HOUSE BILL REPORT
HB 2685

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

Title: An act relating to improving the state governmental public health system and the health system and health status of American Indians and Alaska Natives through the sharing and protection of tribal data.

Brief Description: Concerning sharing and protection of tribal data.

Sponsors: Representatives Lekanoff, Parshley, Ramel and Pollet.

Brief History:
Committee Activity:
Health Care & Wellness: 2/3/26, 2/4/26 [DP];
Appropriations: 2/6/26, 2/9/26 [DPS].

Brief Summary of Substitute Bill

- Requires certain state agencies that use and share tribal data to do so in a manner consistent with tribal data sovereignty principles.
- Directs the State Board of Health to adopt rules requiring health care providers, health care facilities, and laboratories to report notifiable conditions to tribal health jurisdictions.
- Exempts tribal data held by certain state agencies or by local health jurisdictions from public disclosure.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 10 members: Representatives Bronoske, Chair; Lekanoff, Vice Chair; Rule, Vice Chair; Davis, Macri, Obras, Parshley, Shavers, Stonier and Thai.

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.

Minority Report: Without recommendation. Signed by 7 members: Representatives Schmick, Ranking Minority Member; Marshall, Assistant Ranking Minority Member; Valdez, Assistant Ranking Minority Member; Engell, Low, Manjarrez and Stuebe.

Staff: Alison Ryan (786-7296).

Background:

The Governor's Indian Health Advisory Council.

The Governor's Indian Health Advisory Council (GIHAC) was created in 2019 to address issues in the Indian health care delivery system. The GIHAC is tasked with: (1) addressing policies or actions that have tribal implications that are not able to be resolved at the agency level; (2) facilitating better understanding among its members, of the Indian health system and tribal sovereignty; and (3) providing oversight of the contracting and performance of service coordination organizations or service contracting entities, to address their impacts on services to American Indians and Alaska Natives and relationships with Indian health care providers. The GIHAC may appoint technical advisory committees to address specific issues and concerns.

The voting members of the GIHAC are:

- one representative from each tribe;
- the chief executive officer of each urban Indian organization;
- one member from each of the two largest caucuses of the Washington State House of Representatives;
- one member from each of the two largest caucuses of the Washington State Senate; and
- one member representing the Governor's Office.

The nonvoting members of the GIHAC are:

- one member from the executive leadership team of the Health Care Authority, the Department of Children, Youth, and Families, the Department of Commerce, the Department of Corrections, the Department of Health, the Department of Social and Health Services, the Office of the Insurance Commissioner, the Office of the Superintendent of Public Instruction, and the Washington Health Benefit Exchange;
- the chief operating officer of each Indian Health Service area office and service unit;
- the executive director of the American Indian Health Commission; and
- the executive director of the Northwest Portland Area Indian Health Board.

Notifiable Conditions Reporting.

The State Board of Health rules require health care providers, health care facilities, and laboratories to notify certain public health authorities of suspected or confirmed cases of selected diseases or conditions. These diseases or conditions are referred to as notifiable conditions. Public health authorities include local health jurisdictions, the Department of Health, the Department of Labor and Industries, the Department of Agriculture, sovereign

tribal nations, and tribal epidemiology centers. For most notifiable conditions, the reporting entity must notify the local health jurisdiction where the patient resides or, in the event the patient's residence cannot be determined, the local health jurisdiction in which the patient received treatment.

Public Records Act.
The Public Records Act (PRA) requires state and local agencies to make all public records available for public inspection and copying, unless a record falls within an exemption in the PRA or another statute that exempts or prohibits disclosure of specific information or records. A "public record" includes any writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics. The PRA must be liberally construed; any exemptions to the disclosure requirement must be interpreted narrowly. Exemptions are permissive, meaning that an agency, although not required to disclose, has the discretion to provide an exempt record. With exceptions, the exemptions under the PRA are inapplicable to the extent that information, the disclosure of which would violate personal privacy or vital governmental interests, can be deleted from specific requested records.

Summary of Bill:

When using or sharing tribal data, the state agencies that are members of the Governor's Indian Health Advisory Council (GIHAC) must do so in a manner consistent with tribal data sovereignty principles. These agencies are: the Health Care Authority, the Department of Children, Youth, and Families, the Department of Commerce, the Department of Corrections, the Department of Health, the Department of Social and Health Services, the Office of the Insurance Commissioner, the Office of the Superintendent of Public Instruction, and the Washington Health Benefit Exchange.

The designated agencies must apply the following tribal data sovereignty principles:
- Tribes must have the same or enhanced access to state data as other public health jurisdictions and nongovernmental entities to carry out their governmental duties.
- Tribes must possess sovereign authority to manage the collection, ownership, application, and interpretation of their own data even when it is collected by federal, state, or local governments, or third parties.
- Tribes must retain an ownership interest in their data even when the data is located in state, federal, or other datasets, and this interest remains when the data is aggregated with other data.
- Unless otherwise required by law, tribes have the right to informed consent on how their data, including protected health information about tribal members, is used or shared with third parties.
- State agencies must meaningfully consult and engage with tribes, in accordance with their government-to-government relationship, on how and when to share, analyze,

report, or interpret tribal data.

The designated agencies must include tribal data sovereignty principles in data sharing agreements. When developing tribal data sharing agreements, the agencies must refer to the GIHAC tribal data sharing agreement checklist. The agencies must seek input and guidance from the GIHAC tribal data sovereignty committee on issues related to tribal data.

