

CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1152

Chapter 205, Laws of 2021

67th Legislature
2021 Regular Session

COMPREHENSIVE PUBLIC HEALTH DISTRICTS

EFFECTIVE DATE: July 25, 2021—Except for sections 3 through 6, which
take effect July 1, 2022.

Passed by the House April 15, 2021
Yeas 60 Nays 37

LAURIE JINKINS

**Speaker of the House of
Representatives**

Passed by the Senate April 11, 2021
Yeas 26 Nays 22

DENNY HECK

President of the Senate

Approved May 10, 2021 3:01 PM

JAY INSLEE

Governor of the State of Washington

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1152** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

Chief Clerk

FILED

May 10, 2021

**Secretary of State
State of Washington**

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1152

AS AMENDED BY THE SENATE

Passed Legislature - 2021 Regular Session

State of Washington

67th Legislature

2021 Regular Session

By House Appropriations (originally sponsored by Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske, and Bateman; by request of Office of the Governor)

READ FIRST TIME 02/22/21.

1 AN ACT Relating to supporting measures to create comprehensive
2 public health districts; amending RCW 70.05.030, 70.05.035,
3 70.46.020, and 70.46.031; adding a new section to chapter 43.70 RCW;
4 adding a new section to chapter 70.46 RCW; adding a new section to
5 chapter 43.20 RCW; creating a new section; and providing an effective
6 date.

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

8 NEW SECTION. **Sec. 1.** The legislature finds that everyone in
9 Washington state, no matter what community they live in, should be
10 able to rely on a public health system that is able to support a
11 standard level of public health service. Like public safety, there is
12 a foundational level of public health delivery that must exist
13 everywhere for services to work. A strong public health system is
14 only possible with intentional investments into our state's public
15 health system. Services should be delivered efficiently, equitably,
16 and effectively, in ways that make the best use of technology,
17 science, expertise, and leveraged resources and in a manner that is
18 responsive to local communities.

19 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.70
20 RCW to read as follows:

1 (1) The public health advisory board is established within the
2 department. The advisory board shall:

3 (a) Advise and provide feedback to the governmental public health
4 system and provide formal public recommendations on public health;

5 (b) Monitor the performance of the governmental public health
6 system;

7 (c) Develop goals and a direction for public health in Washington
8 and provide recommendations to improve public health performance and
9 to achieve the identified goals and direction;

10 (d) Advise and report to the secretary;

11 (e) Coordinate with the governor's office, department, state
12 board of health, local health jurisdictions, and the secretary;

13 (f) Evaluate public health emergency response and provide
14 recommendations for future response, including coordinating with
15 relevant committees, task forces, and stakeholders to analyze the
16 COVID-19 public health response; and

17 (g) Evaluate the use of foundational public health services
18 funding by the governmental public health system.

19 (2) The public health advisory board shall consist of
20 representatives from each of the following appointed by the governor:

21 (a) The governor's office;

22 (b) The director of the state board of health or the director's
23 designee;

24 (c) The secretary of the department or the secretary's designee;

25 (d) The chair of the governor's interagency council on health
26 disparities;

27 (e) Two representatives from the tribal government public health
28 sector selected by the American Indian health commission;

29 (f) One member of the county legislative authority from a eastern
30 Washington county selected by a statewide association representing
31 counties;

32 (g) One member of the county legislative authority from a western
33 Washington county selected by a statewide association representing
34 counties;

35 (h) An organization representing businesses in a region of the
36 state;

37 (i) A statewide association representing community and migrant
38 health centers;

39 (j) A statewide association representing Washington cities;

1 (k) Four representatives from local health jurisdictions selected
2 by a statewide association representing local public health
3 officials, including one from a jurisdiction east of the Cascade
4 mountains with a population between 200,000 and 600,000, one from a
5 jurisdiction east of the Cascade mountains with a population under
6 200,000, one from a jurisdiction west of the Cascade mountains with a
7 population between 200,000 and 600,000, and one from a jurisdiction
8 west of the Cascade mountains with a population less than 200,000;

9 (l) A statewide association representing Washington hospitals;

10 (m) A statewide association representing Washington physicians;

11 (n) A statewide association representing Washington nurses;

12 (o) A statewide association representing Washington public health
13 or public health professionals; and

14 (p) A consumer nonprofit organization representing marginalized
15 populations.

