



CLALLAM COUNTY BOARD OF HEALTH

AGENDA of February 16, 2021 @ 1:30 – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4th Street

Port Angeles, WA 98362

****ATTENTION****

In response to the current pandemic, to promote social distancing, and in compliance with Governor's Proclamation which prohibits in-person attendance at meetings, the Board of Health strongly encourages the public to take advantage of remote options for attending open public meetings.

The Board of Health also strongly encourages public comments to be submitted in writing if possible.

This meeting can be viewed on a live stream at this link: <http://www.clallam.net/features/meetings.html>

If you would like to participate in the meeting by phone please call 408-419-1715 and use Meeting ID: 331 763 388.

If you would like to participate via video conference, please visit www.bluejeans.com and join the Meeting with Meeting ID: 331 763 388.

No in-person attendance will be allowed until Governor's Proclamation is lifted.

Public comment and questions can be directed to the Clerk of the Board at (360) 417-2377 or clerly@co.clallam.wa.us

- Call to Order, Roll Call
- Request for Modifications/Approval of Agenda
- Approval of Draft Meeting Minutes for December 15, 2020 and January 19, 2021
- Public Comment for Agenda Items – *Please limit comments to three minutes*
- Introductions
- Presentations and Discussion
- Board of Health Member Discussion
 - Membership
 - Select Applicant for Vacant At-Large Representative Position
 - Proposed Legislation to Regionalize Public Health (HB1152/SB5173)
 - Send letter to state legislatures opposing measures to create comprehensive public health districts.
- Old Business and Information Items
- Health Officer
 - COVID-19 Update
- Environmental Health Director
- HHS Director
- Future meeting agenda items
 1. Onsite Septic System
 2. Clallam Health Network
 3. PIC (Pollution, Identification and Correction) Update

4. Vaccination Rates
 5. Chronic Disease CHIP
 6. Air Quality and Noise Ordinance
 7. Climate Change
 8. Update on Behavioral Health Organization (BHO)
 9. Olympic Peninsula Healthy Communities Coalition
- Public Comment – *Please limit comments to three minutes*
 - Adjournment

NEXT MEETING – March 16, 2021



CLALLAM COUNTY BOARD OF HEALTH

MINUTES of December 15, 2020 @ 1:30 pm – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4th Street Port Angeles, WA 98362

Meeting was held via BlueJeans (Video conference)

SPECIAL LEGISLATIVE MEETING

REGULAR MEETING OF THE CLALLAM COUNTY BOARD OF HEALTH

Dr. Gerald Stephanz, Chair called the meeting to order at 1:30pm.

Members Present: Commissioners Johnson, Ozias and Peach, Navarra Carr, Don Lawley, Jennifer Garcelon and Dr. Allison Berry Unthank

- **Call to Order, Roll Call**

- **Request for Modifications/Approval of Agenda**

ACTION TAKEN: COM to approve the agenda as presented, CJs; mc

- **Approval of Draft Meeting Minutes for November 17, 2020**

ACTION TAKEN: CJM to approve the minutes as presented, COs; mc

- **Public Comment for Agenda Items – Please limit comments to three minutes**

Lindsey Schromen-Warwin discussed the importance of racial equality in the criminal justice system.

- **Introductions**

None

- **Board of Health Member Discussion**

- Board of Health Application – At Large Position

The Board discussed Barbara Johannessohn's application and all agreed to move her application forward to Board of County Commissioners to vote. However, after the meeting the Board of Health Clerk found out there was another application that was submitted in time that was not reviewed at this meeting. All applications will be reviewed at the January Board of Health meeting where a decision will be made on which candidate will move forward to fill the vacant position.

- **Introduction of Washington State Legislative Representatives:** Mike Chapman, Steve Tharinger, and Kevin Van De Wege

- **Topics (15 minute discussion on each item)**

- **Public Health – Speaker: Dr. Allison Berry Unthank**

Dr. Unthank spoke about Public Health having continued support in the future. She also touched on COVID-19 and the economy stating the economy won't come back until the virus is under control which is why Public Health is so important to be supported.

Dr. Unthank also asked for stable funding for Public Health as it has been massively underfunded. Clallam County Health and Human Services, when the pandemic

started, had two nurses and a part time health officer. Current CARES money is supporting the COVID specific employees that were hired and at the time of the meeting the funding was going to end at the end of December. When the CARES funding ends, general fund county money will be used. The Board of Health and the State Reps and Senator discussed that there are many other issues that constantly need to be addressed in Public Health which all requires funding to hire staff to address it.

- **Affordable Housing – Speaker: Navarra Carr**
Navarra spoke about increasing housing and addressing the affordable housing crisis. Statistics show that Port Angeles is in need of housing developments to house everyone that lives in the community. The State Reps and the Senator discussed with the Board of Health what the state funds and will continue to fund.
- **Broadband Access – Speaker: Commissioner Ozias**
Commissioner Ozias spoke about broadband access and how it has heightened since the beginning of the COVID-19 pandemic. Commissioner Ozias said more needs to be done to give everyone better access but it all takes time. The State Reps and Senator stated that more money has been given to broadband access this year.
- **Health Care Integration – Speaker: Dr. Gerald Stephanz and Wendy Sisk**
Dr. Stephanz gave an overview of the health care integration before Wendy Sisk from Peninsula Behavioral Health presented. Wendy Sisk stated that it has been incredibly difficult especially now with the COVID-19 pandemic. The unfunded and underfunded individuals have been hit the hardest at receiving services.
- **Indigent Defense – Speaker: Commissioner Johnson**
Commissioner Johnson stated that Washington State is one of the lowest to receive funds for the public defenders.
- **Federal Transportation Funding – Speaker: Commissioner Johnson**
Commissioner Johnson spoke about how Rural Public Works department are in favor of having more federal funds at the state transportation level and allocating the money at the county level. Clallam County has received \$1 million dollars.
- **Health Officer**
 - *COVID-19 Update*
At the time of the meeting there were 630 confirmed cases of COVID-19 in Clallam County. There is currently no one hospitalized with COVID-19. There was a small surge of cases over from the Thanksgiving weekend but with contact tracing the COVID Response Team was able to help contain it. There are a few outbreaks at facilities. The Pfizer vaccine arrived today December 15, the first shipment of the COVID-19 vaccine to Clallam County.
- **Public Comment**
A public comment was said about the work that Dr. Unthank has done with COVID-19.
- **Adjournment**
Meeting was adjourned at 3:03pm.

NEXT MEETING – January 19, 2021



CLALLAM COUNTY BOARD OF HEALTH

MINUTES of January 19, 2021 @ 1:30 pm – 3:30 pm

Clallam County Courthouse

Board of Commissioners Meeting Room 160

223 E. 4th Street Port Angeles, WA 98362

Meeting was held via BlueJeans (Video conference)

REGULAR MEETING OF THE CLALLAM COUNTY BOARD OF HEALTH

Dr. Gerald Stephanz, Chair called the meeting to order at 1:30pm.

Members Present: Commissioners Johnson, Ozias and Peach, Navarra Carr, Don Lawley, Jennifer Garcelon and Dr. Allison Berry

- **Call to Order, Roll Call**
- **Request for Modifications/Approval of Agenda**
ACTION TAKEN: COM to approve the agenda as presented, CPs; mc
- **Approval of Draft Meeting Minutes for December 15, 2020**
No meeting minutes
- **Public Comment for Agenda Items** – *Please limit comments to three minutes*

Lindsey Schromen-Warwin invited the Board of Health members to a meeting that coincides with the topic “Racism is a Public Health Concern” that will be discussed at a later Board of Health meeting.

- **Introductions**
None
- **Presentations and Discussion**
 - *Olympic Community of Health Presentation – Celeste Schoenthaler and Amy Brandt*
Commissioner Mark Ozias introduced Celeste and Amy to talk about Olympic Community of Health and the Medicaid Transformation Project. Celeste and Amy gave their presentation and the six areas that the Olympic Region is focused on; Integrated Care, Jail & Emergency Diversion, Opioid Response, Reproductive & Child Health, Oral Health and Chronic Disease Prevention. The Olympic Region is Clallam, Jefferson and Kitsap County.
- **Board of Health Member Discussion**
 - *Membership*
 - Election of Chair and Vice-Chair for 2021
ACTION TAKEN: COM to nominate Navarra Carr as Chair and DLM to nominate Dr. Gerald Stephanz as Vice-Chair for 2021. The Board unanimously agreed; mc
 - Review Applications for Vacant At-Large Representative Position
The Board of Health discussed that the Executive Committee will meet to discuss the applications and at the February meeting bring a recommendation to

the Board of Health on which applicant they believe should take the vacant position.

- **Old Business and Information Items**

- **Health Officer**

- *COVID-19 Update*

- **Vaccine Distribution**

Dr. Berry stated that at the time of the meeting there were 875 documented cases of COVID-19 in Clallam County which puts Clallam County at 151 per 100,000, 823 of those cases have made a full recovery. There was a small New Year's surge.

There is a new more infectious strain of COVID-19, first documented in United Kingdom, none in Clallam County but has been found in Washington State.

Dr. Berry discussed the vaccine and not having a reliable and adequate supply of the vaccine. Clallam County finds out 48 hours in advance if/when the county is going to receive more supply of the COVID-19 vaccine, which makes planning difficult. The distribution of the COVID-19 vaccine in the county has gone really well so far. Clallam County has been the fastest in the state at getting the vaccine out to the community. On the day of the meeting, 7,520 citizens had been vaccinated. Vaccine clinics that are currently being done in Sequim, Port Angeles, and Forks will continue.

- **Environmental Health Director**

Jennifer Garcelon stated that half of her staff works in some way with COVID-19 and assisting in the mass vaccination clinics.

- **HHS Director**

Kevin LoPiccolo gave an update on the Social Distancing Center. There was 45 people staying at the shelter and currently there are 12 staff members. Kevin also gave an update on Laurel Black Design and her continued work with designing and implementing for COVID-19.

- **Public Comment**

- **Adjournment**

Meeting was adjourned at 3:13pm.

NEXT MEETING – February 16, 2021



CLALLAM COUNTY BOARD & COMMITTEE APPLICATION

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

*Clallam County is an Equal Opportunity Employer
& Drug Free Workplace*

FOR OFFICE USE ONLY

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted. Resumes may be used to supplement an application, but may not be used in lieu of completing the application form.
- Be sure to sign your name and enter the date you signed it where the application asks. **Original signature is required.** (scanned and emailed copies will not be saved or used).

GENERAL INFORMATION:

Name (First, Middle Initial, Last): Barbara Johannessohn	Name of Committee: Board of Health Category (if applicable):
Mailing Address: 21 Steve Pl	City, State, Zip: Sequim, WA 98382
Residence Address (if different from above): same	City, State, Zip:
Day Phone: (702) 379-0589	Email: tm2tc12@gmail.co
Evening Phone:	
Will you need access to a County computer: ☐ Yes ☒ No	Do you intend to drive on behalf of the County: ☐ Yes ☒ No (If you said yes to the above question, a Driving Abstract will be required.)

REFERENCES:

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

- NAME OF REFERENCE Karen Sorg RELATIONSHIP friend
ADDRESS 150 Water View Dr., Sequim, WA 98382
CURRENT PHONE (805) 704-0902
- NAME OF REFERENCE Diane Wingett RELATIONSHIP friend
ADDRESS 441 Ridge View Dr., Sequim, WA 98382
CURRENT PHONE (703) 674-6816
- NAME OF REFERENCE John Guthrie RELATIONSHIP friend
ADDRESS 461 Ridge View Dr., Sequim, WA 98382
CURRENT PHONE (360) 550-7773

EXPERIENCE, SPECIAL SKILLS & LICENSES:

Summarize your experience, special skills and qualifications, including hobbies:
Experience with health departments as an employee in environmental health, collaboration with multiple county agencies, assessment in evaluating health nuisances and enforcement of environmental statutes, experience in educating adults and children on health and environmental issues. While teaching middle school science I integrated earth, biology and physical science to show interrelationships to each other. Hobbies: hike, bicycle, sew, cook, read
Place of employment, if employed: Retired
Volunteer experience:
I have made and given away over 300 masks, CERT Volunteer although not as active as my husband, applying to Streamkeepers
Special training/courses (include computer training):
Proficient on computers, BS in Environmental Health, AHERA Asbestos Course, See attached workshop sheets
Are you fluent in any languages other than English? ☒ No ☐ Yes. If yes, please list:

ADDITIONAL INFORMATION:

Explain why you wish to serve on this board/committee:
I have always been concerned about health and our environment, especially since reading Silent Springs by Rachel Carson many years ago. My concern for health was passed to my children who are/were in the health field.
I believe my experience and education could be a benefit to Clallam County as we try to assure the health of our citizens. As an educator I truly believe in educating the public on health issues and increasing people's understanding in the importance of their actions in relationship to health and the environment.
As the Covid-19 pandemic continues, my desire to help educate the public of the importance of following health mandates increases. I am concerned when I see people mocking advice and I wish to help assure positive public health.
Please describe your education/career background:
BS from East Tennessee State University in Environmental Health, BS from Bemidji State University in education
Environmental Site Assessor, Environmental Health Specialist for Clark County, NV, Health District & Indian Health Service
Learning Strategist, Middle School Science Teacher, Elementary Teacher, Medical Assistant
Southern California College of Medical and Dental Assisting, 1971, see attached resume and/or ~~Interact~~ LinkedIn

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: <u>None</u>	Department: _____
Name of Relative: _____	Department: _____

EMERGENCY CONTACTS:

Please list two people to notify in case of emergency.

Name:	David Johannessohn	Relationship:	husband
Address:	21 Steve Pl		
City, State & Zip Code:	Sequim, WA 98382		
Phone: (Home)	(702) 379-2198	(Work):	

Name:	Kelsey Johannessohn	Relationship:	daughter
Address:	6116 N. 15th Street #G103		
City, State & Zip Code:	Tacoma, WA 98406		
Phone: (Home)	(702) 232-3177	(Work):	

Notice to Volunteers

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides supplemental injury compensation, should that be necessary. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the County. NOTE: Based on questions answered in this document, additional training may be required.

AGREEMENT & CERTIFICATION:

I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY IN THE STATE OF WASHINGTON, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, AND MY NAME MAY BE REMOVED FROM CONSIDERATION.


SIGNATURE OF APPLICANT

10-5-20
DATE

To Apply:

- ☐ County Board & Committee Application
- ☐ Notarized Waiver and Authorization to Release Personal History Information
- ☐ Volunteer Disclosure Statement
- ☐ Confidentiality Agreement

Address or Deliver Packet To:

Clallam County Human Resources
Attn: Brenda Peterson
223 E. 4th Street, Suite 16
Port Angeles, WA 98362

Barbara Johannessoohn
Workshops and Training Received

Managing and Manifesting Hazardous Waste

Nevada Small Business Development Center

October 3, 2006

Overview of RCRA and Related Laws, Hazardous Waste Identification, Waste Exclusions and Recyclables, Universal Waste, Waste Reduction Technologies, Determining Generator Status and the Regulations that Apply, Waste Accumulation and Storage Requirements, Inspections and Enforcement, and other topics

40 Hour Hazardous Waste Operations & Emergency Response (HAZWOPER) and yearly 8-hour refresher courses

International Brotherhood of Teamsters

40-hour: October 2006

Yearly refresher course

RCRA Fundamentals and Critical Generator Issues

McCoy and Associates, Inc.

December 2006

- 1) Define solid waste and hazardous waste, recycling and RCRA, four types of hazardous waste, spent solvents, P- and U- wastes, coding, etc
- 2) RCRA and the Clean Water Act, requirements for the three classes of generators, empty containers, universal waste rules, waste aerosol cans, electronic devices, and fluorescent lamps, rags and wipers, RCRA violations, etc

Fundamental Contaminant Chemistry and Contaminant Chemistry and Transport in Soil and Groundwater

Northwest Environmental Training Center

March, 2007

- 1) Overview of key chemistry concepts associated with environmental contamination, understanding contaminant transport
- 2) Overview of key concepts essential to understanding environmental contamination and understanding of the release and transport of chemicals in soil and groundwater.

Introduction to Criminal Environmental Investigations

The Western State Project

September 2007

Provided an expanded perspective into investigatory techniques, building a body of evidence, potential pitfalls and a realistic expectation regarding the validity of pursuing a criminal case.

Construction Site Storm Water Training

Regional Flood Control District

May 2008

Hazardous Materials Transportation Multimodal Seminar

U.S. Department of Transportation

June 2008

Provided Hazmat Basic, Safety and Compliance, and HAZMAT Essentials

3-Kids Mine and Mill Site Evaluation

NDEP

October 2008

Tour of the mine and discussion of the mine's problems and remediation plans

RCRA Hazardous Waste Regulations: Critical Generator Issues and Remediation, Demolition, and Spills

McCoy and Associates

November 2011

Yearly attendance to the Nevada Environmental Health Association's Annual Conference

I produced and presented a presentation to the Southern Nevada Golf Course Superintendents Association

July 2010

The SNHD Waste Management Audit and the Most Common Waste Violations Found on Golf Courses

BARBARA JOHANNESSEN

21 Steve Place * Sequim, Washington 98382 * 702-379-0589
tm2tc12@gmail.com

PROFESSIONAL EXPERIENCE

ENVIRONMENTAL SITE ASSESSOR

Independent Contractor

October 2013 – May 2017

Conduct environmental site assessments to identify recognized environmental conditions and other conditions of environmental concerns. Research the environmental conditions and historical use of properties and adjacent properties. Conduct initial screenings and collect samples for the presence of asbestos containing materials, lead based paint, radon, and VOCs.

ENVIRONMENTAL HEALTH SPECIALIST

Southern Nevada Health District

August 2006 – October 2013

Solid Waste and Compliance Section

Perform routine inspections and investigations of facilities, issue corrective action notices, issue notices of violation, attend hearing board meetings, investigate complaints in accordance with Nevada Revised Statutes, issue orders and notices to abate related to solid waste, educate various groups on environmental issues

SCIENCE TEACHER, Principles of Science and Environmental Science, part-time

Virtual High School

June 2005 – July 2006

Taught on-line classes, developed unique delivery method for on-line class time, developed new curriculum for Environmental Science program, worked with other teachers in attempting to establish a project-based program with local, state and federal governments

LEARNING STRATEGIST, Saville Middle School March 2006 – July 2006

Facilitated teacher training and curriculum development work sessions, assisted teachers with instructional strategies and classroom management techniques, developed and presented workshop at the New Teacher Training Sessions, developed curriculum for Advisory Period use, developed surveys for student and teacher participation.

SCIENCE TEACHER, Eighth Grade/Seventh Grade – Clark County School District

Las Vegas, Nevada

August 2001 – March 2006

Science Department Chairperson, Saville Middle School and Hyde Park Middle School

Committees: Coach for Inclusive School Practices, Clark County Middle School Science Leadership Cadre, Saville Middle School Technology Committee, Hyde Park Academy Science Curriculum Development, Family Math and Science Night, Science Expo, Volunteer and Judge for UNLV Science Fair

Staff Development: Presented staff development workshops to faculty at Saville Middle School (Differentiated Instruction, KLVX Video Streaming) and Hyde Park Academy of Science and Math (Literacy in the Content Areas).

SCIENCE TEACHER, GIFTED, ADVANCED, BASIC, Grades Six, Seven, and Eight

Gifford Middle School, Vero Beach, Florida August 1992 – June 2001

Developed and implemented an integrated science program for gifted students

Coordinator: Science Research, Odyssey of the Mind, Junior Solar Sprint

Committees: Technology, Textbook Adoption, Safety, County Science Benchmarks Correlation, Regional Science and Engineering Fair Chairperson Display and Safety, Florida State Science Assessment Test Development

Grants: Indian River Education Foundation, Toshiba America Foundation

SIXTH GRADE TEACHER – University School, East Tennessee State University

Johnson City, Tennessee

September 1991 – May 1992

THIRD GRADE TEACHER – Citrus Elementary School

Vero Beach, Florida

January 1985 – June 1991

EDUCATION

UNIVERSITY OF NEVADA, Las Vegas, Nevada

Began Master of Science program

Major: Curriculum and Instruction, Technology Leadership

BEMIDJI STATE UNIVERSITY, Bemidji, Minnesota

Bachelor of Science Degree – *summa cum laude*

Major: Elementary Education, Concentrations: Science, Biology, Math

EAST TENNESSEE STATE UNIVERSITY, Johnson City, Tennessee

Bachelor of Science Degree – *cum laude*

Major: Environmental Health

SOUTHERN CALIFORNIA COLLEGE OF MEDICAL AND DENTAL ASSISTANTS, Anaheim, California

Certified Medical Assistant

Southern Nevada Health District

Training History by Employee

EMPLOYEE Johannessoohn, Barbara J (770)
Job Title EH Specialist II

Division Environmental Health Div
Program Solid Waste Management

ENDING	TYPE	COURSE	DESCRIPTION	CERTIFICATION	JOB REL	HOURS	CREDIT	CEU	GRADE
07/23/2013	CONFERENC	2780	NvEHA Conference 2013		No	0.00	0.00	6.00	
07/22/2013	CBT	4046	Respirator N95 online trg		No	0.00	0.00	0.00	8
07/18/2013	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00	
05/16/2013	TRAINING	2002	Hazwoper	HAZREF8HR	No	8.00	0.00	6.50	
03/07/2013	CBT	4047	Mass Antibiotic Disp Vacc		No	0.00	0.00	0.00	10
08/02/2012	CONFERENC	2757	NvEHA CONFERENCE 2012		Yes	0.00	0.00	18.50	
07/26/2012	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00	
05/16/2012	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50	
03/29/2012	CBT	HR 021	BLR-DIVERSITY4ALLEMPS		No	0.00	0.00	0.00	
03/29/2012	CBT	HR 056	BLR-WkplSafety4AllEmpls		No	0.00	0.00	0.00	
03/29/2012	CBT	HR 060	BLR-SexualHar-EmpsNeed2		No	0.00	0.00	0.00	
03/29/2012	CBT	CULTCOMPT	Cult Comp Train--LEP		No	0.50	0.00	0.00	
03/29/2012	CBT	RIM	Records Information Mgnt		No	0.50	0.00	0.00	
11/18/2011	CONFERENC	2434	RCRA Critical Generator I		Yes	7.00	0.00	1.00	
08/11/2011	CONFERENC	2725	2011 NVEHA Conference		Yes	0.00	0.00	14.75	
08/04/2011	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00	
04/14/2011	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50	
02/24/2011	TRAINING	4028	POD Ops Section Supv Trng		No	1.50	0.00	0.00	
09/29/2010		TIRECHGSAF	TireChangeSafety		No	1.00	0.00	0.00	
09/03/2010	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00	
07/29/2010	CONFERENC	2699	NvEHA Conference 2010		Yes	0.00	0.00	15.75	
07/23/2010	CBT	HR 021	BLR-DIVERSITY4ALLEMPS		Yes	0.00	0.00	0.00	
07/23/2010	CBT	HR 060	BLR-SexualHar-EmpsNeed2		Yes	0.00	0.00	0.00	
07/23/2010	CBT	HR 056	BLR-WkplSafety4AllEmpls		Yes	0.00	0.00	0.00	
04/15/2010	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50	
09/03/2009	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00	
08/05/2009	CONFERENC	2639	NvEHA Conference 2009		Yes	16.00	0.00	7.50	
07/27/2009	CBT	CULTCOMPT	Cult Comp Train--LEP		Yes	0.50	0.00	0.00	
07/09/2009	CBT	HR 060	BLR-SexualHar-EmpsNeed2		Yes	0.00	0.00	0.00	
07/09/2009	CBT	HR 056	BLR-WkplSafety4AllEmpls		Yes	0.00	0.00	0.00	
07/09/2009	CBT	HR 021	BLR-DIVERSITY4ALLEMPS		Yes	0.00	0.00	0.00	
07/08/2009	TRAINING	WKPLC DISC	Wkplce Discr & Harrasment		Yes	0.00	0.00	0.00	
05/21/2009	TRAINING	4030	IS 240.a Leadership		No	0.00	0.00	0.00	
04/14/2009	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50	
12/19/2008	TRAINING	SAF-EXTING	Fire Extinguisher Trng		No	0.50	0.00	0.00	
12/10/2008	TRAINING	2596			Yes	1.00	0.00	1.00	
11/12/2008	TRAINING	2586	EH Staff Meeting - Gang A		Yes	2.00	0.00	2.00	
08/13/2008	TRAINING	2543	Certif Marks w/NSFI Equi		Yes	1.00	0.00	1.00	

Southern Nevada Health District

Training History by Employee

08/07/2008	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00
07/09/2008	TRAINING	2539	ChangeO & Business Plan		Yes	0.75	0.00	0.75
06/25/2008	SEMINAR	2540	Hazardous Materials Trans		Yes	16.00	0.00	0.00
06/12/2008	CONFERENC	2533	NvEHA Annual Conf 2008		Yes	14.50	0.00	14.50
05/27/2008	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50
02/13/2008	TRAINING	2516	Code Enforcement -EH		Yes	1.00	0.00	1.00
01/09/2008	TRAINING	2515	Southern Nevada Response		Yes	1.00	0.00	1.00
12/14/2007	CONFERENC	2436	RCRA AdvTopI&II LandDispl		Yes	17.00	0.00	1.70
12/05/2007		2399	Reg EH Specialist Nevada	REHS-NEV	Yes	0.00	0.00	0.00
11/08/2007	IN-HOUSE	2494	Underground Storage Tanks		Yes	1.00	0.00	1.00
10/11/2007	TRAINING	2321	Environmental Health CBO		Yes	1.50	0.00	0.00
10/01/2007		2293	NEHA Reg Health Spec	REHS/NEHA	Yes	0.00	0.00	0.00
09/25/2007	TRAINING	2002	Hazwoper	HAZREF8HR	Yes	8.00	0.00	6.50
09/13/2007	IN-HOUSE	2493	Chemical Storage n School		Yes	1.00	0.00	1.00
09/07/2007	SEMINAR	2406	Intro 2 Environmental Inv		Yes	24.00	0.00	0.00
08/10/2007	TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00
08/09/2007	SEMINAR	2482	Anti-Slavery Trafficking		Yes	1.50	0.00	1.50
07/12/2007	SEMINAR	2489	USDA Update		Yes	1.00	0.00	1.00
06/14/2007	IN-HOUSE	2488	Working Safely Outdoors		Yes	1.00	0.00	1.00
05/04/2007	CONFERENC	2454	NvEHA Conference 2007		Yes	0.00	0.00	14.00
04/12/2007	IN-HOUSE	2492	On-Site Wastewater Treatm		Yes	0.00	0.00	1.00
04/05/2007	SEMINAR	2037	NSPF-Cert Pool Operator	POOL & SPA	Yes	20.00	0.00	16.00
03/22/2007	TRAINING	ERGONOMICS	Safety - Ergonomics Train		No	1.50	0.00	0.00
03/01/2007	SEMINAR	4013	CHEM 403A &		Yes	24.00	0.00	2.00
02/08/2007	IN-HOUSE	2491	WNV Surv, Control & GIS		Yes	1.00	0.00	1.00
02/08/2007		DEFDRIVING	DefDrvgsafetyOrientation		No	0.75	0.00	0.00
01/27/2007	SEMINAR	2032	Pesticide App Cert & Lic	PESTICIDE	Yes	13.00	0.00	0.00
01/11/2007	IN-HOUSE	2483	The Hand Sink Universe		Yes	0.50	0.00	0.50
01/11/2007	IN-HOUSE	2484	Hause Mouse		Yes	0.50	0.00	0.50
12/12/2006	CONFERENC	2435	RCRA Fund Critical Gen Is		Yes	16.00	0.00	1.40
11/29/2006	TRAINING	032	Off Highway DrivingSchool		Yes	8.00	0.00	0.00
11/20/2006	TRAINING	001	Customer Service		Yes	2.50	0.00	0.00
11/15/2006	SEMINAR	2044	ServSafe Certification	SERVSAFE	Yes	8.00	0.00	2.00
11/14/2006	TRAINING	2316	ServSafe Training		Yes	8.00	0.00	6.00
11/09/2006	TRAINING	2375	Restaurant Technology&Bio		Yes	0.50	0.00	0.50
11/09/2006	TRAINING	2376	Safety Health-Public Safe		Yes	1.00	0.00	1.00
11/09/2006	TRAINING	2381	Lobster Tank Warehouse		Yes	0.50	0.00	0.50
11/09/2006	TRAINING	SAFETYELEC	ElectricalSafetyTraining		No	0.75	0.00	0.00
11/03/2006	TRAINING	4008	CRI/SNS OVERVIEW		Yes	1.00	0.00	0.00
11/03/2006	TRAINING	4008	CRI/SNS OVERVIEW		Yes	1.50	0.00	0.00
10/19/2006	TRAINING	2374	Courtyard StylePools-EHGS		Yes	0.50	0.00	0.50
10/06/2006	TRAINING	2001	HAZWOPER 40-HOUR	HAZWOPER4	Yes	40.00	0.00	32.50

Southern Nevada Health District

Training History by Employee

09/08/2006 TRAINING	1006	BBP & Hepatitis Training	BBP	Yes	3.00	0.00	0.00
09/08/2006 OJT	VEHVIDEO	MotorVehicleSafetyVideo		No	0.50	0.00	0.00
09/07/2006 TRAINING	2101	Food Shields - EHGS		Yes	0.50	0.00	0.50
09/07/2006 TRAINING	2373	Defensive Safe Driving		Yes	1.00	0.00	1.00
09/04/2006 CBT	4002	ICS 200 (BASIC)		Yes	4.00	0.00	0.30
08/30/2006 CBT	4006	NIMS 700		Yes	3.00	0.00	0.30
08/29/2006 CBT	4000	ICS 100		Yes	4.00	0.00	0.30
08/21/2006	SAFETYFIRE	FireEmergencySafetyOrient		No	0.50	0.00	0.00
08/21/2006	HAZARDCOM	HazComm/Right2Know/Orie		No	1.00	0.00	0.00
08/21/2006	DEFDRIVING	DefDrvgsafetyOrientation		No	0.75	0.00	0.00
					357.50	0.00	219.3



CLALLAM COUNTY BOARD & COMMITTEE APPLICATION

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

*Clallam County is an Equal Opportunity Employer
& Drug Free Workplace*

FOR OFFICE USE ONLY

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- **Complete the application thoroughly.** Applications that are incomplete will not be accepted. Resumes may be used to supplement an application, but may not be used in lieu of completing the application form.
- Be sure to sign your name and enter the date you signed it where the application asks. **Original signature is required.** (scanned and emailed copies will not be saved or used).

