

**E2SHB 1152 - S AMD 802**

By Senator Randall

**PULLED 04/11/2021**

1 Strike everything after the enacting clause and insert the  
2 following:

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

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

16 (1) The public health advisory board is established within the  
17 department. The advisory board shall:

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

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

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

25 (d) Advise and report to the secretary;

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

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

1 (g) Evaluate the use of foundational public health services  
2 funding by the governmental public health system.

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

5 (a) The governor's office;

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

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

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

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

13 (f) One member of the county legislative authority from a eastern  
14 Washington county selected by a statewide association representing  
15 counties;

16 (g) One member of the county legislative authority from a western  
17 Washington county selected by a statewide association representing  
18 counties;

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

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

23 (j) A statewide association representing Washington cities;

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

26 (l) A statewide association representing Washington hospitals;

27 (m) A statewide association representing Washington physicians;

28 (n) A statewide association representing Washington nurses;

29 (o) A statewide association representing Washington public health  
30 or public health professionals; and

31 (p) A consumer nonprofit organization representing marginalized  
32 populations.

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

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

1 (5) Legislative members of the public health advisory board may  
2 be reimbursed for travel expenses in accordance with RCW 44.04.120.  
3 Nonlegislative members are not entitled to be reimbursed for travel  
4 expenses if they are elected officials or are participating on behalf  
5 of an employer, governmental entity, or other organization. Any  
6 reimbursement for other nonlegislative members is subject to chapter  
7 43.03 RCW.

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

10 **Sec. 3.** RCW 70.05.030 and 1995 c 43 s 6 are each amended to read  
11 as follows:

12 ~~((In counties without a home rule charter, the board of county  
13 commissioners shall constitute the local board of health, unless the  
14 county is part of a health district pursuant to chapter 70.46 RCW.  
15 The jurisdiction of the local board of health shall be coextensive  
16 with the boundaries of said county. The board of county commissioners  
17 may, at its discretion, adopt an ordinance expanding the size and  
18 composition of the board of health to include elected officials from  
19 cities and towns and persons other than elected officials as members  
20 so long as persons other than elected officials do not constitute a  
21 majority. An ordinance adopted under this section shall include  
22 provisions for the appointment, term, and compensation, or  
23 reimbursement of expenses.))~~

24 (1) Except as provided in subsection (2) of this section, for  
25 counties without a home rule charter, the board of county  
26 commissioners and the members selected under (a) and (e) of this  
27 subsection, shall constitute the local board of health, unless the  
28 county is part of a health district pursuant to chapter 70.46 RCW.  
29 The jurisdiction of the local board of health shall be coextensive  
30 with the boundaries of the county.

31 (a) The remaining board members must be persons who are not  
32 elected officials and must be selected from the following categories  
33 consistent with the requirements of this section and the rules  
34 adopted by the state board of health under section 8 of this act:

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

38 (A) Medical ethicists;

39 (B) Epidemiologists;

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

3 (D) Community health workers;

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

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

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

9 (I) Physicians or osteopathic physicians;

10 (II) Advanced registered nurse practitioners;

11 (III) Physician assistants or osteopathic physician assistants;

12 (IV) Registered nurses;

13 (V) Dentists;

14 (VI) Naturopaths; or

15 (VII) Pharmacists;

16 (ii) Consumers of public health. This category consists of county  
17 residents who have self-identified as having faced significant health  
18 inequities or as having lived experiences with public health-related  
19 programs such as: The special supplemental nutrition program for  
20 women, infants, and children; the supplemental nutrition program;  
21 home visiting; or treatment services. It is strongly encouraged that  
22 individuals from historically marginalized and underrepresented  
23 communities are given preference. These individuals may not be  
24 elected officials and may not have any fiduciary obligation to a  
25 health facility or other health agency, and may not have a material  
26 financial interest in the rendering of health services; and

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

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

32 (B) Active, reserve, or retired armed services members;

33 (C) The business community; or

34 (D) The environmental public health regulated community.

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

37 (c) If the number of board members selected under (a) of this  
38 subsection is evenly divisible by three, there must be an equal  
39 number of members selected from each of the three categories. If  
40 there are one or two members over the nearest multiple of three,

1 those members may be selected from any of the three categories.  
2 However, if the board of health demonstrates that it attempted to  
3 recruit members from all three categories and was unable to do so,  
4 the board may select members only from the other two categories.