16 (3) In addition to the members of the public health advisory
17 board listed in subsection (2) of this section, there must be four
18 nonvoting ex officio members from the legislature consisting of one
19 legislator from each of the two largest caucuses in both the house of
20 representatives and the senate.

21 (4) Staff support for the public health advisory board, including
22 arranging meetings, must be provided by the department.

23 (5) Legislative members of the public health advisory board may
24 be reimbursed for travel expenses in accordance with RCW 44.04.120.
25 Nonlegislative members are not entitled to be reimbursed for travel
26 expenses if they are elected officials or are participating on behalf
27 of an employer, governmental entity, or other organization. Any
28 reimbursement for other nonlegislative members is subject to chapter
29 43.03 RCW.

30 (6) The public health advisory board is a class one group under
31 chapter 43.03 RCW.

32 **Sec. 3.** RCW 70.05.030 and 1995 c 43 s 6 are each amended to read
33 as follows:

34 ~~((In counties without a home rule charter, the board of county
35 commissioners shall constitute the local board of health, unless the
36 county is part of a health district pursuant to chapter 70.46 RCW.
37 The jurisdiction of the local board of health shall be coextensive
38 with the boundaries of said county. The board of county commissioners
39 may, at its discretion, adopt an ordinance expanding the size and~~

1 ~~composition of the board of health to include elected officials from~~
2 ~~cities and towns and persons other than elected officials as members~~
3 ~~so long as persons other than elected officials do not constitute a~~
4 ~~majority. An ordinance adopted under this section shall include~~
5 ~~provisions for the appointment, term, and compensation, or~~
6 ~~reimbursement of expenses.)~~)

7 (1) Except as provided in subsection (2) of this section, for
8 counties without a home rule charter, the board of county
9 commissioners and the members selected under (a) and (e) of this
10 subsection, shall constitute the local board of health, unless the
11 county is part of a health district pursuant to chapter 70.46 RCW.
12 The jurisdiction of the local board of health shall be coextensive
13 with the boundaries of the county.

14 (a) The remaining board members must be persons who are not
15 elected officials and must be selected from the following categories
16 consistent with the requirements of this section and the rules
17 adopted by the state board of health under section 8 of this act:

18 (i) Public health, health care facilities, and providers. This
19 category consists of persons practicing or employed in the county who
20 are:

21 (A) Medical ethicists;

22 (B) Epidemiologists;

23 (C) Experienced in environmental public health, such as a
24 registered sanitarian;

25 (D) Community health workers;

26 (E) Holders of master's degrees or higher in public health or the
27 equivalent;

28 (F) Employees of a hospital located in the county; or

29 (G) Any of the following providers holding an active or retired
30 license in good standing under Title 18 RCW:

31 (I) Physicians or osteopathic physicians;

32 (II) Advanced registered nurse practitioners;

33 (III) Physician assistants or osteopathic physician assistants;

34 (IV) Registered nurses;

35 (V) Dentists;

36 (VI) Naturopaths; or

37 (VII) Pharmacists;

38 (ii) Consumers of public health. This category consists of county
39 residents who have self-identified as having faced significant health
40 inequities or as having lived experiences with public health-related

1 programs such as: The special supplemental nutrition program for
2 women, infants, and children; the supplemental nutrition program;
3 home visiting; or treatment services. It is strongly encouraged that
4 individuals from historically marginalized and underrepresented
5 communities are given preference. These individuals may not be
6 elected officials and may not have any fiduciary obligation to a
7 health facility or other health agency, and may not have a material
8 financial interest in the rendering of health services; and

9 (iii) Other community stakeholders. This category consists of
10 persons representing the following types of organizations located in
11 the county:

12 (A) Community-based organizations or nonprofits that work with
13 populations experiencing health inequities in the county;

14 (B) Active, reserve, or retired armed services members;

15 (C) The business community; or

16 (D) The environmental public health regulated community.

