Washington State House of Representatives Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 1110

Brief Description: Concerning the composition of local boards of health.

Sponsors: Representatives Riccelli, Ormsby, Bateman, Leavitt, Cody, Stonier, Frame, Macri and Pollet.

Brief Summary of Bill

• Changes the membership requirements for local boards of health.

Hearing Date: 1/25/21

Staff: Jim Morishima (786-7191).

Background:

Most public health activities in Washington are carried out at the local level through 35 local health jurisdictions. Each public health jurisdiction is governed by a local board of health (board), the membership of which depends on whether the county is a home rule county or part of a local health district.

For example, in home rule counties, the membership of the board is governed by the county charter. Elected officials from cities and towns in the county may be appointed to the board. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

In non-home rule counties that are not part of a local health district, the county's board of commissioners constitutes the board. The county may expand the membership of the board to include elected officials from cities or towns. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

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This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

In local health districts consisting of one county, the membership of the board is determined by county resolution or ordinance. The board may include elected officials from cities or towns. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

In local health districts consisting of more than one county, the membership of the board is determined by resolutions or ordinances adopted by each member county. If the local health district consists of two counties, the board must have at least five members. If the local health district consists of three or more counties, the board must have at least seven members. The board may include elected officials from cities or towns in the district. The board may also include individuals who are not elected officials, but such individuals may not constitute a majority of the board.

Summary of Bill:

Each local board of health (board) must include at least four members who must constitute at least one-half of the membership of the board and must be selected from one of four categories:

- health care providers or employees of health care facilities practicing or employed in the county or jurisdiction, including physicians, osteopathic physicians, advanced registered nurse practitioners, physician assistants, registered nurses, dentists, or pharmacists;
- persons employed in the county with experience with public health, including representatives of tribal governments or the federal Indian Health Service, medical ethicists, epidemiologists, sanitarians, community health workers, individuals with advanced degrees in public health, or members of the environmental public health regulated community;
- consumers of public health residing in the county who have self-identified as having faced significant health inequities or as having lived experiences with public health programs, with strong encouragement to give preference to individuals from historically marginalized and underrepresented communities; and
- other community stakeholders, including community-based organizations that work with populations experiencing health inequities and the business community.

If the number of members selected from the categories is evenly divisible by four, then there must be an equal number of members from each category. Any members over the nearest multiple of four must all be selected from different categories.

The board members selected from the categories must be approved by a majority vote of the elected officials on the board. In the event of a vacancy, the board must notify statewide organizations representing physicians, nurses, and public health officials; accountable communities of health; and any other organizations deemed appropriate by the board.

The State Board of Health must adopt rules establishing an appointment process for nonelected members of the board. The process must be fair and unbiased and ensure, to the extent

practicable, that board membership includes a balanced representation of elected officials and nonelected persons with a diversity of expertise and lived experience.

Boards must comply with the requirements relating to board membership as soon as practicable, but no later than six months after the effective date of the act.

Appropriation: None.

Fiscal Note: Requested on January 22, 2021.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.