 public health district. The respective governing bodies must pass  
7 resolutions or ordinances to organize the comprehensive public health  
8 district.

9 (3) Comprehensive public health districts consisting of two or  
10 more counties may be created when two or more boards of county  
11 commissioners pass a resolution establishing a district for such  
12 purpose. In counties with a home rule charter, the county legislative  
13 authority must establish a district board of health. The boards of  
14 county commissioners or county legislative authority must specify the  
15 appointment, term, and compensation or reimbursement of expenses. The  
16 comprehensive public health district shall consist of all the area of  
17 the combined counties.

18 (4) The district board of health shall constitute the local board  
19 of health for all the territory included in the comprehensive public  
20 health district, and shall supersede and exercise all the powers and  
21 perform all the duties by law vested in the county board of health of  
22 any county included in the comprehensive public health district.

23 (5) Members of the district board of health are as follows:

24 (a) One commissioner from each county represented on the  
25 comprehensive public health district chosen by nomination from each  
26 county commission board;

27 (b) One elected city official from a larger populous city in the  
28 comprehensive public health district chosen by nomination from the  
29 city;

30 (c) One elected city official from a smaller populous city in the  
31 comprehensive public health districts chosen by nomination from the  
32 city;

33 (d) One tribal representative of a tribe or urban Indian health  
34 organization from within the comprehensive public health district;

35 (e) An equal number of seats as the total represented by county  
36 commissioners and city officials under (a) through (c) of this  
37 subsection filled by:

38 (i) Hospital representatives from the hospitals in the  
39 comprehensive public health district;

1 (ii) Licensed, practicing physician representatives practicing in  
2 the comprehensive public health district;

3 (iii) Licensed, practicing nurse representatives practicing in  
4 the comprehensive public health district; and

5 (iv) Consumer representatives residing in the comprehensive  
6 public health district who also act as representatives of the  
7 comprehensive public health district advisory committee; and

8 (f) The district health officer for the comprehensive public  
9 health district.

10 (6) For the initial appointments, members of the district board  
11 of health appointed under subsection (5)(e) of this section must be  
12 nominated by county and city officials and selected by the secretary.  
13 For subsequent appointments, the district board of health shall  
14 solicit nominations and select members listed under subsection (5)(e)  
15 of this section.

16 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.05  
17 RCW to read as follows:

18 (1) A district advisory committee is established to bring various  
19 community perspectives to the district health board, with members as  
20 provided in this subsection.

21 (a) Comprehensive public health districts must accept nominations  
22 and select representatives to the advisory committee from communities  
23 within the comprehensive public health district experiencing health  
24 inequities as determined by the district board of health, and other  
25 members of the community that interact with public health. No more  
26 than 15 members may be appointed to the advisory committee and  
27 members must include at least one small business representative, one  
28 teacher representative, one consumer representative, and two consumer  
29 representatives from communities experiencing health inequities  
30 within the region.

31 (b) The advisory committee must reflect diversity in race,  
32 ethnicity, persons living with a disability, gender identity, age,  
33 LGBTQ+ populations, urban and rural communities, and socioeconomic  
34 status of the comprehensive public health district.

35 (c) The advisory committee may choose a chair from among its  
36 membership and the comprehensive public health district must convene  
37 meetings of the advisory committee.

1 (d) Members of the advisory committee shall serve two to four-  
2 year terms. Of the initial members, at least five must be appointed  
3 to two-year terms.

4 (2) The advisory committee shall promote and facilitate  
5 communication, coordination, and collaboration among relevant local  
6 agencies and Black, indigenous, and people of color communities,  
7 persons living with a disability, and the private sector and public  
8 sector, to address health inequities. The advisory committee may  
9 conduct public hearings or other forms of information gathering to  
10 understand how the actions of the comprehensive public health  
11 district can ameliorate or contribute to health inequities.

12 (3) The advisory committee is a class one group under RCW  
13 43.03.220. The public members shall be paid per diem and travel  
14 expenses in accordance with RCW 43.03.050 and 43.03.060.

15 NEW SECTION. **Sec. 8.** A new section is added to chapter 70.05  
16 RCW to read as follows:

17 (1) Each comprehensive public health district shall establish a  
18 district health fund in the custody of the county treasurer. In a  
19 district composed of more than one county, the county treasurer of  
20 the county having the largest population shall serve as custodian of  
21 the fund. All receipts received by the district must be deposited  
22 into the fund. Expenditures by the district must be authorized by the  
23 district board of health and must be disbursed through the fund. The  
24 county auditor of the county shall keep the record of the receipts  
25 and disbursements.

26 (2) Each county and city included in the comprehensive public  
27 health district must contribute towards maintenance and operating  
28 fees and the expense of providing public health services for the  
29 comprehensive public health district.

30 NEW SECTION. **Sec. 9.** A new section is added to chapter 70.05  
31 RCW to read as follows:

32 A comprehensive public health district may own, construct,  
33 purchase, lease, add to, and maintain any real and personal property  
34 or property rights necessary to conduct the affairs of the district.  
35 A comprehensive public health district may sell, lease, convey, or  
36 otherwise dispose of any district real or personal property no longer  
37 necessary to conduct district affairs. A comprehensive public health  
38 district may enter into contracts to carry out this section.

1        NEW SECTION.    **Sec. 10.**    A new section is added to chapter 70.05  
2    RCW to read as follows:

3        Notwithstanding any provisions to the contrary contained in any  
4    city or county charter, and to the extent provided by the city and  
5    the county under appropriate legislative enactment, employees of the  
6    district health department may be included in the personnel system or  
7    civil service and retirement plans of the city or the county or a  
8    personnel system for the district health department that is separate  
9    from the personnel system or civil service of either county or city  
10   if residential requirements for these positions are coextensive with  
11   the county boundaries. The city or county may pay parts of the  
12   expense of operating and maintaining the personnel system or civil  
13   service and retirement system and contribute to the retirement fund  
14   on behalf of employees sums as may be agreed upon between the  
15   legislative authorities of the city and county.

16       NEW SECTION.    **Sec. 11.**    A new section is added to chapter 70.05  
17    RCW to read as follows:

18       Any county or city may withdraw from membership in a  
19    comprehensive public health district any time after it has been  
20    within the district for a period of two years, but no withdrawal is  
21    effective until the county or city receives approval from the  
22    secretary. To approve the request, the secretary must determine that  
23    termination or withdrawal will not negatively affect the public's  
24    health. The secretary must provide a final determination to the  
25    requester within 14 days of receiving the request. No withdrawal  
26    entitles any member to a refund of any money paid to the district nor  
27    relieve it of any obligations to pay to the district all sums for  
28    which it obligated itself due and owing by it to the district for the  
29    year at the end of which the withdrawal is to be effective. Any  
30    county or city that withdraws from membership in a comprehensive  
31    public health district must immediately seek admission to another  
32    comprehensive public health district under this chapter.

33       **Sec. 12.**    RCW 70.05.040 and 1993 c 492 s 236 are each amended to  
34    read as follows:

35       The ((~~local~~)) district board of health shall elect a chair and  
36    ((~~may~~)) appoint an administrative officer. A ((~~local~~)) district  
37    health officer shall be appointed pursuant to RCW 70.05.050.  
38    Vacancies on the ((~~local~~)) district board of health shall be filled

1 by appointment within thirty days and made in the same manner as was  
2 the original appointment. At the first meeting of the (~~local~~)  
3 district board of health, the members shall elect a chair to serve  
4 for a period of one year.

5 **Sec. 13.** RCW 70.05.045 and 1984 c 25 s 2 are each amended to  
6 read as follows:

7 (1) The administrative officer shall act as executive secretary  
8 and administrative officer for the (~~local~~) district board of  
9 health, and shall be responsible for administering the operations of  
10 the board including such other administrative duties required by the  
11 (~~local~~) district board of health (~~board~~), except for duties  
12 assigned to the health officer as enumerated in RCW 70.05.070 and  
13 other applicable state law.

14 (2) The administrative officer must hold the degree of master or  
15 doctor of public health, master or doctor of public administration,  
16 master of public policy, master of business administration, or an  
17 equivalent degree.

