

E2SHB 1152 - S AMD 820

By Senator Randall

ADOPTED AS AMENDED 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
4 representatives 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) Four representatives from local health jurisdictions selected
25 by a statewide association representing local public health
26 officials, including one from a jurisdiction east of the Cascade
27 mountains, one from a jurisdiction west of the Cascade mountains with
28 a population under 800,000, one from a jurisdiction with a population
29 between 200,000 and 600,000, and one from a jurisdiction with a
30 population under 200,000;

31 (l) A statewide association representing Washington hospitals;

32 (m) A statewide association representing Washington physicians;

33 (n) A statewide association representing Washington nurses;

34 (o) A statewide association representing Washington public health
35 or public health professionals; and

36 (p) A consumer nonprofit organization representing marginalized
37 populations.

38 (3) In addition to the members of the public health advisory
39 board listed in subsection (2) of this section, there must be four
40 nonvoting ex officio members from the legislature consisting of one

1 legislator from each of the two largest caucuses in both the house of
2 representatives and the senate.

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

5 (5) Legislative members of the public health advisory board may
6 be reimbursed for travel expenses in accordance with RCW 44.04.120.
7 Nonlegislative members are not entitled to be reimbursed for travel
8 expenses if they are elected officials or are participating on behalf
9 of an employer, governmental entity, or other organization. Any
10 reimbursement for other nonlegislative members is subject to chapter
11 43.03 RCW.

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

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

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

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

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

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

4 (A) Medical ethicists;

5 (B) Epidemiologists;

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

8 (D) Community health workers;

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

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

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

14 (I) Physicians or osteopathic physicians;

15 (II) Advanced registered nurse practitioners;

16 (III) Physician assistants or osteopathic physician assistants;

17 (IV) Registered nurses;

18 (V) Dentists;

19 (VI) Naturopaths; or

20 (VII) Pharmacists;

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

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

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

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

38 (C) The business community; or

39 (D) The environmental public health regulated community.

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

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

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

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

19 (f) The board of county commissioners may, at its discretion,
20 adopt an ordinance expanding the size and composition of the board of
21 health to include elected officials from cities and towns and persons
22 other than elected officials as members so long as the city and
23 county elected officials do not constitute a majority of the total
24 membership of the board.

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

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

30 (i) The local health officer, as described in RCW 70.05.050,
31 shall be appointed by the official designated under the provisions of
32 the county charter. The same official designated under the provisions
33 of the county charter may appoint an administrative officer, as
34 described in RCW 70.05.045.

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

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

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

4 (2) A local board of health comprised solely of elected officials
5 may retain this composition if the local health jurisdiction had a
6 public health advisory committee or board with its own bylaws
7 established on January 1, 2021. By January 1, 2022, the public health
8 advisory committee or board must meet the requirements established in
9 section 7 of this act for community health advisory boards. Any
10 future changes to local board of health composition must meet the
11 requirements of subsection (1) of this section.

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

14 ~~((In counties with a home rule charter, the county legislative~~
15 ~~authority shall establish a local board of health and may prescribe~~
16 ~~the membership and selection process for the board. The county~~
17 ~~legislative authority may appoint to the board of health elected~~
18 ~~officials from cities and towns and persons other than elected~~
19 ~~officials as members so long as persons other than elected officials~~
20 ~~do not constitute a majority. The county legislative authority shall~~
21 ~~specify the appointment, term, and compensation or reimbursement of~~
22 ~~expenses. The jurisdiction of the local board of health shall be~~
23 ~~coextensive with the boundaries of the county. The local health~~
24 ~~officer, as described in RCW 70.05.050, shall be appointed by the~~
25 ~~official designated under the provisions of the county charter. The~~
26 ~~same official designated under the provisions of the county charter~~
27 ~~may appoint an administrative officer, as described in RCW~~
28 ~~70.05.045.))~~

29 (1) Except as provided in subsection (2) of this section, for
30 home rule charter counties, the county legislative authority shall
31 establish a local board of health and may prescribe the membership
32 and selection process for the board. The membership of the local
33 board of health must also include the members selected under (a) and
34 (e) of this subsection.

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

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

4 (A) Medical ethicists;

5 (B) Epidemiologists;

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

8 (D) Community health workers;

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

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

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

14 (I) Physicians or osteopathic physicians;

15 (II) Advanced registered nurse practitioners;

16 (III) Physician assistants or osteopathic physician assistants;

17 (IV) Registered nurses;

18 (V) Dentists;

19 (VI) Naturopaths; or

20 (VII) Pharmacists;

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

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

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

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

38 (C) The business community; or

39 (D) The environmental public health regulated community.