GENERAL INFORMATION:

Name (First, Middle Initial, Last): Shahida F. Shahrir	Name of Committee: Clallam County Board of Health Category (if applicable): At-large position
Mailing Address: 202 Delta Way	City, State, Zip: Sequim, WA 98382
Residence Address (if different from above):	City, State, Zip:
Day Phone: (206) 251-4216	Email: shahidafatin@gmail.com
Evening Phone:	
Will you need access to a County computer: ☐ Yes ☒ No	Do you intend to drive on behalf of the County: ☐ Yes ☒ No (If you said yes to the above question, a Driving Abstract will be required.)

REFERENCES:

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

1. NAME OF REFERENCE Kristina Crothers, MD RELATIONSHIP Supervisor
ADDRESS 4805 84th Ave SE, Mercer Island, WA 98040
CURRENT PHONE (206) 419-6416
2. NAME OF REFERENCE Emily C. Williams, PhD RELATIONSHIP Mentor
ADDRESS 2921 19th Ave S, Seattle, WA 98144
CURRENT PHONE (206) 240-2367
3. NAME OF REFERENCE Geetha Beauchamp, MS RELATIONSHIP Colleague
ADDRESS 4706 NE 103rd St, Seattle, WA 98125
CURRENT PHONE (206) 369-6997

EXPERIENCE, SPECIAL SKILLS & LICENSES:

Summarize your experience, special skills and qualifications, including hobbies:
I am the principal operations and data manager for several American Lung Association and NIH-funded projects. I write and co-author publications related
to these projects. My strengths include team collaboration, big picture orientation, data management and analysis, technical writing, conceptual modeling,
multi-tasking, and problem-solving. From my doctoral training, I am able to formulate research questions and devise the methods to analyze them, applying
my knowledge and skills in epidemiology, statistics, and health promotion strategies. My hobbies include ballet, vocal performance, cooking, and hiking.
Place of employment, if employed: University of Washington (UW) School of Medicine
Volunteer experience:
Maternal and Child Health Volunteer (2005-2007), US Peace Corps, Morocco; Board Member/Events Chair (2011-2014), Seattle Area Peace Corps Association Non-Profit Organization
Special training/courses (include computer training):
Tobacco Studies Program Scholar and Career Development Award recipient (2017-2019), CITI Human Subjects Training, Microsoft Office, REDCap, STATA
Are you fluent in any languages other than English? ☒ No ☐ Yes. If yes, please list:

ADDITIONAL INFORMATION:

Explain why you wish to serve on this board/committee:
Throughout my career, I have worked toward improving the health of vulnerable populations. I am passionate about public health, health equity, and
fostering communities that are strong and resilient. Since the start of the pandemic, I have been dismayed by the skepticism and disregard for
scientific evidence expressed by portions of the general public. However, in spite of the fact that I have lived a large part of my life in an academic
bubble (or perhaps because of it), I feel that we in the health and medical fields can do more to combat misinformation while making the science
more accessible to individuals and pertinent to their daily lives. The challenges we face must ultimately be solved together and with compassion.
Additionally, my husband was born and raised in Clallam County and, since moving back to Sequim, my family has quickly found a supportive community.
We feel very lucky to be able to call this beautiful place home and I look forward to being in service to our neighbors and other community members.
Please describe your education/career background:
Doctoral Candidate in Health Services (2017-present), Area of Emphasis: Evaluative Sciences and Statistics, UW School of Public Health
Program Operations Specialist (2009-present), operations and data manager for several NIH-funded research studies, UW School of Medicine
Master in Public Health (2008-2009), Maternal and Child Health Certificate, Johns Hopkins University Bloomberg School of Public Health
My career goals include teaching and mentorship, interdisciplinary research, and work focusing on community health and activism.

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: _____	Department: _____
Name of Relative: _____	Department: _____

EMERGENCY CONTACTS:

Please list two people to notify in case of emergency.

Name: <u>Justin Mellon</u>	Relationship: <u>Husband</u>
Address: <u>202 Delta Way</u>	
City, State & Zip Code: <u>Sequim, WA</u>	
Phone: (Home) <u>(206) 919-7648</u>	(Work): _____

Name: <u>Fuziah Ayub</u>	Relationship: <u>Mother</u>
Address: <u>852 E Pratt St</u>	
City, State & Zip Code: <u>Baltimore, WA 21202</u>	
Phone: (Home) <u>(410) 244-8664</u>	(Work): _____

Notice to Volunteers

Volunteers are not considered to be Clallam County employees for any purpose. Injury compensation will be provided as described in the service agreement. The data furnished on this form is furnished voluntarily and will only be used to contact, interview and place volunteers in their assignments. Volunteers are expected to track all hours served on the time sheets provided. This is a requirement for volunteering with Clallam County and provides supplemental injury compensation, should that be necessary. Selection and dismissal as a volunteer is totally at the discretion of the department head or elected official and may be with or without cause. No property rights are created by volunteering for the County. NOTE: Based on questions answered in this document, additional training may be required.

AGREEMENT & CERTIFICATION:

I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY IN THE STATE OF WASHINGTON, THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, AND MY NAME MAY BE REMOVED FROM CONSIDERATION.

SIGNATURE OF APPLICANT

DATE

To Apply:

- ☐ County Board & Committee Application
- ☐ Notarized Waiver and Authorization to Release Personal History Information
- ☐ Volunteer Disclosure Statement
- ☐ Confidentiality Agreement

Address or Deliver Packet To:

Clallam County Human Resources
Attn: Brenda Peterson
223 E. 4th Street, Suite 16
Port Angeles, WA 98362



CLALLAM COUNTY

WAIVER AND AUTHORIZATION TO RELEASE PERSONAL HISTORY INFORMATION

TO BE COMPLETED BY APPLICANT AND SUBMITTED WITH APPLICATION
THIS FORM MUST BE NOTARIZED

A complete personal and criminal background investigation will be conducted before volunteering for this position. Therefore, the following information is necessary. Proof of name and date of birth is required. *I fully understand that this document, and all information contained herein, is subject to release during the process of collecting information outlined below.*

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS COMPLETE AND ACCURATE:

NAME: Shahida F. Shahida

OTHER NAMES KNOWN BY: _____ **DATE OF BIRTH:** ____/____/____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION:

TO WHOM IT MAY CONCERN: I, Shahida Shahrir, sign this waiver and authorization (or "authorization") knowingly and voluntarily and acknowledge by signing this document I am surrendering certain legal rights I may otherwise hold, such as those provided in federal law at 5 U.S.C. §552(a). I, Shahida Shahrir, do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Clallam County, whether the said records are of public, private or confidential nature.

I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal and professional life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Clallam County Human Resources Department to consider in determining my suitability as a volunteer for Clallam County. I understand that all materials pertaining to this background investigation become the property of the Clallam County Human Resources Department and I will not have access to any of the background investigation.

The intent of this authorization is to give my consent to Clallam County Human Resources to verify my education as claimed (if needed); obtain arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic records. In essence, I consent to a criminal history search, education verification (as needed), and references to be contacted (as needed) so as to properly evaluate my suitability for the volunteer position I have applied for. In addition, this information is needed by Clallam County Human Resources to reflect that a proper background investigation has been completed in order to meet internal insurance qualification standards.

I agree to indemnify and hold harmless any person to whom this request is presented and their agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of their compliance with this request. I also agree to indemnify and hold harmless Clallam County, its agents and employees from and against all claims for damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason of, release of such information identified in this document. I further understand, the sources of confidential information will not be revealed to me.

* A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. The original of this form is maintained at the Clallam County Human Resources Department and will be made available upon request.

This release will expire one (1) year after date of execution and, prior to that time may be deemed irrevocable.

Signature **(SIGN IN FRONT OF NOTARY)**

Date of Execution:

Shahida Shahrir

Printed Name

TO BE COMPLETED BY NOTARY PUBLIC

State of _____)
County of _____)ss

NOTARY SEAL

Subscribed and sworn to before me this _____ day of _____, 20____.

I, the undersigned notary public, do affirm that the above individual has presented valid identification to me.

SIGNATURE OF NOTARY PUBLIC



Clallam County Volunteer Disclosure Statement

Pursuant to the requirements of RCW 43.43.830-840, we must ask you to complete the following disclosure statement. This information will be kept confidential.

Have you ever been convicted of any of the following crimes against persons?

YES NO

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Aggravated, first or second degree murder |
| ☐ | ☐ | First or second degree kidnapping |
| ☐ | ☐ | First, second or third degree assault |
| ☐ | ☐ | First, second or third degree rape |
| ☐ | ☐ | First, second or third degree statutory rape |
| ☐ | ☐ | First or second degree robbery |
| ☐ | ☐ | First degree arson |
| ☐ | ☐ | First degree burglary |
| ☐ | ☐ | First or second degree manslaughter |
| ☐ | ☐ | First or second degree extortion |
| ☐ | ☐ | Indecent liberties |
| ☐ | ☐ | Incest |
| ☐ | ☐ | Vehicular homicide |
| ☐ | ☐ | First degree promoting prostitution |
| ☐ | ☐ | Communication with a minor |
| ☐ | ☐ | Unlawful imprisonment |
| ☐ | ☐ | Simple assault |
| ☐ | ☐ | Sexual exploitation of minors |
| ☐ | ☐ | First or second degree criminal mistreatment |
| ☐ | ☐ | Child abuse or neglect as defined in RCW 26.44.020 |
| ☐ | ☐ | First or second degree custodial interference |
| ☐ | ☐ | Malicious harassment |
| ☐ | ☐ | First, second or third degree child molestation |
| ☐ | ☐ | First or second degree sexual misconduct with a minor |
| ☐ | ☐ | Patronizing a juvenile prostitute |
| ☐ | ☐ | Child abandonment |
| ☐ | ☐ | Promoting pornography |
| ☐ | ☐ | Selling or distributing erotic material to a minor |
| ☐ | ☐ | Custodial assault |
| ☐ | ☐ | Violation of child abuse restraining order |
| ☐ | ☐ | Child buying or selling |
| ☐ | ☐ | Prostitution |
| ☐ | ☐ | Or any of these crimes as they have been renamed |



Clallam County Volunteer Disclosure Statement

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Has (a) a dependency action, (b) a domestic relations proceeding, or (c) a disciplinary board final decision found you to have sexually assaulted or exploited a minor, or to have physically abused or sexually abused a minor? ☐ YES ☐ NO

If your answer is "yes", please describe and provide the date(s) of the finding(s) and the penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol's criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudications of child abuse, and disciplinary board final decisions. If you are selected before that report is available, YOUR VOLUNTEER POSITION WILL BE CONDITIONAL UPON THE RECEIPT OF A SATISFACTORY REPORT.

You will be notified of the State Patrol's response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

I certify under penalty of perjury that the above information is true, correct and complete. I understand that if I am selected, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am selected, my volunteer position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

Signed in the City of _____, Washington, this ____ day of _____, 20__.

Signature

Full Name (print)



CLALLAM COUNTY

CONFIDENTIALITY AGREEMENT

As an employee or volunteer of Clallam County, I understand that I may have access to "Confidential Information," which includes but is not limited to intelligence information, criminal history information, record information, investigative information, financial information, business practices/strategies, medical records, social security numbers, tax information, payroll, data bases and other sensitive information, regardless of whether such information is expressly designated as "Confidential Information" at the time of its creation. Confidential Information may be in written, electronic or oral form.

I must comply with the following rules to be a volunteer or employee of Clallam County.

1. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, unless doing so serves a purpose or function of County government.
3. I understand my personal access code, user ID numbers and passwords used to access County computer systems must not be disclosed and are an essential part of retaining confidentiality unless authorized to do so and permissible by County policy (420).
4. I understand improper disclosure of such information by me, could be a violation of law as well as Clallam County Policy, and I would then be subject to disciplinary action up to and including dismissal, in addition to any civil or criminal penalty provided by law.
5. I will not assist any other person in obtaining or reviewing Confidential Information that the other person is not authorized to obtain or review, and I will immediately report to my department head or direct supervisor any activity that is a violation of this Agreement or any County policy.
6. I will always act in a professional manner with respect to Confidential Information, such that I will not discuss Confidential Information where unauthorized listeners might hear it, nor will I engage in transmitting or repeating gossip or hearsay, knowing that such disclosures could reflect unfavorably on both the County and me.
7. Transportation of Confidential Information shall be done with all County safeguards in place.
8. If I cease employment or volunteer status with the County I will leave in the custody of the County all Confidential Information, regardless of their format.
9. I understand the terms of this Agreement continue to apply after I am no longer a County employee or volunteer.

BY SIGNING THIS DOCUMENT I UNDERSTAND AND AGREE TO THE FOLLOWING:

I HAVE READ THE ABOVE AGREEMENT AND AGREE TO COMPLY WITH ALL OF ITS TERMS. I UNDERSTAND THAT VIOLATION OF THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE OF EMPLOYMENT AND/OR SUSPENSION AND LOSS OF PRIVILEGES, IN ACCORDANCE WITH CLALLAM COUNTY'S DISCIPLINE POLICY, AS WELL AS LEGAL LIABILITY.

SIGNATURE OF EMPLOYEE/VOLUNTEER: _____

PRINT NAME: **Shahida Shahrir**

DATE: _____



CLALLAM COUNTY BOARD & COMMITTEE APPLICATION

Return Completed Application to:
Clallam County Human Resources Department
223 E. 4th St., Suite 16
Port Angeles, WA 98362-3015

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FOR OFFICE USE ONLY

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- Be sure to sign your name and enter the date you signed it where the application asks. **Original signature is required.** (scanned and emailed copies will not be saved or used).

GENERAL INFORMATION:

Name (First, Middle Initial, Last): Sarah, H., Huling	Name of Committee: Board of Health Category (if applicable): "At Large" Position
Mailing Address: 250 Sawyer Way	City, State, Zip: Forks, WA, 98331
Residence Address (if different from above):	City, State, Zip:
Day Phone: 503-409-1681 Evening Phone:	Email: Shursh333@yahoo.com
Will you need access to a County computer: ☐ Yes ☒ No	Do you intend to drive on behalf of the County: ☐ Yes ☒ No (If you said yes to the above question, a Driving Abstract will be required.)

REFERENCES:

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN PROVIDE JOB-RELATED OR CHARACTER REFERENCE INFORMATION ABOUT YOU. NAME, ADDRESS AND PHONE INFORMATION IS REQUIRED.

1. NAME OF REFERENCE Bill Auxier PhD	RELATIONSHIP Rural Health Leadership radio CEO
ADDRESS bill@billauxier.com	
CURRENT PHONE 502-595-8787	Forks Hospital Imaging
2. NAME OF REFERENCE Kim Hull	RELATIONSHIP Supervisor
ADDRESS Kimh@forkshospital.org	
CURRENT PHONE 360-640-1359	Forks Hospital
3. NAME OF REFERENCE Heidi Andersen	RELATIONSHIP CEO
ADDRESS Heidia@forkshospital.org	
CURRENT PHONE 360-640-2603	

EXPERIENCE, SPECIAL SKILLS & LICENSES:

Summarize your experience, special skills and qualifications, including hobbies:

I have 17 plus years in healthcare as a x-ray, CT, and ultrasound technologist. I have achieved a broader perspective through partnership while passionately advancing the healthcare system to improve health outcomes for all.

Place of employment, if employed:

Forks Community Hospital

Volunteer experience:

National Rural Health Association and Rural Health Leadership Radio

Special training/courses (include computer training):

BS-X-Ray, MBA Rural Healthcare
HRSA-Grant ReviewerAre you fluent in any languages other than English? ☒ No ☐ Yes. If yes, please list:**ADDITIONAL INFORMATION:**

Explain why you wish to serve on this board/committee:

I wish to contribute to my local community and improve health outcomes.

Please describe your education/career background:

I have my BS in Radiological Sciences from Oregon Institute of Technology (2000-2003). Certificate of Completion in Diagnostic Ultrasound from Institute of Ultrasound Diagnostics (2008). A 2017 Fellowship at the National Rural Health Association. An MBA in Rural Healthcare from The College of St. Scholastica (2019). (more on resume)

Clallam County does not place volunteers in positions of direct supervision by a relative. Please list any relatives (including spouse) employed by Clallam County:

Name of Relative: _____

Department: _____

Name of Relative: _____

Department: _____

EMERGENCY CONTACTS:

Please list two people to notify in case of emergency.

Name:	Jason Heling	Relationship:	Husband
Address:	250 Sawyer way		
City, State & Zip Code:	Forks, WA 98331		
Phone: (Home)	360-640-4153	(Work):	Same as Home
Name:	Megan Murray	Relationship:	Sister
Address:	1765 NW 4th Court		
City, State & Zip Code:	McMinnville, OR 97128		
Phone: (Home)	503-269-1314	(Work):	Same as Home

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SIGNATURE OF APPLICANT

12-1-20
DATE

To Apply:

- ☒ County Board & Committee Application
- ☐ Notarized Waiver and Authorization to Release Personal History Information
- ☐ Volunteer Disclosure Statement
- ☐ Confidentiality Agreement

Address or Deliver Packet To:

Clallam County Human Resources
Attn: Brenda Peterson
223 E. 4th Street, Suite 16
Port Angeles, WA 98362

Sarah Hursh Huling MBA, BS, ARRT, ARDMS

250 Sawyer Way Forks, WA 98331
(503) 409-1681, Shursh333@yahoo.com

Career Goal

Achieve a broader perspective through partnership while passionately advancing the health care system to improve health outcomes for all.

Education

B.S. in Radiological Sciences, Business minor

Oregon Institute of Technology (OIT) Klamath Falls, OR
2000-2003

Certificate of Completion in Diagnostic Ultrasound

Institute of Ultrasound Diagnostics (IUD) Mobile, AL
January 2008-December 2008

National Rural Health Association 2017 Fellow

MBA Rural Healthcare

The College of St. Scholastica Duluth, MN
2017-2019

Experience

Health Resources & Services Administration Grant Reviewer January 2020-Present

National Rural Health Association Rural Health Congress 2019-Present

Rural Health Café Masterminds Group Pioneer Member September 2018-Present

Rural Health Leadership Radio Board Member July 2017-Present

UFCW 21 Healthcare Advisory Board 2018-Present

JDMS Manuscript Reviewer 2016-Present

ARDMS OB/GYN Item Writer 2017-Present

Sonographer/Echo Cardiographer

Forks Community Hospital
530 Bogachiel Way Forks, WA 98331, (360) 374-6271

Fulltime Day/Call Shifts- January 2009-Present

UFCW 21 Union Shop Steward- 2005-Present

Involved in; Union Health Advisory Board, Contract Negotiations, Labor Management, and multiple Committees.

Radiological/CT Technologist-Forks Community Hospital

Fulltime Day/Call Shifts- March 2005-Present

Radiological/CT Technologist/Sonographer

Olympic Medical Center
939 Caroline St Port Angeles, WA 98362, (360) 417-7000

Pier Diem Shifts- July 2004-2012

Radiological/CT Technologist

Silverton Hospital
342 Fairview Street Silverton, OR 97381, (503) 873-1750

Causal/Pier Diem Shifts- January 2005-December 2007

Radiological Technologist/CT Technologist

Salem Hospital Regional Health Services
P.O. BOX 14001 Salem, OR 97309, (503) 561-5200

Third Shift Radiological/CT Technologist- February 2004-May 2004

Lead Radiological Technologist- July 2003-February 2004

Staff Radiological Technologist- January-July 2003

Sarah Hursh Huling MBA, BS, ARRT, ARDMS

250 Sawyer Way Forks, WA 98331
(503) 409-1681, Shursh333@yahoo.com

Licenses

American Heart Association Healthcare Provider **CPR**
American Registry for Diagnostic Medical Sonography **ARDMS #130199**
American Registry of Radiologic Technologists **ARRT #367198**
American Society of Radiological Technologists **ASRT #460341**
Oregon Board of Radiologic Technologists **OBRT #R02159**
Society of Diagnostic Medical Sonography **SDMS #066332**
State of Washington Department of Health **#RT00006497**

Interests

I enjoy; jogging, self-improvement, parenting, homeschooling, travel, hosting social functions, and spending time with family and friends.

References

Available upon request

HOUSE BILL 1152

State of Washington 67th Legislature 2021 Regular Session

By Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske, and Bateman; by request of Office of the Governor

Read first time 01/12/21. Referred to Committee on Health Care & Wellness.

Proposed substitute as of February 8, 2021

AN ACT Relating to supporting measures to create comprehensive public health districts; amending RCW 43.70.515, 70.05.010, 70.05.040, 70.05.045, 70.05.050, 70.05.051, 70.05.053, 70.05.054, 70.05.055, 70.05.060, 70.05.070, 70.05.072, 70.05.074, 70.05.077, 70.05.090, 70.05.100, 70.05.110, 70.05.120, 70.05.130, 70.05.150, 70.05.160, 70.05.170, 70.05.180, 70.05.190, 43.20.030, 43.20.148, 43.20.050, 70.24.022, 70.24.024, 70.24.034, 70.24.150, 70.24.340, 70.24.360, and 70.24.450; reenacting and amending RCW 43.20.025 and 70.24.017; adding new sections to chapter 43.70 RCW; adding new sections to chapter 70.05 RCW; creating a new section; repealing RCW 70.05.030, 70.05.035, 70.05.080, 70.08.005, 70.08.010, 70.08.020, 70.08.030, 70.08.040, 70.08.050, 70.08.060, 70.08.070, 70.08.080, 70.08.090, 70.08.100, 70.08.110, 70.46.020, 70.46.031, 70.46.060, 70.46.080, 70.46.082, 70.46.085, 70.46.090, 70.46.100, 70.46.120, 43.70.060, 43.70.064, 43.70.066, 43.70.068, and 43.70.070; prescribing penalties; providing an effective date; and providing an expiration date.

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

NEW SECTION. **Sec. 1.** The legislature finds the COVID-19 pandemic has been the most difficult challenge in Washington's public health history since the 1918 flu pandemic. More Americans have died from COVID-19 than the number of United States troops killed in combat during World War II. The COVID-19 pandemic response has stressed and strained every part of our society and far surpassed the capabilities of local, state, tribal, and even federal public health agencies. Before the COVID-19 pandemic, the legislature had initiated action to address the critical challenges Washington's public health system faces, including limited organizational capacity, financial resources, and understaffing through beginning to specifically fund foundational public health services. The COVID-19 pandemic laid bare the shortcomings of Washington's current public health system which have been studied and identified for over a decade. Washington's current public health system was not able to consistently monitor and track the pandemic, staff the many required missions, adequately address the health inequities, and implement standard approaches to disease containment.