18 **Sec. 14.** RCW 70.05.050 and 1996 c 178 s 19 are each amended to  
19 read as follows:

20 (1) The (~~local~~) district health officer shall be an experienced  
21 physician licensed to practice medicine and surgery or osteopathic  
22 medicine and surgery in this state and who is qualified or  
23 provisionally qualified in accordance with the standards prescribed  
24 in RCW 70.05.051 through 70.05.055 to hold the office of (~~local~~)  
25 district health officer. (~~No term of office shall be established for~~  
26 ~~the local health officer but the local health officer shall not be~~  
27 ~~removed until after notice is given, and an opportunity for a hearing~~  
28 ~~before the board or official responsible for his or her appointment~~  
29 ~~under this section as to the reason for his or her removal. The local~~  
30 ~~health officer shall act as executive secretary to, and~~  
31 ~~administrative officer for the local board of health and shall also~~  
32 ~~be empowered to employ such technical and other personnel as approved~~  
33 ~~by the local board of health except where the local board of health~~  
34 ~~has appointed an administrative officer under RCW 70.05.040. The~~  
35 ~~local health officer shall be paid such salary and allowed such~~  
36 ~~expenses as shall be determined by the local board of health. In home~~  
37 ~~rule counties that are part of a health district under this chapter~~

1 ~~and chapter 70.46 RCW the local health officer and administrative~~  
2 ~~officer shall be appointed by the local board of health.))~~

3 (2) The district board of health must submit its district health  
4 officer candidate to the secretary.

5 (3) After determining whether the district health officer  
6 candidate is qualified and committed to the public health of the  
7 community in the region, the secretary may appoint the district  
8 health officer whose salary is to be paid by the department.

9 (4) The district board of health may petition the secretary for  
10 termination of the district health officer for cause. The secretary  
11 may terminate the district health officer for cause.

12 **Sec. 15.** RCW 70.05.051 and 1979 c 141 s 75 are each amended to  
13 read as follows:

14 The following persons holding licenses as required by RCW  
15 70.05.050 shall be deemed qualified to hold the position of (~~local~~)  
16 district health officer:

17 (1) Persons holding the degree of master or doctor of public  
18 health, completed a preventative medicine residency program, or  
19 (~~its~~) an equivalent degree; and

20 (~~Persons not meeting the requirements of subsection (1) of~~  
21 ~~this section, who upon August 11, 1969 are currently employed in this~~  
22 ~~state as a local health officer and whom the secretary of social and~~  
23 ~~health services recommends in writing to the local board of health as~~  
24 ~~qualified; and~~

25 (~~3~~)) Persons qualified by virtue of completing three years of  
26 service as a provisionally qualified officer pursuant to RCW  
27 70.05.053 through 70.05.055.

28 (3) Persons must live in the district and maintain full-time  
29 residency in the district no later than six months after appointment.  
30 Exceptions may be granted by the secretary for extraordinary  
31 circumstances.

32 **Sec. 16.** RCW 70.05.053 and 1991 c 3 s 305 are each amended to  
33 read as follows:

34 A person holding a license required by RCW 70.05.050 but not  
35 meeting any of the requirements for qualification prescribed by RCW  
36 70.05.051 may be appointed by the (~~board or official responsible for~~  
37 ~~appointing the local health officer under RCW 70.05.050 as a~~  
38 ~~provisionally qualified local health officer)) secretary for a~~

1 maximum period of three years upon the following conditions and in  
2 accordance with the following procedures:

3 (1) He or she shall participate in an in-service orientation to  
4 the field of public health as provided in RCW 70.05.054, and

5 (2) He or she shall satisfy the secretary (~~(of health)~~) pursuant  
6 to the periodic interviews prescribed by RCW 70.05.055 that he or she  
7 has successfully completed such in-service orientation and is  
8 conducting such program of good health practices as may be required  
9 by the jurisdictional area concerned.

10 **Sec. 17.** RCW 70.05.054 and 1991 c 3 s 306 are each amended to  
11 read as follows:

12 The secretary (~~(of health)~~) shall provide an in-service public  
13 health orientation program for the benefit of provisionally qualified  
14 (~~(local)~~) district health officers.

15 Such program shall consist of—

16 (1) A three months course in public health training conducted by  
17 the secretary either in the state department of health, in a county  
18 and/or city health department, in a local health district, or in an  
19 institution of higher education; or

20 (2) An on-the-job, self-training program pursuant to a  
21 standardized syllabus setting forth the major duties of a (~~(local)~~)  
22 district health officer including the techniques and practices of  
23 public health principles expected of qualified (~~(local)~~) district  
24 health officers: PROVIDED, That each provisionally qualified  
25 (~~(local)~~) district health officer may choose which type of training  
26 he or she shall pursue.

27 **Sec. 18.** RCW 70.05.055 and 1991 c 3 s 307 are each amended to  
28 read as follows:

29 Each year, on a date which shall be as near as possible to the  
30 anniversary date of appointment as provisional (~~(local)~~) district  
31 health officer, the secretary (~~(of health or his or her)~~) or the  
32 secretary's designee shall personally visit such provisional  
33 officer's office for a personal review and discussion of the  
34 activity, plans, and study being carried on relative to the  
35 provisional officer's jurisdictional area: PROVIDED, That the third  
36 such interview shall occur three months prior to the end of the three  
37 year provisional term. A standardized checklist shall be used for all  
38 such interviews, but such checklist shall not constitute a grading

1 sheet or evaluation form for use in the ultimate decision of  
2 qualification of the provisional appointee as a public health  
3 officer.

4 Copies of the results of each interview shall be supplied to the  
5 provisional officer within two weeks following each such interview.

6 Following the third such interview, the secretary shall evaluate  
7 the provisional ~~((local))~~ district health officer's in-service  
8 performance and shall notify such officer by certified mail of ~~((his~~  
9 ~~or her))~~ the secretary's decision whether or not to qualify such  
10 officer as a ~~((local-public))~~ district health officer. Such notice  
11 shall be mailed at least sixty days prior to the third anniversary  
12 date of provisional appointment. Failure to so mail such notice shall  
13 constitute a decision that such provisional officer is qualified.

14 **Sec. 19.** RCW 70.05.060 and 1991 c 3 s 308 are each amended to  
15 read as follows:

16 Each ~~((local))~~ district board of health shall have supervision  
17 over all matters pertaining to the preservation of the life and  
18 health of the people within its jurisdiction and shall:

19 (1) Enforce, through the ~~((local))~~ district health officer or the  
20 administrative officer appointed under RCW 70.05.040, ~~((if any,))~~ the  
21 public health statutes of the state and rules ~~((promulgated))~~ adopted  
22 by the state board of health and the secretary ~~((of health));~~

23 (2) Supervise the maintenance of all health and sanitary measures  
24 for the protection of the public health within its jurisdiction;

25 (3) Enact ~~((such local))~~ district rules and regulations ~~((as~~  
26 ~~are))~~ necessary ~~((in order))~~ to preserve, promote, and improve the  
27 public health and provide for the enforcement thereof;

28 (4) Provide for the control and prevention of any dangerous,  
29 contagious, or infectious disease within the jurisdiction of the  
30 ~~((local))~~ district health department;

31 (5) Provide for the prevention, control, and abatement of  
32 nuisances detrimental to the public health;

33 (6) Make such reports to the state board of health and department  
34 through the ~~((local))~~ district health officer or the administrative  
35 officer as the state board of health or department may require;  
36 ~~((and))~~

37 (7) Establish fee schedules for issuing or renewing licenses or  
38 permits or for such other services as are authorized by the law and  
39 the rules of the state board of health: PROVIDED, That such fees for



1 services shall not exceed the actual cost of providing any such  
2 services; and

3 (8) Maintain open communication and close coordination with the  
4 department to ensure consistent implementation of public health  
5 interventions.