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

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

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

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

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

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

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

29 (i) The local health officer, as described in RCW 70.05.050,
30 shall be appointed by the official designated under the provisions of
31 the county charter. The same official designated under the provisions
32 of the county charter may appoint an administrative officer, as
33 described in RCW 70.05.045.

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

37 (k) 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.

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

4 (2) A local board of health comprised solely of elected officials
5 may retain this composition if the local health jurisdiction had a
6 public health advisory committee or board with its own bylaws
7 established on January 1, 2021. By January 1, 2022, the public health
8 advisory committee or board must meet the requirements established in
9 section 7 of this act for community health advisory boards. Any
10 future changes to local board of health composition must meet the
11 requirements of subsection (1) of this section.

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

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

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

37 (1) Except as provided in subsections (2) and (3) of this
38 section, health districts consisting of two or more counties may be
39 created whenever two or more boards of county commissioners shall by

1 resolution establish a district for such purpose. Such a district
2 shall consist of all the area of the combined counties. The district
3 board of health of such a district shall consist of not less than
4 five members for districts of two counties and seven members for
5 districts of more than two counties, including two representatives
6 from each county who are members of the board of county commissioners
7 and who are appointed by the board of county commissioners of each
8 county within the district, and members selected under (a) and (e) of
9 this subsection, and shall have a jurisdiction coextensive with the
10 combined boundaries.

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

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

18 (A) Medical ethicists;

19 (B) Epidemiologists;

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

22 (D) Community health workers;

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

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

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

28 (I) Physicians or osteopathic physicians;

29 (II) Advanced registered nurse practitioners;

30 (III) Physician assistants or osteopathic physician assistants;

31 (IV) Registered nurses;

32 (V) Dentists;

33 (VI) Naturopaths; or

34 (VII) Pharmacists;

35 (ii) Consumers of public health. This category consists of health
36 district residents who have self-identified as having faced
37 significant health inequities or as having lived experiences with
38 public health-related programs such as: The special supplemental
39 nutrition program for women, infants, and children; the supplemental
40 nutrition program; home visiting; or treatment services. It is

1 strongly encouraged that individuals from historically marginalized
2 and underrepresented communities are given preference. These
3 individuals may not be elected officials, and may not have any
4 fiduciary obligation to a health facility or other health agency, and
5 may not have a material financial interest in the rendering of health
6 services; and

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

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

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

13 (C) The business community; or

14 (D) The environmental public health regulated community.

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

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

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

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

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

39 (g) Except as provided in (a) and (e) of this subsection, a
40 resolution or ordinance adopted under this section must specify the

1 provisions for the appointment, term, and compensation, or
2 reimbursement of expenses.

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

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

7 (j) The local health officer, as described in RCW 70.05.050,
8 shall be appointed by the official designated under the provisions of
9 the county charter. The same official designated under the provisions
10 of the county charter may appoint an administrative officer, as
11 described in RCW 70.05.045.

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

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

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

26 (3) A local board of health comprised solely of elected officials
27 and made up of three counties east of the Cascade mountains may
28 retain their current composition if the local health jurisdiction has
29 a public health advisory committee or board that meets the
30 requirements established in section 7 of this act for community
31 health advisory boards by July 1, 2022. If such a local board of
32 health does not establish the required community health advisory
33 board by July 1, 2022, it must comply with the requirements of
34 subsection (1) of this section. Any future changes to local board of
35 health composition must meet the requirements of subsection (1) of
36 this section.

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

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

5 ~~The resolution or ordinance may specify the membership,~~
6 ~~representation on the district health board, or other matters~~
7 ~~relative to the formation or operation of the health district. The~~
8 ~~county legislative authority may appoint elected officials from~~
9 ~~cities and towns and persons other than elected officials as members~~
10 ~~of the health district board so long as persons other than elected~~
11 ~~officials do not constitute a majority.~~

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

15 (1) Except as provided in subsection (2) of this section, a
16 health district to consist of one county may be created whenever the
17 county legislative authority of the county shall pass a resolution or
18 ordinance to organize such a health district under chapter 70.05 RCW
19 and this chapter. The resolution or ordinance may specify the
20 membership, representation on the district health board, or other
21 matters relative to the formation or operation of the health
22 district. In addition to the membership of the district health board
23 determined through resolution or ordinance, the district health board
24 must also include the members selected under (a) and (e) of this
25 subsection.