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

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

13 (f) The board of county commissioners may, at its discretion,  
14 adopt an ordinance expanding the size and composition of the board of  
15 health to include elected officials from cities and towns and persons  
16 other than elected officials as members so long as the city and  
17 county elected officials do not constitute a majority of the total  
18 membership of the board.

19 (g) Except as provided in (a) and (e) of this subsection, an  
20 ordinance adopted under this section shall include provisions for the  
21 appointment, term, and compensation, or reimbursement of expenses.

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

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

29 (j) The number of members selected under (a) and (e) of this  
30 subsection must equal the number of city and county elected officials  
31 on the board of health.

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

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

37 (2) A local board of health comprised solely of elected officials  
38 may retain this composition if the local health jurisdiction had a  
39 public health advisory committee or board with its own bylaws  
40 established on January 1, 2021. By January 1, 2022, the public health

1 advisory committee or board must meet the requirements established in  
2 section 7 of this act for community health advisory boards. Any  
3 future changes to local board of health composition must meet the  
4 requirements of subsection (1) of this section.

5 **Sec. 4.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read  
6 as follows:

7 ~~((In counties with a home rule charter, the county legislative~~  
8 ~~authority shall establish a local board of health and may prescribe~~  
9 ~~the membership and selection process for the board. The county~~  
10 ~~legislative authority may appoint to the board of health elected~~  
11 ~~officials from cities and towns and persons other than elected~~  
12 ~~officials as members so long as persons other than elected officials~~  
13 ~~do not constitute a majority. The county legislative authority shall~~  
14 ~~specify the appointment, term, and compensation or reimbursement of~~  
15 ~~expenses. The jurisdiction of the local board of health shall be~~  
16 ~~coextensive with the boundaries of the county. The local health~~  
17 ~~officer, as described in RCW 70.05.050, shall be appointed by the~~  
18 ~~official designated under the provisions of the county charter. The~~  
19 ~~same official designated under the provisions of the county charter~~  
20 ~~may appoint an administrative officer, as described in RCW~~  
21 ~~70.05.045.))~~

22 (1) Except as provided in subsection (2) of this section, for  
23 home rule charter counties, the county legislative authority shall  
24 establish a local board of health and may prescribe the membership  
25 and selection process for the board. The membership of the local  
26 board of health must also include the members selected under (a) and  
27 (e) of this subsection.

28 (a) The remaining board members must be persons who are not  
29 elected officials and must be selected from the following categories  
30 consistent with the requirements of this section and the rules  
31 adopted by the state board of health under section 8 of this act:

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

35 (A) Medical ethicists;

36 (B) Epidemiologists;

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

39 (D) Community health workers;

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

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

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

6 (I) Physicians or osteopathic physicians;

7 (II) Advanced registered nurse practitioners;

8 (III) Physician assistants or osteopathic physician assistants;

9 (IV) Registered nurses;

10 (V) Dentists;

11 (VI) Naturopaths; or

12 (VII) Pharmacists;

13 (ii) Consumers of public health. This category consists of county  
14 residents who have self-identified as having faced significant health  
15 inequities or as having lived experiences with public health-related  
16 programs such as: The special supplemental nutrition program for  
17 women, infants, and children; the supplemental nutrition program;  
18 home visiting; or treatment services. It is strongly encouraged that  
19 individuals from historically marginalized and underrepresented  
20 communities are given preference. These individuals may not be  
21 elected officials and may not have any fiduciary obligation to a  
22 health facility or other health agency, and may not have a material  
23 financial interest in the rendering of health services; and

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

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

29 (B) Active, reserve, or retired armed services members;

30 (C) The business community; or

31 (D) The environmental public health regulated community.

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

34 (c) If the number of board members selected under (a) of this  
35 subsection is evenly divisible by three, there must be an equal  
36 number of members selected from each of the three categories. If  
37 there are one or two members over the nearest multiple of three,  
38 those members may be selected from any of the three categories.  
39 However, if the board of health demonstrates that it attempted to

1 recruit members from all three categories and was unable to do so,  
2 the board may select members only from the other two categories.

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

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

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

16 (g) Except as provided in (a) and (e) of this subsection, the  
17 county legislative authority shall specify the appointment, term, and  
18 compensation or reimbursement of expenses.

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

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

26 (j) The number of members selected under (a) and (e) of this  
27 subsection must equal the number of city and county elected officials  
28 on the board of health.