The legislature further finds that, in Washington, local health services are currently provided through a decentralized means by 35 local health jurisdictions. In many cases, rural communities are served by smaller local health jurisdictions that have less capacity to provide the full spectrum of foundational public health services than their urban peers. Local health jurisdictions serving smaller populations face challenges providing the full spectrum of foundational public health services and activities to promote and protect the health of all people. In addition, local health jurisdictions are overseen by boards in which most the members do not have direct experience in public health or health care. Since April 2020, a Kaiser health news investigation reports at least 181 local and state health leaders have resigned, retired, or been fired, including 11 local health leaders in Washington. Diseases do not respect borders or boundaries, yet the current decentralized

system in Washington creates a patchwork approach with limited accountability and consistency. National peer-review studies report larger jurisdictions perform better on most foundational comprehensive public health services. ~~Therefore, the legislature finds comprehensive public health districts comprising larger populations, balanced governance, and interdependence between all levels of the public health system will increase accountability, effectiveness, and performance in delivering foundational public health services.~~

The COVID-19 pandemic has amplified the health and social inequities in Washington that existed before its emergence. There are vast inequities in per capita spending for local public health services by population size and geographic location. National peer-review studies report communities with limited public health systems experience low levels of activity participation, low perceived effectiveness, and sparse organizational networks compared to comprehensive public health systems. The inequitable distribution of morbidity and mortality between Black, indigenous, and people of color and other populations demonstrates the large health inequities that must be addressed. Therefore, the legislature finds the state must determine adequate funding of ~~comprehensive public health district~~comprehensive health services districts from cities, counties, and the state, with the goal of providing all people with equitable access to foundational public health services, and once this funding is determined, the legislature finds this investment in the public's health will continue to be prioritized.

The legislature recognizes that public health and health care staff have been overwhelmed, overworked and their mental and physical health are at risk due to the pandemic. The legislature is thankful for the countless contributions that public health and health care staff have made to combat this deadly public health crisis and pandemic. These contributions and efforts have increased public awareness about the importance of strong infrastructure for our public health system. Therefore, the legislature finds that

meaningful discourse about the current public health system is necessary to ensure public trust.

The legislature expects emergencies that threaten the health and well-being of all Washingtonians, emergent and routine, to increase. Restructuring state funding of foundational public health services is not enough to face these threats. The legislature intends for Washington to have a public health system that can respond to 21st century public health emergencies and public health issues, have the capacity to improve health outcomes of BIPOC communities, persons with disabilities, LGBTQ+, rural communities, limited English-speaking persons, and address health equity across the life span.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.2070 RCW to read as follows:

(1) A work group is created to develop and recommend to the ~~secretary~~state board a public health system to provide foundational public health services to all people in Washington through local health jurisdictions, comprehensive ~~public~~ health services districts, and the department.

(2) Members of the work group must include:

- (a) Two representatives from the senate;
- (b) Two representatives from the house of representatives;
- (c) Three representatives of local public health;
- (d) Two representatives of state public health;
- (e) Three representatives of counties;
- (f) Two representatives of cities;
- (g) One tribal representative; ~~and~~
- (h) One representative with expertise in government finance;~~;~~
- (i) One state association representative from the foundational public health services workgroup;
- (j) One public health representative from the foundational public health services workgroup;
- (k) One tribal public health representative from the foundational public health services workgroup; and

(1) One technical workgroup member from the foundational public health services workgroup.

(3) The governor shall appoint the members of the work group and ensure that members represent diverse geographic locations in both rural and urban communities.

(4) The work group shall develop a transparent process, including opportunities for public comment.

(5) By ~~July~~January 1, 2022, the work group must recommend to the ~~state~~secretary board the system for counties to form comprehensive public health services districts as provided in Section 7~~using existing regionalized health structures as a model.~~

(6) By ~~January~~July 1, 2023~~2~~, the work group must recommend performance measures and a measure set to the ~~secretary~~state board, ~~including the dimensions listed in section 3 of this act, to to~~ track the efficiency and effectiveness of local health jurisdictions, comprehensive health services districts, and the department.~~be used by each comprehensive public health district.~~

(7) By ~~July~~January 1, 2023, the work group must submit recommendations to the legislature on adequate funding of local health jurisdictions and comprehensive ~~public~~ health services districts, including the following:

(a) Reasonable per capita estimates to deliver foundational public health services;

(b) How new sources of revenue should be allocated~~Appropriate contribution levels between cities, counties, and the state;~~ and

(c) Adequate allocation levels to sustain the state public health system.

(8) This section expires December 31, 2024.

NEW SECTION. Sec. 3. A new section is added to chapter 43.2070 RCW to read as follows:

(1) The ~~secretary~~state board must adopt rules to provide foundational public health services to all people in Washington

through local health jurisdictions, comprehensive ~~public~~ health services districts, and the department. These rules must include:

(a) A system and process for ~~a county or~~ counties to create comprehensive ~~health~~public health services districts as required by Section 7 of this act.~~under chapter 70.05 RCW that:~~

- ~~(i) Serve a combined population of over 250,000 people;~~
- ~~(ii) Provide all foundational public health services described under RCW 43.70.515; and~~
- ~~(iii) Maintain local offices in each county sufficient to meet community need;~~

(b) Standard statewide performance measures and proposed benchmarks to track efficiency and effectiveness of local health districts, comprehensive ~~public~~ health services districts, and the department. The performance measures must include dimensions of:

(i) Improving morbidity and mortality of marginalized communities;

(ii) Improving health equity for all people;

(iii) Data modernization and interoperability across the state public health system;

(iv) Community engagement; and

(v) Emergency preparedness and response;

(c) A measure set that:

(i) Is of manageable size;

(ii) Is based on readily available data;

(iii) Gives preference to nationally reported measures; and

(iv) Focuses on the overall performance of the system, including outcomes and total costs;

(d) A process for the department to certify comprehensive ~~public~~ health services districts;

(e) A process to evaluate local health jurisdiction, comprehensive ~~public~~ health services district, and department performance of the measure set developed under (c) of this subsection; and

(f) A process for information and data elements to be reported by comprehensive-~~public~~ health services districts to the department.

(2) By November 1, 2024, the ~~state board~~~~secretary~~ shall submit a report to the appropriate committees of the legislature on local health jurisdiction and comprehensive-~~public~~ health services district performance based on the performance measures established under subsection (1)(b) of this section.

Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

(1) With any state funding of foundational public health services, the state expects that measurable benefits will be realized to the health of communities in Washington as a result of the improved capacity of the governmental public health system. Close coordination and sharing of services are integral to increasing system capacity.

(2) ~~(a)~~ Funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter 43.376 RCW, jointly certifies with a state association representing local health jurisdictions, until the creation of comprehensive ~~public~~ health services districts, ~~comprehensive public health districts,~~ and the state board of health, to the office of financial management that they are in agreement on the distribution and uses of state foundational public health services funding across the public health system. The department must evaluate comprehensive health services districts' performances to satisfy the measure set identified in section 3 of this act before allocation on January 1, 2027, and biennially thereafter.

(b) ~~After January 1, 2023, foundational public health services funding may only be distributed to the department, the state board of health, Indian health programs, and comprehensive public health~~

~~districts certified by the department. The department must evaluate comprehensive public health districts' performances to satisfy the measure set identified in section 3 of this act before allocation on January 1, 2025, and biennially thereafter.~~

~~(e)~~ If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.

(3) By October 1, 2020, the department, in partnership with sovereign tribal nations, local health jurisdictions, and the state board of health, shall report on:

(a) Service delivery models, and a plan for further implementation of successful models;

(b) Changes in capacity of the governmental public health system; and

(c) Progress made to improve health outcomes.

(4) For purposes of this section and sections 2 and 3 of this act:

(a) "Comprehensive-public health services district" means the districts established under section 7 of this act to provide coordination and shared services to local health jurisdictions. means all the territory consisting of one or more counties organized under chapter 70.05 RCW; serving a combined population of over 250,000 people; in which a district health department has capacity and resources to provide all foundational public health services to all people living within the district.

(b) "District health department" means a public health agency organized under chapter 70.05 RCW.

~~(e)~~ "Foundational public health services" means a limited statewide set of defined public health services within the following areas:

(i) Control of communicable diseases and other notifiable conditions;

(ii) Chronic disease and injury prevention;

- (iii) Environmental public health;
- (iv) Maternal, child, and family health;
- (v) Access to and linkage with medical, oral, and behavioral health services;
- (vi) Vital records; and
- (vii) Cross-cutting capabilities, including:
 - (A) Assessing the health of populations;
 - (B) Public health emergency planning;
 - (C) Communications;
 - (D) Policy development and support;
 - (E) Community partnership development; and
 - (F) Business competencies.

~~((b))~~ ~~(cd)~~ "Governmental public health system" means the state department of health, state board of health, local health jurisdictions, ~~until the creation of comprehensive public health districts,~~ comprehensive public health services districts, sovereign tribal nations, and Indian health programs located within Washington.

~~((c))~~ ~~(de)~~ "Indian health programs" means tribally operated health programs, urban Indian health programs, tribal epidemiology centers, the American Indian health commission for Washington state, and the Northwest Portland area Indian health board.

~~((d))~~ ~~(ef)~~ "Local health jurisdictions" means a public health agency organized under chapter 70.05, 70.08, or 70.46 RCW.

~~((e))~~ ~~(fg)~~ "Service delivery models" means a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

~~Sec. 5. RCW 70.05.010 and 1993 c 492 s 234 are each amended to read as follows:~~

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~~For the purposes of ((chapters 70.05 and 70.46 RCW)) this chapter and unless the context thereof clearly indicates to the contrary:~~

~~(1) ((("Local")) "Comprehensive public health district" means all territory consisting of one or more counties organized under this chapter serving a combined population of over 250,000 people in which a district health department has capacity and resources to provide foundational public health services as defined in RCW 43.70.515 to all people within the territory.~~

~~(2) "Department" means the department of health.~~

~~(3) "District board of health" means the board of health that oversees the comprehensive public health district.~~

~~(4) "District health departments" means the county or district which provides comprehensive public health services to persons within the area.~~

~~((2) "Local)) (5) "District health officer" means the legally qualified physician who has been appointed as the health officer for the ((county or)) district ((public)) health department.~~

~~((3) "Local board of health" means the county or district board of health.~~

~~(4) "Health district" means all the territory consisting of one or more counties organized pursuant to the provisions of chapters 70.05 and 70.46 RCW.~~

~~(5) "Department" means the department of health.)) (6) "Secretary" means the secretary of health.~~

NEW SECTION. Sec. 5. A new section is added to chapter 70.05 RCW to read as follows:

(1) Members of the comprehensive health services district board of health include:

(a) The following city and county elected officials:

(i) Each county in the district must have one elected official who serves on a local board of health chosen by that local board of health;

(ii) One elected official from a city in the district that is selected by a statewide association representing cities;

(b) The regional health officer assigned for the district by the department;

(c) A tribal representative from within the district selected by the Indian Health Board and appointed by the Governor;

(d) At least one representative from the following categories to be appointed by the Governor:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

(ii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as the special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These

individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency and may not have a material financial interest in the rendering of health services.

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

(2) In the event of a vacancy of a board position that was occupied by a member who was selected under subsection (1)(d), the board must promptly notify:

(a) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(b) Accountable communities of health; and

(c) Any other organizations deemed appropriate by the board.

(3) City and county elected officials who are members of the board may not constitute a majority of the board.

(4) Governor appointed members may serve three-year terms and may serve two terms.

(5) The board may establish bylaws to govern the board.

~~By January 1, 2023, counties must form comprehensive public health districts. The structure of the comprehensive public health districts is determined by the work group under section 2 of this act and the rules adopted by the department under section 3 of this act. The department must certify a comprehensive public health district.~~

~~(2) Counties with populations over 1,000,000 may be considered a comprehensive public health district without joining with other counties when the county legislative authority of the county passes a resolution or ordinance to organize such a comprehensive public health district under this chapter. Any city with a population of~~

~~100,000 or more and the county in which it is located, are authorized, as agreed upon between the respective governing bodies of such city and county, to establish and operate the comprehensive public health district. The respective governing bodies must pass resolutions or ordinances to organize the comprehensive public health district.~~

~~(3) Comprehensive public health districts consisting of two or more counties may be created when two or more boards of county commissioners pass a resolution establishing a district for such purpose. In counties with a home rule charter, the county legislative authority must establish a district board of health. The boards of county commissioners or county legislative authority must specify the appointment, term, and compensation or reimbursement of expenses. The comprehensive public health district shall consist of all the area of the combined counties.~~

~~(4) The district board of health shall constitute the local board of health for all the territory included in the comprehensive public health district, and shall supersede and exercise all the powers and perform all the duties by law vested in the county board of health of any county included in the comprehensive public health district.~~

~~(5) Members of the district board of health are as follows:~~

~~(a) One commissioner from each county represented on the comprehensive public health district chosen by nomination from each county commission board;~~

~~(b) One elected city official from a larger populous city in the comprehensive public health district chosen by nomination from the city;~~

~~(c) One elected city official from a smaller populous city in the comprehensive public health districts chosen by nomination from the city;~~

~~(d) One tribal representative of a tribe or urban Indian health organization from within the comprehensive public health district;~~

~~(e) An equal number of seats as the total represented by county commissioners and city officials under (a) through (c) of this subsection filled by:~~

~~(i) Hospital representatives from the hospitals in the comprehensive public health district;~~

~~(ii) Licensed, practicing physician representatives practicing in the comprehensive public health district;~~

~~(iii) Licensed, practicing nurse representatives practicing in the comprehensive public health district; and~~

~~(iv) Consumer representatives residing in the comprehensive public health district who also act as representatives of the comprehensive public health district advisory committee; and~~

~~(f) The district health officer for the comprehensive public health district.~~

~~(6) For the initial appointments, members of the district board of health appointed under subsection (5) (c) of this section must be nominated by county and city officials and selected by the secretary. For subsequent appointments, the district board of health shall solicit nominations and select members listed under subsection (5) (c) of this section.~~

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.05 RCW to read as follows:

(1) A comprehensive health services district may establish a district advisory committee ~~is established~~ to bring various community perspectives to the district health board, with members as provided in this subsection.

(2) If a comprehensive health services district chooses to establish a district advisory committee under this section, the following requirements must be met:

(a) Comprehensive ~~public~~ health services districts must accept nominations and select representatives to the advisory committee from communities within the ~~comprehensive public health district~~ comprehensive health services district experiencing health

inequities as determined by the district board of health, and other members of the community that interact with public health. No more than 15 members may be appointed to the advisory committee and members must include at least one small business representative, one teacher representative, one consumer representative, and two consumer representatives from communities experiencing health inequities within the region.

(b) The advisory committee must reflect diversity in race, ethnicity, persons living with a disability, gender identity, age, LGBTQ+ populations, urban and rural communities, and socioeconomic status of the ~~comprehensive public health district~~comprehensive health services district.

(c) The advisory committee may choose a chair from among its membership and the ~~comprehensive-public~~ health services district must convene meetings of the advisory committee.

(d) Members of the advisory committee shall serve two to four-year terms. Of the initial members, at least five must be appointed to two-year terms.

~~(e2)~~ The advisory committee shall promote and facilitate communication, coordination, and collaboration among relevant local agencies and Black, indigenous, and people of color communities, persons living with a disability, and the private sector and public sector, to address health inequities. The advisory committee may conduct public hearings or other forms of information gathering to understand how the actions of the ~~comprehensive-public~~ health services district can ameliorate or contribute to health inequities.

~~(3) The advisory committee is a class one group under RCW 43.03.220. The public members shall be paid per diem and travel expenses in accordance with RCW 43.03.050 and 43.03.060.~~

NEW SECTION. Sec. 7. A new section is added to chapter 70.05 RCW to read as follows:

(1) By January 1, 2024, counties must form comprehensive health services districts as established by this section. The department must certify a comprehensive health services district.

(2) The following nine comprehensive health services districts are established and consist of the following counties:

(a) Skamania, Clark, Cowlitz, and Wahkiakum;

(b) Lewis, Thurston, Mason, Pacific, and Grays Harbor;

(c) Jefferson, Clallam, and Kitsap;

(d) Pierce and King;

(e) Island, Snohomish, Skagit, Whatcom, and San Juan;

(f) Chelan, Okanogan, Douglas, and Grant;

(g) Ferry, Stevens, Pend Oreille, Spokane, Lincoln, Adams, and Whitman;

(h) Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin; and

(i) Kittitas, Yakima, and Klickitat.

(3) Counties with a population over 800,000 may be considered a comprehensive health services district without joining with other counties when the county legislative authority of the county passes a resolution or ordinance to organize such a comprehensive health services district under this section.

NEW SECTION. **Sec. 8.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Comprehensive health services districts are formed to help diversify and stabilize funding services for public health. Comprehensive health services districts are established to encourage the systemic sharing of resources and functions among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

(2) Comprehensive health services districts shall:

(a) Provide a mechanism for local health jurisdictions in each comprehensive health services district to convene, collaborate,

plan, and work together with the goal of delivering foundational public health services equitably across the region;

(b) Develop a district plan for identification and implementation of shared service delivery options, models, and strategies;

(c) Coordinate with other comprehensive health services districts, to identify strategies to coordinate public health services and programs within the region;

(d) Identify what programs and services can be delivered through a shared or regional system within the district such as data collection, regional assessment-focused epidemiologists, regional health assessments, foodborne illness, healthcare associated infection programs, vaccine preventable disease investigation, emergency strike teams, and toxicology;

(f) Administer and allocate foundational public health services funding to each local health jurisdiction comprising the district;

(g) Provide funding to local health jurisdictions to deliver or purchase shared services from other local health jurisdictions, districts, counties, non-profits or other jurisdictions, businesses, or entities;

(h) Undertake accountability measures for implementation of foundational public health services within the district;

(i) Report the adequacy of foundational public health services resources for the district to the department; and

(j) As authorized by the district board, provide direct or shared services to local health jurisdictions within the district or to other districts through contracts or other agreements, including, but not limited to:

(i) Public health services;

(ii) Business, fiscal, and administrative services;

(iii) Acquisition of capital and equipment;

(iv) Communications; and

(v) Data collection.

NEW SECTION. **Sec. 9.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Each comprehensive ~~public~~ health services district shall establish a district health fund in the custody of the county treasurer of the county in which the headquarters office of the comprehensive health services district is located. ~~In a district composed of more than one county, the county treasurer of the county having the largest population shall serve as custodian of the fund.~~ All receipts received by the district must be deposited into the fund. Expenditures by the district must be authorized by the district board of health ~~district board of health~~ and must be disbursed through the fund. The county auditor of the county shall keep the record of the receipts and disbursements.

(2) The treasurer shall keep all funds and moneys of the district separate and apart from all other funds and moneys in the treasurer's custody. Each county and city included in the comprehensive public health district must contribute towards maintenance and operating fees and the expense of providing public health services for the comprehensive public health district.

NEW SECTION. **Sec. 10.** A new section is added to chapter 70.05 RCW to read as follows:

A comprehensive ~~public~~ health services district may own, construct, purchase, lease, add to, and maintain any real and personal property or property rights necessary to conduct the affairs of the district. A comprehensive ~~public~~ health services district may sell, lease, convey, or otherwise dispose of any district real or personal property no longer necessary to conduct district affairs. A comprehensive ~~public~~ health services district may enter into contracts to carry out this section.

NEW SECTION. **Sec. 11.** A new section is added to chapter 70.05 RCW to read as follows:

Notwithstanding any provisions to the contrary contained in any city or county charter, and to the extent provided by the city and the county under appropriate legislative enactment, employees of the ~~comprehensivedistrict~~ health services district~~department~~ may be included in the personnel system or civil service and retirement plans of the city or the county or a personnel system for the comprehensive health services district~~health department~~ that is separate from the personnel system or civil service of either county or city if residential requirements for these positions are coextensive with the county boundaries. The city or county may pay parts of the expense of operating and maintaining the personnel system or civil service and retirement system and contribute to the retirement fund on behalf of employees sums as may be agreed upon between the legislative authorities of the city and county.

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~~NEW SECTION. Sec. 11. A new section is added to chapter 70.05 RCW to read as follows:~~

~~Any county or city may withdraw from membership in a comprehensive public health district any time after it has been within the district for a period of two years, but no withdrawal is effective until the county or city receives approval from the secretary. To approve the request, the secretary must determine that termination or withdrawal will not negatively affect the public's health. The secretary must provide a final determination to the requester within 14 days of receiving the request. No withdrawal entitles any member to a refund of any money paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective. Any county or city that withdraws from membership in a comprehensive public health district must immediately seek admission to another comprehensive public health district under this chapter.~~
NEW SECTION.

Sec. 12. A new section is added to chapter 70.05 RCW to read as follows:

The administrative officer, an employee of the comprehensive health services district, shall act as executive secretary and administrative officer for the comprehensive health services district and shall be responsible for administering the operations of the district. The administrative officer's salary must be paid by the department.

NEW SECTION. Sec. 13. A new section is added to chapter 43.70 RCW to read as follows:

Within the department the position of regional health officer is created. The secretary shall appoint six regional health officers, who are each assigned to a comprehensive health services district.

Sec. 14. RCW 70.05.030 and 1995 c 43 s 6 are each amended to read as follows:

(1) In counties without a home rule charter, the board of county commissioners, a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) of this section shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of said county.

(2) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;
(F) Employees of a hospital located in the county;
(G) Physicians or osteopathic physicians;
(H) Advanced registered nurse practitioners;
(I) Physician assistants or osteopathic physician assistants;
(J) Registered nurses;
(K) Dentists;
(L) Naturopaths; or
(M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;
(B) The business community; or
(C) The environmental public health regulated community.
(b) The board members selected under this subsection must be approved by a majority vote of the board of county commissioners.

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

((Am)) (4) Except as provided in subsection (2) of this section, an ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.

(5) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 15. RCW 70.05.035 and 1995 c 43 s 7 are each amended to read as follows:

(1) In counties with a home rule charter, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board, in addition to a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) of this section.

(2) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

((The)) (4) Except as provided in subsection (2) of this section the county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses.

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

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

(7) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 16. RCW 70.46.020 and 1995 c 43 s 10 are each amended to read as follows:

(1) 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.

(2) 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 in addition to a

tribal appointee selected by the Indian Health Board, and members selected under subsection (3) of this section, and shall have a jurisdiction coextensive with the combined boundaries.

(3) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

and may not have a material financial interest in the rendering of health services.

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

(4) The boards of county commissioners may by resolution or ordinance provide for elected officials from cities and towns and persons other than elected officials as members of the district board of health so long ((as persons other than)) the city and

county elected officials do not constitute a majority of the total membership of the board.

~~((A)) (5) Except as provided in subsection (3) of this section, 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.))~~

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

(7) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 17. RCW 70.46.031 and 1995 c 43 s 11 are each amended to read as follows:

(1) A health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter. ~~((The))~~ Except as provided in subsection (3) of this section, the resolution or ordinance may specify the membership, representation on the district health board, or other matters relative to the formation or operation of the health district.

(2) (a) In addition to the membership of the district board determined through resolution or ordinance under subsection (1), the board must also include a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) (b) of this section.

(b) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(d) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(e) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(f) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

(4) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

~~((Any single county health district existing on *the effective date of this act shall continue in existence unless and until changed by affirmative action of the county legislative authority.))~~ **Sec. 12.** ~~RCW 70.05.040 and 1993 c 492 s 236 are each amended to read as follows:~~

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~~The ((local)) district board of health shall elect a chair and ((may)) appoint an administrative officer. A ((local)) district health officer shall be appointed pursuant to RCW 70.05.050. Vacancies on the ((local)) district board of health shall be filled by appointment within thirty days and made in the same manner as was the original appointment. At the first meeting of the ((local)) district board of health, the members shall elect a chair to serve for a period of one year.~~

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Sec. 13. ~~RCW 70.05.045 and 1984 c 25 s 2 are each amended to read as follows:~~

~~(1) The administrative officer shall act as executive secretary and administrative officer for the ((local)) district board of health, and shall be responsible for administering the operations of the board including such other administrative duties required by the ((local)) district board of health ((board)), except for duties assigned to the health officer as enumerated in RCW 70.05.070 and other applicable state law.~~

~~(2) The administrative officer must hold the degree of master or doctor of public health, master or doctor of public administration, master of public policy, master of business administration, or an equivalent degree.~~

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Sec. 14. ~~RCW 70.05.050 and 1996 c 178 s 19 are each amended to read as follows:~~

~~(1) The ((local)) district health officer shall be an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in this state and who is qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055 to hold the office of ((local)) district health officer. ((No term of office shall be established for the local health officer but the local health officer shall not be removed until after notice is given, and an opportunity for a hearing before the board or official responsible for his or her appointment under this section as to the reason for his or her removal. The local health officer shall act as executive secretary to, and administrative officer for the local board of health and shall also be empowered to employ such technical and other personnel as approved by the local board of health except where the local board of health has appointed an administrative officer under RCW 70.05.040. The local health officer shall be paid such salary and allowed such expenses as shall be determined by the local board of health. In home rule counties that are part of a health district under this chapter and chapter 70.46 RCW the local health officer and administrative officer shall be appointed by the local board of health.))~~

~~(2) The district board of health must submit its district health officer candidate to the secretary.~~

~~(3) After determining whether the district health officer candidate is qualified and committed to the public health of the community in the region, the secretary may appoint the district health officer whose salary is to be paid by the department.~~

~~(4) The district board of health may petition the secretary for termination of the district health officer for cause. The secretary may terminate the district health officer for cause.~~

~~Sec. 15. RCW 70.05.051 and 1979 c 141 s 75 are each amended to read as follows:~~

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~~The following persons holding licenses as required by RCW 70.05.050 shall be deemed qualified to hold the position of ((local)) district health officer:~~

~~(1) Persons holding the degree of master or doctor of public health, completed a preventative medicine residency program, or ((its)) an equivalent degree; and~~

~~(2) ((Persons not meeting the requirements of subsection (1) of this section, who upon August 11, 1969 are currently employed in this state as a local health officer and whom the secretary of social and health services recommends in writing to the local board of health as qualified; and~~

~~(3)) Persons qualified by virtue of completing three years of service as a provisionally qualified officer pursuant to RCW 70.05.053 through 70.05.055.~~

~~(3) Persons must live in the district and maintain full-time residency in the district no later than six months after appointment. Exceptions may be granted by the secretary for extraordinary circumstances.~~

~~**Sec. 16.** RCW 70.05.053 and 1991 c 3 s 305 are each amended to read as follows:~~

~~A person holding a license required by RCW 70.05.050 but not meeting any of the requirements for qualification prescribed by RCW 70.05.051 may be appointed by the ((board or official responsible for appointing the local health officer under RCW 70.05.050 as a provisionally qualified local health officer)) secretary for a maximum period of three years upon the following conditions and in accordance with the following procedures:~~

~~(1) He or she shall participate in an in-service orientation to the field of public health as provided in RCW 70.05.054, and~~

~~(2) He or she shall satisfy the secretary ((of health)) pursuant to the periodic interviews prescribed by RCW 70.05.055 that he or she has successfully completed such in-service orientation and is conducting such program of good health practices as may be required by the jurisdictional area concerned.~~

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~~Sec. 17.~~ RCW 70.05.054 and 1991 c 3 s 306 are each amended to read as follows:

~~The secretary ((of health)) shall provide an in-service public health orientation program for the benefit of provisionally qualified ((local)) district health officers.~~

~~Such program shall consist of—~~

~~(1) A three months course in public health training conducted by the secretary either in the state department of health, in a county and/or city health department, in a local health district, or in an institution of higher education; or~~

~~(2) An on-the-job, self-training program pursuant to a standardized syllabus setting forth the major duties of a ((local)) district health officer including the techniques and practices of public health principles expected of qualified ((local)) district health officers: PROVIDED, That each provisionally qualified ((local)) district health officer may choose which type of training he or she shall pursue.~~

~~Sec. 18.~~ RCW 70.05.055 and 1991 c 3 s 307 are each amended to read as follows:

~~Each year, on a date which shall be as near as possible to the anniversary date of appointment as provisional ((local)) district health officer, the secretary ((of health or his or her)) or the secretary's designee shall personally visit such provisional officer's office for a personal review and discussion of the activity, plans, and study being carried on relative to the provisional officer's jurisdictional area: PROVIDED, That the third such interview shall occur three months prior to the end of the three year provisional term. A standardized checklist shall be used for all such interviews, but such checklist shall not constitute a grading sheet or evaluation form for use in the ultimate decision of qualification of the provisional appointee as a public health officer.~~

~~Copies of the results of each interview shall be supplied to the provisional officer within two weeks following each such interview.~~

~~Following the third such interview, the secretary shall evaluate the provisional ((local)) district health officer's in-service performance and shall notify such officer by certified mail of ((his or her)) the secretary's decision whether or not to qualify such officer as a ((local public)) district health officer. Such notice shall be mailed at least sixty days prior to the third anniversary date of provisional appointment. Failure to so mail such notice shall constitute a decision that such provisional officer is qualified.~~

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~~**Sec. 19.** RCW 70.05.060 and 1991 c 3 s 308 are each amended to read as follows:~~

~~Each ((local)) district board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:~~

~~((1) Enforce, through the ((local)) district health officer or the administrative officer appointed under RCW 70.05.040, ((if any,)) the public health statutes of the state and rules ((promulgated)) adopted by the state board of health and the secretary ((of health));~~

~~((2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;~~

~~((3) Enact ((such local)) district rules and regulations ((as are)) necessary ((in order)) to preserve, promote, and improve the public health and provide for the enforcement thereof;~~

~~((4) Provide for the control and prevention of any dangerous, contagious, or infectious disease within the jurisdiction of the ((local)) district health department;~~

~~((5) Provide for the prevention, control, and abatement of nuisances detrimental to the public health;~~

~~(6) Make such reports to the state board of health and department through the ((local)) district health officer or the administrative officer as the state board of health or department may require; ((and))~~

~~(7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services; and~~

~~(8) Maintain open communication and close coordination with the department to ensure consistent implementation of public health interventions.~~

~~**Sec. 20.** RCW 70.05.070 and 2020 c 20 s 1066 are each amended to read as follows:~~

~~The ((local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall)) district health officer must:~~

~~(1) Enforce the public health statutes of the state, rules of the state board of health and the secretary ((of health)), and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70A.125.030 and 70A.105.120, the confidentiality provisions in RCW 70.02.220 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;~~

~~(2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;~~

~~(3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;~~

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~~(4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;~~

~~(5) Prevent, control or abate nuisances which are detrimental to the public health;~~

~~(6) Attend all conferences called by the secretary ((of health)) or his or her authorized representative;~~

~~(7) Collect such fees as are established by the state board of health or the ((local)) district board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;~~

~~(8) Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;~~

~~(9) Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the ((local)) district health department or individuals engaged in community health programs related to or part of the programs of the ((local)) district health department.~~

~~**Sec. 21.** RCW 70.05.072 and 1995 c 263 s 1 are each amended to read as follows:~~

~~The ((local)) district health officer may grant a waiver from specific requirements adopted by the state board of health for on-site sewage systems if:~~

~~(1) The on-site sewage system for which a waiver is requested is for sewage flows under three thousand five hundred gallons per day;~~

~~(2) The waiver request is evaluated by the ((local)) district health officer on an individual, site-by-site basis;~~

~~(3) The ((local)) district health officer determines that the waiver is consistent with the standards in, and the intent of, the state board of health rules; and~~

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~~(4) The ((local)) district health officer submits quarterly reports to the department regarding any waivers approved or denied.~~

~~Based on review of the quarterly reports, if the department finds that the waivers previously granted have not been consistent with the standards in, and intent of, the state board of health rules, the department shall provide technical assistance to the ((local)) district health officer to correct the inconsistency, and may notify the local and state boards of health of the department's concerns.~~

~~If upon further review of the quarterly reports, the department finds that the inconsistency between the waivers granted and the state board of health standards has not been corrected, the department may suspend the authority of the ((local)) district health officer to grant waivers under this section until such inconsistencies have been corrected.~~

~~**Sec. 22.** RCW 70.05.074 and 1997 c 447 s 2 are each amended to read as follows:~~

~~(1) The ((local)) district health officer must respond to the applicant for an on-site sewage system permit within thirty days after receiving a fully completed application. The ((local)) district health officer must respond that the application is either approved, denied, or pending.~~

~~(2) If the ((local)) district health officer denies an application to install an on-site sewage system, the denial must be for cause and based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. The ((local)) district health officer must provide the applicant with a written justification for the denial, along with an explanation of the procedure for appeal.~~

~~(3) If the ((local)) district health officer identifies the application as pending and subject to review beyond thirty days, the ((local)) district health officer must provide the applicant with a~~

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~~written justification that the site-specific conditions or circumstances necessitate a longer time period for a decision on the application. The ((local)) district health officer must include any specific information necessary to make a decision and the estimated time required for a decision to be made.~~

~~(4) A ((local)) district health officer may not limit the number of alternative sewage systems within his or her jurisdiction without cause. Any such limitation must be based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. If such a limitation is established, the ((local)) district health officer must justify the limitation in writing, with specific reasons, and must provide an explanation of the procedure for appealing the limitation.~~

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~~**Sec. 23.** RCW 70.05.077 and 1998 c 34 s 3 are each amended to read as follows:~~

~~(1) The department ((of health)), in consultation and cooperation with ((local)) district environmental health officers, shall develop a one-day course to train ((local)) district environmental health officers, health officers, and environmental health specialists and technicians to address the application of the waiver authority granted under RCW 70.05.072 as well as other existing statutory or regulatory flexibility for siting on-site sewage systems.~~

~~(2) The training course shall include the following topics:~~

~~(a) The statutory authority to grant waivers from the state on-site sewage system rules;~~

~~(b) The regulatory framework for the application of on-site sewage treatment and disposal technologies, with an emphasis on the differences between rules, standards, and guidance. The course shall include instruction on interpreting the intent of a rule rather than the strict reading of the language of a rule, and also discuss the~~

~~liability assumed by a unit of local government when local rules, policies, or practices deviate from the state administrative code;~~

~~(c) The application of site evaluation and assessment methods to match the particular site and development plans with the on-site sewage treatment and disposal technology suitable to protect public health to at least the level provided by state rule; and~~

~~(d) Instruction in the concept and application of mitigation waivers.~~

~~(3) The training course shall be made available to all ((local)) district health departments and districts in various locations in the state without fee. Updated guidance documents and materials shall be provided to all participants, including examples of the types of waivers and processes that other jurisdictions in the region have granted and used. ((The first training conducted under this section shall take place by June 30, 1999.))~~

~~**Sec. 24.** RCW 70.05.090 and 1991 c 3 s 311 are each amended to read as follows:~~

~~Whenever any physician shall attend any person sick with any dangerous contagious or infectious disease, or with any diseases required by the state board of health to be reported, he or she shall, within twenty-four hours, give notice thereof to the ((local)) district health officer within whose jurisdiction such sick person may then be or to the state department of health in Olympia.~~

~~**Sec. 25.** RCW 70.05.100 and 1991 c 3 s 312 are each amended to read as follows:~~

~~In case of the question arising as to whether or not any person is affected or is sick with a dangerous, contagious or infectious disease, the opinion of the ((local)) district health officer shall prevail until the ((state)) department ((of health)) can be notified, and then the opinion of the executive officer of the~~

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~~((state)) department ((of health)), or any physician he or she may appoint to examine such case, shall be final.~~

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~~**Sec. 26.** RCW 70.05.110 and 1967 ex.s. c 51 s 16 are each amended to read as follows:~~

~~It shall be the duty of the ((local)) district board of health, health authorities or officials, and of physicians in localities where there are no local health authorities or officials, to report to the state board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or leprosy, and of such other contagious or infectious diseases as the state board may from time to time specify.~~

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~~**Sec. 27.** RCW 70.05.120 and 2003 c 53 s 350 are each amended to read as follows:~~

~~((1)) ((Any local health officer or administrative officer appointed under RCW 70.05.040, if any, who shall refuse or neglect to obey or enforce the provisions of chapters 70.05, 70.24, and 70.46 RCW or the rules, regulations or orders of the state board of health or who shall refuse or neglect to make prompt and accurate reports to the state board of health, may be removed as local health officer or administrative officer by the state board of health and shall not again be reappointed except with the consent of the state board of health. Any person may complain to the state board of health concerning the failure of the local health officer or administrative officer to carry out the laws or the rules and regulations concerning public health, and the state board of health shall, if a preliminary investigation so warrants, call a hearing to determine whether the local health officer or administrative officer is guilty of the alleged acts. Such hearings shall be held pursuant to the provisions of chapter 34.05 RCW, and the rules and regulations of the state board of health adopted thereunder.~~

~~((2))) Any member of a ((local)) district board of health who ((shall violate)) violates any of the provisions of ((chapters 70.05, 70.24, and 70.46)) this chapter or chapter 70.24 RCW or ((refuse or neglect)) refuses or neglects to obey or enforce any of the rules, regulations or orders of the state board of health made for the prevention, suppression, or control of any dangerous contagious or infectious disease or for the protection of the health of the people of this state, is guilty of a misdemeanor, and upon conviction shall be fined not less than ((ten dollars)) \$10 nor more than ((two hundred dollars)) \$200.~~

~~((((3))) (2) Any physician who ((shall refuse or neglect)) refuses or neglects to report to the proper health officer or administrative officer within twelve hours after first attending any case of contagious or infectious disease or any diseases required by the state board of health to be reported or any case suspicious of being one of such diseases, is guilty of a misdemeanor, and upon conviction shall be fined not less than ((ten dollars)) \$10 nor more than ((two hundred dollars)) \$200 for each case that is not reported.~~

~~((((4))) (3) Any person violating any of the provisions of ((chapters 70.05, 70.24, and 70.46)) this chapter or chapter 70.24 RCW or violating or refusing or neglecting to obey any of the rules, regulations or orders made for the prevention, suppression and control of dangerous contagious and infectious diseases by the ((local)) district board of health or ((local)) district health officer or administrative officer or state board of health, or who shall leave any isolation hospital or quarantined house or place without the consent of the proper health officer or who evades or breaks quarantine or conceals a case of contagious or infectious disease or assists in evading or breaking any quarantine or concealing any case of contagious or infectious disease, is guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than ((twenty five dollars)) \$25 nor more than~~

~~((one hundred dollars)) \$100 or to imprisonment in the county jail not to exceed ((ninety)) 90 days or to both fine and imprisonment.~~

Sec. 18. RCW 70.05.130 and 1993 c 492 s 242 are each amended to read as follows:

All expenses incurred by the state, health district, or county in carrying out the provisions of ~~((chapters 70.05 and 70.46 RCW))~~ ~~this chapter~~ or any other public health law, ~~((or))~~ the rules of the department of health enacted under such laws, or enforcing proclamations of the governor during a public health emergency, shall be paid by the ~~((county))~~ comprehensive health services district the county is located in and such expenses shall constitute a claim against the general fund as provided in this section.

NEW SECTION. **Sec. 19.** (1) A county may not make a material change to its public health governance structure unless:

(a) The county notifies the state board of health of its intention to make the material change. The notification must, at a minimum, include:

(i) A description of the current governance structure, including the relationships between its component parts;

(ii) Whether the current governance structure is meeting the county's governance, legal requirements, and objectives;

(iii) The county's rationale for the planned material change, including:

(A) Opportunities for new collaborations or funding; and

(B) Effects on health and equity;

(iv) The impact the planned material change will have on current public health programs, staffing, or funding; and

(v) The populations most likely to be affected by the planned material change, including:

(A) How the change would change staffing and capacity;

(B) How the change in staffing capacity will affect services to the community; and

(C) The communities that will be most directly affected;

(b) The state board of health has found that the planned material change would not have an adverse effect on health disparities, social determinants of health, or the provision of public health services in the county. For a combined city-county health department established under chapter 70.08 RCW, the state board of health has also found that the planned material change would not have an adverse effect on health disparities, social determinants of health, or the provision of public health services in the partner city; and

(c) Based on the findings in (b) of this subsection, the state board of health has approved the material change.

(2) Prior to making a material change to a county's public health governance structure, the county legislative authority shall:

(a) Provide notice and a meaningful opportunity for the public to comment on the material change including, but not limited to, at least two public meetings held at different locations within the county. For a combined city-county health department established under chapter 70.08 RCW, the county and city must jointly conduct a third public meeting within the boundaries of the partner city;

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the material change. The mediator must be appointed by the state board of health and be paid for by the county seeking the material change; and

(c) Approve the material change by a majority vote of the county legislative authority taken in an open public meeting. Upon approval of the material change under subsection (1)(c) of this section, the county legislative authority shall immediately transmit notice of the approval to the state board of health.

(3) The material change may not go into effect less than 12 months after the vote of the county legislative authority under subsection (1) of this section. The county may not reduce the amount of funding it appropriates for public health purposes for at

least 36 months after the vote of the county legislative authority under subsection (1) of this section.

(4) For purposes of this section, a material change to a county's public health governance structure includes, but is not limited to:

(a) Joining or withdrawing from a local health district under chapter 70.46 RCW;

(b) Entering or terminating an agreement for a combined city-county health department under chapter 70.08 RCW; or

(c) Amending the county charter or enacting an ordinance altering the composition of the local board of health.

NEW SECTION. **Sec. 20.** (1) The state board of health shall monitor the implementation of any material change to a county's public health governance structure to ensure the county's compliance with section 1 of this act.

(2) If the state board of health determines that the county has not complied with section 1 of this act, it shall issue a preliminary notice of violation to the county.

(3) Upon receipt of a preliminary notice of violation, the county must immediately cease all activities related to the material change and cure the violation within 30 calendar days.

(4) If the county fails to cure the violation within 30 calendar days, the state board of health shall issue a final notice of violation to the county and send a copy of the final notice to the state treasurer.

Sec. 21. RCW 70.08.100 and 1949 c 46 s 10 are each amended to read as follows:

Agreement to operate a combined city and county health department made under this chapter may after two years from the date of such agreement, be terminated by either party at the end of any calendar year upon notice in writing given at least ~~((six))~~ 12 months prior thereto. The termination of such agreement shall not

relieve either party of any obligations to which it has been previously committed. Termination of the agreement is subject to the requirements of section 19 of this act.

Sec. 22. RCW 70.46.090 and 1993 c 492 s 251 are each amended to read as follows:

(1) Any county may withdraw from membership in said health district any time after it has been within the district for a period of two years, but no withdrawal shall be effective except at the end of the calendar year in which the county gives at least ~~((six))~~ 12 months' notice of its intention to withdraw at the end of the calendar year. No withdrawal shall entitle any member to a refund of any moneys paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective.

~~((Any))~~ (2) Except as provide in subsection (3), any county which withdraws from membership in said health district shall immediately establish a health department or provide health services which shall meet the standards for health services promulgated by the state board of health. No local health department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050.

(3) Withdrawal from a health district is subject to the requirements of section 19 of this act.

Sec. 23. RCW 69.50.540 and 2020 c 357 s 916 and 2020 c 236 s 4 are each reenacted and amended to read as follows:

The legislature must annually appropriate moneys in the dedicated marijuana account created in RCW 69.50.530 as follows:

(1) For the purposes listed in this subsection (1), the legislature must appropriate to the respective agencies amounts

sufficient to make the following expenditures on a quarterly basis or as provided in this subsection:

(a) (~~(One hundred twenty-five thousand dollars)~~) \$125,000 to the health care authority to design and administer the Washington state healthy youth survey, analyze the collected data, and produce reports, in collaboration with the office of the superintendent of public instruction, department of health, department of commerce, family policy council, and board. The survey must be conducted at least every two years and include questions regarding, but not necessarily limited to, academic achievement, age at time of substance use initiation, antisocial behavior of friends, attitudes toward antisocial behavior, attitudes toward substance use, laws and community norms regarding antisocial behavior, family conflict, family management, parental attitudes toward substance use, peer rewarding of antisocial behavior, perceived risk of substance use, and rebelliousness. Funds disbursed under this subsection may be used to expand administration of the healthy youth survey to student populations attending institutions of higher education in Washington;

(b) (~~(Fifty thousand dollars)~~) \$50,000 to the health care authority for the purpose of contracting with the Washington state institute for public policy to conduct the cost-benefit evaluation and produce the reports described in RCW 69.50.550. This appropriation ends after production of the final report required by RCW 69.50.550;

(c) (~~(Five thousand dollars)~~) \$5,000 to the University of Washington alcohol and drug abuse institute for the creation, maintenance, and timely updating of web-based public education materials providing medically and scientifically accurate information about the health and safety risks posed by marijuana use;

(d) (i) An amount not less than (~~(one million two hundred fifty thousand dollars)~~) \$1,250,000 to the board for administration of this chapter as appropriated in the omnibus appropriations act;

~~(ii) ((One million three hundred twenty-three thousand dollars))~~
\$1,323,000 for fiscal year 2020 to the health professions account
established under RCW 43.70.320 for the development and
administration of the marijuana authorization database by the
department of health;

~~(iii) ((Two million four hundred fifty-three thousand dollars))~~
\$2,453,000 for fiscal year 2020 and ~~((two million seven hundred~~
~~ninety-three thousand dollars))~~ \$2,793,000 for fiscal year 2021 to
the Washington state patrol for a drug enforcement task force. It is
the intent of the legislature that this policy will be continued in
the 2021-2023 fiscal biennium; and

~~(iv) ((Ninety-eight thousand dollars))~~ \$98,000 for fiscal year
2019 to the department of ecology for research on accreditation of
marijuana product testing laboratories;

~~(e) ((Four hundred sixty-five thousand dollars))~~ \$465,000 for
fiscal year 2020 and ~~((four hundred sixty-four thousand dollars))~~
\$464,000 for fiscal year 2021 to the department of ecology for
implementation of accreditation of marijuana product testing
laboratories;

~~(f) ((One hundred eighty-nine thousand dollars))~~ \$189,000 for
fiscal year 2020 to the department of health for rule making
regarding compassionate care renewals;

~~(g) ((Eight hundred eight thousand dollars))~~ \$808,000 for fiscal
year 2020 and ~~((eight hundred eight thousand dollars))~~ \$808,000 for
fiscal year 2021 to the department of health for the administration
of the marijuana authorization database;

~~(h) ((Six hundred thirty-five thousand dollars))~~ \$635,000 for
fiscal year 2020 and ~~((six hundred thirty-five thousand dollars))~~
\$635,000 for fiscal year 2021 to the department of agriculture for
compliance-based laboratory analysis of pesticides in marijuana;

~~(i) ((One million one hundred thousand dollars))~~ \$1,100,000
annually to the department of commerce to fund the marijuana social
equity technical assistance competitive grant program under RCW
43.330.540; and

(j) ~~((One million one hundred thousand dollars))~~ \$1,100,000 for fiscal year 2021 to the department of commerce to fund the marijuana social equity technical assistance competitive grant program under Engrossed Second Substitute House Bill No. 2870 (marijuana retail licenses); and

(2) From the amounts in the dedicated marijuana account after appropriation of the amounts identified in subsection (1) of this section, the legislature must appropriate for the purposes listed in this subsection (2) as follows:

(a) (i) Up to ~~((fifteen))~~ 15 percent to the health care authority for the development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance use disorder, substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school-age students, whether as an explicit goal of a given program or practice or as a consistently corresponding effect of its implementation, mental health services for children and youth, and services for pregnant and parenting women; PROVIDED, That:

(A) Of the funds appropriated under (a) (i) of this subsection for new programs and new services, at least ~~((eighty-five))~~ 85 percent must be directed to evidence-based or research-based programs and practices that produce objectively measurable results and, by September 1, 2020, are cost-beneficial; and

(B) Up to ~~((fifteen))~~ 15 percent of the funds appropriated under (a) (i) of this subsection for new programs and new services may be directed to proven and tested practices, emerging best practices, or promising practices.

(ii) In deciding which programs and practices to fund, the director of the health care authority must consult, at least annually, with the University of Washington's social development research group and the University of Washington's alcohol and drug abuse institute.

(iii) For each fiscal year, the legislature must appropriate a minimum of ~~((twenty-five million five hundred thirty-six thousand dollars))~~ \$25,536,000 under this subsection (2) (a);

(b) (i) Up to ~~((ten))~~ 10 percent to the department of health for the following, subject to (b) (ii) of this subsection (2):

(A) Creation, implementation, operation, and management of a marijuana education and public health program that contains the following:

(I) A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or research-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach;

(II) A grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth; and

(III) Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use; and

(B) The Washington poison control center.

(ii) For each fiscal year, the legislature must appropriate a minimum of ~~((nine million seven hundred fifty thousand dollars))~~ \$9,750,000 under this subsection (2) (b);

(c) (i) Up to six-tenths of one percent to the University of Washington and four-tenths of one percent to Washington State University for research on the short and long-term effects of marijuana use, to include but not be limited to formal and informal methods for estimating and measuring intoxication and impairment, and for the dissemination of such research.

(ii) For each fiscal year, except for the 2017-2019 and 2019-2021 fiscal biennia, the legislature must appropriate a minimum of

~~((one million twenty one thousand dollars))~~ \$1,021,000 to the University of Washington. For each fiscal year, except for the 2017-2019 and 2019-2021 fiscal biennia, the legislature must appropriate a minimum of ~~((six hundred eighty one thousand dollars))~~ \$681,000 to Washington State University under this subsection (2)(c). It is the intent of the legislature that this policy will be continued in the 2019-2021 fiscal biennium;

(d) Fifty percent to the state basic health plan trust account to be administered by the Washington basic health plan administrator and used as provided under chapter 70.47 RCW;

(e) Five percent to the Washington state health care authority to be expended exclusively through contracts with community health centers to provide primary health and dental care services, migrant health services, and maternity health care services as provided under RCW 41.05.220;

(f) (i) Up to three-tenths of one percent to the office of the superintendent of public instruction to fund grants to building bridges programs under chapter 28A.175 RCW.

(ii) For each fiscal year, the legislature must appropriate a minimum of ~~((five hundred eleven thousand dollars))~~ \$511,000 to the office of the superintendent of public instruction under this subsection (2)(f); and

(g) At the end of each fiscal year, the treasurer must transfer any amounts in the dedicated marijuana account that are not appropriated pursuant to subsection (1) of this section and this subsection (2) into the general fund, except as provided in (g) (i) of this subsection (2).

(i) ~~((Beginning))~~ Except as provided in (g) (iv) of this subsection (2), beginning in fiscal year 2018, if marijuana excise tax collections deposited into the general fund in the prior fiscal year exceed ~~((twenty five million dollars))~~ \$25,000,000, then each fiscal year the legislature must appropriate an amount equal to ~~((thirty))~~ 30 percent of all marijuana excise taxes deposited into

the general fund the prior fiscal year to the treasurer for distribution to counties, cities, and towns as follows:

(A) Thirty percent must be distributed to counties, cities, and towns where licensed marijuana retailers are physically located. Each jurisdiction must receive a share of the revenue distribution under this subsection (2)(g)(i)(A) based on the proportional share of the total revenues generated in the individual jurisdiction from the taxes collected under RCW 69.50.535, from licensed marijuana retailers physically located in each jurisdiction. For purposes of this subsection (2)(g)(i)(A), ~~((one hundred))~~ 100 percent of the proportional amount attributed to a retailer physically located in a city or town must be distributed to the city or town.

(B) Seventy percent must be distributed to counties, cities, and towns ratably on a per capita basis. Counties must receive ~~((sixty))~~ 60 percent of the distribution, which must be disbursed based on each county's total proportional population. Funds may only be distributed to jurisdictions that do not prohibit the siting of any state licensed marijuana producer, processor, or retailer.

(ii) Distribution amounts allocated to each county, city, and town must be distributed in four installments by the last day of each fiscal quarter.

(iii) By September 15th of each year, the board must provide the state treasurer the annual distribution amount, if any, for each county and city as determined in (g)(i) of this subsection (2).

(iv) The total share of marijuana excise tax revenues distributed to counties and cities in (g)(i) of this subsection (2) may not exceed ~~((fifteen million dollars))~~ \$15,000,000 in fiscal years 2018, 2019, 2020, and 2021, and ~~((twenty million dollars))~~ \$20,000,000 per fiscal year thereafter. It is the intent of the legislature that the policy for the maximum distributions in the subsequent fiscal biennia will be no more than ~~((fifteen million dollars))~~ \$15,000,000 per fiscal year.

(v) Upon receipt of a final notice from the state board of health under section 20(4) of this act that a county has failed to

comply with section 19 of this act, the treasurer shall cease all future distributions to the county under this subsection (2). Beginning on January 1, 2024, any distributions under this section that would have gone to the county subject to the final notice, must be distributed to the comprehensive public health services district that the county is located in.

Sec. 24. RCW 82.08.170 and 2020 c 357 s 919 are each amended to read as follows:

(1) Except as provided in subsections (4) (~~and (5)~~) through (6) of this section, during the months of January, April, July, and October of each year, the state treasurer must make the transfers required under subsections (2) and (3) of this section from the liquor excise tax fund and then the apportionment and distribution of all remaining moneys in the liquor excise tax fund to the counties, cities, and towns in the following proportions: (a) (~~Twenty~~) 20 percent of the moneys in the liquor excise tax fund must be divided among and distributed to the counties of the state in accordance with the provisions of RCW 66.08.200; and (b) (~~eighty~~) 80 percent of the moneys in the liquor excise tax fund must be divided among and distributed to the cities and towns of the state in accordance with the provisions of RCW 66.08.210.

(2) Each fiscal quarter and prior to making the (~~twenty~~) 20 percent distribution to counties under subsection (1)(a) of this section, the treasurer shall transfer to the liquor revolving fund created in RCW 66.08.170 sufficient moneys to fund the allotments from any legislative appropriations for county research and services as provided under chapter 43.110 RCW.

(3) During the months of January, April, July, and October of each year, the state treasurer must transfer (~~two million five hundred thousand dollars~~) \$2,500,000 from the liquor excise tax fund to the state general fund.