17 (b) The board members selected under (a) of this subsection must
18 be approved by a majority vote of the board of county commissioners.

19 (c) If the number of board members selected under (a) of this
20 subsection is evenly divisible by three, there must be an equal
21 number of members selected from each of the three categories. If
22 there are one or two members over the nearest multiple of three,
23 those members may be selected from any of the three categories.
24 However, if the board of health demonstrates that it attempted to
25 recruit members from all three categories and was unable to do so,
26 the board may select members only from the other two categories.

27 (d) There may be no more than one member selected under (a) of
28 this subsection from one type of background or position.

29 (e) If a federally recognized Indian tribe holds reservation,
30 trust lands, or has usual and accustomed areas within the county, or
31 if a 501(c)(3) organization registered in Washington that serves
32 American Indian and Alaska Native people and provides services within
33 the county, the board of health must include a tribal representative
34 selected by the American Indian health commission.

35 (f) The board of county commissioners may, at its discretion,
36 adopt an ordinance expanding the size and composition of the board of
37 health to include elected officials from cities and towns and persons
38 other than elected officials as members so long as the city and
39 county elected officials do not constitute a majority of the total
40 membership of the board.

1 (g) Except as provided in (a) and (e) of this subsection, an
2 ordinance adopted under this section shall include provisions for the
3 appointment, term, and compensation, or reimbursement of expenses.

4 (h) The jurisdiction of the local board of health shall be
5 coextensive with the boundaries of the county.

6 (i) The local health officer, as described in RCW 70.05.050,
7 shall be appointed by the official designated under the provisions of
8 the county charter. The same official designated under the provisions
9 of the county charter may appoint an administrative officer, as
10 described in RCW 70.05.045.

11 (j) The number of members selected under (a) and (e) of this
12 subsection must equal the number of city and county elected officials
13 on the board of health.

14 (k) At the first meeting of a district board of health the
15 members shall elect a chair to serve for a period of one year.

16 (l) Any decision by the board of health related to the setting or
17 modification of permit, licensing, and application fees may only be
18 determined by the city and county elected officials on the board.

19 (2) A local board of health comprised solely of elected officials
20 may retain this composition if the local health jurisdiction had a
21 public health advisory committee or board with its own bylaws
22 established on January 1, 2021. By January 1, 2022, the public health
23 advisory committee or board must meet the requirements established in
24 section 7 of this act for community health advisory boards. Any
25 future changes to local board of health composition must meet the
26 requirements of subsection (1) of this section.

27 **Sec. 4.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read
28 as follows:

29 ~~((In counties with a home rule charter, the county legislative~~
30 ~~authority shall establish a local board of health and may prescribe~~
31 ~~the membership and selection process for the board. The county~~
32 ~~legislative authority may appoint to the board of health elected~~
33 ~~officials from cities and towns and persons other than elected~~
34 ~~officials as members so long as persons other than elected officials~~
35 ~~do not constitute a majority. The county legislative authority shall~~
36 ~~specify the appointment, term, and compensation or reimbursement of~~
37 ~~expenses. The jurisdiction of the local board of health shall be~~
38 ~~coextensive with the boundaries of the county. The local health~~
39 ~~officer, as described in RCW 70.05.050, shall be appointed by the~~

1 ~~official designated under the provisions of the county charter. The~~
2 ~~same official designated under the provisions of the county charter~~
3 ~~may appoint an administrative officer, as described in RCW~~
4 ~~70.05.045.)~~)

5 (1) Except as provided in subsection (2) of this section, for
6 home rule charter counties, the county legislative authority shall
7 establish a local board of health and may prescribe the membership
8 and selection process for the board. The membership of the local
9 board of health must also include the members selected under (a) and
10 (e) of this subsection.

