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

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

NEW SECTION. Sec. 1. The legislature finds the COVID-19 pandemic has been the most difficult challenge in Washington's public health history since the 1918 flu pandemic. More Americans have died...
from COVID-19 than the number of United States troops killed in combat during World War II. The COVID-19 pandemic response has stressed and strained every part of our society and far surpassed the capabilities of local, state, tribal, and even federal public health agencies. Before the COVID-19 pandemic, the legislature had initiated action to address the critical challenges Washington's public health system faces, including limited organizational capacity, financial resources, and understaffing through beginning to specifically fund foundational public health services. The COVID-19 pandemic laid bare the shortcomings of Washington's current public health system which have been studied and identified for over a decade. Washington's current public health system was not able to consistently monitor and track the pandemic, staff the many required missions, adequately address the health inequities, and implement standard approaches to disease containment.

The legislature further finds that, in Washington, local health services are currently provided through a decentralized means by 35 local health jurisdictions. In many cases, rural communities are served by smaller local health jurisdictions that have less capacity to provide the full spectrum of foundational public health services than their urban peers. Local health jurisdictions serving smaller populations face challenges providing the full spectrum of foundational public health services and activities to promote and protect the health of all people. In addition, local health jurisdictions are overseen by boards in which most the members do not have direct experience in public health or health care. Since April 2020, a Kaiser health news investigation reports at least 181 local and state health leaders have resigned, retired, or been fired, including 11 local health leaders in Washington. Diseases do not respect borders or boundaries, yet the current decentralized system in Washington creates a patchwork approach with limited accountability and consistency. National peer-review studies report larger jurisdictions perform better on most foundational comprehensive public health services. Therefore, the legislature finds comprehensive public health districts comprising larger populations, balanced governance, and interdependence between all levels of the public health system will increase accountability, effectiveness, and performance in delivering foundational public health services.
The COVID-19 pandemic has amplified the health and social inequities in Washington that existed before its emergence. There are vast inequities in per capita spending for local public health services by population size and geographic location. National peer-review studies report communities with limited public health systems experience low levels of activity participation, low perceived effectiveness, and sparse organizational networks compared to comprehensive public health systems. The inequitable distribution of morbidity and mortality between Black, indigenous, and people of color and other populations demonstrates the large health inequities that must be addressed. Therefore, the legislature finds the state must determine adequate funding of comprehensive public health districts from cities, counties, and the state, with the goal of providing all people with equitable access to foundational public health services, and once this funding is determined, the legislature finds this investment in the public's health will continue to be prioritized.

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

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

NEW SECTION. Sec. 2. A new section is added to chapter 43.70 RCW to read as follows:
(1) A work group is created to develop and recommend to the secretary a public health system to provide foundational public health services to all people in Washington through comprehensive public health districts and the department.

(2) Members of the work group must include:
   (a) Two representatives from the senate;
   (b) Two representatives from the house of representatives;
   (c) Three representatives of local public health;
   (d) Two representatives of state public health;
   (e) Three representatives of counties;
   (f) Two representatives of cities;
   (g) One tribal representative; and
   (h) One representative with expertise in government finance.

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

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

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

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

(7) By January 1, 2023, the work group must submit recommendations to the legislature on adequate funding of comprehensive public health districts, including the following:
   (a) Reasonable per capita estimates to deliver foundational public health services;
   (b) Appropriate contribution levels between cities, counties, and the state; and
   (c) Adequate allocation levels to sustain the state public health system.

(8) This section expires December 31, 2024.