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

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

34 (2) A local board of health comprised solely of elected officials  
35 may retain this composition if the local health jurisdiction had a  
36 public health advisory committee or board with its own bylaws  
37 established on January 1, 2021. By January 1, 2022, the public health  
38 advisory committee or board must meet the requirements established in  
39 section 7 of this act for community health advisory boards. Any



1 future changes to local board of health composition must meet the  
2 requirements of subsection (1) of this section.

3 **Sec. 5.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to  
4 read as follows:

5 ~~((Health districts consisting of two or more counties may be  
6 created whenever two or more boards of county commissioners shall by  
7 resolution establish a district for such purpose. Such a district  
8 shall consist of all the area of the combined counties. The district  
9 board of health of such a district shall consist of not less than  
10 five members for districts of two counties and seven members for  
11 districts of more than two counties, including two representatives  
12 from each county who are members of the board of county commissioners  
13 and who are appointed by the board of county commissioners of each  
14 county within the district, and shall have a jurisdiction coextensive  
15 with the combined boundaries. The boards of county commissioners may  
16 by resolution or ordinance provide for elected officials from cities  
17 and towns and persons other than elected officials as members of the  
18 district board of health so long as persons other than elected  
19 officials do not constitute a majority. A resolution or ordinance  
20 adopted under this section must specify the provisions for the  
21 appointment, term, and compensation, or reimbursement of expenses.  
22 Any multicounty health district existing on the effective date of  
23 this act shall continue in existence unless and until changed by  
24 affirmative action of all boards of county commissioners or one or  
25 more counties withdraws [withdraw] pursuant to RCW 70.46.090.~~

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

28 (1) Except as provided in subsection (2) of this section, health  
29 districts consisting of two or more counties may be created whenever  
30 two or more boards of county commissioners shall by resolution  
31 establish a district for such purpose. Such a district shall consist  
32 of all the area of the combined counties. The district board of  
33 health of such a district shall consist of not less than five members  
34 for districts of two counties and seven members for districts of more  
35 than two counties, including two representatives from each county who  
36 are members of the board of county commissioners and who are  
37 appointed by the board of county commissioners of each county within  
38 the district, and members selected under (a) and (e) of this

1 subsection, and shall have a jurisdiction coextensive with the  
2 combined boundaries.

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

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

10 (A) Medical ethicists;

11 (B) Epidemiologists;

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

14 (D) Community health workers;

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

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

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

20 (I) Physicians or osteopathic physicians;

21 (II) Advanced registered nurse practitioners;

22 (III) Physician assistants or osteopathic physician assistants;

23 (IV) Registered nurses;

24 (V) Dentists;

25 (VI) Naturopaths; or

26 (VII) Pharmacists;

27 (ii) Consumers of public health. This category consists of health  
28 district residents who have self-identified as having faced  
29 significant health inequities or as having lived experiences with  
30 public health-related programs such as: The special supplemental  
31 nutrition program for women, infants, and children; the supplemental  
32 nutrition program; home visiting; or treatment services. It is  
33 strongly encouraged that individuals from historically marginalized  
34 and underrepresented communities are given preference. These  
35 individuals may not be elected officials, and may not have any  
36 fiduciary obligation to a health facility or other health agency, and  
37 may not have a material financial interest in the rendering of health  
38 services; and

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

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

6 (B) Active, reserve, or retired armed services members;

7 (C) The business community; or

8 (D) The environmental public health regulated community.

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

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

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

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

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

33 (g) Except as provided in (a) and (e) of this subsection, a  
34 resolution or ordinance adopted under this section must specify the  
35 provisions for the appointment, term, and compensation, or  
36 reimbursement of expenses.

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

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

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

6 (k) The number of members selected under (a) and (e) of this  
7 subsection must equal the number of city and county elected officials  
8 on the board of health.

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

12 (2) A local board of health comprised solely of elected officials  
13 may retain this composition if the local health jurisdiction had a  
14 public health advisory committee or board with its own bylaws  
15 established on January 1, 2021. By January 1, 2022, the public health  
16 advisory committee or board must meet the requirements established in  
17 section 7 of this act for community health advisory boards. Any  
18 future changes to local board of health composition must meet the  
19 requirements of subsection (1) of this section.

