



Resolution No. _____

A RESOLUTION OF THE BOARD OF HEALTH OF THE CHELAN-DOUGLAS HEALTH DISTRICT TO SUSPEND ADMINISTRATION AND PROMOTION OF COVID-19 SHOTS UNTIL THEIR SAFETY AND EFFICACY CAN BE ADEQUATELY DEMONSTRATED.

Whereas, the Centers for Disease Control (CDC) Vaccine Adverse Event Reporting System (VAERS) database is the nation's primary vaccine early warning system used to alert public health officials about vaccine safety signals (<https://vaers.hhs.gov/about.html>); and

Whereas, at least 70 percent of vaccine injuries appearing in the VAERS database were reported by health care professionals and pharmaceutical companies under threat of penalty for falsifying data (<https://openvaers.com/faq/who-reports-to-vaers>); and

Whereas, as of July 25, 2025, VAERS contains reports of 1,665,735 adverse events, 221,113 hospitalizations, and 38,742 deaths associated with the COVID-19 shots (<https://openvaers.com/>); and

Whereas, considering the safety signals associated with COVID-19 shots, the Board considers it prudent to reevaluate potential benefits and risks of these products to public health; now therefore,

THE BOARD OF HEALTH OF THE CHELAN-DOUGLAS HEALTH DISTRICT HEREBY RESOLVES AS FOLLOWS:

1. Immediately suspend administration and promotion of COVID-19 shots until their safety and efficacy can be adequately demonstrated.
2. Evaluate new information as it becomes available to determine whether to resume administration and promotion of COVID-19 shots.

Submitted by:

Bill Sullivan

Position 10



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MEMORANDUM

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DATE: September 10, 2025

TO: Executive Committee, Chelan Douglas Health District Board
Kristen Hosey, Health Administrator

FROM: Erin McCool & Kate Robertson, Ogden Murphy Wallace, PLLC

RE: Implications of ESHB 1531 on Proposed COVID-19 Vaccine Resolution

As a Public Health District located in Washington State, Chelan Douglas Health District ("CDHD" or "District") is a local health department subject to the laws of Washington State. RCW 70.05.010(1). Recently, a member of CDHD's Board drafted proposed Resolution 2025-05 regarding the administration and promotion of COVID-19 vaccines by the District ("Resolution").

You have asked us to analyze the impact of the recently passed ESHB 1531 on the District's potential adoption of the Resolution. In short, ESHB 1531 expressly prohibits local health departments from enacting policies that bar the implementation or promotion of evidence-based communicable disease control measures, including immunizations and vaccines. The Resolution's provisions to suspend administration and promotion of COVID-19 vaccines would directly conflict with, and be preempted by, state law, rendering the Resolution legally unenforceable if adopted. Below, we've addressed (1) the legal framework established by ESHB 1531 and related statutory and regulatory provisions, and (2) the associated legal analysis of the proposed Resolution, including potential conflicts with state law and resulting risks, followed by our conclusion and recommendations to ensure compliance.

I. Legal Framework of ESHB 1531

The Washington State Legislature passed ESHB 1531 on April 21, 2025, effective immediately due to the inclusion of an emergency clause. See ESHB 1531.SL. The stated purpose of the bill is to ensure "that the public receives timely, well-researched, evidence-based, and science-driven information to make informed choices so that they can take personal control of their health and the health of their families." *Id.* at 2, § 1(2).

To achieve this purpose, the Legislature declared that:

(1) It is the policy of the state that public health responses to address communicable diseases be guided by the best available science on the safety and efficacy of



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evidence-based measures to control the spread of such diseases, **including immunizations and vaccines.**

(2) Consistent with th[is] policy . . . the state and local health officials must, within available resources, implement and promote evidence-based, appropriate measures to control the spread of communicable disease, **including immunizations and vaccines.** The state and its political subdivisions may **not enact statutes, ordinances, rules or policies that prohibit the implementation and promotion of such measures.** Any such statute, ordinance, rule, or policy in place on the effective date of this section is hereby declared **null and void.**

Id. at 2, § 2 (emphasis added). While ESHB 1531 imposes significant obligations and limitations on state and local health officials, it does not change any rules about individual vaccination decision or grant new powers to mandate vaccination. Instead, it is directed at ensuring governmental entities do not take action that undermines or prohibits evidence-based disease control measures.