**NEW SECTION. Sec. 3.** A new section is added to chapter 43.70 RCW to read as follows:
(1) The secretary must adopt rules to provide foundational public health services to all people in Washington through comprehensive public health districts and the department. These rules must include:

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

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

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

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

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

(i) Improving morbidity and mortality of marginalized communities;

(ii) Improving health equity for all people;

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

(iv) Community engagement; and

(v) Emergency preparedness and response;

(c) A measure set that:

(i) Is of manageable size;

(ii) Is based on readily available data;

(iii) Gives preference to nationally reported measures; and

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

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

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

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

(2) By November 1, 2024, the secretary shall submit a report to the appropriate committees of the legislature on comprehensive public health district performance based on the performance measures established under subsection (1)(b) of this section.
Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

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

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

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

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

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

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

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

(c) Progress made to improve health outcomes.

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

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

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

   (i) Control of communicable diseases and other notifiable conditions;
   (ii) Chronic disease and injury prevention;
   (iii) Environmental public health;
   (iv) Maternal, child, and family health;
   (v) Access to and linkage with medical, oral, and behavioral health services;
   (vi) Vital records; and
   (vii) Cross-cutting capabilities, including:
       (A) Assessing the health of populations;
       (B) Public health emergency planning;
       (C) Communications;
       (D) Policy development and support;
       (E) Community partnership development; and
       (F) Business competencies.

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

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

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

(g) "Service delivery models" means a systematic sharing of resources and function among state and local governmental public
health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

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

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

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

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

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

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

(5) "District health officer" means the legally qualified physician who has been appointed as the health officer for the district ((public)) health department.

(6) "Local board of health" means the county or district board of health.

(7) "Local board of health" means the county or district board of health.

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

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

(2) Counties with populations over 1,000,000 may be considered a comprehensive public health district without joining with other counties when the county legislative authority of the county passes a...
resolution or ordinance to organize such a comprehensive public health district under this chapter. Any city with a population of 100,000 or more and the county in which it is located, are authorized, as agreed upon between the respective governing bodies of such city and county, to establish and operate the comprehensive public health district. The respective governing bodies must pass resolutions or ordinances to organize the comprehensive public health district.

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

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

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

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

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

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

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

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

(i) Hospital representatives from the hospitals in the comprehensive public health district;
(ii) Licensed, practicing physician representatives practicing in
the comprehensive public health district;
(iii) Licensed, practicing nurse representatives practicing in
the comprehensive public health district; and
(iv) Consumer representatives residing in the comprehensive
public health district who also act as representatives of the
comprehensive public health district advisory committee; and
(f) The district health officer for the comprehensive public
health district.
(6) For the initial appointments, members of the district board
of health appointed under subsection (5)(e) of this section must be
nominated by county and city officials and selected by the secretary.
For subsequent appointments, the district board of health shall
solicit nominations and select members listed under subsection (5)(e)
of this section.

NEW SECTION. Sec. 7. A new section is added to chapter 70.05
RCW to read as follows:
(1) A district advisory committee is established to bring various
community perspectives to the district health board, with members as
provided in this subsection.
(a) Comprehensive public health districts must accept nominations
and select representatives to the advisory committee from communities
within the comprehensive public health district experiencing health
inequities as determined by the district board of health, and other
members of the community that interact with public health. No more
than 15 members may be appointed to the advisory committee and
members must include at least one small business representative, one
teacher representative, one consumer representative, and two consumer
representatives from communities experiencing health inequities
within the region.
(b) The advisory committee must reflect diversity in race,
ethnicity, persons living with a disability, gender identity, age,
LGBTQ+ populations, urban and rural communities, and socioeconomic
status of the comprehensive public health district.
(c) The advisory committee may choose a chair from among its
membership and the comprehensive public health district must convene
meetings of the advisory committee.
(d) Members of the advisory committee shall serve two to four-year terms. Of the initial members, at least five must be appointed to two-year terms.