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

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

33 (A) Medical ethicists;

34 (B) Epidemiologists;

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

37 (D) Community health workers;

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

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

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

3 (I) Physicians or osteopathic physicians;

4 (II) Advanced registered nurse practitioners;

5 (III) Physician assistants or osteopathic physician assistants;

6 (IV) Registered nurses;

7 (V) Dentists;

8 (VI) Naturopaths; or

9 (VII) Pharmacists;

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

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

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

26 (B) The business community; or

27 (C) The environmental public health regulated community.

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

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

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

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

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

14 (g) Except as provided in (a) and (e) of this subsection, a
15 resolution or ordinance adopted under this section must specify the
16 provisions for the appointment, term, and compensation, or
17 reimbursement of expenses.

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

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

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

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

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

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

1 NEW SECTION. **Sec. 7.** A new section is added to chapter 70.46
2 RCW to read as follows:

3 (1) A community health advisory board shall:

4 (a) Provide input to the local board of health in the recruitment
5 and selection of an administrative officer, pursuant to RCW
6 70.05.045, and local health officer, pursuant to RCW 70.05.050;

7 (b) Use a health equity framework to conduct, assess, and
8 identify the community health needs of the jurisdiction, and review
9 and recommend public health policies and priorities for the local
10 health jurisdiction and advisory board to address community health
11 needs;

12 (c) Evaluate the impact of proposed public health policies and
13 programs, and assure identified health needs and concerns are being
14 met;

15 (d) Promote public participation in and identification of local
16 public health needs;

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

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

21 (g) Review and make recommendations to the local health
22 jurisdiction and local board of health for an annual budget and fees;
23 and

24 (h) Review and advise on local health jurisdiction progress in
25 achieving performance measures and outcomes to ensure continuous
26 quality improvement and accountability.

27 (2) The advisory board shall consist of nine to 21 members
28 appointed by the local board of health. The local health officer and
29 a member of the local board of health shall serve as ex officio
30 members of the board.

31 (3) The advisory board must be broadly representative of the
32 character of the community. Membership preference shall be given to
33 tribal, racial, ethnic, and other minorities. The advisory board must
34 consist of a balance of members with expertise, career experience,
35 and consumer experience in areas impacting public health and with
36 populations served by the health department. The board's composition
37 shall include:

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

39 (i) Health care access and quality;

1 (ii) Physical environment, including built and natural
2 environments;

3 (iii) Social and economic sectors, including housing, basic
4 needs, education, and employment;

5 (iv) Business and philanthropy;

6 (v) Communities that experience health inequities;

7 (vi) Government; and

8 (vii) Tribal communities and tribal government.

9 (b) Consumers of public health services;

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

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

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

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

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

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

26 (8) The advisory board shall hold meetings monthly, or as
27 otherwise determined by the advisory board at a place and time to be
28 decided by the advisory board. Special meetings may be held on call
29 of the local board of health or the chairperson of the advisory
30 board.

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

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

36 (1) The state board of health shall adopt rules establishing the
37 appointment process for the members of local boards of health who are
38 not elected officials. The selection process established by the rules
39 must:

1 (a) Be fair and unbiased; and
2 (b) Ensure, to the extent practicable, that the membership of
3 local boards of health include a balanced representation of elected
4 officials and nonelected people with a diversity of expertise and
5 lived experience.

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

8 NEW SECTION. **Sec. 9.** Sections 3 through 6 of this act take
9 effect July 1, 2022."

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By Senator Randall

ADOPTED AS AMENDED 04/11/2021

10 On page 1, line 2 of the title, after "districts;" strike the
11 remainder of the title and insert "amending RCW 70.05.030, 70.05.035,
12 70.46.020, and 70.46.031; adding a new section to chapter 43.70 RCW;
13 adding a new section to chapter 70.46 RCW; adding a new section to
14 chapter 43.20 RCW; creating a new section; and providing an effective
15 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 a local health official from the membership of the advisory board and replaces it with four representatives from local health jurisdictions, including one from a jurisdiction east of the Cascade mountains, one from a jurisdiction west of the Cascade mountains with a population under 800,000, one from a jurisdiction with a population between 200,000 and 600,000, and one from a jurisdiction with a population under 200,000.

(5) 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) 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; or

(b) A local board of health comprised solely of elected officials and made up of three counties east of the Cascade mountains establishes a community health advisory board that meets the requirements in the bill by July 1, 2022. Those jurisdictions may maintain their current board composition.

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

(7) Sets an effective date for changes to local boards of health of July 1, 2022.

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