

SHB 1946 - H AMD 236

By Representative Parshley

ADOPTED AS AMENDED 03/12/2025

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

3 **"Sec. 1.** RCW 70.05.030 and 2024 c 37 s 1 are each amended to
4 read as follows:

5 (1) Except as provided in subsection (2) of this section, for
6 counties without a home rule charter, the board of county
7 commissioners and the members selected under (a) and (e) of this
8 subsection, shall constitute the local board of health, unless the
9 county is part of a health district pursuant to chapter 70.46 RCW.
10 For counties without a home rule charter where the board of county
11 commissioners is comprised of five commissioners, the board of county
12 commissioners may adopt an ordinance reducing the number of county
13 commissioners that are members of the local board of health, provided
14 that the board of health includes at least one county commissioner.
15 The jurisdiction of the local board of health shall be coextensive
16 with the boundaries of the county.

17 (a) The remaining board members must be persons who are not
18 elected officials and must be selected from the following categories
19 consistent with the requirements of this section and the rules
20 adopted by the state board of health under RCW 43.20.300:

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

24 (A) Medical ethicists;

25 (B) Epidemiologists;

26 (C) Experienced in environmental public health, such as a
27 registered sanitarian;

28 (D) Community health workers;

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

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

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

3 (I) Physicians or osteopathic physicians;

4 (II) Advanced practice registered (~~(nurse practitioners)~~) nurses;

5 (III) Physician assistants or osteopathic physician assistants;

6 (IV) Registered nurses;

7 (V) Dentists;

8 (VI) Naturopaths; or

9 (VII) Pharmacists;

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

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

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

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

27 (C) The business community; or

28 (D) The environmental public health regulated community.

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

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

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

1 (e) If a federally recognized Indian tribe holds reservation,
2 trust lands, or has usual and accustomed areas within the county, or
3 if an urban Indian organization recognized by the Indian health
4 service and registered as a 501(c)(3) organization (~~registered~~) in
5 Washington that serves American Indian and Alaska Native people
6 (~~and~~) provides services within the county, the board of health must
7 (~~include~~) allow a tribal representative (~~selected by~~) from each
8 tribe and each organization, as selected by such tribe or
9 organization, to serve as a member and must notify the American
10 Indian health commission.

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

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

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

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

27 (j) The number of members selected or included under (a) and (e)
28 of this subsection must equal the number of city and county elected
29 officials on the board of health. If a member is added under (e) of
30 this subsection, the board of county commissioners shall modify the
31 membership of the board:

32 (i) In compliance with timelines established by the state board
33 of health in rule once such rules are in effect; and

34 (ii) Until the rules in (j)(i) of this subsection are in effect,
35 within 60 days of receipt of notice of the selection of a tribal
36 representative.

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

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

4 (2) A local board of health comprised solely of elected officials
5 may retain this composition if the local health jurisdiction had a
6 public health advisory committee or board with its own bylaws
7 established on January 1, 2021. By January 1, 2022, the public health
8 advisory committee or board must meet the requirements established in
9 RCW 70.46.140 for community health advisory boards. Any future
10 changes to local board of health composition must meet the
11 requirements of subsection (1) of this section.

12 **Sec. 2.** RCW 70.05.035 and 2021 c 205 s 4 are each amended to
13 read as follows:

14 (1) Except as provided in subsection (2) of this section, for
15 home rule charter counties, the county legislative authority shall
16 establish a local board of health and may prescribe the membership
17 and selection process for the board. The membership of the local
18 board of health must also include the members selected under (a) and
19 (e) of this subsection.

20 (a) The remaining board members must be persons who are not
21 elected officials and must be selected from the following categories
22 consistent with the requirements of this section and the rules
23 adopted by the state board of health under RCW 43.20.300:

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

27 (A) Medical ethicists;

28 (B) Epidemiologists;

29 (C) Experienced in environmental public health, such as a
30 registered sanitarian;

31 (D) Community health workers;

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

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

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

37 (I) Physicians or osteopathic physicians;

38 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

39 (III) Physician assistants or osteopathic physician assistants;

1 (IV) Registered nurses;

2 (V) Dentists;

3 (VI) Naturopaths; or

4 (VII) Pharmacists;

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

16 (iii) Other community stakeholders. This category consists of
17 persons representing the following types of organizations located in
18 the county:

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

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

22 (C) The business community; or

23 (D) The environmental public health regulated community.