11 (a) The remaining board members must be persons who are not
12 elected officials and must be selected from the following categories
13 consistent with the requirements of this section and the rules
14 adopted by the state board of health under section 8 of this act:

15 (i) Public health, health care facilities, and providers. This
16 category consists of persons practicing or employed in the county who
17 are:

18 (A) Medical ethicists;

19 (B) Epidemiologists;

20 (C) Experienced in environmental public health, such as a
21 registered sanitarian;

22 (D) Community health workers;

23 (E) Holders of master's degrees or higher in public health or the
24 equivalent;

25 (F) Employees of a hospital located in the county; or

26 (G) Any of the following providers holding an active or retired
27 license in good standing under Title 18 RCW:

28 (I) Physicians or osteopathic physicians;

29 (II) Advanced registered nurse practitioners;

30 (III) Physician assistants or osteopathic physician assistants;

31 (IV) Registered nurses;

32 (V) Dentists;

33 (VI) Naturopaths; or

34 (VII) Pharmacists;

35 (ii) Consumers of public health. This category consists of county
36 residents who have self-identified as having faced significant health
37 inequities or as having lived experiences with public health-related
38 programs such as: The special supplemental nutrition program for
39 women, infants, and children; the supplemental nutrition program;
40 home visiting; or treatment services. It is strongly encouraged that

1 individuals from historically marginalized and underrepresented
2 communities are given preference. These individuals may not be
3 elected officials and may not have any fiduciary obligation to a
4 health facility or other health agency, and may not have a material
5 financial interest in the rendering of health services; and

6 (iii) Other community stakeholders. This category consists of
7 persons representing the following types of organizations located in
8 the county:

9 (A) Community-based organizations or nonprofits that work with
10 populations experiencing health inequities in the county;

11 (B) Active, reserve, or retired armed services members;

12 (C) The business community; or

13 (D) The environmental public health regulated community.

14 (b) The board members selected under (a) of this subsection must
15 be approved by a majority vote of the board of county commissioners.

16 (c) If the number of board members selected under (a) of this
17 subsection is evenly divisible by three, there must be an equal
18 number of members selected from each of the three categories. If
19 there are one or two members over the nearest multiple of three,
20 those members may be selected from any of the three categories.
21 However, if the board of health demonstrates that it attempted to
22 recruit members from all three categories and was unable to do so,
23 the board may select members only from the other two categories.

24 (d) There may be no more than one member selected under (a) of
25 this subsection from one type of background or position.

26 (e) If a federally recognized Indian tribe holds reservation,
27 trust lands, or has usual and accustomed areas within the county, or
28 if a 501(c)(3) organization registered in Washington that serves
29 American Indian and Alaska Native people and provides services within
30 the county, the board of health must include a tribal representative
31 selected by the American Indian health commission.

32 (f) The county legislative authority may appoint to the board of
33 health elected officials from cities and towns and persons other than
34 elected officials as members so long as the city and county elected
35 officials do not constitute a majority of the total membership of the
36 board.

37 (g) Except as provided in (a) and (e) of this subsection, the
38 county legislative authority shall specify the appointment, term, and
39 compensation or reimbursement of expenses.

1 (h) The jurisdiction of the local board of health shall be
2 coextensive with the boundaries of the county.

3 (i) The local health officer, as described in RCW 70.05.050,
4 shall be appointed by the official designated under the provisions of
5 the county charter. The same official designated under the provisions
6 of the county charter may appoint an administrative officer, as
7 described in RCW 70.05.045.

8 (j) The number of members selected under (a) and (e) of this
9 subsection must equal the number of city and county elected officials
10 on the board of health.

11 (k) At the first meeting of a district board of health the
12 members shall elect a chair to serve for a period of one year.

13 (l) Any decision by the board of health related to the setting or
14 modification of permit, licensing, and application fees may only be
15 determined by the city and county elected officials on the board.

16 (2) A local board of health comprised solely of elected officials
17 may retain this composition if the local health jurisdiction had a
18 public health advisory committee or board with its own bylaws
19 established on January 1, 2021. By January 1, 2022, the public health
20 advisory committee or board must meet the requirements established in
21 section 7 of this act for community health advisory boards. Any
22 future changes to local board of health composition must meet the
23 requirements of subsection (1) of this section.