6 **Sec. 20.** RCW 70.05.070 and 2020 c 20 s 1066 are each amended to  
7 read as follows:

8 The (~~local health officer, acting under the direction of the~~  
9 ~~local board of health or under direction of the administrative~~  
10 ~~officer appointed under RCW 70.05.040 or 70.05.035, if any, shall~~)  
11 district health officer must:

12 (1) Enforce the public health statutes of the state, rules of the  
13 state board of health and the secretary (~~of health~~), and all local  
14 health rules, regulations and ordinances within his or her  
15 jurisdiction including imposition of penalties authorized under RCW  
16 70A.125.030 and 70A.105.120, the confidentiality provisions in RCW  
17 70.02.220 and rules adopted to implement those provisions, and filing  
18 of actions authorized by RCW 43.70.190;

19 (2) Take such action as is necessary to maintain health and  
20 sanitation supervision over the territory within his or her  
21 jurisdiction;

22 (3) Control and prevent the spread of any dangerous, contagious  
23 or infectious diseases that may occur within his or her jurisdiction;

24 (4) Inform the public as to the causes, nature, and prevention of  
25 disease and disability and the preservation, promotion and  
26 improvement of health within his or her jurisdiction;

27 (5) Prevent, control or abate nuisances which are detrimental to  
28 the public health;

29 (6) Attend all conferences called by the secretary (~~of health~~)  
30 or his or her authorized representative;

31 (7) Collect such fees as are established by the state board of  
32 health or the (~~local~~) district board of health for the issuance or  
33 renewal of licenses or permits or such other fees as may be  
34 authorized by law or by the rules of the state board of health;

35 (8) Inspect, as necessary, expansion or modification of existing  
36 public water systems, and the construction of new public water  
37 systems, to assure that the expansion, modification, or construction  
38 conforms to system design and plans;

1 (9) Take such measures as he or she deems necessary in order to  
2 promote the public health, to participate in the establishment of  
3 health educational or training activities, and to authorize the  
4 attendance of employees of the ((~~local~~)) district health department  
5 or individuals engaged in community health programs related to or  
6 part of the programs of the ((~~local~~)) district health department.

7 **Sec. 21.** RCW 70.05.072 and 1995 c 263 s 1 are each amended to  
8 read as follows:

9 The ((~~local~~)) district health officer may grant a waiver from  
10 specific requirements adopted by the state board of health for on-  
11 site sewage systems if:

12 (1) The on-site sewage system for which a waiver is requested is  
13 for sewage flows under three thousand five hundred gallons per day;

14 (2) The waiver request is evaluated by the ((~~local~~)) district  
15 health officer on an individual, site-by-site basis;

16 (3) The ((~~local~~)) district health officer determines that the  
17 waiver is consistent with the standards in, and the intent of, the  
18 state board of health rules; and

19 (4) The ((~~local~~)) district health officer submits quarterly  
20 reports to the department regarding any waivers approved or denied.

21 Based on review of the quarterly reports, if the department finds  
22 that the waivers previously granted have not been consistent with the  
23 standards in, and intent of, the state board of health rules, the  
24 department shall provide technical assistance to the ((~~local~~))  
25 district health officer to correct the inconsistency, and may notify  
26 the local and state boards of health of the department's concerns.

27 If upon further review of the quarterly reports, the department  
28 finds that the inconsistency between the waivers granted and the  
29 state board of health standards has not been corrected, the  
30 department may suspend the authority of the ((~~local~~)) district health  
31 officer to grant waivers under this section until such  
32 inconsistencies have been corrected.

33 **Sec. 22.** RCW 70.05.074 and 1997 c 447 s 2 are each amended to  
34 read as follows:

35 (1) The ((~~local~~)) district health officer must respond to the  
36 applicant for an on-site sewage system permit within thirty days  
37 after receiving a fully completed application. The ((~~local~~)) district

1 health officer must respond that the application is either approved,  
2 denied, or pending.

3 (2) If the (~~local~~) district health officer denies an  
4 application to install an on-site sewage system, the denial must be  
5 for cause and based upon public health and environmental protection  
6 concerns, including concerns regarding the ability to operate and  
7 maintain the system, or conflicts with other existing laws,  
8 regulations, or ordinances. The (~~local~~) district health officer  
9 must provide the applicant with a written justification for the  
10 denial, along with an explanation of the procedure for appeal.

11 (3) If the (~~local~~) district health officer identifies the  
12 application as pending and subject to review beyond thirty days, the  
13 (~~local~~) district health officer must provide the applicant with a  
14 written justification that the site-specific conditions or  
15 circumstances necessitate a longer time period for a decision on the  
16 application. The (~~local~~) district health officer must include any  
17 specific information necessary to make a decision and the estimated  
18 time required for a decision to be made.

19 (4) A (~~local~~) district health officer may not limit the number  
20 of alternative sewage systems within his or her jurisdiction without  
21 cause. Any such limitation must be based upon public health and  
22 environmental protection concerns, including concerns regarding the  
23 ability to operate and maintain the system, or conflicts with other  
24 existing laws, regulations, or ordinances. If such a limitation is  
25 established, the (~~local~~) district health officer must justify the  
26 limitation in writing, with specific reasons, and must provide an  
27 explanation of the procedure for appealing the limitation.

28 **Sec. 23.** RCW 70.05.077 and 1998 c 34 s 3 are each amended to  
29 read as follows:

30 (1) The department (~~of health~~), in consultation and cooperation  
31 with (~~local~~) district environmental health officers, shall develop  
32 a one-day course to train (~~local~~) district environmental health  
33 officers, health officers, and environmental health specialists and  
34 technicians to address the application of the waiver authority  
35 granted under RCW 70.05.072 as well as other existing statutory or  
36 regulatory flexibility for siting on-site sewage systems.

37 (2) The training course shall include the following topics:

38 (a) The statutory authority to grant waivers from the state on-  
39 site sewage system rules;

1 (b) The regulatory framework for the application of on-site  
2 sewage treatment and disposal technologies, with an emphasis on the  
3 differences between rules, standards, and guidance. The course shall  
4 include instruction on interpreting the intent of a rule rather than  
5 the strict reading of the language of a rule, and also discuss the  
6 liability assumed by a unit of local government when local rules,  
7 policies, or practices deviate from the state administrative code;

8 (c) The application of site evaluation and assessment methods to  
9 match the particular site and development plans with the on-site  
10 sewage treatment and disposal technology suitable to protect public  
11 health to at least the level provided by state rule; and

12 (d) Instruction in the concept and application of mitigation  
13 waivers.

14 (3) The training course shall be made available to all (~~local~~)  
15 district health departments and districts in various locations in the  
16 state without fee. Updated guidance documents and materials shall be  
17 provided to all participants, including examples of the types of  
18 waivers and processes that other jurisdictions in the region have  
19 granted and used. (~~The first training conducted under this section~~  
20 ~~shall take place by June 30, 1999.~~)

21 **Sec. 24.** RCW 70.05.090 and 1991 c 3 s 311 are each amended to  
22 read as follows:

23 Whenever any physician shall attend any person sick with any  
24 dangerous contagious or infectious disease, or with any diseases  
25 required by the state board of health to be reported, he or she  
26 shall, within twenty-four hours, give notice thereof to the (~~local~~)  
27 district health officer within whose jurisdiction such sick person  
28 may then be or to the state department of health in Olympia.

29 **Sec. 25.** RCW 70.05.100 and 1991 c 3 s 312 are each amended to  
30 read as follows:

31 In case of the question arising as to whether or not any person  
32 is affected or is sick with a dangerous, contagious or infectious  
33 disease, the opinion of the (~~local~~) district health officer shall  
34 prevail until the (~~state~~) department (~~of health~~) can be notified,  
35 and then the opinion of the executive officer of the (~~state~~)  
36 department (~~of health~~), or any physician he or she may appoint to  
37 examine such case, shall be final.

1       **Sec. 26.** RCW 70.05.110 and 1967 ex.s. c 51 s 16 are each amended  
2 to read as follows:

3       It shall be the duty of the (~~local~~) district board of health,  
4 health authorities or officials, and of physicians in localities  
5 where there are no local health authorities or officials, to report  
6 to the state board of health, promptly upon discovery thereof, the  
7 existence of any one of the following diseases which may come under  
8 their observation, to wit: Asiatic cholera, yellow fever, smallpox,  
9 scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or  
10 leprosy, and of such other contagious or infectious diseases as the  
11 state board may from time to time specify.