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

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

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

36 (e) If a federally recognized Indian tribe holds reservation,
37 trust lands, or has usual and accustomed areas within the county, or
38 if an urban Indian organization recognized by the Indian health
39 service and registered as a 501(c)(3) organization (~~registered~~) in
40 Washington that serves American Indian and Alaska Native people

1 (~~and~~) provides services within the county, the board of health must
2 (~~include~~) allow a tribal representative (~~selected by~~) from each
3 tribe and each organization, as selected by such tribe or
4 organization, to serve as a member and must notify the American
5 Indian health commission.

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

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

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

16 (i) The local health officer, as described in RCW 70.05.050,
17 shall be appointed by the official designated under the provisions of
18 the county charter. The same official designated under the provisions
19 of the county charter may appoint an administrative officer, as
20 described in RCW 70.05.045.

21 (j) The number of members selected or included under (a) and (e)
22 of this subsection must equal the number of city and county elected
23 officials on the board of health. If a member is added under (e) of
24 this subsection, the county legislative authority shall modify the
25 membership of the board:

26 (i) In compliance with timelines established by the state board
27 of health in rule once such rules are in effect; and

28 (ii) Until the rules in (j)(i) of this subsection are in effect,
29 within 60 days of receipt of notice of the selection of a tribal
30 representative.

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

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

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

1 RCW 70.46.140 for community health advisory boards. Any future
2 changes to local board of health composition must meet the
3 requirements of subsection (1) of this section.

4 **Sec. 3.** RCW 70.46.020 and 2021 c 205 s 5 are each amended to
5 read as follows:

6 (1) Except as provided in subsections (2) and (3) of this
7 section, health districts consisting of two or more counties may be
8 created whenever two or more boards of county commissioners shall by
9 resolution establish a district for such purpose. Such a district
10 shall consist of all the area of the combined counties. The district
11 board of health of such a district shall consist of not less than
12 five members for districts of two counties and seven members for
13 districts of more than two counties, including two representatives
14 from each county who are members of the board of county commissioners
15 and who are appointed by the board of county commissioners of each
16 county within the district, and members selected under (a) and (e) of
17 this subsection, and shall have a jurisdiction coextensive with the
18 combined boundaries.

19 (a) The remaining board members must be persons who are not
20 elected officials and must be selected from the following categories
21 consistent with the requirements of this section and the rules
22 adopted by the state board of health under RCW 43.20.300:

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

26 (A) Medical ethicists;

27 (B) Epidemiologists;

28 (C) Experienced in environmental public health, such as a
29 registered sanitarian;

30 (D) Community health workers;

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

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

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

36 (I) Physicians or osteopathic physicians;

37 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

38 (III) Physician assistants or osteopathic physician assistants;

39 (IV) Registered nurses;

1 (V) Dentists;

2 (VI) Naturopaths; or

3 (VII) Pharmacists;

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

16 (iii) Other community stakeholders. This category consists of
17 persons representing the following types of organizations located in
18 the health district:

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

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

22 (C) The business community; or

23 (D) The environmental public health regulated community.

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

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

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

36 (e) If a federally recognized Indian tribe holds reservation,
37 trust lands, or has usual and accustomed areas within the health
38 district, or if an urban Indian organization recognized by the Indian
39 health service and registered as a 501(c)(3) organization
40 (~~registered~~) in Washington that serves American Indian and Alaska

1 Native people (~~and~~) provides services within the health district,
2 the board of health must (~~include~~) allow a tribal representative
3 (~~selected by~~) from each tribe and each organization, as selected by
4 such tribe or organization, to serve as a member and must notify the
5 American Indian health commission.

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

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

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

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

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

24 (k) The number of members selected or included under (a) and (e)
25 of this subsection must equal the number of city and county elected
26 officials on the board of health. If a member is added under (e) of
27 this subsection, the boards of county commissioners shall modify the
28 membership of the district:

29 (i) In compliance with timelines established by the state board
30 of health in rule once such rules are in effect; and

31 (ii) Until the rules in (k)(i) of this subsection are in effect,
32 within 60 days of receipt of notice of the selection of a tribal
33 representative.

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

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

1 advisory committee or board must meet the requirements established in
2 RCW 70.46.140 for community health advisory boards. Any future
3 changes to local board of health composition must meet the
4 requirements of subsection (1) of this section.

