
HOUSE BILL 2685

State of Washington

69th Legislature

2026 Regular Session

By Representatives Lekanoff, Parshley, Ramel, and Pollet

Read first time 01/27/26. Referred to Committee on Health Care & Wellness.

1 AN ACT Relating to improving the state governmental public health
2 system and the health system and health status of American Indians
3 and Alaska Natives through the sharing and protection of tribal data;
4 reenacting and amending RCW 43.71B.010; adding a new section to
5 chapter 43.71B RCW; adding a new section to chapter 43.20 RCW; and
6 adding a new section to chapter 42.56 RCW.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 NEW SECTION. **Sec. 1.** A new section is added to chapter 43.71B
9 RCW to read as follows:

10 (1) State agencies listed in RCW 43.71B.020(1)(b)(i) shall use
11 and share tribal data in a manner consistent with the following
12 tribal data sovereignty principles:

13 (a) Tribes must have the same or enhanced access to state data as
14 other public health jurisdictions and nongovernmental entities to
15 effectively carry out their governmental duties including preventing
16 and controlling infectious and noninfectious conditions, providing
17 health care services, and improving the health status of their
18 community members;

19 (b) Tribes must possess the sovereign authority to manage the
20 collection, ownership, application, and interpretation of their own

1 data even when it is collected by federal, state, or local
2 governments or other third parties;

3 (c) Tribes must retain an ownership interest in their data even
4 when the tribe's data is located in state, federal, or other data
5 sets. This interest remains when the tribe's data is aggregated with
6 other data;

7 (d) Unless otherwise required by law, tribes have the right to
8 informed consent on how their data, including protected health
9 information about tribal members, is used or shared with third
10 parties; and

11 (e) State agencies must meaningfully consult and engage with
12 tribes in accordance with chapter 43.376 RCW on how and when to
13 share, analyze, report, or interpret tribal data.

14 (2) State agencies listed in RCW 43.71B.020(1)(b)(i) shall:

15 (a) Include the tribal data sovereignty principles provided in
16 this section in data sharing agreements;

17 (b) Refer to the governor's Indian health advisory council tribal
18 data sharing agreement checklist in the development of tribal data
19 sharing agreements; and

20 (c) Seek input and guidance from the governor's Indian health
21 advisory council tribal data sovereignty committee for implementation
22 of this section and on any other issues related to tribal data.

23 (3) Any tribal data, as defined in RCW 43.71B.010, pertaining to
24 American Indians, Alaska Natives, or Indian tribes that is prepared,
25 owned, used, or retained by the agencies listed in RCW
26 43.71B.020(1)(b)(i) or by local health jurisdictions as defined in
27 RCW 43.70.575 is exempt from public disclosure under chapter 42.56
28 RCW.

29 **Sec. 2.** RCW 43.71B.010 and 2020 c 256 s 102 are each reenacted
30 and amended to read as follows:

31 The definitions in this section apply throughout this chapter
32 unless the context clearly requires otherwise.

33 (1) "Advisory council" means the governor's Indian health
34 advisory council established in RCW 43.71B.020.

35 (2) "Advisory plan" means the plan described in RCW 43.71B.030.

36 (3) "American Indian" or "Alaska Native" means any individual who
37 is: (a) A member of a federally recognized tribe; or (b) eligible for
38 the Indian health service.

39 (4) "Authority" means the health care authority.

1 (5) "Board" means the northwest Portland area Indian health
2 board, an Oregon nonprofit corporation wholly controlled by the
3 tribes in the states of Idaho, Oregon, and Washington.

4 (6) "Commission" means the American Indian health commission for
5 Washington state, a Washington nonprofit corporation wholly
6 controlled by the tribes and urban Indian organizations in the state.

7 (7) "Community health aide" means a tribal community health
8 provider certified by a community health aide program of the Indian
9 health service or one or more tribes or tribal organizations
10 consistent with the provisions of 25 U.S.C. Sec. 16161, who can
11 perform a wide range of duties within the provider's scope of
12 certified practice in health programs of a tribe, tribal
13 organization, Indian health service facility, or urban Indian
14 organization to improve access to culturally appropriate, quality
15 care for American Indians and Alaska Natives and their families and
16 communities, including but not limited to community health aides,
17 community health practitioners, behavioral health aides, behavioral
18 health practitioners, dental health aides, and dental health aide
19 therapists.

20 (8) "Community health aide program" means a community health aide
21 certification board for the state consistent with 25 U.S.C. Sec.
22 16161 and the training programs and certification requirements
23 established thereunder.

24 (9) "Fee-for-service" means the state's medicaid program for
25 which payments are made under the state plan, without a managed care
26 entity, in accordance with the fee-for-service payment methodology.

