

HOUSE BILL REPORT

HB 2090

As Reported by House Committee On:
Local Government

Title: An act relating to modifying the number of county commissioner members on local boards of health for nonhome rule charter counties with five county commissioners.

Brief Description: Modifying local board of health county commissioner membership.

Sponsors: Representatives Bateman, Doglio, Reed, Riccelli and Reeves.

Brief History:

Committee Activity:

Local Government: 1/17/24, 1/19/24 [DP].

Brief Summary of Bill

- Allows a board of five county commissioners in a noncharter county to reduce the number of county commissioners that serve on a local board of health, provided that at least one commissioner serves on the board.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: Do pass. Signed by 7 members: Representatives Duerr, Chair; Alvarado, Vice Chair; Goehner, Ranking Minority Member; Jacobsen, Assistant Ranking Minority Member; Berg, Griffey and Riccelli.

Staff: Kellen Wright (786-7134).

Background:

Local boards of health are county-level organizations in Washington with a wide remit over matters of public health. Boards enforce state public health statutes and rules through a Local Health Officer; enact and enforce local rules necessary to preserve, promote, and

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improve public health; supervise health and sanitary measures; control and prevent infectious diseases; prevent, control, or abate public health nuisances; and set certain fee schedules as authorized by the state Board of Health.

Each county has a local board of health that is coextensive with the county, unless the county has opted to create a health district on its own or in conjunction with one or more other counties. A single-county health district operates in the same manner and has a similar governing structure to a local board of health.

The membership of a local board of health depends on whether the county it is in has adopted a home rule charter. Noncharter counties operate under a commission form of government, with either three or five county commissioners. All counties with fewer than 300,000 people have three commissioners. Counties that have between 300,000 and 400,000 people may increase from three to five commissioners with voter approval. Counties of more than 400,000 people have five commissioners.

Counties that have adopted a home rule charter may instead adopt a form of county government other than the commission form. Seven counties have adopted a home rule charter. These counties have adopted either a county council with an elected county executive form of government (four counties) or a commission or council with an appointed county administrator form of government (three counties).

For a noncharter county, the board of health consists of the county commissioners and a number of other members equal to the number of commissioners. The remaining members cannot be elected officials and must include representation from three different categories. The first category is health care providers, practitioners, or employees of health care facilities. The second category is residents that are consumers of public health. The third category is other community stakeholders. These members are selected by the county commissioners. Unless the board of health demonstrates that it cannot find a member from one of the categories, all three of the categories must be represented on the board and membership from the categories must, if divisible by three, be divided evenly. Additionally, if the county contains a federally recognized Indian tribe's reservation, trust lands, or usual and accustomed areas, or a charitable organization that serves American Indian or Alaska Native people and provides services within the county, then the board must include a tribal representative selected by the American Indian Health Commission.

The size of the board can be expanded to include additional members, including elected officials from cities and towns, as long as the number of members from the three categories is equal to the number of elected officials on the board.

The legislative authority of a charter county can determine the membership and selection process for the local health board in the county, but must include members from each of the three categories as evenly divided between the categories as possible, and the number of members from the three categories must be equal to the number of elected officials on the

board.

Summary of Bill:

In noncharter counties that have five county commissioners, the board of county commissioners may adopt an ordinance reducing the number of commissioners that serve on the local board of health, provided that at least one commissioner remains on the board.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Counties rely and work with local boards of health to ensure positive health outcomes. Currently, local boards of health in noncharter counties require all of the county commissioners to serve on the board along with a proportionate number of members of the public. The only noncharter county with a local board of health and five commissioners is Thurston County, and it is the only county that would be impacted by the bill. The local board of health has been expanded twice in recent years, and it has been difficult to find enough public members who want to serve. Reducing the numbers on the board will make it easier to recruit and retain public members, and will reduce the complexity and length of meetings. This would allow the membership to focus on those that have expertise and passion for the work.

(Opposed) None.

Persons Testifying: Representative Jessica Bateman, prime sponsor; and Tye Menser, Thurston County Board of County Commissioners.

Persons Signed In To Testify But Not Testifying: None.