12       **Sec. 27.** RCW 70.05.120 and 2003 c 53 s 350 are each amended to  
13 read as follows:

14       (1) (~~Any local health officer or administrative officer~~  
15 ~~appointed under RCW 70.05.040, if any, who shall refuse or neglect to~~  
16 ~~obey or enforce the provisions of chapters 70.05, 70.24, and 70.46~~  
17 ~~RCW or the rules, regulations or orders of the state board of health~~  
18 ~~or who shall refuse or neglect to make prompt and accurate reports to~~  
19 ~~the state board of health, may be removed as local health officer or~~  
20 ~~administrative officer by the state board of health and shall not~~  
21 ~~again be reappointed except with the consent of the state board of~~  
22 ~~health. Any person may complain to the state board of health~~  
23 ~~concerning the failure of the local health officer or administrative~~  
24 ~~officer to carry out the laws or the rules and regulations concerning~~  
25 ~~public health, and the state board of health shall, if a preliminary~~  
26 ~~investigation so warrants, call a hearing to determine whether the~~  
27 ~~local health officer or administrative officer is guilty of the~~  
28 ~~alleged acts. Such hearings shall be held pursuant to the provisions~~  
29 ~~of chapter 34.05 RCW, and the rules and regulations of the state~~  
30 ~~board of health adopted thereunder.~~

31       ~~(2))~~ Any member of a (~~local~~) district board of health who  
32 (~~shall violate~~) violates any of the provisions of (~~chapters 70.05,~~  
33 ~~70.24, and 70.46~~) this chapter or chapter 70.24 RCW or (~~refuse or~~  
34 ~~neglect~~) refuses or neglects to obey or enforce any of the rules,  
35 regulations or orders of the state board of health made for the  
36 prevention, suppression, or control of any dangerous contagious or  
37 infectious disease or for the protection of the health of the people  
38 of this state, is guilty of a misdemeanor, and upon conviction shall

1 be fined not less than (~~ten dollars~~) \$10 nor more than (~~two~~  
2 ~~hundred dollars~~) \$200.

3 (~~(3)~~) (2) Any physician who (~~shall refuse or neglect~~) refuses  
4 or neglects to report to the proper health officer or administrative  
5 officer within twelve hours after first attending any case of  
6 contagious or infectious disease or any diseases required by the  
7 state board of health to be reported or any case suspicious of being  
8 one of such diseases, is guilty of a misdemeanor, and upon conviction  
9 shall be fined not less than (~~ten dollars~~) \$10 nor more than (~~two~~  
10 ~~hundred dollars~~) \$200 for each case that is not reported.

11 (~~(4)~~) (3) Any person violating any of the provisions of  
12 (~~chapters 70.05, 70.24, and 70.46~~) this chapter or chapter 70.24  
13 RCW or violating or refusing or neglecting to obey any of the rules,  
14 regulations or orders made for the prevention, suppression and  
15 control of dangerous contagious and infectious diseases by the  
16 (~~local~~) district board of health or (~~local~~) district health  
17 officer or administrative officer or state board of health, or who  
18 shall leave any isolation hospital or quarantined house or place  
19 without the consent of the proper health officer or who evades or  
20 breaks quarantine or conceals a case of contagious or infectious  
21 disease or assists in evading or breaking any quarantine or  
22 concealing any case of contagious or infectious disease, is guilty of  
23 a misdemeanor, and upon conviction thereof shall be subject to a fine  
24 of not less than (~~twenty-five dollars~~) \$25 nor more than (~~one~~  
25 ~~hundred dollars~~) \$100 or to imprisonment in the county jail not to  
26 exceed (~~ninety~~) 90 days or to both fine and imprisonment.

27 **Sec. 28.** RCW 70.05.130 and 1993 c 492 s 242 are each amended to  
28 read as follows:

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

36 **Sec. 29.** RCW 70.05.150 and 2011 c 27 s 4 are each amended to  
37 read as follows:

1 In addition to powers already granted them, any county(~~(r)~~) or  
2 district(~~(r or local)~~) health department may contract for either the  
3 sale or purchase of any or all health services from any (~~(local)~~)  
4 district health department.

5 **Sec. 30.** RCW 70.05.160 and 1992 c 207 s 7 are each amended to  
6 read as follows:

7 A (~~(local)~~) district board of health that adopts a moratorium  
8 affecting water hookups, sewer hookups, or septic systems without  
9 holding a public hearing on the proposed moratorium, shall hold a  
10 public hearing on the adopted moratorium within at least sixty days  
11 of its adoption. If the board does not adopt findings of fact  
12 justifying its action before this hearing, then the board shall do so  
13 immediately after this public hearing. A moratorium adopted under  
14 this section may be effective for not longer than six months, but may  
15 be effective for up to one year if a work plan is developed for  
16 related studies providing for such a longer period. A moratorium may  
17 be renewed for one or more six-month periods if a subsequent public  
18 hearing is held and findings of fact are made prior to each renewal.

19 **Sec. 31.** RCW 70.05.170 and 2010 c 128 s 1 are each amended to  
20 read as follows:

21 (1)(a) The legislature finds that the mortality rate in  
22 Washington state among infants and children less than eighteen years  
23 of age is unacceptably high, and that such mortality may be  
24 preventable. The legislature further finds that, through the  
25 performance of child mortality reviews, preventable causes of child  
26 mortality can be identified and addressed, thereby reducing the  
27 infant and child mortality in Washington state.

28 (b) It is the intent of the legislature to encourage the  
29 performance of child death reviews by (~~(local)~~) district health  
30 departments by providing necessary legal protections to the families  
31 of children whose deaths are studied, (~~(local)~~) district health  
32 department officials and employees, and health care professionals  
33 participating in child mortality review committee activities.

34 (2) As used in this section, "child mortality review" means a  
35 process authorized by a (~~(local)~~) district health department as such  
36 department is defined in RCW 70.05.010 for examining factors that  
37 contribute to deaths of children less than eighteen years of age. The  
38 process may include a systematic review of medical, clinical, and

1 hospital records; home interviews of parents and caretakers of  
2 children who have died; analysis of individual case information; and  
3 review of this information by a team of professionals in order to  
4 identify modifiable medical, socioeconomic, public health,  
5 behavioral, administrative, educational, and environmental factors  
6 associated with each death.

7 (3) (~~Local~~) District health departments are authorized to  
8 conduct child mortality reviews. In conducting such reviews, the  
9 following provisions shall apply:

10 (a) All health care information collected as part of a child  
11 mortality review is confidential, subject to the restrictions on  
12 disclosure provided for in chapter 70.02 RCW. When documents are  
13 collected as part of a child mortality review, the records may be  
14 used solely by (~~local~~) district health departments for the purposes  
15 of the review.

16 (b) No identifying information related to the deceased child, the  
17 child's guardians, or anyone interviewed as part of the child  
18 mortality review may be disclosed. Any such information shall be  
19 redacted from any records produced as part of the review.

20 (c) Any witness statements or documents collected from witnesses,  
21 or summaries or analyses of those statements or records prepared  
22 exclusively for purposes of a child mortality review, are not subject  
23 to public disclosure, discovery, subpoena, or introduction into  
24 evidence in any administrative, civil, or criminal proceeding related  
25 to the death of a child reviewed. This provision does not restrict or  
26 limit the discovery or subpoena from a health care provider of  
27 records or documents maintained by such health care provider in the  
28 ordinary course of business, whether or not such records or documents  
29 may have been supplied to a (~~local~~) district health department  
30 pursuant to this section. This provision shall not restrict or limit  
31 the discovery or subpoena of documents from such witnesses simply  
32 because a copy of a document was collected as part of a child  
33 mortality review.

34 (d) No (~~local~~) district health department official or employee,  
35 and no members of technical committees established to perform case  
36 reviews of selected child deaths may be examined in any  
37 administrative, civil, or criminal proceeding as to the existence or  
38 contents of documents assembled, prepared, or maintained for purposes  
39 of a child mortality review.



1 (e) This section shall not be construed to prohibit or restrict  
2 any person from reporting suspected child abuse or neglect under  
3 chapter 26.44 RCW nor to limit access to or use of any records,  
4 documents, information, or testimony in any civil or criminal action  
5 arising out of any report made pursuant to chapter 26.44 RCW.