(4) During calendar year 2012, the October distribution under subsection (1) of this section and the July and October transfers

under subsections (2) and (3) of this section must not be made.
During calendar year 2013, the January, April, and July
distributions under subsection (1) of this section and transfers
under subsections (2) and (3) of this section must not be made.

(5) During the 2015-2017 and 2019-2021 fiscal biennia, the
liquor excise tax fund may be appropriated for the local government
fiscal note program in the department of commerce. It is the intent
of the legislature to continue this policy in the subsequent fiscal
biennium.

(6) Upon receipt of a final notice from the state board of
health under section 20(4) of this act that a county has failed to
comply with section 19 of this act, the treasurer shall cease all
future distributions to the county under this section. Beginning on
January 1, 2024, any distributions under this section that would
have gone to the county subject to the final notice, must be
distributed to the comprehensive public health services district
that the county is located in.

~~Sec. 29. RCW 70.05.150 and 2011 c 27 s 4 are each amended to~~
~~read as follows:~~

~~In addition to powers already granted them, any county((,)) or~~
~~district((, or local)) health department may contract for either the~~
~~sale or purchase of any or all health services from any ((local))~~
~~district health department.~~

~~Sec. 30. RCW 70.05.160 and 1992 c 207 s 7 are each amended to~~
~~read as follows:~~

~~A ((local)) district board of health that adopts a moratorium~~
~~affecting water hookups, sewer hookups, or septic systems without~~
~~holding a public hearing on the proposed moratorium, shall hold a~~
~~public hearing on the adopted moratorium within at least sixty days~~
~~of its adoption. If the board does not adopt findings of fact~~
~~justifying its action before this hearing, then the board shall do~~
~~so immediately after this public hearing. A moratorium adopted under~~

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~~this section may be effective for not longer than six months, but may be effective for up to one year if a work plan is developed for related studies providing for such a longer period. A moratorium may be renewed for one or more six-month periods if a subsequent public hearing is held and findings of fact are made prior to each renewal.~~

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~~Sec. 31. RCW 70.05.170 and 2010 c 128 s 1 are each amended to read as follows:~~

~~(1) (a) The legislature finds that the mortality rate in Washington state among infants and children less than eighteen years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child mortality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington state.~~

~~(b) It is the intent of the legislature to encourage the performance of child death reviews by ((local)) district health departments by providing necessary legal protections to the families of children whose deaths are studied, ((local)) district health department officials and employees, and health care professionals participating in child mortality review committee activities.~~

~~(2) As used in this section, "child mortality review" means a process authorized by a ((local)) district health department as such department is defined in RCW 70.05.010 for examining factors that contribute to deaths of children less than eighteen years of age. The process may include a systematic review of medical, clinical, and hospital records; home interviews of parents and caretakers of children who have died; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.~~

~~(3) ((Local)) District health departments are authorized to conduct child mortality reviews. In conducting such reviews, the following provisions shall apply:~~

~~(a) All health care information collected as part of a child mortality review is confidential, subject to the restrictions on disclosure provided for in chapter 70.02 RCW. When documents are collected as part of a child mortality review, the records may be used solely by ((local)) district health departments for the purposes of the review.~~

~~(b) No identifying information related to the deceased child, the child's guardians, or anyone interviewed as part of the child mortality review may be disclosed. Any such information shall be redacted from any records produced as part of the review.~~

~~(c) Any witness statements or documents collected from witnesses, or summaries or analyses of those statements or records prepared exclusively for purposes of a child mortality review, are not subject to public disclosure, discovery, subpoena, or introduction into evidence in any administrative, civil, or criminal proceeding related to the death of a child reviewed. This provision does not restrict or limit the discovery or subpoena from a health care provider of records or documents maintained by such health care provider in the ordinary course of business, whether or not such records or documents may have been supplied to a ((local)) district health department pursuant to this section. This provision shall not restrict or limit the discovery or subpoena of documents from such witnesses simply because a copy of a document was collected as part of a child mortality review.~~

~~(d) No ((local)) district health department official or employee, and no members of technical committees established to perform case reviews of selected child deaths may be examined in any administrative, civil, or criminal proceeding as to the existence or contents of documents assembled, prepared, or maintained for purposes of a child mortality review.~~

~~(c) This section shall not be construed to prohibit or restrict any person from reporting suspected child abuse or neglect under chapter 26.44 RCW nor to limit access to or use of any records, documents, information, or testimony in any civil or criminal action arising out of any report made pursuant to chapter 26.44 RCW.~~

~~(4) The department shall assist ((local)) district health departments to collect the reports of any child mortality reviews conducted by ((local)) district health departments and assist with entering the reports into a database to the extent that the data is not protected under subsection (3) of this section. Notwithstanding subsection (3) of this section, the department shall respond to any requests for data from the database to the extent permitted for health care information under chapter 70.02 RCW. In addition, the department shall provide technical assistance to ((local)) district health departments and child death review coordinators conducting child mortality reviews and encourage communication among child death review teams. The department shall conduct these activities using only federal and private funding.~~

~~(5) This section does not prevent a ((local)) district health department from publishing statistical compilations and reports related to the child mortality review. Any portions of such compilations and reports that identify individual cases and sources of information must be redacted.~~

~~**Sec. 32.** RCW 70.05.180 and 1999 c 391 s 2 are each amended to read as follows:~~

~~A person rendering emergency care or transportation, commonly known as a "Good Samaritan," as described in RCW 4.24.300 and 4.24.310, may request and receive appropriate infectious disease testing free of charge from the ((local)) district health department of the county of her or his residence, if: (1) While rendering emergency care she or he came into contact with bodily fluids; and (2) she or he does not have health insurance that covers the testing. Nothing in this section requires a ((local)) district~~

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~~health department to provide health care services beyond testing. The department shall adopt rules implementing this section.~~

~~The information obtained from infectious disease testing is subject to statutory confidentiality provisions, including those of chapters 70.24 and 70.05 RCW.~~

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~~**Sec. 33.** RCW 70.05.190 and 2012 c 175 s 1 are each amended to read as follows:~~

~~(1) A ((local)) district board of health in the twelve counties bordering Puget Sound implementing an on-site sewage program management plan may:~~

~~(a) Impose and collect reasonable rates or charges in an amount sufficient to pay for the actual costs of administration and operation of the on-site sewage program management plan; and~~

~~(b) Contract with the county treasurer to collect the rates or charges imposed under this section in accordance with RCW 84.56.035.~~

~~(2) In executing the provisions in subsection (1) of this section, a ((local)) district board of health does not have the authority to impose a lien on real property for failure to pay rates and charges imposed by this section.~~

~~(3) Nothing in this section provides a ((local)) district board of health with the ability to impose and collect rates and charges related to the implementation of an on-site sewage program management plan beyond those powers currently designated under RCW 70.05.060(7).~~

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~~**Sec. 34.** RCW 43.20.025 and 2019 c 185 s 1 are each reenacted and amended to read as follows:~~

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

~~(1) "Commissary" means an approved food establishment where food is stored, prepared, portioned, or packaged for service elsewhere.~~

~~(2) "Commissions" means the Washington state commission on African American affairs established in chapter 43.113 RCW, the~~

~~Washington state commission on Asian Pacific American affairs established in chapter 43.117 RCW, the Washington state commission on Hispanic affairs established in chapter 43.115 RCW, and the governor's office of Indian affairs.~~

~~(3) "Consumer representative" means any person who is not an elected official, who has no fiduciary obligation to a health facility or other health agency, and who has no material financial interest in the rendering of health services.~~

~~(4) "Council" means the governor's interagency coordinating council on health disparities, convened according to this chapter.~~

~~(5) "Department" means the department of health.~~

~~(6) "District health board" means a health board created under chapter 70.05 RCW.~~

~~(7) "District health officer" means the legally qualified physician appointed as a health officer under chapter 70.05 RCW.~~

~~(8) "Health ((disparities)) inequities" means the difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions, including lack of access to proven health care services that exists between specific population groups in Washington state and that are unjust.~~

~~((7)) (9) "Health impact review" means a review of a legislative or budgetary proposal completed according to the terms of this chapter that determines the extent to which the proposal improves or exacerbates health ((disparities)) inequities.~~

~~((8) "Local health board" means a health board created pursuant to chapter 70.05, 70.08, or 70.46 RCW.~~

~~(9) "Local health officer" means the legally qualified physician appointed as a health officer pursuant to chapter 70.05, 70.08, or 70.46 RCW.))~~

~~(10) "Mobile food unit" means a readily movable food establishment.~~

~~(11) "Regulatory authority" means the ((local)) district, state, or federal enforcement body or authorized representative having jurisdiction over the food establishment. The ((local)) district~~

~~health board ((of health)), acting through the ((local)) district health officer, is the regulatory authority for the activity of a food establishment, except as otherwise provided by law.~~

~~(12) "Secretary" means the secretary of health, or the secretary's designee.~~

~~(13) "Servicing area" means an operating base location to which a mobile food unit or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.~~

~~(14) "Social determinants of health" means those elements of social structure most closely shown to affect health and illness, including at a minimum, early learning, education, socioeconomic standing, safe housing, gender, incidence of violence, convenient and affordable access to safe opportunities for physical activity, healthy diet, and appropriate health care services.~~

~~(15) "State board" means the state board of health created under this chapter.~~

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~~**Sec. 35.** RCW 43.20.030 and 2009 c 549 s 5072 are each amended to read as follows:~~

~~The state board of health shall be composed of ten members. These shall be the secretary or the secretary's designee and nine other persons to be appointed by the governor, including four persons experienced in matters of health and sanitation, one of whom is a health official from a federally recognized tribe, an elected city official who is a member of a ((local)) district health board, an elected county official who is a member of a ((local)) district health board, a ((local)) district health officer, and two persons representing the consumers of health care. Before appointing the city official, the governor shall consider any recommendations submitted by the association of Washington cities. Before appointing the county official, the governor shall consider any recommendations submitted by the Washington state association of counties. Before appointing the ((local)) district health officer, the governor shall~~

~~consider any recommendations submitted by the Washington state association of local public health officials. Before appointing one of the two consumer representatives, the governor shall consider any recommendations submitted by the state council on aging. The chair shall be selected by the governor from among the nine appointed members. The department ((of health)) shall provide necessary technical staff support to the board. The board may employ an executive director and a confidential secretary, each of whom shall be exempt from the provisions of the state civil service law, chapter 41.06 RCW.~~

~~Members of the board shall be compensated in accordance with RCW 43.03.240 and shall be reimbursed for their travel expenses in accordance with RCW 43.03.050 and 43.03.060.~~

~~**Sec. 36.** RCW 43.20.148 and 2019 c 185 s 2 are each amended to read as follows:~~

~~The regulatory authority must approve a request for a mobile food unit to be exempt from state board of health or local health jurisdiction requirements to operate from an approved commissary or servicing area if:~~

- ~~(1) The mobile food unit contains all equipment and utensils needed for complete onboard preparation of an approved menu;~~
- ~~(2) The mobile food unit is protected from environmental contamination when not in use;~~
- ~~(3) The mobile food unit can maintain required food storage temperatures during storage, preparation, service, and transit;~~
- ~~(4) The mobile food unit has a dedicated handwashing sink to allow frequent handwashing at all times;~~
- ~~(5) The mobile food unit has adequate water capacity and warewashing facilities to clean all multiuse utensils used on the mobile food unit at a frequency specified in state board of health rules;~~
- ~~(6) The mobile food unit is able to store tools onboard needed for cleaning and sanitizing;~~

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- ~~(7) All food, water, and ice used on the mobile food unit is prepared onboard or otherwise obtained from approved sources;~~
- ~~(8) Wastewater and garbage will be sanitarily removed from the mobile food unit following an approved written plan or by a licensed service provider; and~~
- ~~(9) The ((local)) district health officer approves the menu and plan of operations for the mobile food unit.~~

~~**Sec. 37.** RCW 43.20.050 and 2011 c 27 s 1 are each amended to read as follows:~~

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~~(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.~~

~~In fulfilling its responsibilities under this subsection, the state board may create ad hoc committees or other such committees of limited duration as necessary.~~

~~(2) In order to protect public health, the state board of health shall:~~

~~(a) Adopt rules for group A public water systems, as defined in RCW ((70.119A.020)) 70A.125.010, necessary to assure safe and reliable public drinking water and to protect the public health. Such rules shall establish requirements regarding:~~

- ~~(i) The design and construction of public water system facilities, including proper sizing of pipes and storage for the number and type of customers;~~
- ~~(ii) Drinking water quality standards, monitoring requirements, and laboratory certification requirements;~~
- ~~(iii) Public water system management and reporting requirements;~~
- ~~(iv) Public water system planning and emergency response requirements;~~

~~(v) Public water system operation and maintenance requirements;~~
~~(vi) Water quality, reliability, and management of existing but inadequate public water systems; and~~
~~(vii) Quality standards for the source or supply, or both source and supply, of water for bottled water plants;~~
~~(b) Adopt rules as necessary for group B public water systems, as defined in RCW ((70.119A.020)) 70A.125.010. The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;~~
~~(c) Adopt rules and standards for prevention, control, and abatement of health hazards and nuisances related to the disposal of human and animal excreta and animal remains;~~
~~(d) Adopt rules controlling public health related to environmental conditions including but not limited to heating, lighting, ventilation, sanitary facilities, and cleanliness in public facilities including but not limited to food service establishments, schools, recreational facilities, and transient accommodations;~~
~~(e) Adopt rules for the imposition and use of isolation and quarantine;~~
~~(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and~~
~~(g) Adopt rules for accessing existing databases for the purposes of performing health related research.~~
~~(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those on-site sewage systems with design flows of less than three thousand five hundred gallons per day.~~

~~(4) The state board may delegate any of its rule-adopting authority to the secretary and rescind such delegated authority.~~

~~(5) All ((local)) district health boards ((of health)), health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health. In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not ((less than fifty dollars)) more than \$200, upon first conviction, and not less than ((one hundred dollars)) \$1,000 upon second conviction.~~

~~(6) The state board may advise the secretary on health policy issues pertaining to the department ((of health)) and the state.~~

~~**Sec. 38.** RCW 70.24.017 and 2020 c 76 s 2 are each reenacted and amended to read as follows:~~

~~Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter:~~

~~(1) "Blood-borne pathogen" means a pathogenic microorganism that is present in human blood and can cause disease in humans, including hepatitis B virus, hepatitis C virus, and human immunodeficiency virus, as well as any other pathogen specified by the board in rule.~~

~~(2) "Board" means the state board of health.~~

~~(3) "Department" means the department of health, or any successor department with jurisdiction over public health matters.~~

~~(4) "District health officer" has the same meaning as in RCW 70.05.010.~~

~~(5) "Health care facility" means a hospital, nursing home, neuropsychiatric or mental health facility, home health agency, hospice, child care agency, group care facility, family foster home, clinic, blood bank, blood center, sperm bank, laboratory, or other social service or health care institution regulated or operated by the department of health.~~

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~~(((5))) (6) "Health care provider" means any person who is a member of a profession under RCW 18.130.040 or other person providing medical, nursing, psychological, or other health care services regulated by the department of health.~~

~~(((6))) (7) "Health order" means a written directive issued by the state or ((local)) district health officer that requires the recipient to take specific action to remove, reduce, control or prevent a risk to public health.~~

~~(((7))) (8) "Human immunodeficiency virus" or "HIV" means all HIV and HIV-related viruses which damage the cellular branch of the human immune system and leave the person immunodeficient.~~

~~(((8))) (9) "Legal guardian" means a person appointed by a court to assume legal authority for another who has been found incompetent or, in the case of a minor, a person who has legal custody of the child.~~

~~(((9)) "Local health officer" has the same meaning as in RCW 70.05.010.))~~

~~((10) "Medical treatment" includes treatment for curable diseases and treatment that causes a person to be unable to transmit a disease to others, based upon generally accepted standards of medical and public health science, as specified by the board in rule.~~

~~((11) "Person" includes any natural person, partnership, association, joint venture, trust, public or private corporation, or health facility.~~

~~((12) "Sexually transmitted disease" means a bacterial, viral, fungal, or parasitic infection, determined by the board by rule to be sexually transmitted, to be a threat to the public health and welfare, and to be an infection for which a legitimate public interest will be served by providing for regulation and treatment. The board shall designate chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum, genital herpes simplex, chlamydia, trachomitis, genital human papilloma virus infection, syphilis, and human immunodeficiency virus (HIV) infection as sexually transmitted~~

~~diseases, and shall consider the recommendations and classifications of the centers for disease control and other nationally recognized medical authorities in designating other diseases as sexually transmitted.~~

~~(13) "State health officer" means the secretary of health or an officer appointed by the secretary.~~

~~(14) "Test for a sexually transmitted disease" means a test approved by the board by rule.~~

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~~**Sec. 39.** RCW 70.24.022 and 1988 c 206 s 906 are each amended to read as follows:~~

~~(1) The board shall adopt rules authorizing interviews and the state and ((local public)) district health officers and their authorized representatives may interview, or cause to be interviewed, all persons infected with a sexually transmitted disease and all persons who, in accordance with standards adopted by the board by rule, are reasonably believed to be infected with such diseases for the purpose of investigating the source and spread of the diseases and for the purpose of ordering a person to submit to examination, counseling, or treatment as necessary for the protection of the public health and safety, subject to RCW 70.24.024.~~

~~(2) State and ((local public)) district health officers or their authorized representatives shall investigate identified partners of persons infected with sexually transmitted diseases in accordance with procedures prescribed by the board.~~

~~(3) All information gathered in the course of contact investigation pursuant to this section shall be considered confidential.~~

~~(4) No person contacted under this section or reasonably believed to be infected with a sexually transmitted disease who reveals the name or names of sexual contacts during the course of an investigation shall be held liable in a civil action for such~~

~~revelation, unless the revelation is made with a knowing or reckless disregard for the truth.~~

~~(5) Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any sexually transmitted disease under this section is guilty of a gross misdemeanor punishable as provided under RCW 9A.20.021.~~

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~~**Sec. 40.** RCW 70.24.024 and 2020 c 76 s 3 are each amended to read as follows:~~

~~(1) Subject to the provisions of this chapter, the state and ((local)) district health officers or their authorized representatives may examine and counsel persons reasonably believed to be infected with or to have been exposed to a sexually transmitted disease.~~

~~(2) (a) The state or a ((local)) district health officer may conduct an investigation when:~~

~~(i) He or she knows or has reason to believe that a person in his or her jurisdiction has a sexually transmitted disease and is engaging in specified behavior that endangers the public health; and~~

~~(ii) The basis for the health officer's investigation is the officer's direct medical knowledge or reliable testimony of another who is in a position to have direct knowledge of the person's behavior.~~

~~(b) In conducting the investigation, the health officer shall evaluate the allegations, as well as the reliability and credibility of any person or persons who provided information related to the specified behavior that endangers the public health.~~

~~(3) If the state or ((local)) district health officer determines upon conclusion of the investigation that the allegations are true and that the person continues to engage in behavior that endangers the public health, the health officer shall document measures taken to protect the public health, including reasonable efforts to obtain the person's voluntary cooperation.~~

~~(4) (a) If the measures taken under subsection (3) of this section fail to protect the public health, the state or ((local)) district health officer may issue a health order requiring the person to:~~

~~(i) Submit to a medical examination or testing, receive counseling, or receive medical treatment, or any combination of these. If ordering a person to receive medical treatment, the health officer must provide the person with at least one additional appropriate option to choose from in the health order; or~~

~~(ii) Immediately cease and desist from specified behavior that endangers the public health by imposing such restrictions upon the person as are necessary to prevent the specified behavior that endangers the public health.~~

~~(b) Any restriction shall be in writing, setting forth the name of the person to be restricted, the initial period of time during which the health order shall remain effective, the terms of the restrictions, and such other conditions as may be necessary to protect the public health. Restrictions shall be imposed in the least restrictive manner necessary to protect the public health. The period of time during which the health order is effective must be reasonably related to the purpose of the restriction or restrictions contained in the order, up to a maximum period of twelve months.~~

~~(5) (a) Upon the issuance of a health order pursuant to subsection (4) of this section, the state or ((local)) district health officer shall give written notice promptly, personally, and confidentially to the person who is the subject of the order stating the grounds and provisions of the order, including the factual bases therefor, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such behaviors in the absence of such an order. The written notice must inform the person who is the subject of the order that, if he or she contests the order, he or she may file an appeal and appear at a judicial hearing on the enforceability of the order, to be held in superior court. The hearing shall be held within seventy-two hours~~

~~of receipt of the notice, unless the person subject to the order agrees to comply. If the person contests the order, no invasive medical procedures shall be carried out prior to a hearing being held pursuant to this subsection.~~

~~(b) The health officer may apply to the superior court for a court order requiring the person to comply with the health order if the person fails to comply with the health order within the time period specified.~~

~~(c) At a hearing held pursuant to (a) or (b) of this subsection (5), the person subject to the health order may have an attorney appear on his or her behalf at public expense, if necessary. The burden of proof shall be on the health officer to show by clear and convincing evidence that the specified grounds exist for the issuance of the order and for the need for compliance and that the terms and conditions imposed therein are no more restrictive than necessary to protect the public health. Upon conclusion of the hearing, the court shall issue appropriate orders affirming, modifying, or dismissing the health order.~~

~~(d) If the superior court dismisses the health order, the fact that the order was issued shall be expunged from the records of the department or ((local)) district department of health.~~

~~**Sec. 41.** RCW 70.24.034 and 1988 c 206 s 910 are each amended to read as follows:~~

~~(1) When the procedures of RCW 70.24.024 have been exhausted and the state or ((local public)) district health officer, within his or her respective jurisdiction, knows or has reason to believe, because of medical information, that a person has a sexually transmitted disease and that the person continues to engage in behaviors that present an imminent danger to the public health as defined by the board by rule based upon generally accepted standards of medical and public health science, the public health officer may bring an action in superior court to detain the person in a facility designated by the board for a period of time necessary to accomplish a program of~~

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~~counseling and education, excluding any coercive techniques or procedures, designed to get the person to adopt nondangerous behavior. In no case may the period exceed ninety days under each order. The board shall establish, by rule, standards for counseling and education under this subsection. The public health officer shall request the prosecuting attorney to file such action in superior court. During that period, reasonable efforts will be made in a noncoercive manner to get the person to adopt nondangerous behavior.~~

~~(2) If an action is filed as outlined in subsection (1) of this section, the superior court, upon the petition of the prosecuting attorney, shall issue other appropriate court orders including, but not limited to, an order to take the person into custody immediately, for a period not to exceed seventy-two hours, and place him or her in a facility designated or approved by the board. The person who is the subject of the order shall be given written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the factual bases therefor, the evidence relied upon for proof of infection and dangerous behavior, and the likelihood of repetition of such behaviors in the absence of such an order, and notifying the person that if he or she refuses to comply with the order he or she may appear at a hearing to review the order and that he or she may have an attorney appear on his or her behalf in the hearing at public expense, if necessary. If the person contests testing or treatment, no invasive medical procedures shall be carried out prior to a hearing being held pursuant to subsection (3) of this section.~~

~~(3) The hearing shall be conducted no later than forty-eight hours after the receipt of the order. The person who is subject to the order has a right to be present at the hearing and may have an attorney appear on his or her behalf in the hearing, at public expense if necessary. If the order being contested includes detention for a period of fourteen days or longer, the person shall also have the right to a trial by jury upon request. Upon conclusion~~

~~of the hearing or trial by jury, the court shall issue appropriate orders.~~

~~The court may continue the hearing upon the request of the person who is subject to the order for good cause shown for no more than five additional judicial days. If a trial by jury is requested, the court, upon motion, may continue the hearing for no more than ten additional judicial days. During the pendency of the continuance, the court may order that the person contesting the order remain in detention or may place terms and conditions upon the person which the court deems appropriate to protect public health.~~

~~(4) The burden of proof shall be on the state or ((local public)) district health officer to show by clear and convincing evidence that grounds exist for the issuance of any court order pursuant to subsection (2) or (3) of this section. If the superior court dismisses the order, the fact that the order was issued shall be expunged from the records of the state or ((local)) district department of health.~~

~~(5) Any hearing conducted by the superior court pursuant to subsection (2) or (3) of this section shall be closed and confidential unless a public hearing is requested by the person who is the subject of the order, in which case the hearing will be conducted in open court. Unless in open hearing, any transcripts or records relating thereto shall also be confidential and may be sealed by order of the court.~~

~~(6) Any order entered by the superior court pursuant to subsection (1) or (2) of this section shall impose terms and conditions no more restrictive than necessary to protect the public health.~~

~~**Sec. 42.** RCW 70.24.150 and 1991 c 3 s 326 are each amended to read as follows:~~

~~Members of the state board of health and ((local)) district boards of health, public health officers, and employees of the department of health and ((local)) district health departments are~~

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~~immune from civil action for damages arising out of the good faith performance of their duties as prescribed by this chapter, unless such performance constitutes gross negligence.~~

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~~**Sec. 43.** RCW 70.24.340 and 2020 c 76 s 13 are each amended to read as follows:~~

~~A law enforcement officer, firefighter, health care provider, health care facility staff person, department of corrections' staff person, jail staff person, or person employed in other categories of employment to be at risk of exposure that presents a possible risk of transmission of a blood-borne pathogen, who has experienced an exposure to another person's bodily fluids in the course of his or her employment, may request a state or ((local)) district health officer to order blood-borne pathogen testing for the person whose bodily fluids he or she has been exposed to. If the state or ((local)) district health officer refuses to order testing under this section, the person who made the request may petition the superior court for a hearing to determine whether an order shall be issued. The hearing on the petition shall be held within seventy-two hours of filing the petition, exclusive of Saturdays, Sundays, and holidays. The standard of review to determine whether the state or ((local)) district health officer shall be required to issue the order is whether an exposure occurred and whether that exposure presents a possible risk of transmission of a blood-borne pathogen. Upon conclusion of the hearing, the court shall issue the appropriate order.~~

~~The person who is subject to the state or ((local)) district health officer's order to receive testing shall be given written notice of the order promptly, personally, and confidentially, stating the grounds and provisions of the order, including the factual basis therefor. If the person who is subject to the order refuses to comply, the state or ((local)) district health officer may petition the superior court for a hearing. The hearing on the petition shall be held within seventy-two hours of filing the~~

~~petition, exclusive of Saturdays, Sundays, and holidays. The standard of review for the order is whether an exposure occurred and whether that exposure presents a possible risk of transmission of a blood-borne pathogen. Upon conclusion of the hearing, the court shall issue the appropriate order.~~

~~The state or ((local)) district health officer shall perform testing under this section if he or she finds that the exposure presents a possible risk of transmission of a blood-borne pathogen or if he or she is ordered to do so by a court.~~

~~The testing required under this section shall be completed as soon as possible after the substantial exposure or, if ordered by the court, within seventy-two hours of the order's issuance.~~