20 **Sec. 6.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to  
21 read as follows:

22 ~~((A health district to consist of one county may be created~~  
23 ~~whenever the county legislative authority of the county shall pass a~~  
24 ~~resolution or ordinance to organize such a health district under~~  
25 ~~chapter 70.05 RCW and this chapter.~~

26 ~~The resolution or ordinance may specify the membership,~~  
27 ~~representation on the district health board, or other matters~~  
28 ~~relative to the formation or operation of the health district. The~~  
29 ~~county legislative authority may appoint elected officials from~~  
30 ~~cities and towns and persons other than elected officials as members~~  
31 ~~of the health district board so long as persons other than elected~~  
32 ~~officials do not constitute a majority.~~

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

36 (1) Except as provided in subsection (2) of this section, a  
37 health district to consist of one county may be created whenever the  
38 county legislative authority of the county shall pass a resolution or  
39 ordinance to organize such a health district under chapter 70.05 RCW

1 and this chapter. The resolution or ordinance may specify the  
2 membership, representation on the district health board, or other  
3 matters relative to the formation or operation of the health  
4 district. In addition to the membership of the district health board  
5 determined through resolution or ordinance, the district health board  
6 must also include the members selected under (a) and (e) of this  
7 subsection.

8 (a) The remaining board members must be persons who are not  
9 elected officials and must be selected from the following categories  
10 consistent with the requirements of this section and the rules  
11 adopted by the state board of health under section 8 of this act:

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

15 (A) Medical ethicists;

16 (B) Epidemiologists;

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

19 (D) Community health workers;

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

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

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

25 (I) Physicians or osteopathic physicians;

26 (II) Advanced registered nurse practitioners;

27 (III) Physician assistants or osteopathic physician assistants;

28 (IV) Registered nurses;

29 (V) Dentists;

30 (VI) Naturopaths; or

31 (VII) Pharmacists;

32 (ii) Consumers of public health. This category consists of county  
33 residents who have self-identified as having faced significant health  
34 inequities or as having lived experiences with public health-related  
35 programs such as: The special supplemental nutrition program for  
36 women, infants, and children; the supplemental nutrition program;  
37 home visiting; or treatment services. It is strongly encouraged that  
38 individuals from historically marginalized and underrepresented  
39 communities are given preference. These individuals may not be  
40 elected officials and may not have any fiduciary obligation to a

1 health facility or other health agency, and may not have a material  
2 financial interest in the rendering of health services; and

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

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

8 (B) The business community; or

9 (C) The environmental public health regulated community.

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

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

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

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

31 (f) The county legislative authority may appoint elected  
32 officials from cities and towns and persons other than elected  
33 officials as members of the health district board so long as the city  
34 and county elected officials do not constitute a majority of the  
35 total membership of the board.

36 (g) Except as provided in (a) and (e) of this subsection, a  
37 resolution or ordinance adopted under this section must specify the  
38 provisions for the appointment, term, and compensation, or  
39 reimbursement of expenses.

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

3 (i) The local health officer, as described in RCW 70.05.050,  
4 shall be appointed by the official designated under the provisions of  
5 the resolution or ordinance. The same official designated under the  
6 provisions of the resolution or ordinance may appoint an  
7 administrative officer, as described in RCW 70.05.045.

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

10 (k) The number of members selected under (a) and (e) of this  
11 subsection must equal the number of city and county elected officials  
12 on the board of health.

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

16 (2) A local board of health comprised solely of elected officials  
17 may retain this composition if the local health jurisdiction had a  
18 public health advisory committee or board with its own bylaws  
19 established on January 1, 2021. By January 1, 2022, the public health  
20 advisory committee or board must meet the requirements established in  
21 section 7 of this act for community health advisory boards. Any  
22 future changes to local board of health composition must meet the  
23 requirements of subsection (1) of this section.

24 NEW SECTION. Sec. 7. A new section is added to chapter 70.46  
25 RCW to read as follows:

26 (1) A community health advisory board shall:

27 (a) Provide input to the local board of health in the recruitment  
28 and selection of an administrative officer, pursuant to RCW  
29 70.05.045, and local health officer, pursuant to RCW 70.05.050;

30 (b) Use a health equity framework to conduct, assess, and  
31 identify the community health needs of the jurisdiction, and review  
32 and recommend public health policies and priorities for the local  
33 health jurisdiction and advisory board to address community health  
34 needs;

35 (c) Evaluate the impact of proposed public health policies and  
36 programs, and assure identified health needs and concerns are being  
37 met;

38 (d) Promote public participation in and identification of local  
39 public health needs;

1 (e) Provide community forums and hearings as assigned by the  
2 local board of health;

3 (f) Establish community task forces as assigned by the local  
4 board of health;

5 (g) Review and make recommendations to the local health  
6 jurisdiction and local board of health for an annual budget and fees;  
7 and

8 (h) Review and advise on local health jurisdiction progress in  
9 achieving performance measures and outcomes to ensure continuous  
10 quality improvement and accountability.