6 (4) The department shall assist (~~(local)~~) district health  
7 departments to collect the reports of any child mortality reviews  
8 conducted by (~~(local)~~) district health departments and assist with  
9 entering the reports into a database to the extent that the data is  
10 not protected under subsection (3) of this section. Notwithstanding  
11 subsection (3) of this section, the department shall respond to any  
12 requests for data from the database to the extent permitted for  
13 health care information under chapter 70.02 RCW. In addition, the  
14 department shall provide technical assistance to (~~(local)~~) district  
15 health departments and child death review coordinators conducting  
16 child mortality reviews and encourage communication among child death  
17 review teams. The department shall conduct these activities using  
18 only federal and private funding.

19 (5) This section does not prevent a (~~(local)~~) district health  
20 department from publishing statistical compilations and reports  
21 related to the child mortality review. Any portions of such  
22 compilations and reports that identify individual cases and sources  
23 of information must be redacted.

24 **Sec. 32.** RCW 70.05.180 and 1999 c 391 s 2 are each amended to  
25 read as follows:

26 A person rendering emergency care or transportation, commonly  
27 known as a "Good Samaritan," as described in RCW 4.24.300 and  
28 4.24.310, may request and receive appropriate infectious disease  
29 testing free of charge from the (~~(local)~~) district health department  
30 of the county of her or his residence, if: (1) While rendering  
31 emergency care she or he came into contact with bodily fluids; and  
32 (2) she or he does not have health insurance that covers the testing.  
33 Nothing in this section requires a (~~(local)~~) district health  
34 department to provide health care services beyond testing. The  
35 department shall adopt rules implementing this section.

36 The information obtained from infectious disease testing is  
37 subject to statutory confidentiality provisions, including those of  
38 chapters 70.24 and 70.05 RCW.

1       **Sec. 33.** RCW 70.05.190 and 2012 c 175 s 1 are each amended to  
2 read as follows:

3       (1) A (~~local~~) district board of health in the twelve counties  
4 bordering Puget Sound implementing an on-site sewage program  
5 management plan may:

6       (a) Impose and collect reasonable rates or charges in an amount  
7 sufficient to pay for the actual costs of administration and  
8 operation of the on-site sewage program management plan; and

9       (b) Contract with the county treasurer to collect the rates or  
10 charges imposed under this section in accordance with RCW 84.56.035.

11       (2) In executing the provisions in subsection (1) of this  
12 section, a (~~local~~) district board of health does not have the  
13 authority to impose a lien on real property for failure to pay rates  
14 and charges imposed by this section.

15       (3) Nothing in this section provides a (~~local~~) district board  
16 of health with the ability to impose and collect rates and charges  
17 related to the implementation of an on-site sewage program management  
18 plan beyond those powers currently designated under RCW 70.05.060(7).

19       **Sec. 34.** RCW 43.20.025 and 2019 c 185 s 1 are each reenacted and  
20 amended to read as follows:

21       The definitions in this section apply throughout this chapter  
22 unless the context clearly requires otherwise.

23       (1) "Commissary" means an approved food establishment where food  
24 is stored, prepared, portioned, or packaged for service elsewhere.

25       (2) "Commissions" means the Washington state commission on  
26 African American affairs established in chapter 43.113 RCW, the  
27 Washington state commission on Asian Pacific American affairs  
28 established in chapter 43.117 RCW, the Washington state commission on  
29 Hispanic affairs established in chapter 43.115 RCW, and the  
30 governor's office of Indian affairs.

31       (3) "Consumer representative" means any person who is not an  
32 elected official, who has no fiduciary obligation to a health  
33 facility or other health agency, and who has no material financial  
34 interest in the rendering of health services.

35       (4) "Council" means the governor's interagency coordinating  
36 council on health disparities, convened according to this chapter.

37       (5) "Department" means the department of health.

38       (6) "District health board" means a health board created under  
39 chapter 70.05 RCW.

1       (7) "District health officer" means the legally qualified  
2 physician appointed as a health officer under chapter 70.05 RCW.

3       (8) "Health ((disparities)) inequities" means the difference in  
4 incidence, prevalence, mortality, or burden of disease and other  
5 adverse health conditions, including lack of access to proven health  
6 care services that exists between specific population groups in  
7 Washington state and that are unjust.

8       ((7)) (9) "Health impact review" means a review of a  
9 legislative or budgetary proposal completed according to the terms of  
10 this chapter that determines the extent to which the proposal  
11 improves or exacerbates health ((disparities)) inequities.

12       ((8) ~~"Local health board" means a health board created pursuant~~  
13 ~~to chapter 70.05, 70.08, or 70.46 RCW.~~

14       (9) ~~"Local health officer" means the legally qualified physician~~  
15 ~~appointed as a health officer pursuant to chapter 70.05, 70.08, or~~  
16 ~~70.46 RCW.)~~

17       (10) "Mobile food unit" means a readily movable food  
18 establishment.

19       (11) "Regulatory authority" means the ((local)) district, state,  
20 or federal enforcement body or authorized representative having  
21 jurisdiction over the food establishment. The ((local)) district  
22 health board ((of health)), acting through the ((local)) district  
23 health officer, is the regulatory authority for the activity of a  
24 food establishment, except as otherwise provided by law.

25       (12) "Secretary" means the secretary of health, or the  
26 secretary's designee.

27       (13) "Servicing area" means an operating base location to which a  
28 mobile food unit or transportation vehicle returns regularly for such  
29 things as vehicle and equipment cleaning, discharging liquid or solid  
30 wastes, refilling water tanks and ice bins, and boarding food.

31       (14) "Social determinants of health" means those elements of  
32 social structure most closely shown to affect health and illness,  
33 including at a minimum, early learning, education, socioeconomic  
34 standing, safe housing, gender, incidence of violence, convenient and  
35 affordable access to safe opportunities for physical activity,  
36 healthy diet, and appropriate health care services.

37       (15) "State board" means the state board of health created under  
38 this chapter.

1       **Sec. 35.** RCW 43.20.030 and 2009 c 549 s 5072 are each amended to  
2 read as follows:

3       The state board of health shall be composed of ten members. These  
4 shall be the secretary or the secretary's designee and nine other  
5 persons to be appointed by the governor, including four persons  
6 experienced in matters of health and sanitation, one of whom is a  
7 health official from a federally recognized tribe; an elected city  
8 official who is a member of a (~~local~~) district health board; an  
9 elected county official who is a member of a (~~local~~) district  
10 health board; a (~~local~~) district health officer; and two persons  
11 representing the consumers of health care. Before appointing the city  
12 official, the governor shall consider any recommendations submitted  
13 by the association of Washington cities. Before appointing the county  
14 official, the governor shall consider any recommendations submitted  
15 by the Washington state association of counties. Before appointing  
16 the (~~local~~) district health officer, the governor shall consider  
17 any recommendations submitted by the Washington state association of  
18 local public health officials. Before appointing one of the two  
19 consumer representatives, the governor shall consider any  
20 recommendations submitted by the state council on aging. The chair  
21 shall be selected by the governor from among the nine appointed  
22 members. The department (~~of health~~) shall provide necessary  
23 technical staff support to the board. The board may employ an  
24 executive director and a confidential secretary, each of whom shall  
25 be exempt from the provisions of the state civil service law, chapter  
26 41.06 RCW.

27       Members of the board shall be compensated in accordance with RCW  
28 43.03.240 and shall be reimbursed for their travel expenses in  
29 accordance with RCW 43.03.050 and 43.03.060.

30       **Sec. 36.** RCW 43.20.148 and 2019 c 185 s 2 are each amended to  
31 read as follows:

32       The regulatory authority must approve a request for a mobile food  
33 unit to be exempt from state board of health or local health  
34 jurisdiction requirements to operate from an approved commissary or  
35 servicing area if:

36       (1) The mobile food unit contains all equipment and utensils  
37 needed for complete onboard preparation of an approved menu;

38       (2) The mobile food unit is protected from environmental  
39 contamination when not in use;

1 (3) The mobile food unit can maintain required food storage  
2 temperatures during storage, preparation, service, and transit;

3 (4) The mobile food unit has a dedicated handwashing sink to  
4 allow frequent handwashing at all times;

5 (5) The mobile food unit has adequate water capacity and  
6 warewashing facilities to clean all multiuse utensils used on the  
7 mobile food unit at a frequency specified in state board of health  
8 rules;

9 (6) The mobile food unit is able to store tools onboard needed  
10 for cleaning and sanitizing;

11 (7) All food, water, and ice used on the mobile food unit is  
12 prepared onboard or otherwise obtained from approved sources;

13 (8) Wastewater and garbage will be sanitarily removed from the  
14 mobile food unit following an approved written plan or by a licensed  
15 service provider; and

16 (9) The (~~local~~) district health officer approves the menu and  
17 plan of operations for the mobile food unit.