A. “Best Available Science” and State Interpretation

There is no definition of “best available science” in Washington statutes or rules. Federal definitions – while not controlling – may provide useful guidance. For example, 31 CFR § 34.2 and 33 U.S.C. § 1321(a)(27) define the term as: “science that maximizes the quality, objectivity, and integrity of information, including statistical information; uses peer-reviewed and publicly available data; and clearly documents and communicates risks and uncertainties in the scientific basis for such projects.”

Washington Department of Health (“DOH”) materials further illustrate the State’s interpretation. DOH’s Vaccine Advisory Committee describes the “best and most durable public health decisions” as those “made in plain sight, in consultation with medical professionals, and [] backed by rigorous review of current data.” WASH. DEP’T OF HEALTH, VACCINE ADVISORY COMM. MEETING MINUTES at 8 (June 13, 2025). Furthermore, DOH continues to recommend the current COVID-19 vaccines, emphasizes “ensuring equitable access,” and states that they “remain one of [the] most effective tools for preventing severe illness.” *COVID-19 Vaccine Information*, WASH. DEP’T OF HEALTH.

Additionally, Washington, California, Oregon, and Hawaii, recently announced the formation of the West Coast Health Alliance, which will provide their own “evidence-based unified recommendations to their residents regarding who should receive immunization and to help ensure the public has access and credible information for confidence in vaccine safety and efficacy.” *Washington, California and Oregon to Launch New West Coast Health Alliance to Uphold Scientific Integrity in Public Health as Trump Destroys CDC’s Credibility*, WASH. GOVERNOR (Sept. 3, 2025). Through the Alliance, the states will coordinate immunization guidelines “by aligning immunization recommendations informed by respected national medical organizations[, which] will allow residents to receive consistent, science-based recommendations.” *Id.*

Although the term “best available science” is not used in the public materials associated with the Alliance, the State views its own recommendations and that of national medical organizations as



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meeting this standard. As noted, the DOH continues to recommend the current COVID-19 vaccines, and, after announcing the Alliance, the State Secretary of Health issued a standing order authorizing health care providers to administer all approved COVID-19 vaccines¹ "to all persons aged 6 months and older, including pregnant individuals." WASH. STATE COVID-19 VACCINE STANDING ORDER (Sept. 4, 2025).

B. Related State and Local Health Authority Provisions

Local health boards are charged under RCW 70.05.060 with enforcing the public health laws of the state and the rules of the State Board of Health, supervising the maintenance of all health and sanitary measures, and taking such measures as are necessary to promote the public health. Because ESHB 1531 is now part of the "public health laws of the state," the Board is statutorily obligated to enforce it.

Similarly, WAC 246-100-036 imposes affirmative obligations on local health officers to prevent and control the spread of communicable diseases, including initiating disease control measures, providing public health information, and ensuring access to prevention measures. *See also* RCW 70.05.070. This includes a requirement to "[t]ake appropriate action to control or prevent the spread of dangerous, contagious or infectious diseases," which necessarily incorporates evidence-based measures the State has deemed effective under ESHB 1531, including immunizations and vaccines.

II. CDHD's Draft Resolution on COVID-19 Vaccines and the Impact of ESHB 1531

Before assessing the legal effect of ESHB 1531, it is important to summarize the content and stated rationale of the District's draft Resolution. This provides context for evaluating whether the Resolution's provisions are consistent with the District's statutory and regulatory obligations.