24 **Sec. 5.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to
25 read as follows:

26 ~~((Health districts consisting of two or more counties may be~~
27 ~~created whenever two or more boards of county commissioners shall by~~
28 ~~resolution establish a district for such purpose. Such a district~~
29 ~~shall consist of all the area of the combined counties. The district~~
30 ~~board of health of such a district shall consist of not less than~~
31 ~~five members for districts of two counties and seven members for~~
32 ~~districts of more than two counties, including two representatives~~
33 ~~from each county who are members of the board of county commissioners~~
34 ~~and who are appointed by the board of county commissioners of each~~
35 ~~county within the district, and shall have a jurisdiction coextensive~~
36 ~~with the combined boundaries. The boards of county commissioners may~~
37 ~~by resolution or ordinance provide for elected officials from cities~~
38 ~~and towns and persons other than elected officials as members of the~~
39 ~~district board of health so long as persons other than elected~~

~~officials do not constitute a majority. A resolution or ordinance adopted under this section must specify the provisions for the appointment, term, and compensation, or reimbursement of expenses. Any multicounty health district existing on the effective date of this act shall continue in existence unless and until changed by affirmative action of all boards of county commissioners or one or more counties withdraws [withdraw] pursuant to RCW 70.46.090.~~

~~At the first meeting of a district board of health the members shall elect a chair to serve for a period of one year.))~~

(1) Except as provided in subsections (2) and (3) of this section, health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties. The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district, and members selected under (a) and (e) of this subsection, and shall have a jurisdiction coextensive with the combined boundaries.

(a) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under section 8 of this act:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the health district who are:

(A) Medical ethicists;

(B) Epidemiologists;

(C) Experienced in environmental public health, such as a registered sanitarian;

(D) Community health workers;

(E) Holders of master's degrees or higher in public health or the equivalent;

(F) Employees of a hospital located in the health district; or

(G) Any of the following providers holding an active or retired license in good standing under Title 18 RCW:

(I) Physicians or osteopathic physicians;

1 (II) Advanced registered nurse practitioners;

2 (III) Physician assistants or osteopathic physician assistants;

3 (IV) Registered nurses;

4 (V) Dentists;

5 (VI) Naturopaths; or

6 (VII) Pharmacists;

7 (ii) Consumers of public health. This category consists of health
8 district residents who have self-identified as having faced
9 significant health inequities or as having lived experiences with
10 public health-related programs such as: The special supplemental
11 nutrition program for women, infants, and children; the supplemental
12 nutrition program; home visiting; or treatment services. It is
13 strongly encouraged that individuals from historically marginalized
14 and underrepresented communities are given preference. These
15 individuals may not be elected officials, and may not have any
16 fiduciary obligation to a health facility or other health agency, and
17 may not have a material financial interest in the rendering of health
18 services; and

19 (iii) Other community stakeholders. This category consists of
20 persons representing the following types of organizations located in
21 the health district:

22 (A) Community-based organizations or nonprofits that work with
23 populations experiencing health inequities in the health district;

24 (B) Active, reserve, or retired armed services members;

25 (C) The business community; or

26 (D) The environmental public health regulated community.

27 (b) The board members selected under (a) of this subsection must
28 be approved by a majority vote of the board of county commissioners.

29 (c) If the number of board members selected under (a) of this
30 subsection is evenly divisible by three, there must be an equal
31 number of members selected from each of the three categories. If
32 there are one or two members over the nearest multiple of three,
33 those members may be selected from any of the three categories.
34 However, if the board of health demonstrates that it attempted to
35 recruit members from all three categories and was unable to do so,
36 the board may select members only from the other two categories.

37 (d) There may be no more than one member selected under (a) of
38 this subsection from one type of background or position.

39 (e) If a federally recognized Indian tribe holds reservation,
40 trust lands, or has usual and accustomed areas within the health

1 district, or if a 501(c)(3) organization registered in Washington
2 that serves American Indian and Alaska Native people and provides
3 services within the health district, the board of health must include
4 a tribal representative selected by the American Indian health
5 commission.