18 **Sec. 37.** RCW 43.20.050 and 2011 c 27 s 1 are each amended to  
19 read as follows:

20 (1) The state board of health shall provide a forum for the  
21 development of public health policy in Washington state. It is  
22 authorized to recommend to the secretary means for obtaining  
23 appropriate citizen and professional involvement in all public health  
24 policy formulation and other matters related to the powers and duties  
25 of the department. It is further empowered to hold hearings and  
26 explore ways to improve the health status of the citizenry.

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

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

32 (a) Adopt rules for group A public water systems, as defined in  
33 RCW (~~(70.119A.020)~~) 70A.125.010, necessary to assure safe and  
34 reliable public drinking water and to protect the public health. Such  
35 rules shall establish requirements regarding:

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

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

3 (iii) Public water system management and reporting requirements;

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

6 (v) Public water system operation and maintenance requirements;

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

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

11 (b) Adopt rules as necessary for group B public water systems, as  
12 defined in RCW (~~(70.119A.020)~~) 70A.125.010. The rules shall, at a  
13 minimum, establish requirements regarding the initial design and  
14 construction of a public water system. The state board of health  
15 rules may waive some or all requirements for group B public water  
16 systems with fewer than five connections;

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

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

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

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

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

34 (3) The state board shall adopt rules for the design,  
35 construction, installation, operation, and maintenance of those  
36 on-site sewage systems with design flows of less than three thousand  
37 five hundred gallons per day.

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

1           (5) All (~~local~~) district health boards (~~of health~~), health  
2 authorities and officials, officers of state institutions, police  
3 officers, sheriffs, constables, and all other officers and employees  
4 of the state, or any county, city, or township thereof, shall enforce  
5 all rules adopted by the state board of health. In the event of  
6 failure or refusal on the part of any member of such boards or any  
7 other official or person mentioned in this section to so act, he or  
8 she shall be subject to a fine of not (~~less than fifty dollars~~)  
9 more than \$200, upon first conviction, and not less than (~~one~~  
10 ~~hundred dollars~~) \$1,000 upon second conviction.

11           (6) The state board may advise the secretary on health policy  
12 issues pertaining to the department (~~of health~~) and the state.

13           **Sec. 38.** RCW 70.24.017 and 2020 c 76 s 2 are each reenacted and  
14 amended to read as follows:

15           Unless the context clearly requires otherwise, the definitions in  
16 this section apply throughout this chapter:

17           (1) "Blood-borne pathogen" means a pathogenic microorganism that  
18 is present in human blood and can cause disease in humans, including  
19 hepatitis B virus, hepatitis C virus, and human immunodeficiency  
20 virus, as well as any other pathogen specified by the board in rule.

21           (2) "Board" means the state board of health.

22           (3) "Department" means the department of health, or any successor  
23 department with jurisdiction over public health matters.

24           (4) "District health officer" has the same meaning as in RCW  
25 70.05.010.

26           (5) "Health care facility" means a hospital, nursing home,  
27 neuropsychiatric or mental health facility, home health agency,  
28 hospice, child care agency, group care facility, family foster home,  
29 clinic, blood bank, blood center, sperm bank, laboratory, or other  
30 social service or health care institution regulated or operated by  
31 the department of health.

32           (~~(5)~~) (6) "Health care provider" means any person who is a  
33 member of a profession under RCW 18.130.040 or other person providing  
34 medical, nursing, psychological, or other health care services  
35 regulated by the department of health.

36           (~~(6)~~) (7) "Health order" means a written directive issued by  
37 the state or (~~local~~) district health officer that requires the  
38 recipient to take specific action to remove, reduce, control or  
39 prevent a risk to public health.

1        ~~((7))~~ (8) "Human immunodeficiency virus" or "HIV" means all HIV  
2 and HIV-related viruses which damage the cellular branch of the human  
3 immune system and leave the person immunodeficient.

4        ~~((8))~~ (9) "Legal guardian" means a person appointed by a court  
5 to assume legal authority for another who has been found incompetent  
6 or, in the case of a minor, a person who has legal custody of the  
7 child.

8        ~~((9) "Local health officer" has the same meaning as in RCW  
9 70.05.010.)~~

10        (10) "Medical treatment" includes treatment for curable diseases  
11 and treatment that causes a person to be unable to transmit a disease  
12 to others, based upon generally accepted standards of medical and  
13 public health science, as specified by the board in rule.

14        (11) "Person" includes any natural person, partnership,  
15 association, joint venture, trust, public or private corporation, or  
16 health facility.

17        (12) "Sexually transmitted disease" means a bacterial, viral,  
18 fungal, or parasitic infection, determined by the board by rule to be  
19 sexually transmitted, to be a threat to the public health and  
20 welfare, and to be an infection for which a legitimate public  
21 interest will be served by providing for regulation and treatment.  
22 The board shall designate chancroid, gonorrhea, granuloma inguinale,  
23 lymphogranuloma venereum, genital herpes simplex, chlamydia,  
24 trachomitis, genital human papilloma virus infection, syphilis, and  
25 human immunodeficiency virus (HIV) infection as sexually transmitted  
26 diseases, and shall consider the recommendations and classifications  
27 of the centers for disease control and other nationally recognized  
28 medical authorities in designating other diseases as sexually  
29 transmitted.

30        (13) "State health officer" means the secretary of health or an  
31 officer appointed by the secretary.

32        (14) "Test for a sexually transmitted disease" means a test  
33 approved by the board by rule.

34        **Sec. 39.** RCW 70.24.022 and 1988 c 206 s 906 are each amended to  
35 read as follows:

36        (1) The board shall adopt rules authorizing interviews and the  
37 state and ~~((local—public))~~ district health officers and their  
38 authorized representatives may interview, or cause to be interviewed,  
39 all persons infected with a sexually transmitted disease and all



1 persons who, in accordance with standards adopted by the board by  
2 rule, are reasonably believed to be infected with such diseases for  
3 the purpose of investigating the source and spread of the diseases  
4 and for the purpose of ordering a person to submit to examination,  
5 counseling, or treatment as necessary for the protection of the  
6 public health and safety, subject to RCW 70.24.024.

7 (2) State and (~~local-public~~) district health officers or their  
8 authorized representatives shall investigate identified partners of  
9 persons infected with sexually transmitted diseases in accordance  
10 with procedures prescribed by the board.

11 (3) All information gathered in the course of contact  
12 investigation pursuant to this section shall be considered  
13 confidential.

14 (4) No person contacted under this section or reasonably believed  
15 to be infected with a sexually transmitted disease who reveals the  
16 name or names of sexual contacts during the course of an  
17 investigation shall be held liable in a civil action for such  
18 revelation, unless the revelation is made with a knowing or reckless  
19 disregard for the truth.

20 (5) Any person who knowingly or maliciously disseminates any  
21 false information or report concerning the existence of any sexually  
22 transmitted disease under this section is guilty of a gross  
23 misdemeanor punishable as provided under RCW 9A.20.021.

24 **Sec. 40.** RCW 70.24.024 and 2020 c 76 s 3 are each amended to  
25 read as follows:

26 (1) Subject to the provisions of this chapter, the state and  
27 (~~local~~) district health officers or their authorized  
28 representatives may examine and counsel persons reasonably believed  
29 to be infected with or to have been exposed to a sexually transmitted  
30 disease.

31 (2)(a) The state or a (~~local~~) district health officer may  
32 conduct an investigation when:

33 (i) He or she knows or has reason to believe that a person in his  
34 or her jurisdiction has a sexually transmitted disease and is  
35 engaging in specified behavior that endangers the public health; and

36 (ii) The basis for the health officer's investigation is the  
37 officer's direct medical knowledge or reliable testimony of another  
38 who is in a position to have direct knowledge of the person's  
39 behavior.

1 (b) In conducting the investigation, the health officer shall  
2 evaluate the allegations, as well as the reliability and credibility  
3 of any person or persons who provided information related to the  
4 specified behavior that endangers the public health.