11 (2) The advisory board shall consist of nine to 21 members  
12 appointed by the local board of health. The local health officer and  
13 a member of the local board of health shall serve as ex officio  
14 members of the board.

15 (3) The advisory board must be broadly representative of the  
16 character of the community. Membership preference shall be given to  
17 tribal, racial, ethnic, and other minorities. The advisory board must  
18 consist of a balance of members with expertise, career experience,  
19 and consumer experience in areas impacting public health and with  
20 populations served by the health department. The board's composition  
21 shall include:

22 (a) Members with expertise in and experience with:

23 (i) Health care access and quality;

24 (ii) Physical environment, including built and natural  
25 environments;

26 (iii) Social and economic sectors, including housing, basic  
27 needs, education, and employment;

28 (iv) Business and philanthropy;

29 (v) Communities that experience health inequities;

30 (vi) Government; and

31 (vii) Tribal communities and tribal government.

32 (b) Consumers of public health services;

33 (c) Community members with lived experience in any of the areas  
34 listed in (a) of this subsection; and

35 (d) Community stakeholders, including nonprofit organizations,  
36 the business community, and those regulated by public health.

37 (4) The local health jurisdiction and local board of health must  
38 actively recruit advisory board members in a manner that solicits  
39 broad diversity to assure representation from marginalized  
40 communities including tribal, racial, ethnic, and other minorities.



1 (5) Advisory board members shall serve for staggered three-year  
2 terms. This does not preclude any member from being reappointed.

3 (6) The advisory board shall, at the first meeting of each year,  
4 select a chair and vice chair. The chair shall preside over all  
5 advisory board meetings and work with the local health jurisdiction  
6 administrator, or their designee, to establish board meeting agendas.

7 (7) Staffing for the advisory board shall be provided by the  
8 local health jurisdiction.

9 (8) The advisory board shall hold meetings monthly, or as  
10 otherwise determined by the advisory board at a place and time to be  
11 decided by the advisory board. Special meetings may be held on call  
12 of the local board of health or the chairperson of the advisory  
13 board.

14 (9) Meetings of the advisory board are subject to the open public  
15 meetings act, chapter 42.30 RCW, and meeting minutes must be  
16 submitted to the local board of health.

17 NEW SECTION. **Sec. 8.** A new section is added to chapter 43.20  
18 RCW to read as follows:

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

23 (a) Be fair and unbiased; and

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

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

30 NEW SECTION. **Sec. 9.** Sections 3 through 6 of this act take  
31 effect July 1, 2023."

**E2SHB 1152** - S AMD **802**  
By Senator Randall

**PULLED 04/11/2021**

1        On page 1, line 2 of the title, after "districts;" strike the  
2 remainder of the title and insert "amending RCW 70.05.030, 70.05.035,  
3 70.46.020, and 70.46.031; adding a new section to chapter 43.70 RCW;  
4 adding a new section to chapter 70.46 RCW; adding a new section to  
5 chapter 43.20 RCW; creating a new section; and providing an effective  
6 date."

EFFECT: (1) Removes provisions related to the foundational public health services steering committee, the comprehensive public health district centers, regional health officers, funding requirements for shared services, Department of Health reporting requirements, and changes to the notice requirements before a city or county terminates a health department agreement.

(2) Maintains the provision creating the public health advisory board.

(3) Creates separate seats on the advisory board for associations representing physicians, nurses, and hospitals.

(4) Removes the population threshold for requiring changes to the composition of local boards of health and applies the composition requirements to all local health jurisdictions, unless a jurisdiction with all elected board members had a public health advisory committee or board in place on January 1, 2021. Those jurisdictions may maintain their current board composition, but the jurisdiction's advisory board must meet requirements established in the bill by January 1, 2022.

(5) Establishes community health advisory board requirements, including duties, membership, and governing structure.

(6) Sets an effective date for changes to local boards of health of July 1, 2023.

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