5 (3) A local board of health comprised solely of elected officials
6 and made up of three counties east of the Cascade mountains may
7 retain their current composition if the local health jurisdiction has
8 a public health advisory committee or board that meets the
9 requirements established in RCW 70.46.140 for community health
10 advisory boards by July 1, 2022. If such a local board of health does
11 not establish the required community health advisory board by July 1,
12 2022, it must comply with the requirements of subsection (1) of this
13 section. Any future changes to local board of health composition must
14 meet the requirements of subsection (1) of this section.

15 **Sec. 4.** RCW 70.46.031 and 2021 c 205 s 6 are each amended to
16 read as follows:

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

28 (a) The remaining board members must be persons who are not
29 elected officials and must be selected from the following categories
30 consistent with the requirements of this section and the rules
31 adopted by the state board of health under RCW 43.20.300:

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

35 (A) Medical ethicists;

36 (B) Epidemiologists;

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

39 (D) Community health workers;

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

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

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

6 (I) Physicians or osteopathic physicians;

7 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

8 (III) Physician assistants or osteopathic physician assistants;

9 (IV) Registered nurses;

10 (V) Dentists;

11 (VI) Naturopaths; or

12 (VII) Pharmacists;

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

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

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

29 (B) The business community; or

30 (C) The environmental public health regulated community.

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

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

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

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

6 (e) If a federally recognized Indian tribe holds reservation,
7 trust lands, or has usual and accustomed areas within the county, or
8 if an urban Indian organization recognized by the Indian health
9 service and registered as a 501(c)(3) organization (~~(registered)~~) in
10 Washington that serves American Indian and Alaska Native people
11 (~~and~~) provides services within the county, the board of health must
12 (~~include~~) allow a tribal representative (~~(selected by)~~) from each
13 tribe and each organization, as selected by such tribe or
14 organization, to serve as a member and must notify the American
15 Indian health commission.

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

21 (g) Except as provided in (a) and (e) of this subsection, a
22 resolution or ordinance adopted under this section must specify the
23 provisions for the appointment, term, and compensation, or
24 reimbursement of expenses.

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

27 (i) The local health officer, as described in RCW 70.05.050,
28 shall be appointed by the official designated under the provisions of
29 the resolution or ordinance. The same official designated under the
30 provisions of the resolution or ordinance may appoint an
31 administrative officer, as described in RCW 70.05.045.

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

34 (k) The number of members selected or included under (a) and (e)
35 of this subsection must equal the number of city and county elected
36 officials on the board of health. If a member is added under (e) of
37 this subsection, the county legislative authority shall modify the
38 membership of the district:

39 (i) In compliance with timelines established by the state board
40 of health in rule once such rules are in effect; and

1 (ii) Until the rules in (k)(i) of this subsection are in effect,
2 within 60 days of receipt of notice of the selection of a tribal
3 representative.

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

7 (2) A local board of health comprised solely of elected officials
8 may retain this composition if the local health jurisdiction had a
9 public health advisory committee or board with its own bylaws
10 established on January 1, 2021. By January 1, 2022, the public health
11 advisory committee or board must meet the requirements established in
12 RCW 70.46.140 for community health advisory boards. Any future
13 changes to local board of health composition must meet the
14 requirements of subsection (1) of this section.

15 NEW SECTION. **Sec. 5.** The state board of health shall adopt
16 rules establishing timelines for modifying the membership of a local
17 board of health as required by sections 1 through 4 of this act,
18 which must go into effect no later than one year after the effective
19 date of this section."

20 Correct the title.

EFFECT: • Provides that a local or district board of health
(Board) must allow a tribal representative from each eligible tribe
and organization, as selected by the tribe or organization, to serve
as a Board member, instead of requiring a Board to include a tribal
representative from each eligible tribe and organization.

• Provides that a tribal representative from a qualifying Urban
Indian Organization registered as a 501(c)(3) in Washington, instead
of a tribal representative from any otherwise eligible 501(c)(3)
organization or Urban Indian Organization, must be allowed to serve
on a Board.

• Directs boards of county commissioners and county legislative
authorities to modify a Board's membership, if tribal representatives
are added, to meet statutory membership requirements: (1) In
compliance with timelines established in rule by the State Board of
Health; and (2) until those rules go into effect, within 60 days of
receipt of notice of the selection of a tribal representative.

• Requires the State Board of Health to adopt rules establishing
timelines for modifying the membership of a board of health, which
must go into effect no later than one year after the effective date
of the act.

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