~~**Sec. 44.** RCW 70.24.360 and 2020 c 76 s 14 are each amended to read as follows:~~

~~Jail administrators, with the approval of the ((local)) district health officer, may order blood-borne pathogen testing for a person detained in the jail if the ((local)) district health officer determines that the detainee's behavior exposed the staff, general public, or other persons, and that exposure presents a possible risk of transmitting a blood-borne pathogen. Documentation of the behavior shall be reviewed with the person to ensure that the person understands the basis for testing.~~

~~**Sec. 45.** RCW 70.24.450 and 2013 c 200 s 27 are each amended to read as follows:~~

~~(1) In order to assure compliance with the protections under this chapter and the rules of the board, and to assure public confidence in the confidentiality of reported information, the department shall:~~

~~(a) Report annually to the board any incidents of unauthorized disclosure by the department, ((local)) district health departments, or their employees of information protected under RCW 70.02.220. The report shall include recommendations for preventing future~~

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~~unauthorized disclosures and improving the system of confidentiality for reported information; and~~

~~(b) Assist health care providers, facilities that conduct tests, ((local)) district health departments, and other persons involved in disease reporting to understand, implement, and comply with this chapter and the rules of the board related to disease reporting.~~

~~(2) This section is exempt from RCW 70.24.084, 70.05.070, and 70.05.120.~~

NEW SECTION. **Sec. 25.** The following acts or parts of acts are each repealed:

~~(1) RCW 70.05.030 (Counties Local health board Jurisdiction) and 1995 c 43 s 6, 1993 c 492 s 235, & 1967 ex.s. c 51 s 3;~~

~~(2) RCW 70.05.035 (Home rule charter Local board of health) and 1995 c 43 s 7 & 1993 c 492 s 237;~~

~~(3) RCW 70.05.080 (Local health officer Failure to appoint Procedure) and 1993 c 492 s 240, 1991 c 3 s 310, 1983 1st ex.s. c 39 s 4, 1979 c 141 s 81, & 1967 ex.s. c 51 s 13;~~

~~(4) RCW 70.08.005 (Transfer of duties to the department of health) and 1989 1st ex.s. c 9 s 244;~~

~~(5) RCW 70.08.010 (Combined city-county health departments Establishment) and 1985 c 124 s 1, (1993 c 492 s 244 repealed by 1995 c 43 s 16), & 1949 c 46 s 1;~~

~~(6) RCW 70.08.020 (Director of public health Powers and duties) and 1985 c 124 s 2 & 1949 c 46 s 2;~~

~~(7) RCW 70.08.030 (Qualifications) and 1996 c 178 s 20, 1985 c 124 s 3, 1984 c 25 s 3, & 1949 c 46 s 3;~~

~~(8) RCW 70.08.040 (Director of public health Appointment) and 1995 c 188 s 1, 1995 c 43 s 9, 1985 c 124 s 4, 1980 c 57 s 1, & 1949 c 46 s 4;~~

~~(9) RCW 70.08.050 (May act as health officer for other cities or towns) and 1991 c 3 s 314, 1979 c 141 s 85, & 1949 c 46 s 8;~~

~~(10)RCW 70.08.060 (Director of public health shall be registrar of vital statistics) and 2012 c 117 s 372, 1961 ex.s. c 5 s 4, & 1949 c 46 s 9;~~

~~(11)RCW 70.08.070 (Employees may be included in civil service or retirement plans of city, county, or combined department) and 1982 c 203 s 1, 1980 c 57 s 2, & 1949 c 46 s 5;~~

~~(12)RCW 70.08.080 (Pooling of funds) and 1980 c 57 s 3 & 1949 c 46 s 6;~~

~~(13)RCW 70.08.090 (Other cities or agencies may contract for services) and 1949 c 46 s 7;~~

~~(14)RCW 70.08.100 (Termination of agreement to operate combined city-county health department) and 1949 c 46 s 10;~~

~~(15)RCW 70.08.110 (Prior expenditures in operating combined health department ratified) and 1949 c 46 s 11;~~

~~(16)RCW 70.46.020 (Districts of two or more counties Health board Membership Chair) and 1995 c 43 s 10, 1993 c 492 s 247, 1967 ex.s. c 51 s 6, & 1945 c 183 s 2;~~

~~(17)RCW 70.46.031 (Districts of one county Health board Membership) and 1995 c 43 s 11;~~

~~(18)RCW 70.46.060 (District health board Powers and duties) and 1993 c 492 s 248, 1967 ex.s. c 51 s 11, & 1945 c 183 s 6;~~

~~(19)RCW 70.46.080 (District health funds) and 1993 c 492 s 249, 1971 ex.s. c 85 s 10, 1967 ex.s. c 51 s 19, & 1945 c 183 s 8;~~

~~(20)RCW 70.46.082 (District health funds Health district as custodian) and 2016 sp.s. c 3 s 1;~~

~~(21)RCW 70.46.085 (County to bear expense of providing public health services) and 1993 c 492 s 250 & 1967 ex.s. c 51 s 20;~~

~~(22)RCW 70.46.090 (Withdrawal of county) and 1993 c 492 s 251, 1967 ex.s. c 51 s 21, & 1945 c 183 s 9;~~

~~(23)RCW 70.46.100 (Power to acquire, maintain, or dispose of property Contracts) and 1957 c 100 s 2;~~

~~(24)RCW 70.46.120 (License or permit fees) and 1993 c 492 s 252 & 1963 c 121 s 1;~~

(~~125~~) RCW 43.70.060 (Duties of department—Promotion of health care cost-effectiveness) and 1989 1st ex.s. c 9 s 108;

(~~26~~) RCW 43.70.064 (Health care quality—Findings and intent—Requirements for conducting study under RCW 43.70.066) and 1995 c 267 s 3;

(~~327~~) RCW 43.70.066 (Study—Uniform quality assurance and improvement program—Reports to legislature—Limitation on rule making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;

(~~428~~) RCW 43.70.068 (Quality assurance—Interagency cooperation) and 1997 c 274 s 4 & 1995 c 267 s 5; and

(~~529~~) RCW 43.70.070 (Duties of department—Analysis of health services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

NEW SECTION. Sec. 26. Section ~~4 and 185 and 11 through 46~~ of this act takes s effect January 1, 202~~43~~.

NEW SECTION. Sec. 27. Sections 14 through 17 of this act take effect July 1, 2022.

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HOUSE BILL 1152

State of Washington

67th Legislature

2021 Regular Session

By Representatives Riccelli, Leavitt, Stonier, Ormsby, Lekanoff, Pollet, Bronoske, and Bateman; by request of Office of the Governor

Read first time 01/12/21. Referred to Committee on Health Care & Wellness.

Proposed Substitute as of February 8, 2021

AN ACT Relating to supporting measures to create comprehensive public health districts; amending RCW 43.70.515, 70.05.010, 70.05.040, 70.05.045, 70.05.050, 70.05.051, 70.05.053, 70.05.054, 70.05.055, 70.05.060, 70.05.070, 70.05.072, 70.05.074, 70.05.077, 70.05.090, 70.05.100, 70.05.110, 70.05.120, 70.05.130, 70.05.150, 70.05.160, 70.05.170, 70.05.180, 70.05.190, 43.20.030, 43.20.148, 43.20.050, 70.24.022, 70.24.024, 70.24.034, 70.24.150, 70.24.340, 70.24.360, and 70.24.450; reenacting and amending RCW 43.20.025 and 70.24.017; adding new sections to chapter 43.70 RCW; adding new sections to chapter 70.05 RCW; creating a new section; repealing RCW 70.05.030, 70.05.035, 70.05.080, 70.08.005, 70.08.010, 70.08.020, 70.08.030, 70.08.040, 70.08.050, 70.08.060, 70.08.070, 70.08.080, 70.08.090, 70.08.100, 70.08.110, 70.46.020, 70.46.031, 70.46.060, 70.46.080, 70.46.082, 70.46.085, 70.46.090, 70.46.100, 70.46.120, 43.70.060, 43.70.064, 43.70.066, 43.70.068, and 43.70.070; prescribing penalties; providing an effective date; and providing an expiration date.

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

NEW SECTION. **Sec. 1.** The legislature finds the COVID-19 pandemic has been the most difficult challenge in Washington's public health history since the 1918 flu pandemic. More Americans have died from COVID-19 than the number of United States troops killed in combat during World War II. The COVID-19 pandemic response has stressed and strained every part of our society and far surpassed the capabilities of local, state, tribal, and even federal public health agencies. Before the COVID-19 pandemic, the legislature had initiated action to address the critical challenges Washington's public health system faces, including limited organizational capacity, financial resources, and understaffing through beginning to specifically fund foundational public health services. The COVID-19 pandemic laid bare the shortcomings of Washington's current public health system which have been studied and identified for over a decade. Washington's current public health system was not able to consistently monitor and track the pandemic, staff the many required missions, adequately address the health inequities, and implement standard approaches to disease containment.

The legislature further finds that, in Washington, local health services are currently provided through a decentralized means by 35 local health jurisdictions. In many cases, rural communities are served by smaller local health jurisdictions that have less capacity to provide the full spectrum of foundational public health services than their urban peers. Local health jurisdictions serving smaller populations face challenges providing the full spectrum of foundational public health services and activities to promote and protect the health of all people. In addition, local health jurisdictions are overseen by boards in which most the members do not have direct experience in public health or health care. Since April 2020, a Kaiser health news investigation reports at least 181 local and state health leaders have resigned, retired, or been fired, including 11 local health leaders in Washington. Diseases do not respect borders or boundaries, yet the current decentralized

system in Washington creates a patchwork approach with limited accountability and consistency. National peer-review studies report larger jurisdictions perform better on most foundational comprehensive public health services.

The COVID-19 pandemic has amplified the health and social inequities in Washington that existed before its emergence. There are vast inequities in per capita spending for local public health services by population size and geographic location. National peer-review studies report communities with limited public health systems experience low levels of activity participation, low perceived effectiveness, and sparse organizational networks compared to comprehensive public health systems. The inequitable distribution of morbidity and mortality between Black, indigenous, and people of color and other populations demonstrates the large health inequities that must be addressed. Therefore, the legislature finds the state must determine adequate funding of comprehensive health services districts from cities, counties, and the state, with the goal of providing all people with equitable access to foundational public health services, and once this funding is determined, the legislature finds this investment in the public's health will continue to be prioritized.

The legislature recognizes that public health and health care staff have been overwhelmed, overworked and their mental and physical health are at risk due to the pandemic. The legislature is thankful for the countless contributions that public health and health care staff have made to combat this deadly public health crisis and pandemic. These contributions and efforts have increased public awareness about the importance of strong infrastructure for our public health system. Therefore, the legislature finds that meaningful discourse about the current public health system is necessary to ensure public trust.

The legislature expects emergencies that threaten the health and well-being of all Washingtonians, emergent and routine, to increase. Restructuring state funding of foundational public health services

is not enough to face these threats. The legislature intends for Washington to have a public health system that can respond to 21st century public health emergencies and public health issues, have the capacity to improve health outcomes of BIPOC communities, persons with disabilities, LGBTQ+, rural communities, limited English-speaking persons, and address health equity across the life span.

NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20 RCW to read as follows:

(1) A work group is created to develop and recommend to the state board a public health system to provide foundational public health services to all people in Washington through local health jurisdictions, comprehensive health services districts, and the department.

(2) Members of the work group must include:

- (a) Two representatives from the senate;
- (b) Two representatives from the house of representatives;
- (c) Three representatives of local public health;
- (d) Two representatives of state public health;
- (e) Three representatives of counties;
- (f) Two representatives of cities;
- (g) One tribal representative;
- (h) One representative with expertise in government finance;
- (i) One state association representative from the foundational public health services workgroup;
- (j) One public health representative from the foundational public health services workgroup;
- (k) One tribal public health representative from the foundational public health services workgroup; and
- (l) One technical workgroup member from the foundational public health services workgroup.

(3) The governor shall appoint the members of the work group and ensure that members represent diverse geographic locations in both rural and urban communities.

(4) The work group shall develop a transparent process, including opportunities for public comment.

(5) By July 1, 2022, the work group must recommend to the state board the system for counties to form comprehensive health services districts as provided in Section 7.

(6) By January 1, 2023, the work group must recommend performance measures and a measure set to the state board to track the efficiency and effectiveness of local health jurisdictions, comprehensive health services districts, and the department.

(7) By July 1, 2023, the work group must submit recommendations to the legislature on adequate funding of local health jurisdictions and comprehensive health services districts, including the following:

(a) Reasonable per capita estimates to deliver foundational public health services;

(b) How new sources of revenue should be allocated; and

(c) Adequate allocation levels to sustain the state public health system.

(8) This section expires December 31, 2024.

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

(1) The state board must adopt rules to provide foundational public health services to all people in Washington through local health jurisdictions, comprehensive health services districts, and the department. These rules must include:

(a) A system and process for counties to create comprehensive health services districts as required by Section 7 of this act.

(b) Standard statewide performance measures and proposed benchmarks to track efficiency and effectiveness of local health districts, comprehensive health services districts, and the department. The performance measures must include dimensions of:

(i) Improving morbidity and mortality of marginalized communities;

- (ii) Improving health equity for all people;
 - (iii) Data modernization and interoperability across the state public health system;
 - (iv) Community engagement; and
 - (v) Emergency preparedness and response;
 - (c) A measure set that:
 - (i) Is of manageable size;
 - (ii) Is based on readily available data;
 - (iii) Gives preference to nationally reported measures; and
 - (iv) Focuses on the overall performance of the system, including outcomes and total costs;
 - (d) A process for the department to certify comprehensive health services districts;
 - (e) A process to evaluate local health jurisdiction, comprehensive health services district, and department performance of the measure set developed under (c) of this subsection; and
 - (f) A process for information and data elements to be reported by comprehensive health services districts to the department.
- (2) By November 1, 2024, the state board shall submit a report to the appropriate committees of the legislature on local health jurisdiction and comprehensive health services district performance based on the performance measures established under subsection (1)(b) of this section.

Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

(1) With any state funding of foundational public health services, the state expects that measurable benefits will be realized to the health of communities in Washington as a result of the improved capacity of the governmental public health system. Close coordination and sharing of services are integral to increasing system capacity.

(2) Funding for foundational public health services shall be appropriated to the office of financial management. The office of

financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter 43.376 RCW, jointly certifies with a state association representing local health jurisdictions, comprehensive health services districts, and the state board of health, to the office of financial management that they are in agreement on the distribution and uses of state foundational public health services funding across the public health system. The department must evaluate comprehensive health services districts' performances to satisfy the measure set identified in section 3 of this act before allocation on January 1, 2027, and biennially thereafter.

(b) If joint certification is provided, the department shall distribute foundational public health services funding according to the agreed-upon distribution and uses. If joint certification is not provided, appropriations for this purpose shall lapse.

(3) By October 1, 2020, the department, in partnership with sovereign tribal nations, local health jurisdictions, and the state board of health, shall report on:

(a) Service delivery models, and a plan for further implementation of successful models;

(b) Changes in capacity of the governmental public health system; and

(c) Progress made to improve health outcomes.

(4) For purposes of this section and sections 2 and 3 of this act:

(a) "Comprehensive health services district" means the districts established under section 7 of this act to provide coordination and shared services to local health jurisdictions.

(b) "Foundational public health services" means a limited statewide set of defined public health services within the following areas:

(i) Control of communicable diseases and other notifiable conditions;

- (ii) Chronic disease and injury prevention;
- (iii) Environmental public health;
- (iv) Maternal, child, and family health;
- (v) Access to and linkage with medical, oral, and behavioral health services;
- (vi) Vital records; and
- (vii) Cross-cutting capabilities, including:
 - (A) Assessing the health of populations;
 - (B) Public health emergency planning;
 - (C) Communications;
 - (D) Policy development and support;
 - (E) Community partnership development; and
 - (F) Business competencies.

~~((b))~~ (c) "Governmental public health system" means the state department of health, state board of health, local health jurisdictions, comprehensive health services districts, sovereign tribal nations, and Indian health programs located within Washington.

~~((e))~~ (d) "Indian health programs" means tribally operated health programs, urban Indian health programs, tribal epidemiology centers, the American Indian health commission for Washington state, and the Northwest Portland area Indian health board.

~~((d))~~ (e) "Local health jurisdictions" means a public health agency organized under chapter 70.05, 70.08, or 70.46 RCW.

~~((e))~~ (f) "Service delivery models" means a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

NEW SECTION. **Sec. 5.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Members of the comprehensive health services district board of health include:

(a) The following city and county elected officials:

(i) Each county in the district must have one elected official who serves on a local board of health chosen by that local board of health;

(ii) One elected official from a city in the district that is selected by a statewide association representing cities;

(b) The regional health officer assigned for the district by the department;

(c) A tribal representative from within the district selected by the Indian Health Board and appointed by the Governor;

(d) At least one representative from the following categories to be appointed by the Governor:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

(ii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as the special supplemental

nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency and may not have a material financial interest in the rendering of health services.

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

(2) In the event of a vacancy of a board position that was occupied by a member who was selected under subsection (1)(d), the board must promptly notify:

(a) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(b) Accountable communities of health; and

(c) Any other organizations deemed appropriate by the board.

(3) City and county elected officials who are members of the board may not constitute a majority of the board.

(4) Governor appointed members may serve three-year terms and may serve two terms.

(5) The board may establish bylaws to govern the board.

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.05 RCW to read as follows:

(1) A comprehensive health services district may establish a district advisory committee to bring various community perspectives to the district health board, with members as provided in this subsection.

(2) If a comprehensive health services district chooses to establish a district advisory committee under this section, the following requirements must be met:

(a) Comprehensive health services districts must accept nominations and select representatives to the advisory committee from communities within the comprehensive health services district experiencing health inequities as determined by the district board of health, and other members of the community that interact with public health. No more than 15 members may be appointed to the advisory committee and members must include at least one small business representative, one teacher representative, one consumer representative, and two consumer representatives from communities experiencing health inequities within the region.

(b) The advisory committee must reflect diversity in race, ethnicity, persons living with a disability, gender identity, age, LGBTQ+ populations, urban and rural communities, and socioeconomic status of the comprehensive health services district.

(c) The advisory committee may choose a chair from among its membership and the comprehensive health services district must convene meetings of the advisory committee.

(d) Members of the advisory committee shall serve two to four-year terms. Of the initial members, at least five must be appointed to two-year terms.

(e) The advisory committee shall promote and facilitate communication, coordination, and collaboration among relevant local agencies and Black, indigenous, and people of color communities, persons living with a disability, and the private sector and public sector, to address health inequities. The advisory committee may conduct public hearings or other forms of information gathering to understand how the actions of the comprehensive health services district can ameliorate or contribute to health inequities.

NEW SECTION. Sec. 7. A new section is added to chapter 70.05 RCW to read as follows:

(1) By January 1, 2024, counties must form comprehensive health services districts as established by this section. The department must certify a comprehensive health services district.

(2) The following nine comprehensive health services districts are established and consist of the following counties:

- (a) Skamania, Clark, Cowlitz, and Wahkiakum;
- (b) Lewis, Thurston, Mason, Pacific, and Grays Harbor;
- (c) Jefferson, Clallam, and Kitsap;
- (d) Pierce and King;
- (e) Island, Snohomish, Skagit, Whatcom, and San Juan;
- (f) Chelan, Okanogan, Douglas, and Grant;
- (g) Ferry, Stevens, Pend Oreille, Spokane, Lincoln, Adams, and Whitman;
- (h) Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin; and
- (i) Kittitas, Yakima, and Klickitat.

(3) Counties with a population over 800,000 may be considered a comprehensive health services district without joining with other counties when the county legislative authority of the county passes a resolution or ordinance to organize such a comprehensive health services district under this section.

NEW SECTION. Sec. 8. A new section is added to chapter 70.05 RCW to read as follows:

(1) Comprehensive health services districts are formed to help diversify and stabilize funding services for public health. Comprehensive health services districts are established to encourage the systemic sharing of resources and functions among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

(2) Comprehensive health services districts shall:

(a) Provide a mechanism for local health jurisdictions in each comprehensive health services district to convene, collaborate, plan, and work together with the goal of delivering foundational public health services equitably across the region;

(b) Develop a district plan for identification and implementation of shared service delivery options, models, and strategies;

(c) Coordinate with other comprehensive health services districts, to identify strategies to coordinate public health services and programs within the region;

(d) Identify what programs and services can be delivered through a shared or regional system within the district such as data collection, regional assessment-focused epidemiologists, regional health assessments, foodborne illness, healthcare associated infection programs, vaccine preventable disease investigation, emergency strike teams, and toxicology;

(f) Administer and allocate foundational public health services funding to each local health jurisdiction comprising the district;

(g) Provide funding to local health jurisdictions to deliver or purchase shared services from other local health jurisdictions, districts, counties, non-profits or other jurisdictions, businesses, or entities;

(h) Undertake accountability measures for implementation of foundational public health services within the district;

(i) Report the adequacy of foundational public health services resources for the district to the department; and

(j) As authorized by the district board, provide direct or shared services to local health jurisdictions within the district or to other districts through contracts or other agreements, including, but not limited to:

(i) Public health services;

(ii) Business, fiscal, and administrative services;

(iii) Acquisition of capital and equipment;

(iv) Communications; and

(v) Data collection.

NEW SECTION. **Sec. 9.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Each comprehensive health services district shall establish a district health fund in the custody of the county treasurer of the county in which the headquarters office of the comprehensive health services district is located. All receipts received by the district must be deposited into the fund. Expenditures by the district must be authorized by the district board of health and must be disbursed through the fund. The county auditor of the county shall keep the record of the receipts and disbursements. (2) The treasurer shall keep all funds and moneys of the district separate and apart from all other funds and moneys in the treasurer's custody.

NEW SECTION. **Sec. 10.** A new section is added to chapter 70.05 RCW to read as follows:

A comprehensive health services district may own, construct, purchase, lease, add to, and maintain any real and personal property or property rights necessary to conduct the affairs of the district. A comprehensive health services district may sell, lease, convey, or otherwise dispose of any district real or personal property no longer necessary to conduct district affairs. A comprehensive health services district may enter into contracts to carry out this section.

NEW SECTION. **Sec. 11.** A new section is added to chapter 70.05 RCW to read as follows:

Notwithstanding any provisions to the contrary contained in any city or county charter, and to the extent provided by the city and the county under appropriate legislative enactment, employees of the comprehensive health services district may be included in the personnel system or civil service and retirement plans of the city or the county or a personnel system for the comprehensive health

services district that is separate from the personnel system or civil service of either county or city if residential requirements for these positions are coextensive with the county boundaries. The city or county may pay parts of the expense of operating and maintaining the personnel system or civil service and retirement system and contribute to the retirement fund on behalf of employees sums as may be agreed upon between the legislative authorities of the city and county.

NEW SECTION. **Sec. 12.** A new section is added to chapter 70.05 RCW to read as follows:

The administrative officer, an employee of the comprehensive health services district, shall act as executive secretary and administrative officer for the comprehensive health services district and shall be responsible for administering the operations of the district. The administrative officer's salary must be paid by the department.

NEW SECTION. **Sec. 13.** A new section is added to chapter 43.70 RCW to read as follows:

Within the department the position of regional health officer is created. The secretary shall appoint six regional health officers, who are each assigned to a comprehensive health services district.

Sec. 14. RCW 70.05.030 and 1995 c 43 s 6 are each amended to read as follows:

(1) In counties without a home rule charter, the board of county commissioners, a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) of this section shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. The jurisdiction of the local board of health shall be coextensive with the boundaries of said county.

(2) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

~~((An))~~ (4) Except as provided in subsection (2) of this section, an ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.

(5) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 15. RCW 70.05.035 and 1995 c 43 s 7 are each amended to read as follows:

(1) In counties with a home rule charter, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board, in addition to a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) of this section.

(2) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

((The)) (4) Except as provided in subsection (2) of this section the county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses.

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

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

(7) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 16. RCW 70.46.020 and 1995 c 43 s 10 are each amended to read as follows:

(1) 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.

(2) 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 in addition to a tribal appointee selected by the Indian Health Board, and members selected under subsection (3) of this section, and shall have a jurisdiction coextensive with the combined boundaries.

(3) (a) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;

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

(G) Physicians or osteopathic physicians;

(H) Advanced registered nurse practitioners;

(I) Physician assistants or osteopathic physician assistants;

(J) Registered nurses;

(K) Dentists;

(L) Naturopaths; or

(M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

~~((A)) (5) Except as provided in subsection (3) of this section, 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.))~~

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

(7) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

Sec. 17. RCW 70.46.031 and 1995 c 43 s 11 are each amended to read as follows:

(1) A health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter. ((The)) Except as provided in subsection (3) of this section, the resolution or ordinance may specify the membership, representation on the district health board, or other matters relative to the formation or operation of the health district.

(2) (a) In addition to the membership of the district board determined through resolution or ordinance under subsection (1), the board must also include a tribal appointee selected by the Indian Health Board, and members selected under subsection (2) (b) of this section.

(b) The remaining board members must be persons who are not elected officials and must be selected from the following categories:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 its equivalent;
- (F) Employees of a hospital located in the county;
- (G) Physicians or osteopathic physicians;
- (H) Advanced registered nurse practitioners;
- (I) Physician assistants or osteopathic physician assistants;
- (J) Registered nurses;
- (K) Dentists;
- (L) Naturopaths; or
- (M) Pharmacists.

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

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

(A) Community-based organizations or non-profits that work with populations experiencing health inequities in the county;

(B) The business community; or

(C) The environmental public health regulated community.

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

(d) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(e) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(f) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to

the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

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

(4) The number of city and county elected officials on the board of health may not constitute a majority of the board.

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

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

Sec. 18. RCW 70.05.130 and 1993 c 492 s 242 are each amended to read as follows:

All expenses incurred by the state, health district, or county in carrying out the provisions of chapters 70.05 and 70.46 RCW or any other public health law, ~~((or))~~ the rules of the department of health enacted under such laws, or enforcing proclamations of the governor during a public health emergency, shall be paid by the ~~((county))~~ comprehensive health services district the county is located in and such expenses shall constitute a claim against the general fund as provided in this section.

NEW SECTION. **Sec. 19.** (1) A county may not make a material change to its public health governance structure unless:

(a) The county notifies the state board of health of its intention to make the material change. The notification must, at a minimum, include:

(i) A description of the current governance structure, including the relationships between its component parts;

(ii) Whether the current governance structure is meeting the county's governance, legal requirements, and objectives;

(iii) The county's rationale for the planned material change, including:

(A) Opportunities for new collaborations or funding; and

(B) Effects on health and equity;

(iv) The impact the planned material change will have on current public health programs, staffing, or funding; and

(v) The populations most likely to be affected by the planned material change, including:

(A) How the change would change staffing and capacity;

(B) How the change in staffing capacity will affect services to the community; and

(C) The communities that will be most directly affected;

(b) The state board of health has found that the planned material change would not have an adverse effect on health disparities, social determinants of health, or the provision of public health services in the county. For a combined city-county health department established under chapter 70.08 RCW, the state board of health has also found that the planned material change would not have an adverse effect on health disparities, social determinants of health, or the provision of public health services in the partner city; and

(c) Based on the findings in (b) of this subsection, the state board of health has approved the material change.