6 (f) The boards of county commissioners may by resolution or
7 ordinance provide for elected officials from cities and towns and
8 persons other than elected officials as members of the district board
9 of health so long as the city and county elected officials do not
10 constitute a majority of the total membership of the board.

11 (g) Except as provided in (a) and (e) of this subsection, a
12 resolution or ordinance adopted under this section must specify the
13 provisions for the appointment, term, and compensation, or
14 reimbursement of expenses.

15 (h) At the first meeting of a district board of health the
16 members shall elect a chair to serve for a period of one year.

17 (i) The jurisdiction of the local board of health shall be
18 coextensive with the boundaries of the county.

19 (j) The local health officer, as described in RCW 70.05.050,
20 shall be appointed by the official designated under the provisions of
21 the county charter. The same official designated under the provisions
22 of the county charter may appoint an administrative officer, as
23 described in RCW 70.05.045.

24 (k) The number of members selected under (a) and (e) of this
25 subsection must equal the number of city and county elected officials
26 on the board of health.

27 (1) Any decision by the board of health related to the setting or
28 modification of permit, licensing, and application fees may only be
29 determined by the city and county elected officials on the board.

30 (2) A local board of health comprised solely of elected officials
31 may retain this composition if the local health jurisdiction had a
32 public health advisory committee or board with its own bylaws
33 established on January 1, 2021. By January 1, 2022, the public health
34 advisory committee or board must meet the requirements established in
35 section 7 of this act for community health advisory boards. Any
36 future changes to local board of health composition must meet the
37 requirements of subsection (1) of this section.

38 (3) A local board of health comprised solely of elected officials
39 and made up of three counties east of the Cascade mountains may
40 retain their current composition if the local health jurisdiction has

1 a public health advisory committee or board that meets the
2 requirements established in section 7 of this act for community
3 health advisory boards by July 1, 2022. If such a local board of
4 health does not establish the required community health advisory
5 board by July 1, 2022, it must comply with the requirements of
6 subsection (1) of this section. Any future changes to local board of
7 health composition must meet the requirements of subsection (1) of
8 this section.

9 **Sec. 6.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to
10 read as follows:

11 ~~((A health district to consist of one county may be created~~
12 ~~whenever the county legislative authority of the county shall pass a~~
13 ~~resolution or ordinance to organize such a health district under~~
14 ~~chapter 70.05 RCW and this chapter.~~

15 ~~The resolution or ordinance may specify the membership,~~
16 ~~representation on the district health board, or other matters~~
17 ~~relative to the formation or operation of the health district. The~~
18 ~~county legislative authority may appoint elected officials from~~
19 ~~cities and towns and persons other than elected officials as members~~
20 ~~of the health district board so long as persons other than elected~~
21 ~~officials do not constitute a majority.~~

22 ~~Any single county health district existing on the effective date~~
23 ~~of this act shall continue in existence unless and until changed by~~
24 ~~affirmative action of the county legislative authority.))~~

25 (1) Except as provided in subsection (2) of this section, a
26 health district to consist of one county may be created whenever the
27 county legislative authority of the county shall pass a resolution or
28 ordinance to organize such a health district under chapter 70.05 RCW
29 and this chapter. The resolution or ordinance may specify the
30 membership, representation on the district health board, or other
31 matters relative to the formation or operation of the health
32 district. In addition to the membership of the district health board
33 determined through resolution or ordinance, the district health board
34 must also include the members selected under (a) and (e) of this
35 subsection.