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

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

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

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

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

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

A comprehensive public health district may own, construct, purchase, lease, add to, and maintain any real and personal property or property rights necessary to conduct the affairs of the district. A comprehensive public health district may sell, lease, convey, or otherwise dispose of any district real or personal property no longer necessary to conduct district affairs. A comprehensive public health district may enter into contracts to carry out this section.
NEW SECTION. Sec. 10. A new section is added to chapter 70.05 RCW to read as follows:

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

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

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

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

The ((local)) district board of health shall elect a chair and ((may)) appoint an administrative officer. A ((local)) district health officer shall be appointed pursuant to RCW 70.05.050. Vacancies on the ((local)) district board of health shall be filled
by appointment within thirty days and made in the same manner as was the original appointment. At the first meeting of the (local) district board of health, the members shall elect a chair to serve for a period of one year.

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

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

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

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

(1) The (local) district health officer shall be an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in this state and who is qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055 to hold the office of (local) district health officer. (No term of office shall be established for the local health officer but the local health officer shall not be removed until after notice is given, and an opportunity for a hearing before the board or official responsible for his or her appointment under this section as to the reason for his or her removal. The local health officer shall act as executive secretary to, and administrative officer for the local board of health and shall also be empowered to employ such technical and other personnel as approved by the local board of health except where the local board of health has appointed an administrative officer under RCW 70.05.040. The local health officer shall be paid such salary and allowed such expenses as shall be determined by the local board of health. In home rule counties that are part of a health district under this chapter...
and chapter 70.46 RCW the local health officer and administrative
officer shall be appointed by the local board of health.))

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

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

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

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

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

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

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

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

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

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

A person holding a license required by RCW 70.05.050 but not
meeting any of the requirements for qualification prescribed by RCW
70.05.051 may be appointed by the ((board or official responsible for
appointing the local health officer under RCW 70.05.050 as a
 provisionally qualified local health officer)) secretary for a
maximum period of three years upon the following conditions and in accordance with the following procedures:

(1) He or she shall participate in an in-service orientation to the field of public health as provided in RCW 70.05.054, and
(2) He or she shall satisfy the secretary (of health) pursuant to the periodic interviews prescribed by RCW 70.05.055 that he or she has successfully completed such in-service orientation and is conducting such program of good health practices as may be required by the jurisdictional area concerned.

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

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

Such program shall consist of—
(1) A three months course in public health training conducted by the secretary either in the state department of health, in a county and/or city health department, in a local health district, or in an institution of higher education; or
(2) An on-the-job, self-training program pursuant to a standardized syllabus setting forth the major duties of a (local) district health officer including the techniques and practices of public health principles expected of qualified (local) district health officers: PROVIDED, That each provisionally qualified (local) district health officer may choose which type of training he or she shall pursue.

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

Each year, on a date which shall be as near as possible to the anniversary date of appointment as provisional (local) district health officer, the secretary (of health or his or her) or the secretary's designee shall personally visit such provisional officer's office for a personal review and discussion of the activity, plans, and study being carried on relative to the provisional officer's jurisdictional area: PROVIDED, That the third such interview shall occur three months prior to the end of the three year provisional term. A standardized checklist shall be used for all such interviews, but such checklist shall not constitute a grading
sheet or evaluation form for use in the ultimate decision of qualification of the provisional appointee as a public health officer.

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

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

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

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

1. Enforce, through the ((local)) district health officer or the administrative officer appointed under RCW 70.05.040, ((if any,)) the public health statutes of the state and rules ((promulgated)) adopted by the state board of health and the secretary ((of health));
2. Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;
3. Enact ((such local)) district rules and regulations ((as are)) necessary ((in order)) to preserve, promote and improve the public health and provide for the enforcement thereof;
4. Provide for the control and prevention of any dangerous, contagious, or infectious disease within the jurisdiction of the ((local)) district health department;
5. Provide for the prevention, control, and abatement of nuisances detrimental to the public health;
6. Make such reports to the state board of health and department through the ((local)) district health officer or the administrative officer as the state board of health or department may require; ((and))
7. Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for
services shall not exceed the actual cost of providing any such services; and

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

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

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

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

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

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

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

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

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

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

(8) Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;
(9) Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the ((local)) district health department or individuals engaged in community health programs related to or part of the programs of the ((local)) district health department.