A. Summary of Draft Resolution

The draft Resolution would require the District to (1) "Immediately suspend administration and promotion of currently available COVID-19 shots until their safety and efficacy can be adequately demonstrated," and (2) "Evaluate new information as it becomes available to determine whether to resume administration and promotion of COVID-19 shots." The Resolution is premised on recitals that include, among other things, the following statements:

- The CDC Vaccine Adverse Event Reporting System (VAERS) database "is the nation's primary vaccine early warning system used to alert public health officials about vaccine safety signals."

¹ Recently, the FDA revoked the emergency use approvals for COVID-19 vaccines while formally approving for use the SPIKEVAX, NUVAXOVID, COMIRNATY, and MNEXSPIKE COVID-19 vaccines. *See* Mary Kekatos, *FDA Approves Updated COVID Vaccines with Restrictions*, ABC News (Aug. 27, 2025). While the FDA approval authorizes the use in individuals who are 65 years of age and older as well as children of a certain age (ranges from 6 months to 12 years) through individuals who are 65 years of age with at least one underlying condition, these limitations do not prohibit the continued administration of the approved COVID-19 vaccines to children, adults, or pregnant women without underlying conditions.



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- More than 70% of vaccine injuries reported to VAERS “were reported by health care professionals and pharmaceutical companies under threat of penalty for falsifying data.”
- VAERS contains reports of adverse events, hospitalizations, and deaths associated with the COVID-19 vaccines.

Based on these statements, the recitals conclude by stating that: “considering the safety signals associated with COVID-19 shots, the Board considers it prudent to reevaluate potential benefits and risks of these products to public health.”

It is also important to note that the Resolution was neither drafted nor endorsed by the Health Officer. The next subsection examines issues related to the Resolution’s language and reliance on supporting sources, providing further context for its potential impact.

B. Evaluation of Language and Supporting Sources

As a preliminary matter, it is worth noting that some of the language used in the draft Resolution creates confusion around when administration and promotion of COVID-19 shots may resume in the event that the Resolution is adopted. For example, the draft Resolution states that the Board will suspend administration and promotion of COVID-19 vaccines “until their safety and efficacy can be **adequately demonstrated**.” However, no further information is provided regarding what is required for safety and efficacy to be adequately demonstrated or who will determine whether the safety and efficacy can be adequately demonstrated. This could create confusion and inconsistent application.

In addition to the unclear language, the sources used in the recitals of the draft Resolution may be problematic in regard to their use to support a resolution approved by the District. Notably, while the recitals do initially cite the Federal government’s VAERS website, they then go on to cite “OpenVAERS” when discussing specific data. See *OpenVAERS*, OPENVAERS. Unlike VAERS, which is managed by the CDC and FDA, OpenVAERS “is a project developed by a small team of people with vaccine injuries or who have children with vaccine injuries.” *Who is Behind OpenVAERS?*, OPENVAERS (Apr. 21, 2022). OpenVAERS does not share their methodology so there is a lack of clarity in whether the data accurately reflects that on VAERS. Essentially, OpenVAERS is a website that is designed to mimic the actual VAERS website. Although it includes disclaimers related to this and reflective of the CDC’s warnings around VAERS data, it should not be relied upon as a scientific basis (much less as the best available science) to support any action by the Board.

Finally, the Resolution states that “at least 70 percent of vaccine injuries appearing in the VAERS database were reported by health care professionals and pharmaceutical companies **under threat of penalty for falsifying data**,” citing OpenVAERS in support. Although “knowingly filing a false VAERS report with the intent to mislead the Department of Health and Human Services is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment,” this does not mean that health care professionals and pharmaceutical companies will be penalized for reporting adverse events that they are unsure were caused by a vaccine; nor does it indicate that the reports contained in VAERS have been independently verified for accuracy or that they reflect confirmed causation. *VAERS Questions and Answers*, FDA (Oct. 4, 2024). Instead, health care professionals are only



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required to report certain adverse events that occur within a specified time period after vaccination and certain adverse events identified by vaccine manufacturers as a contraindication to further doses of a vaccine. *VAERS FAQs*, VAERS. Health care professionals may also report administration errors and any adverse event that occurs after the administration of a vaccine, regardless of whether it is clear that a vaccine caused the adverse event. *Id.* Finally, CDC states that “VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness,” and cannot be interpreted “as evidence about the existence, severity, frequency, or rates of problems associated with vaccines.” *VAERS Data*, VAERS.