5 (3) If the state or (~~local~~) district health officer determines  
6 upon conclusion of the investigation that the allegations are true  
7 and that the person continues to engage in behavior that endangers  
8 the public health, the health officer shall document measures taken  
9 to protect the public health, including reasonable efforts to obtain  
10 the person's voluntary cooperation.

11 (4) (a) If the measures taken under subsection (3) of this section  
12 fail to protect the public health, the state or (~~local~~) district  
13 health officer may issue a health order requiring the person to:

14 (i) Submit to a medical examination or testing, receive  
15 counseling, or receive medical treatment, or any combination of  
16 these. If ordering a person to receive medical treatment, the health  
17 officer must provide the person with at least one additional  
18 appropriate option to choose from in the health order; or

19 (ii) Immediately cease and desist from specified behavior that  
20 endangers the public health by imposing such restrictions upon the  
21 person as are necessary to prevent the specified behavior that  
22 endangers the public health.

23 (b) Any restriction shall be in writing, setting forth the name  
24 of the person to be restricted, the initial period of time during  
25 which the health order shall remain effective, the terms of the  
26 restrictions, and such other conditions as may be necessary to  
27 protect the public health. Restrictions shall be imposed in the  
28 least-restrictive manner necessary to protect the public health. The  
29 period of time during which the health order is effective must be  
30 reasonably related to the purpose of the restriction or restrictions  
31 contained in the order, up to a maximum period of twelve months.

32 (5) (a) Upon the issuance of a health order pursuant to subsection  
33 (4) of this section, the state or (~~local~~) district health officer  
34 shall give written notice promptly, personally, and confidentially to  
35 the person who is the subject of the order stating the grounds and  
36 provisions of the order, including the factual bases therefor, the  
37 evidence relied upon for proof of infection and dangerous behavior,  
38 and the likelihood of repetition of such behaviors in the absence of  
39 such an order. The written notice must inform the person who is the  
40 subject of the order that, if he or she contests the order, he or she

1 may file an appeal and appear at a judicial hearing on the  
2 enforceability of the order, to be held in superior court. The  
3 hearing shall be held within seventy-two hours of receipt of the  
4 notice, unless the person subject to the order agrees to comply. If  
5 the person contests the order, no invasive medical procedures shall  
6 be carried out prior to a hearing being held pursuant to this  
7 subsection.

8 (b) The health officer may apply to the superior court for a  
9 court order requiring the person to comply with the health order if  
10 the person fails to comply with the health order within the time  
11 period specified.

12 (c) At a hearing held pursuant to (a) or (b) of this subsection  
13 (5), the person subject to the health order may have an attorney  
14 appear on his or her behalf at public expense, if necessary. The  
15 burden of proof shall be on the health officer to show by clear and  
16 convincing evidence that the specified grounds exist for the issuance  
17 of the order and for the need for compliance and that the terms and  
18 conditions imposed therein are no more restrictive than necessary to  
19 protect the public health. Upon conclusion of the hearing, the court  
20 shall issue appropriate orders affirming, modifying, or dismissing  
21 the health order.

22 (d) If the superior court dismisses the health order, the fact  
23 that the order was issued shall be expunged from the records of the  
24 department or (~~local~~) district department of health.

25 **Sec. 41.** RCW 70.24.034 and 1988 c 206 s 910 are each amended to  
26 read as follows:

27 (1) When the procedures of RCW 70.24.024 have been exhausted and  
28 the state or (~~local-public~~) district health officer, within his or  
29 her respective jurisdiction, knows or has reason to believe, because  
30 of medical information, that a person has a sexually transmitted  
31 disease and that the person continues to engage in behaviors that  
32 present an imminent danger to the public health as defined by the  
33 board by rule based upon generally accepted standards of medical and  
34 public health science, the public health officer may bring an action  
35 in superior court to detain the person in a facility designated by  
36 the board for a period of time necessary to accomplish a program of  
37 counseling and education, excluding any coercive techniques or  
38 procedures, designed to get the person to adopt nondangerous  
39 behavior. In no case may the period exceed ninety days under each

1 order. The board shall establish, by rule, standards for counseling  
2 and education under this subsection. The public health officer shall  
3 request the prosecuting attorney to file such action in superior  
4 court. During that period, reasonable efforts will be made in a  
5 noncoercive manner to get the person to adopt nondangerous behavior.

6 (2) If an action is filed as outlined in subsection (1) of this  
7 section, the superior court, upon the petition of the prosecuting  
8 attorney, shall issue other appropriate court orders including, but  
9 not limited to, an order to take the person into custody immediately,  
10 for a period not to exceed seventy-two hours, and place him or her in  
11 a facility designated or approved by the board. The person who is the  
12 subject of the order shall be given written notice of the order  
13 promptly, personally, and confidentially, stating the grounds and  
14 provisions of the order, including the factual bases therefor, the  
15 evidence relied upon for proof of infection and dangerous behavior,  
16 and the likelihood of repetition of such behaviors in the absence of  
17 such an order, and notifying the person that if he or she refuses to  
18 comply with the order he or she may appear at a hearing to review the  
19 order and that he or she may have an attorney appear on his or her  
20 behalf in the hearing at public expense, if necessary. If the person  
21 contests testing or treatment, no invasive medical procedures shall  
22 be carried out prior to a hearing being held pursuant to subsection  
23 (3) of this section.

24 (3) The hearing shall be conducted no later than forty-eight  
25 hours after the receipt of the order. The person who is subject to  
26 the order has a right to be present at the hearing and may have an  
27 attorney appear on his or her behalf in the hearing, at public  
28 expense if necessary. If the order being contested includes detention  
29 for a period of fourteen days or longer, the person shall also have  
30 the right to a trial by jury upon request. Upon conclusion of the  
31 hearing or trial by jury, the court shall issue appropriate orders.

32 The court may continue the hearing upon the request of the person  
33 who is subject to the order for good cause shown for no more than  
34 five additional judicial days. If a trial by jury is requested, the  
35 court, upon motion, may continue the hearing for no more than ten  
36 additional judicial days. During the pendency of the continuance, the  
37 court may order that the person contesting the order remain in  
38 detention or may place terms and conditions upon the person which the  
39 court deems appropriate to protect public health.

1 (4) The burden of proof shall be on the state or (~~local-public~~)  
2 district health officer to show by clear and convincing evidence that  
3 grounds exist for the issuance of any court order pursuant to  
4 subsection (2) or (3) of this section. If the superior court  
5 dismisses the order, the fact that the order was issued shall be  
6 expunged from the records of the state or (~~local~~) district  
7 department of health.

8 (5) Any hearing conducted by the superior court pursuant to  
9 subsection (2) or (3) of this section shall be closed and  
10 confidential unless a public hearing is requested by the person who  
11 is the subject of the order, in which case the hearing will be  
12 conducted in open court. Unless in open hearing, any transcripts or  
13 records relating thereto shall also be confidential and may be sealed  
14 by order of the court.

15 (6) Any order entered by the superior court pursuant to  
16 subsection (1) or (2) of this section shall impose terms and  
17 conditions no more restrictive than necessary to protect the public  
18 health.

19 **Sec. 42.** RCW 70.24.150 and 1991 c 3 s 326 are each amended to  
20 read as follows:

21 Members of the state board of health and (~~local~~) district  
22 boards of health, public health officers, and employees of the  
23 department of health and (~~local~~) district health departments are  
24 immune from civil action for damages arising out of the good faith  
25 performance of their duties as prescribed by this chapter, unless  
26 such performance constitutes gross negligence.

27 **Sec. 43.** RCW 70.24.340 and 2020 c 76 s 13 are each amended to  
28 read as follows:

29 A law enforcement officer, firefighter, health care provider,  
30 health care facility staff person, department of corrections' staff  
31 person, jail staff person, or person employed in other categories of  
32 employment to be at risk of exposure that presents a possible risk of  
33 transmission of a blood-borne pathogen, who has experienced an  
34 exposure to another person's bodily fluids in the course of his or  
35 her employment, may request a state or (~~local~~) district health  
36 officer to order blood-borne pathogen testing for the person whose  
37 bodily fluids he or she has been exposed to. If the state or  
38 (~~local~~) district health officer refuses to order testing under this

1 section, the person who made the request may petition the superior  
2 court for a hearing to determine whether an order shall be issued.  
3 The hearing on the petition shall be held within seventy-two hours of  
4 filing the petition, exclusive of Saturdays, Sundays, and holidays.  
5 The standard of review to determine whether the state or ((~~local~~))  
6 district health officer shall be required to issue the order is  
7 whether an exposure occurred and whether that exposure presents a  
8 possible risk of transmission of a blood-borne pathogen. Upon  
9 conclusion of the hearing, the court shall issue the appropriate  
10 order.