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

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

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

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

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

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

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

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

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

(1) The ((local)) district health officer must respond to the applicant for an on-site sewage system permit within thirty days after receiving a fully completed application. The ((local)) district
(1) The health officer must respond that the application is either approved, denied, or pending.

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

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

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

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

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

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

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

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

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

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

Sec. 24. RCW 70.05.090 and 1991 c 3 s 311 are each amended to read as follows:
Whenever any physician shall attend any person sick with any dangerous contagious or infectious disease, or with any diseases required by the state board of health to be reported, he or she shall, within twenty-four hours, give notice thereof to the (local) district health officer within whose jurisdiction such sick person may then be or to the state department of health in Olympia.

Sec. 25. RCW 70.05.100 and 1991 c 3 s 312 are each amended to read as follows:
In case of the question arising as to whether or not any person is affected or is sick with a dangerous, contagious or infectious disease, the opinion of the (local) district health officer shall prevail until the (state) department (of health) can be notified, and then the opinion of the executive officer of the (state) department (of health), or any physician he or she may appoint to examine such case, shall be final.
Sec. 26. RCW 70.05.110 and 1967 ex.s. c 51 s 16 are each amended to read as follows:

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

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

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

(2)) Any member of a (local) district board of health who ((shall violate)) violates any of the provisions of ((chapters 70.05, 70.24, and 70.46)) this chapter or chapter 70.24 RCW or ((refuse or neglect)) refuses or neglects to obey or enforce any of the rules, regulations or orders of the state board of health made for the prevention, suppression or control of any dangerous contagious or infectious disease or for the protection of the health of the people of this state, is guilty of a misdemeanor, and upon conviction shall
be fined not less than ((ten dollars)) $10 nor more than ((two hundred dollars)) $200.

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

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

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

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

Sec. 29. RCW 70.05.150 and 2011 c 27 s 4 are each amended to read as follows:
In addition to powers already granted them, any county( or district(, or local)) health department may contract for either the sale or purchase of any or all health services from any (local) district health department.

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

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

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

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

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

(2) As used in this section, "child mortality review" means a process authorized by a (local) district health department as such department is defined in RCW 70.05.010 for examining factors that contribute to deaths of children less than eighteen years of age. The process may include a systematic review of medical, clinical, and
hospital records; home interviews of parents and caretakers of
children who have died; analysis of individual case information; and
review of this information by a team of professionals in order to
identify modifiable medical, socioeconomic, public health,
behavioral, administrative, educational, and environmental factors
associated with each death.

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

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

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

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

(d) No **district** health department official or employee,
and no members of technical committees established to perform case
reviews of selected child deaths may be examined in any
administrative, civil, or criminal proceeding as to the existence or
contents of documents assembled, prepared, or maintained for purposes
of a child mortality review.
(e) This section shall not be construed to prohibit or restrict any person from reporting suspected child abuse or neglect under chapter 26.44 RCW nor to limit access to or use of any records, documents, information, or testimony in any civil or criminal action arising out of any report made pursuant to chapter 26.44 RCW.

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

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

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

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

The information obtained from infectious disease testing is subject to statutory confidentiality provisions, including those of chapters 70.24 and 70.05 RCW.
Sec. 33.  RCW 70.05.190 and 2012 c 175 s 1 are each amended to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

((7)) (9) "Local health board" means a health board created pursuant to chapter 70.05, 70.08, or 70.46 RCW.