(2) Prior to making a material change to a county's public health governance structure, the county legislative authority shall:

(a) Provide notice and a meaningful opportunity for the public to comment on the material change including, but not limited to, at

least two public meetings held at different locations within the county. For a combined city-county health department established under chapter 70.08 RCW, the county and city must jointly conduct a third public meeting within the boundaries of the partner city;

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the material change. The mediator must be appointed by the state board of health and be paid for by the county seeking the material change; and

(c) Approve the material change by a majority vote of the county legislative authority taken in an open public meeting. Upon approval of the material change under subsection (1)(c) of this section, the county legislative authority shall immediately transmit notice of the approval to the state board of health.

(3) The material change may not go into effect less than 12 months after the vote of the county legislative authority under subsection (1) of this section. The county may not reduce the amount of funding it appropriates for public health purposes for at least 36 months after the vote of the county legislative authority under subsection (1) of this section.

(4) For purposes of this section, a material change to a county's public health governance structure includes, but is not limited to:

(a) Joining or withdrawing from a local health district under chapter 70.46 RCW;

(b) Entering or terminating an agreement for a combined city-county health department under chapter 70.08 RCW; or

(c) Amending the county charter or enacting an ordinance altering the composition of the local board of health.

NEW SECTION. **Sec. 20.** (1) The state board of health shall monitor the implementation of any material change to a county's public health governance structure to ensure the county's compliance with section 1 of this act.

(2) If the state board of health determines that the county has not complied with section 1 of this act, it shall issue a preliminary notice of violation to the county.

(3) Upon receipt of a preliminary notice of violation, the county must immediately cease all activities related to the material change and cure the violation within 30 calendar days.

(4) If the county fails to cure the violation within 30 calendar days, the state board of health shall issue a final notice of violation to the county and send a copy of the final notice to the state treasurer.

Sec. 21. RCW 70.08.100 and 1949 c 46 s 10 are each amended to read as follows:

Agreement to operate a combined city and county health department made under this chapter may after two years from the date of such agreement, be terminated by either party at the end of any calendar year upon notice in writing given at least (~~six~~) 12 months prior thereto. The termination of such agreement shall not relieve either party of any obligations to which it has been previously committed. Termination of the agreement is subject to the requirements of section 19 of this act.

Sec. 22. RCW 70.46.090 and 1993 c 492 s 251 are each amended to read as follows:

(1) Any county may withdraw from membership in said health district any time after it has been within the district for a period of two years, but no withdrawal shall be effective except at the end of the calendar year in which the county gives at least (~~six~~) 12 months' notice of its intention to withdraw at the end of the calendar year. No withdrawal shall entitle any member to a refund of any moneys paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective.

~~((Any))~~ (2) Except as provide in subsection (3), any county which withdraws from membership in said health district shall immediately establish a health department or provide health services which shall meet the standards for health services promulgated by the state board of health. No local health department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050.

(3) Withdrawal from a health district is subject to the requirements of section 19 of this act.

Sec. 23. RCW 69.50.540 and 2020 c 357 s 916 and 2020 c 236 s 4 are each reenacted and amended to read as follows:

The legislature must annually appropriate moneys in the dedicated marijuana account created in RCW 69.50.530 as follows:

(1) For the purposes listed in this subsection (1), the legislature must appropriate to the respective agencies amounts sufficient to make the following expenditures on a quarterly basis or as provided in this subsection:

(a) ~~((One hundred twenty-five thousand dollars))~~ \$125,000 to the health care authority to design and administer the Washington state healthy youth survey, analyze the collected data, and produce reports, in collaboration with the office of the superintendent of public instruction, department of health, department of commerce, family policy council, and board. The survey must be conducted at least every two years and include questions regarding, but not necessarily limited to, academic achievement, age at time of substance use initiation, antisocial behavior of friends, attitudes toward antisocial behavior, attitudes toward substance use, laws and community norms regarding antisocial behavior, family conflict, family management, parental attitudes toward substance use, peer rewarding of antisocial behavior, perceived risk of substance use, and rebelliousness. Funds disbursed under this subsection may be used to expand administration of the healthy youth survey to student

populations attending institutions of higher education in Washington;

(b) (~~((Fifty thousand dollars))~~) \$50,000 to the health care authority for the purpose of contracting with the Washington state institute for public policy to conduct the cost-benefit evaluation and produce the reports described in RCW 69.50.550. This appropriation ends after production of the final report required by RCW 69.50.550;

(c) (~~((Five thousand dollars))~~) \$5,000 to the University of Washington alcohol and drug abuse institute for the creation, maintenance, and timely updating of web-based public education materials providing medically and scientifically accurate information about the health and safety risks posed by marijuana use;

(d) (i) An amount not less than (~~((one million two hundred fifty thousand dollars))~~) \$1,250,000 to the board for administration of this chapter as appropriated in the omnibus appropriations act;

(ii) (~~((One million three hundred twenty-three thousand dollars))~~) \$1,323,000 for fiscal year 2020 to the health professions account established under RCW 43.70.320 for the development and administration of the marijuana authorization database by the department of health;

(iii) (~~((Two million four hundred fifty-three thousand dollars))~~) \$2,453,000 for fiscal year 2020 and (~~((two million seven hundred ninety-three thousand dollars))~~) \$2,793,000 for fiscal year 2021 to the Washington state patrol for a drug enforcement task force. It is the intent of the legislature that this policy will be continued in the 2021-2023 fiscal biennium; and

(iv) (~~((Ninety-eight thousand dollars))~~) \$98,000 for fiscal year 2019 to the department of ecology for research on accreditation of marijuana product testing laboratories;

(e) (~~((Four hundred sixty-five thousand dollars))~~) \$465,000 for fiscal year 2020 and (~~((four hundred sixty-four thousand dollars))~~) \$464,000 for fiscal year 2021 to the department of ecology for

implementation of accreditation of marijuana product testing laboratories;

(f) (~~((One hundred eighty-nine thousand dollars))~~) \$189,000 for fiscal year 2020 to the department of health for rule making regarding compassionate care renewals;

(g) (~~((Eight hundred eight thousand dollars))~~) \$808,000 for fiscal year 2020 and (~~((eight hundred eight thousand dollars))~~) \$808,000 for fiscal year 2021 to the department of health for the administration of the marijuana authorization database;

(h) (~~((Six hundred thirty-five thousand dollars))~~) \$635,000 for fiscal year 2020 and (~~((six hundred thirty-five thousand dollars))~~) \$635,000 for fiscal year 2021 to the department of agriculture for compliance-based laboratory analysis of pesticides in marijuana;

(i) (~~((One million one hundred thousand dollars))~~) \$1,100,000 annually to the department of commerce to fund the marijuana social equity technical assistance competitive grant program under RCW 43.330.540; and

(j) (~~((One million one hundred thousand dollars))~~) \$1,100,000 for fiscal year 2021 to the department of commerce to fund the marijuana social equity technical assistance competitive grant program under Engrossed Second Substitute House Bill No. 2870 (marijuana retail licenses); and

(2) From the amounts in the dedicated marijuana account after appropriation of the amounts identified in subsection (1) of this section, the legislature must appropriate for the purposes listed in this subsection (2) as follows:

(a) (i) Up to (~~((fifteen))~~) 15 percent to the health care authority for the development, implementation, maintenance, and evaluation of programs and practices aimed at the prevention or reduction of maladaptive substance use, substance use disorder, substance abuse or substance dependence, as these terms are defined in the Diagnostic and Statistical Manual of Mental Disorders, among middle school and high school-age students, whether as an explicit goal of a given program or practice or as a consistently corresponding

effect of its implementation, mental health services for children and youth, and services for pregnant and parenting women; PROVIDED, That:

(A) Of the funds appropriated under (a)(i) of this subsection for new programs and new services, at least (~~(eighty-five)~~) 85 percent must be directed to evidence-based or research-based programs and practices that produce objectively measurable results and, by September 1, 2020, are cost-beneficial; and

(B) Up to (~~(fifteen)~~) 15 percent of the funds appropriated under (a)(i) of this subsection for new programs and new services may be directed to proven and tested practices, emerging best practices, or promising practices.

(ii) In deciding which programs and practices to fund, the director of the health care authority must consult, at least annually, with the University of Washington's social development research group and the University of Washington's alcohol and drug abuse institute.

(iii) For each fiscal year, the legislature must appropriate a minimum of (~~(twenty-five million five hundred thirty-six thousand dollars)~~) \$25,536,000 under this subsection (2)(a);

(b)(i) Up to (~~(ten)~~) 10 percent to the department of health for the following, subject to (b)(ii) of this subsection (2):

(A) Creation, implementation, operation, and management of a marijuana education and public health program that contains the following:

(I) A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or research-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach;

(II) A grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of marijuana use by youth; and

(III) Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately targeting youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use; and

(B) The Washington poison control center.

(ii) For each fiscal year, the legislature must appropriate a minimum of ~~((nine million seven hundred fifty thousand dollars))~~ \$9,750,000 under this subsection (2) (b);

(c) (i) Up to six-tenths of one percent to the University of Washington and four-tenths of one percent to Washington State University for research on the short and long-term effects of marijuana use, to include but not be limited to formal and informal methods for estimating and measuring intoxication and impairment, and for the dissemination of such research.

(ii) For each fiscal year, except for the 2017-2019 and 2019-2021 fiscal biennia, the legislature must appropriate a minimum of ~~((one million twenty-one thousand dollars))~~ \$1,021,000 to the University of Washington. For each fiscal year, except for the 2017-2019 and 2019-2021 fiscal biennia, the legislature must appropriate a minimum of ~~((six hundred eighty-one thousand dollars))~~ \$681,000 to Washington State University under this subsection (2) (c). It is the intent of the legislature that this policy will be continued in the 2019-2021 fiscal biennium;

(d) Fifty percent to the state basic health plan trust account to be administered by the Washington basic health plan administrator and used as provided under chapter 70.47 RCW;

(e) Five percent to the Washington state health care authority to be expended exclusively through contracts with community health centers to provide primary health and dental care services, migrant health services, and maternity health care services as provided under RCW 41.05.220;

(f) (i) Up to three-tenths of one percent to the office of the superintendent of public instruction to fund grants to building bridges programs under chapter 28A.175 RCW.

(ii) For each fiscal year, the legislature must appropriate a minimum of (~~((five hundred eleven thousand dollars))~~) \$511,000 to the office of the superintendent of public instruction under this subsection (2) (f); and

(g) At the end of each fiscal year, the treasurer must transfer any amounts in the dedicated marijuana account that are not appropriated pursuant to subsection (1) of this section and this subsection (2) into the general fund, except as provided in (g) (i) of this subsection (2).

(i) (~~((Beginning))~~) Except as provided in (g) (iv) of this subsection (2), beginning in fiscal year 2018, if marijuana excise tax collections deposited into the general fund in the prior fiscal year exceed (~~((twenty-five million dollars))~~) \$25,000,000, then each fiscal year the legislature must appropriate an amount equal to (~~((thirty))~~) 30 percent of all marijuana excise taxes deposited into the general fund the prior fiscal year to the treasurer for distribution to counties, cities, and towns as follows:

(A) Thirty percent must be distributed to counties, cities, and towns where licensed marijuana retailers are physically located. Each jurisdiction must receive a share of the revenue distribution under this subsection (2) (g) (i) (A) based on the proportional share of the total revenues generated in the individual jurisdiction from the taxes collected under RCW 69.50.535, from licensed marijuana retailers physically located in each jurisdiction. For purposes of this subsection (2) (g) (i) (A), (~~((one hundred))~~) 100 percent of the proportional amount attributed to a retailer physically located in a city or town must be distributed to the city or town.

(B) Seventy percent must be distributed to counties, cities, and towns ratably on a per capita basis. Counties must receive (~~((sixty))~~) 60 percent of the distribution, which must be disbursed based on each county's total proportional population. Funds may only be

distributed to jurisdictions that do not prohibit the siting of any state licensed marijuana producer, processor, or retailer.

(ii) Distribution amounts allocated to each county, city, and town must be distributed in four installments by the last day of each fiscal quarter.

(iii) By September 15th of each year, the board must provide the state treasurer the annual distribution amount, if any, for each county and city as determined in (g) (i) of this subsection (2).

(iv) The total share of marijuana excise tax revenues distributed to counties and cities in (g) (i) of this subsection (2) may not exceed ~~((fifteen million dollars))~~ \$15,000,000 in fiscal years 2018, 2019, 2020, and 2021, and ~~((twenty million dollars))~~ \$20,000,000 per fiscal year thereafter. It is the intent of the legislature that the policy for the maximum distributions in the subsequent fiscal biennia will be no more than ~~((fifteen million dollars))~~ \$15,000,000 per fiscal year.

(v) Upon receipt of a final notice from the state board of health under section 20(4) of this act that a county has failed to comply with section 19 of this act, the treasurer shall cease all future distributions to the county under this subsection (2). Beginning on January 1, 2024, any distributions under this section that would have gone to the county subject to the final notice, must be distributed to the comprehensive public health services district that the county is located in.

Sec. 24. RCW 82.08.170 and 2020 c 357 s 919 are each amended to read as follows:

(1) Except as provided in subsections (4) ~~((and (5)))~~ through (6) of this section, during the months of January, April, July, and October of each year, the state treasurer must make the transfers required under subsections (2) and (3) of this section from the liquor excise tax fund and then the apportionment and distribution of all remaining moneys in the liquor excise tax fund to the counties, cities, and towns in the following proportions: (a)

~~((Twenty))~~ 20 percent of the moneys in the liquor excise tax fund must be divided among and distributed to the counties of the state in accordance with the provisions of RCW 66.08.200; and (b) ~~((eighty))~~ 80 percent of the moneys in the liquor excise tax fund must be divided among and distributed to the cities and towns of the state in accordance with the provisions of RCW 66.08.210.

(2) Each fiscal quarter and prior to making the ~~((twenty))~~ 20 percent distribution to counties under subsection (1)(a) of this section, the treasurer shall transfer to the liquor revolving fund created in RCW 66.08.170 sufficient moneys to fund the allotments from any legislative appropriations for county research and services as provided under chapter 43.110 RCW.

(3) During the months of January, April, July, and October of each year, the state treasurer must transfer ~~((two million five hundred thousand dollars))~~ \$2,500,000 from the liquor excise tax fund to the state general fund.

(4) During calendar year 2012, the October distribution under subsection (1) of this section and the July and October transfers under subsections (2) and (3) of this section must not be made. During calendar year 2013, the January, April, and July distributions under subsection (1) of this section and transfers under subsections (2) and (3) of this section must not be made.

(5) During the 2015-2017 and 2019-2021 fiscal biennia, the liquor excise tax fund may be appropriated for the local government fiscal note program in the department of commerce. It is the intent of the legislature to continue this policy in the subsequent fiscal biennium.

(6) Upon receipt of a final notice from the state board of health under section 20(4) of this act that a county has failed to comply with section 19 of this act, the treasurer shall cease all future distributions to the county under this section. Beginning on January 1, 2024, any distributions under this section that would have gone to the county subject to the final notice, must be

distributed to the comprehensive public health services district
that the county is located in.

NEW SECTION. **Sec. 25.** The following acts or parts of acts are each repealed:

(1) RCW 43.70.060 (Duties of department—Promotion of health care cost-effectiveness) and 1989 1st ex.s. c 9 s 108;

(2) RCW 43.70.064 (Health care quality—Findings and intent—Requirements for conducting study under RCW 43.70.066) and 1995 c 267 s 3;

(3) RCW 43.70.066 (Study—Uniform quality assurance and improvement program—Reports to legislature—Limitation on rule making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;

(4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and 1997 c 274 s 4 & 1995 c 267 s 5; and

(5) RCW 43.70.070 (Duties of department—Analysis of health services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

NEW SECTION. **Sec. 26.** Section 4 and 18 of this act takes effect January 1, 2024.

NEW SECTION. **Sec. 27.** Sections 14 through 17 of this act take effect July 1, 2022.

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SUBSTITUTE HOUSE BILL 1152

State of Washington

67th Legislature

2021 Regular Session

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

READ FIRST TIME 02/15/21.

1 AN ACT Relating to supporting measures to create comprehensive
2 public health districts; amending RCW 43.70.515, 70.05.030,
3 70.05.035, 70.46.020, 70.46.031, 70.05.130, 70.08.100, 70.46.090, and
4 82.08.170; reenacting and amending RCW 69.50.540; adding new sections
5 to chapter 43.20 RCW; adding new sections to chapter 70.05 RCW;
6 adding a new section to chapter 43.70 RCW; creating a new section;
7 repealing RCW 43.70.060, 43.70.064, 43.70.066, 43.70.068, and
8 43.70.070; providing effective dates; and providing expiration dates.

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

10 NEW SECTION. **Sec. 1.** The legislature finds the COVID-19
11 pandemic has been the most difficult challenge in Washington's public
12 health history since the 1918 flu pandemic. More Americans have died
13 from COVID-19 than the number of United States troops killed in
14 combat during World War II. The COVID-19 pandemic response has
15 stressed and strained every part of our society and far surpassed the
16 capabilities of local, state, tribal, and even federal public health
17 agencies. Before the COVID-19 pandemic, the legislature had initiated
18 action to address the critical challenges Washington's public health
19 system faces, including limited organizational capacity, financial
20 resources, and understaffing through beginning to specifically fund
21 foundational public health services. The COVID-19 pandemic laid bare

1 the shortcomings of Washington's current public health system which
2 have been studied and identified for over a decade. Washington's
3 current public health system was not able to consistently monitor and
4 track the pandemic, staff the many required missions, adequately
5 address the health inequities, and implement standard approaches to
6 disease containment.

7 The legislature further finds that, in Washington, local health
8 services are currently provided through a decentralized means by 35
9 local health jurisdictions. In many cases, rural communities are
10 served by smaller local health jurisdictions that have less capacity
11 to provide the full spectrum of foundational public health services
12 than their urban peers. Local health jurisdictions serving smaller
13 populations face challenges providing the full spectrum of
14 foundational public health services and activities to promote and
15 protect the health of all people. In addition, local health
16 jurisdictions are overseen by boards in which most the members do not
17 have direct experience in public health or health care. Since April
18 2020, a Kaiser health news investigation reports at least 181 local
19 and state health leaders have resigned, retired, or been fired,
20 including 11 local health leaders in Washington. Diseases do not
21 respect borders or boundaries, yet the current decentralized system
22 in Washington creates a patchwork approach with limited
23 accountability and consistency. National peer-review studies report
24 larger jurisdictions perform better on most foundational
25 comprehensive public health services.

26 The COVID-19 pandemic has amplified the health and social
27 inequities in Washington that existed before its emergence. There are
28 vast inequities in per capita spending for local public health
29 services by population size and geographic location. National peer-
30 review studies report communities with limited public health systems
31 experience low levels of activity participation, low perceived
32 effectiveness, and sparse organizational networks compared to
33 comprehensive public health systems. The inequitable distribution of
34 morbidity and mortality between Black, indigenous, and people of
35 color and other populations demonstrates the large health inequities
36 that must be addressed. Therefore, the legislature finds the state
37 must determine adequate funding of comprehensive health services
38 districts from cities, counties, and the state, with the goal of
39 providing all people with equitable access to foundational public
40 health services, and once this funding is determined, the legislature

1 finds this investment in the public's health will continue to be
2 prioritized.

3 The legislature recognizes that public health and health care
4 staff have been overwhelmed, overworked, and their mental and
5 physical health are at risk due to the pandemic. The legislature is
6 thankful for the countless contributions that public health and
7 health care staff have made to combat this deadly public health
8 crisis and pandemic. These contributions and efforts have increased
9 public awareness about the importance of strong infrastructure for
10 our public health system. Therefore, the legislature finds that
11 meaningful discourse about the current public health system is
12 necessary to ensure public trust.

13 The legislature expects emergencies that threaten the health and
14 well-being of all Washingtonians, emergent and routine, to increase.
15 Restructuring state funding of foundational public health services is
16 not enough to face these threats. The legislature intends for
17 Washington to have a public health system that can respond to 21st
18 century public health emergencies and public health issues, have the
19 capacity to improve health outcomes of BIPOC communities, persons
20 with disabilities, LGBTQ+, rural communities, limited English-
21 speaking persons, and address health equity across the life span.

22 NEW SECTION. **Sec. 2.** A new section is added to chapter 43.20
23 RCW to read as follows:

24 (1) A work group is created to develop and recommend to the state
25 board a public health system to provide foundational public health
26 services to all people in Washington through local health
27 jurisdictions, comprehensive health services districts, and the
28 department.

29 (2) Members of the work group must include:

30 (a) Two representatives from the senate;

31 (b) Two representatives from the house of representatives;

32 (c) Three representatives of local public health;

33 (d) Two representatives of state public health;

34 (e) Three representatives of counties;

35 (f) Two representatives of cities;

36 (g) One tribal representative;

37 (h) One representative with expertise in government finance;

38 (i) One state association representative from the foundational
39 public health services steering committee;

(j) One public health representative from the foundational public health services steering committee;

(k) One tribal public health representative from the foundational public health services steering committee; and

(l) One technical work group member from the foundational public health services steering committee.

(3) The governor shall appoint the members of the work group and ensure that members represent diverse geographic locations in both rural and urban communities.

(4) The work group shall develop a transparent process, including opportunities for public comment.

(5) By July 1, 2022, the work group must recommend to the state board the system for counties to form comprehensive health services districts as provided in section 6 of this act.

(6) By January 1, 2023, the work group must recommend performance measures and a measure set to the state board to track the efficiency and effectiveness of local health jurisdictions, comprehensive health services districts, and the department.

(7) By July 1, 2023, the work group must submit recommendations to the legislature on adequate funding of local health jurisdictions and comprehensive health services districts, including the following:

(a) Reasonable per capita estimates to deliver foundational public health services;

(b) How new sources of revenue should be allocated; and

(c) Adequate allocation levels to sustain the state public health system.

(8) This section expires December 31, 2024.

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

(1) The state board must adopt rules to provide foundational public health services to all people in Washington through local health jurisdictions, comprehensive health services districts, and the department. These rules must include:

(a) A system and process for counties to create comprehensive health services districts as required by section 6 of this act;

(b) Standard statewide performance measures and proposed benchmarks to track efficiency and effectiveness of local health jurisdictions, comprehensive health services districts, and the department. The performance measures must include dimensions of:

(i) Improving morbidity and mortality of marginalized communities;

(ii) Improving health equity for all people;

(iii) Data modernization and interoperability across the state public health system;

(iv) Community engagement; and

(v) Emergency preparedness and response;

(c) A measure set that:

(i) Is of manageable size;

(ii) Is based on readily available data;

(iii) Gives preference to nationally reported measures; and

(iv) Focuses on the overall performance of the system, including outcomes and total costs;

(d) A process for the department to certify comprehensive health services districts;

(e) A process to evaluate local health jurisdictions, comprehensive health services districts, and department performance of the measure set developed under (c) of this subsection; and

(f) A process for information and data elements to be reported by comprehensive health services districts to the department.

(2) By November 1, 2024, the state board shall submit a report to the appropriate committees of the legislature on local health jurisdictions and comprehensive health services districts performance based on the performance measures established under subsection (1)(b) of this section.

Sec. 4. RCW 43.70.515 and 2019 c 14 s 2 are each amended to read as follows:

(1) With any state funding of foundational public health services, the state expects that measurable benefits will be realized to the health of communities in Washington as a result of the improved capacity of the governmental public health system. Close coordination and sharing of services are integral to increasing system capacity.

(2)(a) Funding for foundational public health services shall be appropriated to the office of financial management. The office of financial management may only allocate funding to the department if the department, after consultation with federally recognized Indian tribes pursuant to chapter 43.376 RCW, jointly certifies with a state association representing local health jurisdictions, comprehensive

1 health services districts, and the state board of health, to the
2 office of financial management that they are in agreement on the
3 distribution and uses of state foundational public health services
4 funding across the public health system. The department must evaluate
5 comprehensive health services districts' performances to satisfy the
6 measure set identified in section 3 of this act before allocation on
7 January 1, 2027, and biennially thereafter.

8 (b) If joint certification is provided, the department shall
9 distribute foundational public health services funding according to
10 the agreed-upon distribution and uses. If joint certification is not
11 provided, appropriations for this purpose shall lapse.

12 (3) By October 1, 2020, the department, in partnership with
13 sovereign tribal nations, local health jurisdictions, and the state
14 board of health, shall report on:

15 (a) Service delivery models, and a plan for further
16 implementation of successful models;

17 (b) Changes in capacity of the governmental public health system;
18 and

19 (c) Progress made to improve health outcomes.

20 (4) For purposes of this section and sections 2 and 3 of this
21 act:

22 (a) "Comprehensive health services districts" means the districts
23 established under section 6 of this act to provide coordination and
24 shared services to local health jurisdictions.

25 (b) "Foundational public health services" means a limited
26 statewide set of defined public health services within the following
27 areas:

28 (i) Control of communicable diseases and other notifiable
29 conditions;

30 (ii) Chronic disease and injury prevention;

31 (iii) Environmental public health;

32 (iv) Maternal, child, and family health;

33 (v) Access to and linkage with medical, oral, and behavioral
34 health services;

35 (vi) Vital records; and

36 (vii) Cross-cutting capabilities, including:

37 (A) Assessing the health of populations;

38 (B) Public health emergency planning;

39 (C) Communications;

40 (D) Policy development and support;

(E) Community partnership development; and

(F) Business competencies.

~~((b))~~ (c) "Governmental public health system" means the state department of health, state board of health, local health jurisdictions, comprehensive health services districts, sovereign tribal nations, and Indian health programs located within Washington.

~~((e))~~ (d) "Indian health programs" means tribally operated health programs, urban Indian health programs, tribal epidemiology centers, the American Indian health commission for Washington state, and the Northwest Portland area Indian health board.

~~((d))~~ (e) "Local health jurisdictions" means a public health agency organized under chapter 70.05, 70.08, or 70.46 RCW.

~~((e))~~ (f) "Service delivery models" means a systematic sharing of resources and function among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

NEW SECTION. **Sec. 5.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Members of the comprehensive health services district board of health include:

(a) The following city and county elected officials:

(i) Each county in the district must have one elected official who serves on a local board of health chosen by that local board of health; and

(ii) One elected official from a city in the district that is selected by a statewide association representing cities;

(b) The regional health officer assigned for the district by the department;

(c) A tribal representative from within the district selected by the Indian health board and appointed by the governor;

(d) At least one representative from the following categories to be appointed by the governor:

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the county 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 county;
- (G) Physicians or osteopathic physicians;
- (H) Advanced registered nurse practitioners;
- (I) Physician assistants or osteopathic physician assistants;
- (J) Registered nurses;
- (K) Dentists;
- (L) Naturopaths; or
- (M) Pharmacists;

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

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

- (A) Community-based organizations or nonprofits that work with populations experiencing health inequities in the county;
- (B) The business community; or
- (C) The environmental public health regulated community.