The State Board of Health must adopt rules requiring health care providers, health care facilities, laboratories, and other required entities to report notifiable conditions to tribal health jurisdictions in Washington where the patient resides or, in the event the patient's residence cannot be determined, the tribal health department in which the patient received treatment. The adopted rules must require notification to tribal health jurisdictions wherever notification is required to local health jurisdictions. The rules must be adopted by July 31, 2027.

Tribal data prepared, owned, used, or retained by the designated state agencies or by local health jurisdictions is exempt from public disclosure under the Public Records Act.

"Tribal data" means data or information that is specific to an individual tribe and includes public or private data or information on or about a tribe or its people subject to tribal rights of ownership and control. Tribal data also includes, but is not limited to: tribal membership; tribal affiliation, events, and conditions within the tribe's jurisdiction and lands; information about tribal members and any persons living within the tribe's jurisdiction; tribal census tract; tribal land; and identification of tribal facilities, entities, and enterprises; and any individuals they serve.

"Tribal data sovereignty" means the inherent legal authority of tribes to:

- manage the collection, ownership, application, and interpretation of tribal data or information even if it is collected by federal, state, or local governments, or other third parties, regardless of where data is collected;
- have the right to informed consent on how their data, including but not limited to, protected health information about their tribal members, is used or shared with third parties;
- have the same or additional access to state data as other public health jurisdictions in order to carry out their governmental duties; and
- be notified by other entities holding tribal data of data breaches and be informed of any policies regarding data disposition, security, confidentiality, storage, and human subjects research limitations.

Appropriation: None.

Fiscal Note: Requested on January 29, 2026.

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) Eight tribal data sovereignty principles were approved by the GIHAC in December 2024. This bill codifies those principles and supports ongoing work between the tribes and the agencies that are part of the GIHAC. As data becomes increasingly influential, it is essential that tribes uphold tribal data sovereignty and governance. When tribes control their own data, it is less likely to be used or misinterpreted in ways that cause harm. Instead, tribal data can be used to strengthen communities and guide sound, culturally grounded policy decisions.

Tribes are part of the governmental public health system. To be a partner, tribes need access to the same systems. These systems were not built with the consideration for tribes to have access to them. During COVID-19, tribes worked hard to get disease reporting data. Disease reports went to local health departments but not to tribes, and this slowed down the response. These principles will not be in place right away after the bill is signed, but having them in statute will help move work forward.

(Opposed) There is concern about the scope of the Public Records Act exemption. It would have broad applicability across many state agencies, and many of the agencies listed in the bill do not seem related to health data.

(Other) The bill attempts to address many important goals. There are concerns that the bill may be overbroad. It would apply to any datasets that include tribal members, and this would include data across many Health Care Authority programs. The bill discusses ownership interests but does not clearly define what rights are afforded to tribes in terms of permitting or restricting data use and access. It does not provide necessary caveats, such as when data sharing is required by federal law. The bill requires informed consent but does not specify how to achieve that consent from tribes. The Health Care Authority does not collect tribal affiliation across datasets, making it unclear how to apply the principles. As drafted, changes to governance will require funding.

Persons Testifying: (In support) Representative Debra Lekanoff, prime sponsor; Alison Boyd-Ball, Confederated Tribes of the Colville Reservation; and Vicki Lowe, American Indian Health Commission.

(Opposed) Robert McClure, Washington Coalition for Open Government.

(Other) Aren Sparck, Health Care Authority (HCA), Office of Tribal Affairs.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 18 members: Representatives Ormsby, Chair; Gregerson, Vice Chair; Macri, Vice Chair; Berg, Bergquist, Callan, Cortes, Doglio, Fitzgibbon, Leavitt, Lekanoff, Peterson, Pollet, Ryu, Springer, Stonier, Street and Thai.

Minority Report: Do not pass. Signed by 1 member: Representative Couture, Ranking Minority Member.

Minority Report: Without recommendation. Signed by 10 members: Representatives Connors, Assistant Ranking Minority Member; Penner, Assistant Ranking Minority Member; Schmick, Assistant Ranking Minority Member; Burnett, Corry, Dye, Keaton, Manjarrez, Marshall and Valdez.

Staff: Emily Stephens (786-7157).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

The substitute bill adds a null and void clause, making the bill null and void unless it is funded in the budget.

Appropriation: None.

Fiscal Note: Requested on January 29, 2026.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony:

(In support) The goal of the bill is to ensure tribal nations have the authority to govern the collection, ownership, and application of their own health data. This is part of a long journey of how modern sovereign governments work together at the state level. The intent of the bill is to ensure tribes have appropriate access to data that impacts them. It is not too much of a burden to notify tribes about tribal members with notifiable conditions. It is burdensome to not have a system in place that can address disease outbreaks in a timely manner.

(Opposed) There are concerns related to costs and hospital reporting. The bill would require entities to create data sharing agreements with 29 tribal entities. It is possible the principles in the bill could be met using existing data sharing agreements with the

Department of Health. The complexity and breadth of the reporting in the bill is massive. It would require large changes to electronic health records systems and would impact workflows. It is unclear how hospitals would determine if patients reside in a tribal area, and there would be additional implementation complications related to health privacy. The bill contains an overbroad exemption to the Public Records Act (PRA). Its implications are broader than health data. There is no convincing justification for another PRA exemption.

Persons Testifying: (In support) Representative Debra Lekanoff, prime sponsor; and Michael Moran, Confederated Tribes of the Colville Reservation.

(Opposed) Katie Kolan, Washington State Hospital Association (WSHA); and ROBERT McCLURE, Washington Coalition for Open Government.

Persons Signed In To Testify But Not Testifying: None.