11 The person who is subject to the state or ((~~local~~)) district  
12 health officer's order to receive testing shall be given written  
13 notice of the order promptly, personally, and confidentially, stating  
14 the grounds and provisions of the order, including the factual basis  
15 therefor. If the person who is subject to the order refuses to  
16 comply, the state or ((~~local~~)) district health officer may petition  
17 the superior court for a hearing. The hearing on the petition shall  
18 be held within seventy-two hours of filing the petition, exclusive of  
19 Saturdays, Sundays, and holidays. The standard of review for the  
20 order is whether an exposure occurred and whether that exposure  
21 presents a possible risk of transmission of a blood-borne pathogen.  
22 Upon conclusion of the hearing, the court shall issue the appropriate  
23 order.

24 The state or ((~~local~~)) district health officer shall perform  
25 testing under this section if he or she finds that the exposure  
26 presents a possible risk of transmission of a blood-borne pathogen or  
27 if he or she is ordered to do so by a court.

28 The testing required under this section shall be completed as  
29 soon as possible after the substantial exposure or, if ordered by the  
30 court, within seventy-two hours of the order's issuance.

31 **Sec. 44.** RCW 70.24.360 and 2020 c 76 s 14 are each amended to  
32 read as follows:

33 Jail administrators, with the approval of the ((~~local~~)) district  
34 health officer, may order blood-borne pathogen testing for a person  
35 detained in the jail if the ((~~local~~)) district health officer  
36 determines that the detainee's behavior exposed the staff, general  
37 public, or other persons, and that exposure presents a possible risk  
38 of transmitting a blood-borne pathogen. Documentation of the behavior

1 shall be reviewed with the person to ensure that the person  
2 understands the basis for testing.

3 **Sec. 45.** RCW 70.24.450 and 2013 c 200 s 27 are each amended to  
4 read as follows:

5 (1) In order to assure compliance with the protections under this  
6 chapter and the rules of the board, and to assure public confidence  
7 in the confidentiality of reported information, the department shall:

8 (a) Report annually to the board any incidents of unauthorized  
9 disclosure by the department, (~~local~~) district health departments,  
10 or their employees of information protected under RCW 70.02.220. The  
11 report shall include recommendations for preventing future  
12 unauthorized disclosures and improving the system of confidentiality  
13 for reported information; and

14 (b) Assist health care providers, facilities that conduct tests,  
15 (~~local~~) district health departments, and other persons involved in  
16 disease reporting to understand, implement, and comply with this  
17 chapter and the rules of the board related to disease reporting.

18 (2) This section is exempt from RCW 70.24.084, 70.05.070, and  
19 70.05.120.

20 NEW SECTION. **Sec. 46.** The following acts or parts of acts are  
21 each repealed:

22 (1) RCW 70.05.030 (Counties—Local health board—Jurisdiction) and  
23 1995 c 43 s 6, 1993 c 492 s 235, & 1967 ex.s. c 51 s 3;

24 (2) RCW 70.05.035 (Home rule charter—Local board of health) and  
25 1995 c 43 s 7 & 1993 c 492 s 237;

26 (3) RCW 70.05.080 (Local health officer—Failure to appoint—  
27 Procedure) and 1993 c 492 s 240, 1991 c 3 s 310, 1983 1st ex.s. c 39  
28 s 4, 1979 c 141 s 81, & 1967 ex.s. c 51 s 13;

29 (4) RCW 70.08.005 (Transfer of duties to the department of  
30 health) and 1989 1st ex.s. c 9 s 244;

31 (5) RCW 70.08.010 (Combined city-county health departments—  
32 Establishment) and 1985 c 124 s 1, (1993 c 492 s 244 repealed by 1995  
33 c 43 s 16), & 1949 c 46 s 1;

34 (6) RCW 70.08.020 (Director of public health—Powers and duties)  
35 and 1985 c 124 s 2 & 1949 c 46 s 2;

36 (7) RCW 70.08.030 (Qualifications) and 1996 c 178 s 20, 1985 c  
37 124 s 3, 1984 c 25 s 3, & 1949 c 46 s 3;

1 (8) RCW 70.08.040 (Director of public health—Appointment) and  
2 1995 c 188 s 1, 1995 c 43 s 9, 1985 c 124 s 4, 1980 c 57 s 1, & 1949  
3 c 46 s 4;

4 (9) RCW 70.08.050 (May act as health officer for other cities or  
5 towns) and 1991 c 3 s 314, 1979 c 141 s 85, & 1949 c 46 s 8;

6 (10) RCW 70.08.060 (Director of public health shall be registrar  
7 of vital statistics) and 2012 c 117 s 372, 1961 ex.s. c 5 s 4, & 1949  
8 c 46 s 9;

9 (11) RCW 70.08.070 (Employees may be included in civil service or  
10 retirement plans of city, county, or combined department) and 1982 c  
11 203 s 1, 1980 c 57 s 2, & 1949 c 46 s 5;

12 (12) RCW 70.08.080 (Pooling of funds) and 1980 c 57 s 3 & 1949 c  
13 46 s 6;

14 (13) RCW 70.08.090 (Other cities or agencies may contract for  
15 services) and 1949 c 46 s 7;

16 (14) RCW 70.08.100 (Termination of agreement to operate combined  
17 city-county health department) and 1949 c 46 s 10;

18 (15) RCW 70.08.110 (Prior expenditures in operating combined  
19 health department ratified) and 1949 c 46 s 11;

20 (16) RCW 70.46.020 (Districts of two or more counties—Health  
21 board—Membership—Chair) and 1995 c 43 s 10, 1993 c 492 s 247, 1967  
22 ex.s. c 51 s 6, & 1945 c 183 s 2;

23 (17) RCW 70.46.031 (Districts of one county—Health board—  
24 Membership) and 1995 c 43 s 11;

25 (18) RCW 70.46.060 (District health board—Powers and duties) and  
26 1993 c 492 s 248, 1967 ex.s. c 51 s 11, & 1945 c 183 s 6;

27 (19) RCW 70.46.080 (District health funds) and 1993 c 492 s 249,  
28 1971 ex.s. c 85 s 10, 1967 ex.s. c 51 s 19, & 1945 c 183 s 8;

29 (20) RCW 70.46.082 (District health funds—Health district as  
30 custodian) and 2016 sp.s. c 3 s 1;

31 (21) RCW 70.46.085 (County to bear expense of providing public  
32 health services) and 1993 c 492 s 250 & 1967 ex.s. c 51 s 20;

33 (22) RCW 70.46.090 (Withdrawal of county) and 1993 c 492 s 251,  
34 1967 ex.s. c 51 s 21, & 1945 c 183 s 9;

35 (23) RCW 70.46.100 (Power to acquire, maintain, or dispose of  
36 property—Contracts) and 1957 c 100 s 2;

37 (24) RCW 70.46.120 (License or permit fees) and 1993 c 492 s 252  
38 & 1963 c 121 s 1;



1 (25) RCW 43.70.060 (Duties of department—Promotion of health care  
2 cost-effectiveness) and 1989 1st ex.s. c 9 s 108;  
3 (26) RCW 43.70.064 (Health care quality—Findings and intent—  
4 Requirements for conducting study under RCW 43.70.066) and 1995 c 267  
5 s 3;  
6 (27) RCW 43.70.066 (Study—Uniform quality assurance and  
7 improvement program—Reports to legislature—Limitation on rule  
8 making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;  
9 (28) RCW 43.70.068 (Quality assurance—Interagency cooperation)  
10 and 1997 c 274 s 4 & 1995 c 267 s 5; and  
11 (29) RCW 43.70.070 (Duties of department—Analysis of health  
12 services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

13 NEW SECTION. **Sec. 47.** Sections 5 and 11 through 46 of this act  
14 take effect January 1, 2023.

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