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

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

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

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

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

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

(15) "State board" means the state board of health created under this chapter.
Sec. 35. RCW 43.20.030 and 2009 c 549 s 5072 are each amended to read as follows:

The state board of health shall be composed of ten members. These shall be the secretary or the secretary's designee and nine other persons to be appointed by the governor, including four persons experienced in matters of health and sanitation, one of whom is a health official from a federally recognized tribe; an elected city official who is a member of a ((local)) district health board; an elected county official who is a member of a ((local)) district health board; a ((local)) district health officer; and two persons representing the consumers of health care. Before appointing the city official, the governor shall consider any recommendations submitted by the association of Washington cities. Before appointing the county official, the governor shall consider any recommendations submitted by the Washington state association of counties. Before appointing the ((local)) district health officer, the governor shall consider any recommendations submitted by the Washington state association of local public health officials. Before appointing one of the two consumer representatives, the governor shall consider any recommendations submitted by the state council on aging. The chair shall be selected by the governor from among the nine appointed members. The department ((of health)) shall provide necessary technical staff support to the board. The board may employ an executive director and a confidential secretary, each of whom shall be exempt from the provisions of the state civil service law, chapter 41.06 RCW.

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

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

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

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

(2) The mobile food unit is protected from environmental contamination when not in use;
(3) The mobile food unit can maintain required food storage temperatures during storage, preparation, service, and transit;

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

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

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

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

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

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

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

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

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

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

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

(i) The design and construction of public water system facilities, including proper sizing of pipes and storage for the number and type of customers;
(ii) Drinking water quality standards, monitoring requirements, and laboratory certification requirements;

(iii) Public water system management and reporting requirements;

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

(v) Public water system operation and maintenance requirements;

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

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

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

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

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

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

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

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

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

(4) The state board may delegate any of its rule-adopting authority to the secretary and rescind such delegated authority.
(5) All ((local)) district health boards ((of health)), health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health. In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not ((less than fifty dollars)) more than $200, upon first conviction, and not less than ((one hundred dollars)) $1,000 upon second conviction.

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

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

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

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

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

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

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

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

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

(7) "Health order" means a written directive issued by the state or ((local)) district health officer that requires the recipient to take specific action to remove, reduce, control or prevent a risk to public health.
"Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune system and leave the person immunodeficient.

"Legal guardian" means a person appointed by a court to assume legal authority for another who has been found incompetent or, in the case of a minor, a person who has legal custody of the child.

"Local health officer" has the same meaning as in RCW 70.05.010.

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

"Person" includes any natural person, partnership, association, joint venture, trust, public or private corporation, or health facility.

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

"State health officer" means the secretary of health or an officer appointed by the secretary.

"Test for a sexually transmitted disease" means a test approved by the board by rule.

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

(1) The board shall adopt rules authorizing interviews and the state and local public district health officers and their authorized representatives may interview, or cause to be interviewed, all persons infected with a sexually transmitted disease and all
persons who, in accordance with standards adopted by the board by
rule, are reasonably believed to be infected with such diseases for
the purpose of investigating the source and spread of the diseases
and for the purpose of ordering a person to submit to examination,
counseling, or treatment as necessary for the protection of the
public health and safety, subject to RCW 70.24.024.

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

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

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

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

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

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

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

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

(ii) The basis for the health officer's investigation is the
officer's direct medical knowledge or reliable testimony of another
who is in a position to have direct knowledge of the person's
behavior.
(b) In conducting the investigation, the health officer shall evaluate the allegations, as well as the reliability and credibility of any person or persons who provided information related to the specified behavior that endangers the public health.

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

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

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

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

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

(5)(a) Upon the issuance of a health order pursuant to subsection (4) of this section, the state or ((local)) district health officer shall give written notice promptly, personally, and confidentially to the person who is the subject of the order stating the grounds and provisions of the order, including the factual bases therefor, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such behaviors in the absence of such an order. The written notice must inform the person who is the subject of the order that, if he or she contests the order, he or she
may file an appeal and appear at a judicial hearing on the enforceability of the order, to be held in superior court. The hearing shall be held within seventy-two hours of receipt of the notice, unless the person subject to the order agrees to comply. If the person contests the order, no invasive medical procedures shall be carried out prior to a hearing being held pursuant to this subsection.