36 (a) The remaining board members must be persons who are not
37 elected officials and must be selected from the following categories
38 consistent with the requirements of this section and the rules
39 adopted by the state board of health under section 8 of this act:

1 (i) Public health, health care facilities, and providers. This
2 category consists of persons practicing or employed in the county who
3 are:

4 (A) Medical ethicists;

5 (B) Epidemiologists;

6 (C) Experienced in environmental public health, such as a
7 registered sanitarian;

8 (D) Community health workers;

9 (E) Holders of master's degrees or higher in public health or the
10 equivalent;

11 (F) Employees of a hospital located in the county; or

12 (G) Any of the following providers holding an active or retired
13 license in good standing under Title 18 RCW:

14 (I) Physicians or osteopathic physicians;

15 (II) Advanced registered nurse practitioners;

16 (III) Physician assistants or osteopathic physician assistants;

17 (IV) Registered nurses;

18 (V) Dentists;

19 (VI) Naturopaths; or

20 (VII) Pharmacists;

21 (ii) Consumers of public health. This category consists of county
22 residents who have self-identified as having faced significant health
23 inequities or as having lived experiences with public health-related
24 programs such as: The special supplemental nutrition program for
25 women, infants, and children; the supplemental nutrition program;
26 home visiting; or treatment services. It is strongly encouraged that
27 individuals from historically marginalized and underrepresented
28 communities are given preference. These individuals may not be
29 elected officials and may not have any fiduciary obligation to a
30 health facility or other health agency, and may not have a material
31 financial interest in the rendering of health services; and

32 (iii) Other community stakeholders. This category consists of
33 persons representing the following types of organizations located in
34 the county:

35 (A) Community-based organizations or nonprofits that work with
36 populations experiencing health inequities in the county;

37 (B) The business community; or

38 (C) The environmental public health regulated community.

39 (b) The board members selected under (a) of this subsection must
40 be approved by a majority vote of the board of county commissioners.

1 (c) If the number of board members selected under (a) of this
2 subsection is evenly divisible by three, there must be an equal
3 number of members selected from each of the three categories. If
4 there are one or two members over the nearest multiple of three,
5 those members may be selected from any of the three categories. If
6 there are two members over the nearest multiple of three, each member
7 over the nearest multiple of three must be selected from a different
8 category. However, if the board of health demonstrates that it
9 attempted to recruit members from all three categories and was unable
10 to do so, the board may select members only from the other two
11 categories.

12 (d) There may be no more than one member selected under (a) of
13 this subsection from one type of background or position.

14 (e) If a federally recognized Indian tribe holds reservation,
15 trust lands, or has usual and accustomed areas within the county, or
16 if a 501(c)(3) organization registered in Washington that serves
17 American Indian and Alaska Native people and provides services within
18 the county, the board of health must include a tribal representative
19 selected by the American Indian health commission.

20 (f) The county legislative authority may appoint elected
21 officials from cities and towns and persons other than elected
22 officials as members of the health district board so long as the city
23 and county elected officials do not constitute a majority of the
24 total membership of the board.

25 (g) Except as provided in (a) and (e) of this subsection, a
26 resolution or ordinance adopted under this section must specify the
27 provisions for the appointment, term, and compensation, or
28 reimbursement of expenses.

29 (h) The jurisdiction of the local board of health shall be
30 coextensive with the boundaries of the county.

31 (i) The local health officer, as described in RCW 70.05.050,
32 shall be appointed by the official designated under the provisions of
33 the resolution or ordinance. The same official designated under the
34 provisions of the resolution or ordinance may appoint an
35 administrative officer, as described in RCW 70.05.045.

36 (j) At the first meeting of a district board of health the
37 members shall elect a chair to serve for a period of one year.

38 (k) The number of members selected under (a) and (e) of this
39 subsection must equal the number of city and county elected officials
40 on the board of health.

1 (1) Any decision by the board of health related to the setting or
2 modification of permit, licensing, and application fees may only be
3 determined by the city and county elected officials on the board.

4 (2) A local board of health comprised solely of elected officials
5 may retain this composition if the local health jurisdiction had a
6 public health advisory committee or board with its own bylaws
7 established on January 1, 2021. By January 1, 2022, the public health
8 advisory committee or board must meet the requirements established in
9 section 7 of this act for community health advisory boards. Any
10 future changes to local board of health composition must meet the
11 requirements of subsection (1) of this section.

