

HOUSE BILL REPORT

HB 1946

As Reported by House Committee On:
Local Government

Title: An act relating to clarifying tribal membership on local boards of health.

Brief Description: Clarifying tribal membership on local boards of health.

Sponsors: Representatives Hill, Lekanoff, Reed, Parshley, Pollet, Obras, Nance, Ormsby and Macri.

Brief History:

Committee Activity:

Local Government: 2/18/25, 2/19/25 [DPS].

Brief Summary of Substitute Bill

- Modifies how tribal representatives are selected for local health boards and health districts.

HOUSE COMMITTEE ON LOCAL GOVERNMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 5 members: Representatives Duerr, Chair; Parshley, Vice Chair; Stuebe, Assistant Ranking Minority Member; Hunt and Zahn.

Minority Report: Without recommendation. Signed by 2 members: Representatives Klicker, Ranking Minority Member; Griffey.

Staff: Michelle Rusk (786-7153).

Background:

Local Health Boards.

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.

Local boards of health (boards) are county-level organizations with a wide remit over matters of public health. Boards enforce state public health statutes and rules through a local health officer, control and prevent infectious diseases, and prevent, control, or abate public health nuisances.

The board membership requirements for home rule charter and noncharter counties are similar in that each is comprised of three parts. First, the board must include county commissioners or representatives from the county legislative authority. Second, members who are not elected officials must be selected who represent:

1. health care providers, practitioners, or employees of health care facilities;
2. residents that are consumers of public health; and
3. other community stakeholders.

Third, 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 legislative authority or board of county commissioners may, in its discretion, increase by ordinance the size and composition of a board to include additional members, including elected officials from cities and towns, as long as the number of members from the three categories above is equal to the number of elected officials on the board.

District Health Boards.

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

Summary of Substitute Bill:

The manner in which a tribal representative is selected for a local or district board of health (board) is modified:

- When any federally recognized tribe's reservation, trust lands, or usual and accustomed areas are within a county, the board must include a tribal representative from each tribe.
- When any Urban Indian Organization recognized by the Indian Health Service or 501(c)(3) organization registered in Washington and serving American Indian and Alaska Native people is providing services within a county, the board must include a representative of each organization.

In each instance the board must notify the American Indian Health Commission.

Substitute Bill Compared to Original Bill:

The substitute bill adds Urban Indian Organizations recognized by the Indian Health Service as organizations from which a representative may be chosen.

Appropriation: None.

Fiscal Note: Requested on February 20, 2025.

Effective Date of Substitute Bill: 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 policy is essential for creating equitable inclusion, and it does not have a direct fiscal impact, but it will improve the efficiency of resources deployed already. Communities of color are often the most impacted when there are times of serious health crises in our state or country. The needs on the ground can be nuanced sometimes, and this bill provides an opportunity for ensuring representation on local and district health boards from each tribe in a region or nonprofit serving tribal members in a region. In regions where there are multiple tribes, one tribal representative cannot represent all of them, and this bill would ensure that no one is left out of efforts to address health crises.

Something brought to our attention is how this bill might impact the growth of these boards, and impact resources and logistics. There has been outreach to Thurston County about how to approach regions where there are multiple impacted tribes and how this policy can be implemented in a way that makes sense in light of the potential for growing numbers of members on boards.

Spokane County in particular still does not have appropriate representation on the local health board. This representation is vitally important to correct hundreds of years of exclusion, but is also just good for our communities. During the COVID-19 pandemic, vital needs of native elders were ignored. Tribal communities have been failed and the appointment process in Spokane in particular has been hindered by delay and confusion. Reluctance to see tribal representatives reflects a broader history of exclusion, and this bill provides necessary clarification.

(Opposed) None.

(Other) It has been a great and welcomed addition to have several tribal members appointed to local health boards, and expanding these boards is important for communities. We also support removing the American Indian Health Commission from the tribal selection process, and the organization is okay with that change as well. However, we ask for clarity

and more defined language on the participation of 501(c)(3) organizations. It seems this was originally intended for specific organizations but the language has created ambiguity and confusion because it is very broad.

Expanding board membership based on tribal designation also has varying impacts on local health jurisdictions. There is a requirement to balance elected officials with nonelected officials, which presents some challenges. For example, local health jurisdictions with four tribes will need to add eight members, which will double the size of the board. The bigger issue may be that some of these jurisdictions are constrained by a finite number of elected officials who can participate. We are interested in parsing out the membership changes and perhaps receiving guidance for handling appointments and expansions, including, for example, for the balance of elected and nonelected representatives on a rolling basis, and whether it is a requirement in establishing the board in general.

Persons Testifying: (In support) Representative Natasha Hill, prime sponsor; Stephen McDermott; and Megra Flatman.

(Other) Jaime Bodden, WSALPHO.

Persons Signed In To Testify But Not Testifying: None.