27 (10) "Historical trauma" means situations where a community
28 experienced traumatic events, the events generated high levels of
29 collective distress, and the events were perpetuated by outsiders
30 with a destructive or genocidal intent.

31 (11) "Indian health care provider" means a health care program
32 operated by the Indian health service or by a tribe, tribal
33 organization, or urban Indian organization as those terms are defined
34 in 25 U.S.C. Sec. 1603.

35 (12) "Indian health service" means the federal agency within the
36 United States department of health and human services.

37 (13) "New state savings" means the savings to the state general
38 fund that are achieved as a result of the centers for medicare and
39 medicaid services state health official letter 16-002 and related
40 guidance, calculated as the difference between (a) medicaid payments

1 received from the centers for medicare and medicaid services based on
2 the one hundred percent federal medical assistance percentage; and
3 (b) medicaid payments received from the centers for medicare and
4 medicaid services based on the federal medical assistance percentage
5 that would apply in the absence of state health official letter
6 16-002 and related guidance.

7 (14) "Reinvestment account" means the Indian health improvement
8 reinvestment account created in RCW 43.71B.040.

9 (15) "Reinvestment committee" means the Indian health improvement
10 reinvestment committee established in RCW 43.71B.020(4).

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

21 (17) "Tribal data sovereignty" means the inherent legal authority
22 of tribes to:

23 (a) Manage the collection, ownership, application, and
24 interpretation of tribal data or information even if it is collected
25 by federal, state, or local governments, or other third parties,
26 regardless of where data is collected;

27 (b) Have the right to informed consent on how their data,
28 including but not limited to protected health information about their
29 tribal members, is used or shared with third parties;

30 (c) Have the same or additional access to state data as other
31 public health jurisdictions in order to carry out their governmental
32 duties; and

33 (d) Be notified by other entities holding tribal data of data
34 breaches and be informed of any policies regarding data disposition,
35 security, confidentiality, storage, and human subjects research
36 limitations.

37 (18) "Tribal organization" has the meaning set forth in 25 U.S.C.
38 Sec. 5304.

39 (~~(17)~~) (19) "Tribally operated facility" means a health care
40 facility operated by one or more tribes or tribal organizations to

1 provide specialty services, including but not limited to evaluation
2 and treatment services, secure detox services, inpatient psychiatric
3 services, nursing home services, and residential substance use
4 disorder services.

5 ~~((18))~~ (20) "Tribe" means any Indian tribe, band, nation, or
6 other organized group or community, including any Alaska Native
7 village or group or regional or village corporation as defined in or
8 established pursuant to the Alaska Native claims settlement act (43
9 U.S.C. Sec. 1601 et seq.) which is recognized as eligible for the
10 special programs and services provided by the United States to
11 Indians because of their status as Indians.

12 ~~((19))~~ (21) "Urban Indian" means any individual who resides in
13 an urban center and is: (a) A member of a tribe terminated since 1940
14 and those tribes recognized now or in the future by the state in
15 which they reside, or who is a descendant, in the first or second
16 degree, of any such member; (b) an Eskimo or Aleut or other Alaska
17 Native; (c) considered by the secretary of the interior to be an
18 Indian for any purpose; or (d) considered by the United States
19 secretary of health and human services to be an Indian for purposes
20 of eligibility for Indian health services, including as a California
21 Indian, Eskimo, Aleut, or other Alaska Native.

22 ~~((20))~~ (22) "Urban Indian organization" means an urban Indian
23 organization, as defined by 25 U.S.C. Sec. 1603.

24 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.20
25 RCW to read as follows:

26 (1) The state board shall, no later than July 31, 2027, and in
27 accordance with RCW 43.20.050(2)(f), amend rules for the prevention
28 and control of infectious and noninfectious diseases, including food
29 borne and vector-borne illnesses as follows:

30 (a) Requiring health care providers, health care facilities,
31 laboratories, and other required entities to report notifiable
32 conditions to tribal health jurisdictions in Washington state where
33 the patient resides, or in the event the patient's residence cannot
34 be determined, the tribal health department in which the patient
35 received treatment; and

36 (b) Requiring notification to tribal health jurisdictions
37 wherever notification is required to local health jurisdictions.

38 (2) Nothing in this section may be read as an assertion of state
39 jurisdiction or regulatory authority over a tribe.

1 NEW SECTION. **Sec. 4.** A new section is added to chapter 42.56
2 RCW to read as follows:

3 Any tribal data, as defined in RCW 43.71B.010, pertaining to
4 American Indians, Alaska Natives, or Indian tribes that is prepared,
5 owned, used, or retained by the agencies listed in RCW
6 43.71B.020(1)(b)(i) or by local health jurisdictions as defined in
7 RCW 43.70.575 is exempt from public disclosure.

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