C. Impact of ESHB 1531 on the Resolution

As discussed above, ESHB 1531 establishes a State policy that public health responses to communicable diseases must be guided by the “best available science on the safety and efficacy of evidence-based measures to control the spread of such disease, including immunizations and vaccines.” ESHB 1531.SL at 2, § 2(1). Consistent with this policy, it requires State and local health officials, within available resources, to implement and promote such evidence-based measures. Accordingly, it prohibits the State and its political subdivisions – including public health districts – from enacting any statute, ordinance, rule, or policy that prohibits the implementation or promotion of such measures and declares that any statute, ordinance, rule, or policy in contravention of this is null and void.

The Resolution’s directive to suspend administration and promotion of COVID-19 vaccines constitutes a “policy” within the meaning of ESHB 1531 that directly prohibits the implementation and promotion of a measure DOH currently recognizes as evidence-based and effective for preventing severe illness. It is also contrary to the State’s COVID-19 Vaccine Standing Order and the recommendations coming out of the new West Coast Health Alliance. Because ESHB 1531 makes such local policies null and void by operation of law, the Resolution would be legally unenforceable upon adoption. Violation of ESHB 1531 in this way could lead to State involvement, which could ultimately lead to funding issues for the District, as well as litigation brought by the State or other interested parties with appropriate standing.

This preemption is reinforced by RCW 70.05.060, which obligates local health boards to enforce the public health laws of the state, including ESHB 1531, and by WAC 246-100-036, which requires the local health officer to take appropriate action to control or prevent the spread of dangerous, contagious, or infectious diseases using evidence-based measures. A policy suspending vaccine administration and promotion would place both the Board and the Health Officer in direct violation of these statutory and regulatory duties. For example, if the District suspended administration of the COVID-19 vaccines, some individuals in the community may be unable to get the vaccine at all (e.g., unhoused individuals), which may make it impossible for the Board and the Health Officer to fulfill their duties.

Accordingly, adoption of the Resolution would result in a direct conflict with state law, rendering it null, void, and unenforceable as a matter of law.

III. Conclusions and Recommendations



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ESHB 1531 renders any local policy that prohibits the implementation or promotion of evidence-based communicable disease control measures "null and void." The Resolution's suspension of COVID-19 vaccine administration and promotion would therefore be unenforceable if adopted. It would also place the Board in conflict with its statutory duty to enforce state public health laws and potentially obstruct the Health Officer from performing his regulatory obligations.

The Board should not adopt the Resolution in its current form. It is legally untenable to adopt a Resolution not recommended by the Health Officer, as well as one contrary to the State's policy and recommendations, and doing so risks litigation and potential funding issues. Any alternative approach should be developed in consultation with the Health Officer to ensure consistency with ESBH 1531 and applicable state public health requirements. If the Board wishes to address concerns regarding COVID-19 vaccine safety and efficacy while remaining consistent with state law, it could consider measures such as:

- Publishing regular, plain language summaries of vaccine safety monitoring data from DOH, CDC, and FDA, including context on reported adverse events.
- Holding public forums where residents can ask questions and receive responses from qualified medical professionals.
- Providing enhanced informed consent materials at vaccination sites that outline known benefits and potential risks in clear, accessible language.

To remain compliant with ESBH 1531 and other state public health requirements, these measures should be developed using the most current, verifiable data available from recognized public health and medical authorities. This will help ensure that the District's communications are accurate, credible, and legally compliant, while also responding to community concerns and maintaining public trust.

Cc: Corey Lawson, Deputy Administrator