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

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

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

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

(1) When the procedures of RCW 70.24.024 have been exhausted and the state or ((local public)) district health officer, within his or her respective jurisdiction, knows or has reason to believe, because of medical information, that a person has a sexually transmitted disease and that the person continues to engage in behaviors that present an imminent danger to the public health as defined by the board by rule based upon generally accepted standards of medical and public health science, the public health officer may bring an action in superior court to detain the person in a facility designated by the board for a period of time necessary to accomplish a program of counseling and education, excluding any coercive techniques or procedures, designed to get the person to adopt nondangerous behavior. In no case may the period exceed ninety days under each
order. The board shall establish, by rule, standards for counseling and education under this subsection. The public health officer shall request the prosecuting attorney to file such action in superior court. During that period, reasonable efforts will be made in a noncoercive manner to get the person to adopt nondangerous behavior.

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

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

The court may continue the hearing upon the request of the person who is subject to the order for good cause shown for no more than five additional judicial days. If a trial by jury is requested, the court, upon motion, may continue the hearing for no more than ten additional judicial days. During the pendency of the continuance, the court may order that the person contesting the order remain in detention or may place terms and conditions upon the person which the court deems appropriate to protect public health.
(4) The burden of proof shall be on the state or (district) health officer to show by clear and convincing evidence that grounds exist for the issuance of any court order pursuant to subsection (2) or (3) of this section. If the superior court dismisses the order, the fact that the order was issued shall be expunged from the records of the state or (district) department of health.

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

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

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

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

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

A law enforcement officer, firefighter, health care provider, health care facility staff person, department of corrections' staff person, jail staff person, or person employed in other categories of employment to be at risk of exposure that presents a possible risk of transmission of a blood-borne pathogen, who has experienced an exposure to another person's bodily fluids in the course of his or her employment, may request a state or (district) health officer to order blood-borne pathogen testing for the person whose bodily fluids he or she has been exposed to. If the state or (district) health officer refuses to order testing under this...
section, the person who made the request may petition the superior
court for a hearing to determine whether an order shall be issued.
The hearing on the petition shall be held within seventy-two hours of
filing the petition, exclusive of Saturdays, Sundays, and holidays.
The standard of review to determine whether the state or ((local))
district health officer shall be required to issue the order is
whether an exposure occurred and whether that exposure presents a
possible risk of transmission of a blood-borne pathogen. Upon
conclusion of the hearing, the court shall issue the appropriate
order.

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

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

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

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

Jail administrators, with the approval of the ((local)) district
health officer, may order blood-borne pathogen testing for a person
detained in the jail if the ((local)) district health officer
determines that the detainee's behavior exposed the staff, general
public, or other persons, and that exposure presents a possible risk
of transmitting a blood-borne pathogen. Documentation of the behavior
shall be reviewed with the person to ensure that the person understands the basis for testing.

Sec. 45. RCW 70.24.450 and 2013 c 200 s 27 are each amended to read as follows:
(1) In order to assure compliance with the protections under this chapter and the rules of the board, and to assure public confidence in the confidentiality of reported information, the department shall:
   (a) Report annually to the board any incidents of unauthorized disclosure by the department, (local) district health departments, or their employees of information protected under RCW 70.02.220. The report shall include recommendations for preventing future unauthorized disclosures and improving the system of confidentiality for reported information; and
   (b) Assist health care providers, facilities that conduct tests, (local) district health departments, and other persons involved in disease reporting to understand, implement, and comply with this chapter and the rules of the board related to disease reporting.
(2) This section is exempt from RCW 70.24.084, 70.05.070, and 70.05.120.

