

# HOUSE BILL REPORT

## HB 1262

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**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to updating the name, authority, membership, and duties of the governor's interagency coordinating council on health disparities.

**Brief Description:** Updating the governor's interagency coordinating council on health disparities.

**Sponsors:** Representatives Santos, Thai, Doglio, Berry, Ryu, Obras, Ormsby, Scott, Parshley, Timmons, Pollet, Macri, Simmons, Hunt and Hill; by request of Governor's Interagency Council on Health Disparities.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/22/25, 1/31/25 [DP].

**Brief Summary of Bill**

- Changes the name of the Governor's Interagency Coordinating Council on Health Disparities to the Governor's Council for Health Justice and Equity (Council).
- Increases the membership of the Council by adding one member each from the Governor's Committee on Disability Issues and Employment, the LGBTQ Commission, the Women's Commission, and a federally recognized tribe, as well as four additional public members.
- Changes the responsibilities of the Council to working with governmental and nongovernmental partners to create a statewide vision and universal goals for health and well-being and develop related policy recommendations.

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**HOUSE COMMITTEE ON HEALTH CARE & WELLNESS**

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Majority Report:** Do pass. Signed by 12 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Davis, Macri, Obras, Parshley, Shavers, Simmons, Stonier, Thai and Tharinger.

**Minority Report:** Do not pass. Signed by 5 members: Representatives Schmick, Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Engell, Low and Manjarrez.

**Minority Report:** Without recommendation. Signed by 2 members: Representatives Caldier, Assistant Ranking Minority Member; Stuebe.

**Staff:** Chris Blake (786-7392).

**Background:**

The Governor's Interagency Coordinating Council on Health Disparities (Disparities Council) is responsible for promoting and facilitating communication, coordination, and collaboration among state agencies, communities of color, and the public and private sector to address health disparities. The Disparities Council is also authorized to recommend initiatives to improve the availability of culturally appropriate health literature and interpretive services at health-related agencies. In addition, every four years the Disparities Council must update an action plan for eliminating health disparities with respect to specific diseases, conditions, and health indicators.

The Disparities Council's membership includes a representative from the Commission on African American Affairs, the Commission on Asian Pacific American Affairs, the Commission on Hispanic Affairs, the Governor's Office of Indian Affairs, the State Board of Health, the Department of Health, the Department of Social and Health Services, the Department of Commerce, the Health Care Authority, the Department of Agriculture, the Department of Ecology, the Office of Superintendent of Public Instruction, the Workforce Training and Education Coordinating Board, and the Department of Children, Youth, and Families. In addition, the Disparities Council has two members of the public. Members of the Disparities Council must reflect diversity in race, ethnicity, and gender.

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**Summary of Bill:**

The name of the Governor's Interagency Coordinating Council on Health Disparities is changed to the Governor's Council for Health Justice and Equity (Council).

The membership of the Council is increased by adding one member each from the Governor's Committee on Disability Issues and Employment, the LGBTQ Commission, the Women's Commission, and a federally recognized tribe. In addition, the public membership is increased from two members to six. At least two of the public members must be youth

representatives who are age 26 or younger at the time of appointment. The public members must have direct lived experience with health inequities and represent communities excluded from the power, opportunities, access, and resources needed to attain health and well-being.

The Governor shall appoint co-chairs, at least one of which must be a public member or a member from any of the following: the Commission on African American Affairs, the Commission on Asian Pacific American Affairs, the Commission on Hispanic Affairs, the Governor's Office of Indian Affairs, the Governor's Committee on Disability Issues and Employment, the LGBTQ Commission, the Women's Commission, or a federally recognized tribe. Council members who do not represent a state agency are appointed by the Governor with guidance from the Office of Equity. Members of the Council must be committed to the principles of health justice and equity and well-informed on those principles. In addition to race, ethnicity, and gender, to the extent practicable, members must be diverse in age, disability status, sexual orientation, gender identity, military or military family status, urban and rural areas, and regions of the state.

The Council's responsibilities related to promoting coordination among state agencies, culturally appropriate health literature, and the action plan for eliminating health disparities are replaced with new authorities. The Council's new responsibilities require it to create a statewide vision and universal goals for health and well-being and to develop related policy recommendations. The Council must develop the vision, goals, and policy recommendations through engagement with communities. The vision, goals, and policy recommendations must:

- provide a framework for communities, state agencies, the Governor, and the Legislature to advance health justice and equity;
- recognize racism as a public health crisis;
- recognize how climate change affects all persons and exacerbates inequities;
- incorporate the diverse communities of the state and recognize the forms of oppression that are barriers to attaining optimal health and full potential;
- guide state agencies to fulfill environmental justice requirements and responsibilities related to the Office of Equity; and
- work toward resolving negative structural and social determinants of health and promoting the positive determinants.

The Council must submit an initial report with the vision and goals for health and well-being to the Governor and the relevant committees of the Legislature by October 31, 2027. Between October 31, 2029, and October 31, 2039, the Council must submit updates of the report every two years. The updates must include policy recommendations, the status of policy adoption and implementation, and any revisions to the vision and goals.

The Council must also conduct hearings and research into how the actions of state government improve or contribute to health inequities and recommend initiatives to improve the availability of culturally and linguistically appropriate information and

services. The Council must also collaborate with state entities to take actions that are coordinated and rooted in antiracism, access, belonging, and justice.

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**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) This bill is about looking at where the state is regarding health disparities and setting a vision for where it wants to be. Health inequities cause delayed care, additional costs, limited access to health services, lower quality of life, and premature death. There is an urgent need to implement strategies that effectively promote health, justice, and equity. This bill enables the Governor's Interagency Council on Health Disparities (Council) to operate more effectively and aligns with community priorities and evidence-based health equity strategies. This bill provides the Council with the resources to develop community-led, evidence-based interventions. This bill adds a member representing a tribe to the Council and gives a voice to community members.

(Opposed) Health policy should be based on medical science and individual responsibility, not political agendas and identity politics. Calling racism a "public health crisis" is divisive, a misuse of a social justice term, and scientifically questionable. This bill expands government involvement in what should be a community matter. Taxpayer money should be used on real health crises, such as the opioid pandemic. There are disparities in health that affect all people, regardless of race, religion, or gender.

(Other) There are many health measures where there are disparities in which men fare worse than women. The bill should designate a seat on the Council for a person who advocates for the health of men and boys.

**Persons Testifying:** (In support) Linh Huynh, Governor's Interagency Council on Health Disparities; Lydia Faitalia, WA State Commission on Asian Pacific American Affairs (CAPAA); Steve Kutz, American Indian Health Commission for Washington State; and Representative My-Linh Thai.

(Opposed) Mary Long, Conservative Ladies of Washington; and Lysie Holt.

(Other) Blair Daly, Washington Initiative for Boys and Men.

**Persons Signed In To Testify But Not Testifying:** None.