12 NEW SECTION. Sec. 7. A new section is added to chapter 70.46
13 RCW to read as follows:

14 (1) A community health advisory board shall:

15 (a) Provide input to the local board of health in the recruitment
16 and selection of an administrative officer, pursuant to RCW
17 70.05.045, and local health officer, pursuant to RCW 70.05.050;

18 (b) Use a health equity framework to conduct, assess, and
19 identify the community health needs of the jurisdiction, and review
20 and recommend public health policies and priorities for the local
21 health jurisdiction and advisory board to address community health
22 needs;

23 (c) Evaluate the impact of proposed public health policies and
24 programs, and assure identified health needs and concerns are being
25 met;

26 (d) Promote public participation in and identification of local
27 public health needs;

28 (e) Provide community forums and hearings as assigned by the
29 local board of health;

30 (f) Establish community task forces as assigned by the local
31 board of health;

32 (g) Review and make recommendations to the local health
33 jurisdiction and local board of health for an annual budget and fees;
34 and

35 (h) Review and advise on local health jurisdiction progress in
36 achieving performance measures and outcomes to ensure continuous
37 quality improvement and accountability.

38 (2) The advisory board shall consist of nine to 21 members
39 appointed by the local board of health. The local health officer and

1 a member of the local board of health shall serve as ex officio
2 members of the board.

3 (3) The advisory board must be broadly representative of the
4 character of the community. Membership preference shall be given to
5 tribal, racial, ethnic, and other minorities. The advisory board must
6 consist of a balance of members with expertise, career experience,
7 and consumer experience in areas impacting public health and with
8 populations served by the health department. The board's composition
9 shall include:

10 (a) Members with expertise in and experience with:

11 (i) Health care access and quality;

12 (ii) Physical environment, including built and natural
13 environments;

14 (iii) Social and economic sectors, including housing, basic
15 needs, education, and employment;

16 (iv) Business and philanthropy;

17 (v) Communities that experience health inequities;

18 (vi) Government; and

19 (vii) Tribal communities and tribal government.

20 (b) Consumers of public health services;

21 (c) Community members with lived experience in any of the areas
22 listed in (a) of this subsection; and

23 (d) Community stakeholders, including nonprofit organizations,
24 the business community, and those regulated by public health.

25 (4) The local health jurisdiction and local board of health must
26 actively recruit advisory board members in a manner that solicits
27 broad diversity to assure representation from marginalized
28 communities including tribal, racial, ethnic, and other minorities.

29 (5) Advisory board members shall serve for staggered three-year
30 terms. This does not preclude any member from being reappointed.

31 (6) The advisory board shall, at the first meeting of each year,
32 select a chair and vice chair. The chair shall preside over all
33 advisory board meetings and work with the local health jurisdiction
34 administrator, or their designee, to establish board meeting agendas.

35 (7) Staffing for the advisory board shall be provided by the
36 local health jurisdiction.

37 (8) The advisory board shall hold meetings monthly, or as
38 otherwise determined by the advisory board at a place and time to be
39 decided by the advisory board. Special meetings may be held on call

1 of the local board of health or the chairperson of the advisory
2 board.

3 (9) Meetings of the advisory board are subject to the open public
4 meetings act, chapter 42.30 RCW, and meeting minutes must be
5 submitted to the local board of health.

6 NEW SECTION. **Sec. 8.** A new section is added to chapter 43.20
7 RCW to read as follows:

8 (1) The state board of health shall adopt rules establishing the
9 appointment process for the members of local boards of health who are
10 not elected officials. The selection process established by the rules
11 must:

12 (a) Be fair and unbiased; and

13 (b) Ensure, to the extent practicable, that the membership of
14 local boards of health include a balanced representation of elected
15 officials and nonelected people with a diversity of expertise and
16 lived experience.

17 (2) The rules adopted under this section must go into effect no
18 later than one year after the effective date of this section.

19 NEW SECTION. **Sec. 9.** Sections 3 through 6 of this act take
20 effect July 1, 2022.

Passed by the House April 15, 2021.

Passed by the Senate April 11, 2021.

Approved by the Governor May 10, 2021.

Filed in Office of Secretary of State May 10, 2021.

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