NEW SECTION. Sec. 46. The following acts or parts of acts are each repealed:
(1) RCW 70.05.030 (Counties—Local health board—Jurisdiction) and 1995 c 43 s 6, 1993 c 492 s 235, & 1967 ex.s. c 51 s 3;
(2) RCW 70.05.035 (Home rule charter—Local board of health) and 1995 c 43 s 7 & 1993 c 492 s 237;
(3) RCW 70.05.080 (Local health officer—Failure to appoint—Procedure) and 1993 c 492 s 240, 1991 c 3 s 310, 1983 1st ex.s. c 39 s 4, 1979 c 141 s 81, & 1967 ex.s. c 51 s 13;
(4) RCW 70.08.005 (Transfer of duties to the department of health) and 1989 1st ex.s. c 9 s 244;
(5) RCW 70.08.010 (Combined city-county health departments—Establishment) and 1985 c 124 s 1, (1993 c 492 s 244 repealed by 1995 c 43 s 16), & 1949 c 46 s 1;
(6) RCW 70.08.020 (Director of public health—Powers and duties) and 1985 c 124 s 2 & 1949 c 46 s 2;
(7) RCW 70.08.030 (Qualifications) and 1996 c 178 s 20, 1985 c 124 s 3, 1984 c 25 s 3, & 1949 c 46 s 3;

p. 39   HB 1152
(8) RCW 70.08.040 (Director of public health—Appointment) and 1995 c 188 s 1, 1995 c 43 s 9, 1985 c 124 s 4, 1980 c 57 s 1, & 1949 c 46 s 4;
(9) RCW 70.08.050 (May act as health officer for other cities or towns) and 1991 c 3 s 314, 1979 c 141 s 85, & 1949 c 46 s 8;
(10) RCW 70.08.060 (Director of public health shall be registrar of vital statistics) and 2012 c 117 s 372, 1961 ex.s. c 5 s 4, & 1949 c 46 s 9;
(11) RCW 70.08.070 (Employees may be included in civil service or retirement plans of city, county, or combined department) and 1982 c 203 s 1, 1980 c 57 s 2, & 1949 c 46 s 5;
(12) RCW 70.08.080 (Pooling of funds) and 1980 c 57 s 3 & 1949 c 46 s 6;
(13) RCW 70.08.090 (Other cities or agencies may contract for services) and 1949 c 46 s 7;
(14) RCW 70.08.100 (Termination of agreement to operate combined city-county health department) and 1949 c 46 s 10;
(15) RCW 70.08.110 (Prior expenditures in operating combined health department ratified) and 1949 c 46 s 11;
(16) RCW 70.46.020 (Districts of two or more counties—Health board—Membership—Chair) and 1995 c 43 s 10, 1993 c 492 s 247, 1967 ex.s. c 51 s 6, & 1945 c 183 s 2;
(17) RCW 70.46.031 (Districts of one county—Health board—Membership) and 1995 c 43 s 11;
(18) RCW 70.46.060 (District health board—Powers and duties) and 1993 c 492 s 248, 1967 ex.s. c 51 s 11, & 1945 c 183 s 6;
(19) RCW 70.46.080 (District health funds) and 1993 c 492 s 249, 1971 ex.s. c 85 s 10, 1967 ex.s. c 51 s 19, & 1945 c 183 s 8;
(20) RCW 70.46.082 (District health funds—Health district as custodian) and 2016 sp.s. c 3 s 1;
(21) RCW 70.46.085 (County to bear expense of providing public health services) and 1993 c 492 s 250 & 1967 ex.s. c 51 s 20;
(22) RCW 70.46.090 (Withdrawal of county) and 1993 c 492 s 251, 1967 ex.s. c 51 s 21, & 1945 c 183 s 9;
(23) RCW 70.46.100 (Power to acquire, maintain, or dispose of property—Contracts) and 1957 c 100 s 2;
(24) RCW 70.46.120 (License or permit fees) and 1993 c 492 s 252 & 1963 c 121 s 1;
NEW SECTION. Sec. 47. Sections 5 and 11 through 46 of this act take effect January 1, 2023.

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