

SENATE BILL REPORT

ESHB 1946

As of March 24, 2025

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

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

Sponsors: House Committee on Local Government (originally sponsored by Representatives Hill, Lekanoff, Reed, Parshley, Pollet, Obras, Nance, Ormsby and Macri).

Brief History: Passed House: 3/12/25, 61-36.

Committee Activity: Local Government: 3/24/25.

Brief Summary of Bill

- Modifies how tribal representatives are selected for local boards of health and health district boards.
- Requires a tribal representative from each tribe and each Urban Indian Organization be allowed on a local board of health or health district board.
- Requires the tribal representative be selected by the tribe or organization.

SENATE COMMITTEE ON LOCAL GOVERNMENT

Staff: Karen Epps (786-7424)

Background: A county legislative authority is charged with establishing either a county health department or a health district to assure the public's health. Local health departments and health districts can take various forms and include a single county health department or district, a combined city and county health department, or a health district of several counties.

Each local public health jurisdiction is governed by a local board of health (Board). Board

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.

membership requirements for home rule charter and noncharter counties must include county commissioners or representatives from the county legislative authority and unelected members from the following three categories that must be approved by a majority vote of the board of county commissioners:

- public health practitioners, employees of health care facilities, and health care providers;
- consumers of public health, which includes residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs; and
- other community stakeholders, persons representing various organizations, including active, reserve, or retired armed services members, community-based or nonprofit organizations that work with populations experiencing health inequities in the county; the business community; or the environmental public health regulated community.

If the number of Board members selected from these three categories is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. If the Board demonstrates it attempted to recruit members from all three categories and was unable to do so, the Board may select members only from the other two categories. There may be no more than one member selected from one type of background or position.

If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county, the Board must include a tribal representative selected by the American Indian Health Commission.

The legislative authority or board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of a Board to include additional members, including elected officials from cities and towns and persons other than elected officials as members, so long as the number of members from the three categories and tribal members is equal to the number of elected officials on the Board.

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 Board.

Summary of Bill: If a federally recognized Indian tribe holds reservation or trust lands, or if an Urban Indian Organization (organization) recognized by the Indian Health Service and registered as a 501(c)(3) organization in Washington that serves American Indian and Alaska Native people providing services within the county, the Board must allow a tribal representative from each tribe and each organization.

The tribal representative must be selected by the tribe or organization, and the county must notify the American Indian Health Commission.

If a tribal representative is added to a Board, the county commissioners or county legislative authority must modify the membership of the Board:

- in compliance with timelines established by the State Board of Health in rule, once the rules go into effect; and
- until the rules go into effect, within 60 days of receipt of notice of the selection of a tribal representative.

The State Board of Health must adopt rules establishing timelines for modifying the membership of a Board as required by statute. The rules must go into effect no later than one year after the effective date of the bill.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 20, 2025.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This bill allows tribes being served in the region to be represented on the local health board, so that all communities' needs are met. This bill is a clean up to E2SHB 1152 that passed in 2021, which included language that there would be representation for tribes or 501(c)(3) organizations providing services on the local health board. The bill will increase the number of folks on the board to increase representation and have those voices on the board. This is an equity bill that addresses the needs of all communities across the region.

The bill in 2021 sought to include tribal representation and address the current deep underlying health inequality by adding representation to the local health board, but Spokane County has not complied and still does not have any tribal representation on its local health board. This bill aims to work diligently to address long-standing underlying racial disparities and health outcomes and focus on the people most at risk. The bill clarifies that each tribe and each health care nonprofit serving native people are allowed representation on local health boards. This bill is vital for our community and for our health.

Persons Testifying: PRO: Representative Natasha Hill, Prime Sponsor; Megra Flatman.

Persons Signed In To Testify But Not Testifying: No one.