(2) In the event of a vacancy of a comprehensive health services district board position that was occupied by a member who was selected under subsection (1)(d) of this section, the board must promptly notify:

- (a) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;
- (b) Accountable communities of health; and
- (c) Any other organizations deemed appropriate by the board.

(3) City and county elected officials who are members of the comprehensive health services district board may not constitute a majority of the board.

(4) Governor appointed members may serve three-year terms and may serve two terms.

(5) The comprehensive health services district board may establish bylaws to govern the board.

NEW SECTION. **Sec. 6.** A new section is added to chapter 70.05 RCW to read as follows:

(1) By January 1, 2024, counties must form comprehensive health services districts as established by this section. The department must certify each comprehensive health services district.

(2) The following nine comprehensive health services districts are established and consist of the following counties:

- (a) Skamania, Clark, Cowlitz, and Wahkiakum;
- (b) Lewis, Thurston, Mason, Pacific, and Grays Harbor;
- (c) Jefferson, Clallam, and Kitsap;
- (d) Pierce and King;
- (e) Island, Snohomish, Skagit, Whatcom, and San Juan;
- (f) Chelan, Okanogan, Douglas, and Grant;
- (g) Ferry, Stevens, Pend Oreille, Spokane, Lincoln, Adams, and Whitman;
- (h) Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin; and
- (i) Kittitas, Yakima, and Klickitat.

(3) Counties with a population over 800,000 may be considered a comprehensive health services district without joining with other counties when the county legislative authority of the county passes a resolution or ordinance to organize a comprehensive health services district under this section.

NEW SECTION. **Sec. 7.** A new section is added to chapter 70.05 RCW to read as follows:

(1) Comprehensive health services districts are established to help diversify and stabilize funding services for public health and to encourage the systemic sharing of resources and functions among state and local governmental public health entities, sovereign tribal nations, and Indian health programs to increase capacity and improve efficiency and effectiveness.

(2) Comprehensive health services districts shall:

(a) Provide a mechanism for local health jurisdictions in each comprehensive health services district to convene, collaborate, plan,

1 and work together with the goal of delivering foundational public
2 health services equitably across the region;

3 (b) Develop a district plan for identification and implementation
4 of shared service delivery options, models, and strategies;

5 (c) Coordinate with other comprehensive health services
6 districts, to identify strategies to coordinate public health
7 services and programs within the region;

8 (d) Identify what programs and services can be delivered through
9 a shared or regional system within the district such as data
10 collection, regional assessment-focused epidemiologists, regional
11 health assessments, foodborne illness, health care associated
12 infection programs, vaccine preventable disease investigation,
13 emergency strike teams, and toxicology;

14 (e) Administer and allocate foundational public health services
15 funding to each local health jurisdiction comprising the district;

16 (f) Provide funding to local health jurisdictions to deliver or
17 purchase shared services from other local health jurisdictions,
18 districts, counties, nonprofits, or other jurisdictions, businesses,
19 or entities;

20 (g) Undertake accountability measures for implementation of
21 foundational public health services within the district;

22 (h) Report the adequacy of foundational public health services
23 resources for the district to the department; and

24 (i) As authorized by the district board of health, provide direct
25 or shared services to local health jurisdictions within the district
26 or to other districts through contracts or other agreements
27 including, but not limited to:

28 (i) Public health services;

29 (ii) Business, fiscal, and administrative services;

30 (iii) Acquisition of capital and equipment;

31 (iv) Communications; and

32 (v) Data collection.

33 NEW SECTION. **Sec. 8.** A new section is added to chapter 70.05
34 RCW to read as follows:

35 (1) Each comprehensive health services district shall establish a
36 district health fund in the custody of the county treasurer of the
37 county in which the headquarters office of the comprehensive health
38 services district is located. All receipts received by the district
39 must be deposited into the fund. Expenditures by the district must be

1 authorized by the district board of health and must be disbursed
2 through the fund. The county auditor of the county shall keep the
3 record of the receipts and disbursements.

4 (2) The treasurer shall keep all funds and moneys of the district
5 separate and apart from all other funds and moneys in the treasurer's
6 custody.

7 NEW SECTION. **Sec. 9.** A new section is added to chapter 70.05
8 RCW to read as follows:

9 A comprehensive health services district may own, construct,
10 purchase, lease, add to, and maintain any real and personal property
11 or property rights necessary to conduct the affairs of the district.
12 A comprehensive health services district may sell, lease, convey, or
13 otherwise dispose of any district real or personal property no longer
14 necessary to conduct district affairs. A comprehensive health
15 services district may enter into contracts to carry out this section.

16 NEW SECTION. **Sec. 10.** A new section is added to chapter 70.05
17 RCW to read as follows:

18 Notwithstanding any provisions to the contrary contained in any
19 city or county charter, and to the extent provided by the city and
20 the county under appropriate legislative enactment, employees of the
21 comprehensive health services district may be included in the
22 personnel system or civil service and retirement plans of the city or
23 the county or a personnel system for the comprehensive health
24 services district that is separate from the personnel system or civil
25 service of either county or city if residential requirements for
26 these positions are coextensive with the county boundaries. The city
27 or county may pay parts of the expense of operating and maintaining
28 the personnel system or civil service and retirement system and
29 contribute to the retirement fund on behalf of employees sums as may
30 be agreed upon between the legislative authorities of the city and
31 county.

32 NEW SECTION. **Sec. 11.** A new section is added to chapter 70.05
33 RCW to read as follows:

34 The administrative officer, an employee of the comprehensive
35 health services district, shall act as executive secretary and
36 administrative officer for the comprehensive health services district
37 and shall be responsible for administering the operations of the

1 district. The administrative officer's salary must be paid by the
2 department.

3 NEW SECTION. **Sec. 12.** A new section is added to chapter 43.70
4 RCW to read as follows:

5 The position of regional health officer is created within the
6 department. The secretary shall appoint six regional health officers,
7 who are each assigned to a comprehensive health services district.

8 **Sec. 13.** RCW 70.05.030 and 1995 c 43 s 6 are each amended to
9 read as follows:

10 (1) In counties without a home rule charter, the board of county
11 commissioners, a tribal appointee selected by the Indian health
12 board, and members selected under subsection (2) of this section,
13 shall constitute the local board of health, unless the county is part
14 of a health district pursuant to chapter 70.46 RCW. The jurisdiction
15 of the local board of health shall be coextensive with the boundaries
16 of said county.

17 (2)(a) The remaining board members must be persons who are not
18 elected officials and must be selected from the following categories:

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

22 (A) Medical ethicists;

23 (B) Epidemiologists;

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

26 (D) Community health workers;

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

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

30 (G) Physicians or osteopathic physicians;

31 (H) Advanced registered nurse practitioners;

32 (I) Physician assistants or osteopathic physician assistants;

33 (J) Registered nurses;

34 (K) Dentists;

35 (L) Naturopaths; or

36 (M) Pharmacists;

37 (ii) Consumers of public health. This category consists of county
38 residents who have self-identified as having faced significant health

inequities or as having lived experiences with public health-related programs such as: The special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) In the event of a vacancy of a board position that was occupied by a member who was selected under this subsection, the board must promptly notify:

(i) Statewide organizations representing physicians, nurses, public health officials, counties, and cities;

(ii) Accountable communities of health; and

(iii) Any other organizations deemed appropriate by the board.

(d) If the number of board members selected under this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories.

(e) If the number of board members selected under this subsection is not evenly divisible by three, there must be an equal number of members selected from each of the three categories up to the nearest multiple of three. If there is one member over the nearest multiple of three, that member may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

(3) The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of health to include elected officials from cities and towns and persons other than elected officials as members so long as ((persons—other

1 ~~than~~) the city and county elected officials do not constitute a
2 majority of the total membership of the board.

3 ~~((An))~~ (4) Except as provided in subsection (2) of this section,
4 an ordinance adopted under this section shall include provisions for
5 the appointment, term, and compensation, or reimbursement of
6 expenses.

7 (5) The number of city and county elected officials on the board
8 of health may not constitute a majority of the board.

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

12 **Sec. 14.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to
13 read as follows:

14 (1) In counties with a home rule charter, the county legislative
15 authority shall establish a local board of health and may prescribe
16 the membership and selection process for the board, a tribal
17 appointee selected by the Indian health board, and members selected
18 under subsection (2) of this section.

19 (2)(a) The remaining board members must be persons who are not
20 elected officials and must be selected from the following categories:

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

24 (A) Medical ethicists;

25 (B) Epidemiologists;

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

28 (D) Community health workers;

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

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

32 (G) Physicians or osteopathic physicians;

33 (H) Advanced registered nurse practitioners;

34 (I) Physician assistants or osteopathic physician assistants;

35 (J) Registered nurses;

36 (K) Dentists;

37 (L) Naturopaths; or

38 (M) Pharmacists;

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

12 (iii) Other community stakeholders. This category consists of
13 persons representing the following types of organizations located in
14 the county:

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

17 (B) The business community; or

18 (C) The environmental public health regulated community.

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

21 (c) In the event of a vacancy of a board position that was
22 occupied by a member who was selected under this subsection, the
23 board must promptly notify:

24 (i) Statewide organizations representing physicians, nurses,
25 public health officials, counties, and cities;

26 (ii) Accountable communities of health; and

27 (iii) Any other organizations deemed appropriate by the board.

28 (d) If the number of board members selected under this subsection
29 is evenly divisible by three, there must be an equal number of
30 members selected from each of the three categories.

31 (e) If the number of board members selected under this subsection
32 is not evenly divisible by three, there must be an equal number of
33 members selected from each of the three categories up to the nearest
34 multiple of three. If there is one member over the nearest multiple
35 of three, that member may be selected from any of the three
36 categories. If there are two members over the nearest multiple of
37 three, each member over the nearest multiple of three must be
38 selected from a different category.

39 (3) The county legislative authority may appoint to the board of
40 health elected officials from cities and towns and persons other than

1 elected officials as members so long as (~~persons other than~~) the
2 city and county elected officials do not constitute a majority of the
3 total membership of the board.

4 (~~The~~) (4) Except as provided in subsection (2) of this section,
5 the county legislative authority shall specify the appointment, term,
6 and compensation or reimbursement of expenses.

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

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

14 (7) The number of city and county elected officials on the board
15 of health may not constitute a majority of the board.

16 (8) 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 **Sec. 15.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to
20 read as follows:

21 (1) Health districts consisting of two or more counties may be
22 created whenever two or more boards of county commissioners shall by
23 resolution establish a district for such purpose. Such a district
24 shall consist of all the area of the combined counties.

25 (2) The district board of health of such a district shall consist
26 of not less than five members for districts of two counties and seven
27 members for districts of more than two counties, including two
28 representatives from each county who are members of the board of
29 county commissioners and who are appointed by the board of county
30 commissioners of each county within the district, a tribal appointee
31 selected by the Indian health board, and members selected under
32 subsection (3) of this section, and shall have a jurisdiction
33 coextensive with the combined boundaries.

34 (3)(a) The remaining board members must be persons who are not
35 elected officials and must be selected from the following categories:

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

39 (A) Medical ethicists;

1 (B) Epidemiologists;
2 (C) Experienced in environmental public health, such as a
3 registered sanitarian;
4 (D) Community health workers;
5 (E) Holders of master's degrees or higher in public health or the
6 equivalent;
7 (F) Employees of a hospital located in the county;
8 (G) Physicians or osteopathic physicians;
9 (H) Advanced registered nurse practitioners;
10 (I) Physician assistants or osteopathic physician assistants;
11 (J) Registered nurses;
12 (K) Dentists;
13 (L) Naturopaths; or
14 (M) Pharmacists;
15 (ii) Consumers of public health. This category consists of county
16 residents who have self-identified as having faced significant health
17 inequities or as having lived experiences with public health-related
18 programs such as: The special supplemental nutrition program for
19 women, infants, and children; the supplemental nutrition program;
20 home visiting; or treatment services. It is strongly encouraged that
21 individuals from historically marginalized and underrepresented
22 communities are given preference. These individuals may not be
23 elected officials, and may not have any fiduciary obligation to a
24 health facility or other health agency, and may not have a material
25 financial interest in the rendering of health services; and
26 (iii) Other community stakeholders. This category consists of
27 persons representing the following types of organizations located in
28 the county:
29 (A) Community-based organizations or nonprofits that work with
30 populations experiencing health inequities in the county;
31 (B) The business community; or
32 (C) The environmental public health regulated community.
33 (b) The board members selected under this subsection must be
34 approved by a majority vote of the board of county commissioners.
35 (c) In the event of a vacancy of a board position that was
36 occupied by a member who was selected under this subsection, the
37 board must promptly notify:
38 (i) Statewide organizations representing physicians, nurses,
39 public health officials, counties, and cities;
40 (ii) Accountable communities of health; and

1 (iii) Any other organizations deemed appropriate by the board.

2 (d) If the number of board members selected under this subsection
3 is evenly divisible by three, there must be an equal number of
4 members selected from each of the three categories.

5 (e) If the number of board members selected under this subsection
6 is not evenly divisible by three, there must be an equal number of
7 members selected from each of the three categories up to the nearest
8 multiple of three. If there is one member over the nearest multiple
9 of three, that member may be selected from any of the three
10 categories. If there are two members over the nearest multiple of
11 three, each member over the nearest multiple of three must be
12 selected from a different category.

13 (4) The boards of county commissioners may by resolution or
14 ordinance provide for elected officials from cities and towns and
15 persons other than elected officials as members of the district board
16 of health so long as ((persons other than)) the city and county
17 elected officials do not constitute a majority of the total
18 membership of the board.

19 ((A)) (5) Except as provided in subsection (3) of this section, a
20 resolution or ordinance adopted under this section must specify the
21 provisions for the appointment, term, and compensation, or
22 reimbursement of expenses. ((Any multicounty health district existing
23 on the effective date of this act shall continue in existence unless
24 and until changed by affirmative action of all boards of county
25 commissioners or one or more counties withdraws [withdraw] pursuant
26 to RCW 70.46.090.))

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

29 (7) The number of city and county elected officials on the board
30 of health may not constitute a majority of the board.

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

34 **Sec. 16.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to
35 read as follows:

36 (1) A health district to consist of one county may be created
37 whenever the county legislative authority of the county shall pass a
38 resolution or ordinance to organize such a health district under
39 chapter 70.05 RCW and this chapter.

1 ~~((The))~~ Except as provided in subsection (3) of this section, the
2 resolution or ordinance may specify the membership, representation on
3 the district health board, or other matters relative to the formation
4 or operation of the health district.

5 (2) (a) In addition to the membership of the district health board
6 determined through resolution or ordinance under subsection (1) of
7 this section, the board must also include a tribal appointee selected
8 by the Indian health board, and members selected under (b) of this
9 subsection.

10 (b) The remaining board members must be persons who are not
11 elected officials and must be selected from the following categories:

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

15 (A) Medical ethicists;

16 (B) Epidemiologists;

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

19 (D) Community health workers;

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

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

23 (G) Physicians or osteopathic physicians;

24 (H) Advanced registered nurse practitioners;

25 (I) Physician assistants or osteopathic physician assistants;

26 (J) Registered nurses;

27 (K) Dentists;

28 (L) Naturopaths; or

29 (M) Pharmacists;

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

1 (iii) Other community stakeholders. This category consists of
2 persons representing the following types of organizations located in
3 the county:

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

6 (B) The business community; or

7 (C) The environmental public health regulated community.

8 (c) The board members selected under this subsection must be
9 approved by a majority vote of the board of county commissioners.

10 (d) In the event of a vacancy of a board position that was
11 occupied by a member who was selected under this subsection, the
12 board must promptly notify:

13 (i) Statewide organizations representing physicians, nurses,
14 public health officials, counties, and cities;

15 (ii) Accountable communities of health; and

16 (iii) Any other organizations deemed appropriate by the board.

17 (e) If the number of board members selected under this subsection
18 is evenly divisible by three, there must be an equal number of
19 members selected from each of the three categories.

20 (f) If the number of board members selected under this subsection
21 is not evenly divisible by three, there must be an equal number of
22 members selected from each of the three categories up to the nearest
23 multiple of three. If there is one member over the nearest multiple
24 of three, that member may be selected from any of the three
25 categories. If there are two members over the nearest multiple of
26 three, each member over the nearest multiple of three must be
27 selected from a different category.

28 (3) The county legislative authority may appoint elected
29 officials from cities and towns and persons other than elected
30 officials as members of the health district board so long as
31 ((persons other than)) the city and county elected officials do not
32 constitute a majority of the total membership of the board.

33 (4) The number of city and county elected officials on the board
34 of health may not constitute a majority of the board.

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

38 ((Any single county health district existing on the effective
39 date of this act shall continue in existence unless and until changed
40 by affirmative action of the county legislative authority.))

1 **Sec. 17.** RCW 70.05.130 and 1993 c 492 s 242 are each amended to
2 read as follows:

3 All expenses incurred by the state, health district, or county in
4 carrying out the provisions of (~~chapters 70.05 and~~) this chapter
5 and chapter 70.46 RCW or any other public health law, (~~or~~) the
6 rules of the department of health enacted under such laws, or
7 enforcing proclamations of the governor during a public health
8 emergency, shall be paid by the (~~county~~) comprehensive health
9 services district the county is located in and such expenses shall
10 constitute a claim against the general fund as provided in this
11 section.

12 NEW SECTION. **Sec. 18.** A new section is added to chapter 43.20
13 RCW to read as follows:

14 (1) A county may not make a material change to its public health
15 governance structure unless:

16 (a) The county notifies the state board of its intention to make
17 the material change. The notification must, at a minimum, include:

18 (i) A description of the current governance structure, including
19 the relationships between its component parts;

20 (ii) Whether the current governance structure is meeting the
21 county's governance, legal requirements, and objectives;

22 (iii) The county's rationale for the planned material change,
23 including:

24 (A) Opportunities for new collaborations or funding; and

25 (B) Effects on health and equity;

26 (iv) The impact the planned material change will have on current
27 public health programs, staffing, or funding; and

28 (v) The populations most likely to be affected by the planned
29 material change, including:

30 (A) How the change would change staffing and capacity;

31 (B) How the change in staffing capacity will affect services to
32 the community; and

33 (C) The communities that will be most directly affected;

34 (b) The state board has found that the planned material change
35 would not have an adverse effect on health disparities, social
36 determinants of health, or the provision of public health services in
37 the county. For a combined city-county health department established
38 under chapter 70.08 RCW, the state board has also found that the
39 planned material change would not have an adverse effect on health

disparities, social determinants of health, or the provision of public health services in the partner city; and

(c) Based on the findings in (b) of this subsection, the state board has approved the material change.

(2) Prior to making a material change to a county's public health governance structure, the county legislative authority shall:

(a) Provide notice and a meaningful opportunity for the public to comment on the material change including, but not limited to, at least two public meetings held at different locations within the county. For a combined city-county health department established under chapter 70.08 RCW, the county and city must jointly conduct a third public meeting within the boundaries of the partner city;

(b) Participate in good faith in a mediation process with any affected county, city, or town that objects to the material change. The mediator must be appointed by the state board and be paid for by the county seeking the material change; and

(c) Approve the material change by a majority vote of the county legislative authority taken in an open public meeting. Upon approval of the material change under subsection (1)(c) of this section, the county legislative authority shall immediately transmit notice of the approval to the state board.

(3) The material change may not go into effect less than 12 months after the vote of the county legislative authority under subsection (1) of this section. The county may not reduce the amount of funding it appropriates for public health purposes for at least 36 months after the vote of the county legislative authority under subsection (1) of this section.

(4) For purposes of this section, a material change to a county's public health governance structure includes, but is not limited to:

(a) Joining or withdrawing from a local health district under chapter 70.46 RCW;

(b) Entering or terminating an agreement for a combined city-county health department under chapter 70.08 RCW; or

(c) Amending the county charter or enacting an ordinance altering the composition of the local board of health.

(5) This section expires January 1, 2024.

NEW SECTION. **Sec. 19.** A new section is added to chapter 43.20 RCW to read as follows:

1 (1) The state board shall monitor the implementation of any
2 material change to a county's public health governance structure to
3 ensure the county's compliance with section 18 of this act.

4 (2) If the state board determines that the county has not
5 complied with section 18 of this act, it shall issue a preliminary
6 notice of violation to the county.

7 (3) Upon receipt of a preliminary notice of violation, the county
8 must immediately cease all activities related to the material change
9 and cure the violation within 30 calendar days.

10 (4) If the county fails to cure the violation within 30 calendar
11 days, the state board shall issue a final notice of violation to the
12 county and send a copy of the final notice to the state treasurer.

13 (5) This section expires January 1, 2024.

14 **Sec. 20.** RCW 70.08.100 and 1949 c 46 s 10 are each amended to
15 read as follows:

16 Agreement to operate a combined city and county health department
17 made under this chapter may after two years from the date of such
18 agreement, be terminated by either party at the end of any calendar
19 year upon notice in writing given at least ((~~six~~)) 12 months prior
20 thereto. The termination of such agreement shall not relieve either
21 party of any obligations to which it has been previously committed.
22 Termination of the agreement is subject to the requirements of
23 section 18 of this act.

24 **Sec. 21.** RCW 70.46.090 and 1993 c 492 s 251 are each amended to
25 read as follows:

26 Any county may withdraw from membership in said health district
27 any time after it has been within the district for a period of two
28 years, but no withdrawal shall be effective except at the end of the
29 calendar year in which the county gives at least ((~~six~~)) 12 months'
30 notice of its intention to withdraw at the end of the calendar year.
31 No withdrawal shall entitle any member to a refund of any moneys paid
32 to the district nor relieve it of any obligations to pay to the
33 district all sums for which it obligated itself due and owing by it
34 to the district for the year at the end of which the withdrawal is to
35 be effective. Any county which withdraws from membership in said
36 health district shall immediately establish a health department or
37 provide health services which shall meet the standards for health
38 services promulgated by the state board of health. No local health

department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050. Withdrawal from a health district is subject to the requirements of section 18 of this act.

Sec. 22. RCW 69.50.540 and 2020 c 357 s 916 and 2020 c 236 s 4 are each reenacted and amended to read as follows:

The legislature must annually appropriate moneys in the dedicated marijuana account created in RCW 69.50.530 as follows:

(1) For the purposes listed in this subsection (1), the legislature must appropriate to the respective agencies amounts sufficient to make the following expenditures on a quarterly basis or as provided in this subsection:

(a) (~~One hundred twenty-five thousand dollars~~) \$125,000 to the health care authority to design and administer the Washington state healthy youth survey, analyze the collected data, and produce reports, in collaboration with the office of the superintendent of public instruction, department of health, department of commerce, family policy council, and board. The survey must be conducted at least every two years and include questions regarding, but not necessarily limited to, academic achievement, age at time of substance use initiation, antisocial behavior of friends, attitudes toward antisocial behavior, attitudes toward substance use, laws and community norms regarding antisocial behavior, family conflict, family management, parental attitudes toward substance use, peer rewarding of antisocial behavior, perceived risk of substance use, and rebelliousness. Funds disbursed under this subsection may be used to expand administration of the healthy youth survey to student populations attending institutions of higher education in Washington;

(b) (~~Fifty thousand dollars~~) \$50,000 to the health care authority for the purpose of contracting with the Washington state institute for public policy to conduct the cost-benefit evaluation and produce the reports described in RCW 69.50.550. This appropriation ends after production of the final report required by RCW 69.50.550;

(c) (~~Five thousand dollars~~) \$5,000 to the University of Washington alcohol and drug abuse institute for the creation, maintenance, and timely updating of web-based public education

1 materials providing medically and scientifically accurate information
2 about the health and safety risks posed by marijuana use;

3 (d) (i) An amount not less than (~~(one million two hundred fifty~~
4 ~~thousand dollars)~~) \$1,250,000 to the board for administration of this
5 chapter as appropriated in the omnibus appropriations act;

6 (ii) (~~(One million three hundred twenty-three thousand dollars)~~)
7 \$1,323,000 for fiscal year 2020 to the health professions account
8 established under RCW 43.70.320 for the development and
9 administration of the marijuana authorization database by the
10 department of health;

11 (iii) (~~(Two million four hundred fifty-three thousand dollars)~~)
12 \$2,453,000 for fiscal year 2020 and (~~(two million seven hundred~~
13 ~~ninety-three thousand dollars)~~) \$2,793,000 for fiscal year 2021 to
14 the Washington state patrol for a drug enforcement task force. It is
15 the intent of the legislature that this policy will be continued in
16 the 2021-2023 fiscal biennium; and

17 (iv) (~~(Ninety-eight thousand dollars)~~) \$98,000 for fiscal year
18 2019 to the department of ecology for research on accreditation of
19 marijuana product testing laboratories;

20 (e) (~~(Four hundred sixty-five thousand dollars)~~) \$465,000 for
21 fiscal year 2020 and (~~(four hundred sixty-four thousand dollars)~~)
22 \$464,000 for fiscal year 2021 to the department of ecology for
23 implementation of accreditation of marijuana product testing
24 laboratories;

25 (f) (~~(One hundred eighty-nine thousand dollars)~~) \$189,000 for
26 fiscal year 2020 to the department of health for rule making
27 regarding compassionate care renewals;

28 (g) (~~(Eight hundred eight thousand dollars)~~) \$808,000 for fiscal
29 year 2020 and (~~(eight hundred eight thousand dollars)~~) \$808,000 for
30 fiscal year 2021 to the department of health for the administration
31 of the marijuana authorization database;

32 (h) (~~(Six hundred thirty-five thousand dollars)~~) \$635,000 for
33 fiscal year 2020 and (~~(six hundred thirty-five thousand dollars)~~)
34 \$635,000 for fiscal year 2021 to the department of agriculture for
35 compliance-based laboratory analysis of pesticides in marijuana;

36 (i) (~~(One million one hundred thousand dollars)~~) \$1,100,000
37 annually to the department of commerce to fund the marijuana social
38 equity technical assistance competitive grant program under RCW
39 43.330.540; and

1 (j) (~~One million one hundred thousand dollars~~) \$1,100,000 for
2 fiscal year 2021 to the department of commerce to fund the marijuana
3 social equity technical assistance competitive grant program under
4 Engrossed Second Substitute House Bill No. 2870 (marijuana retail
5 licenses); and

6 (2) From the amounts in the dedicated marijuana account after
7 appropriation of the amounts identified in subsection (1) of this
8 section, the legislature must appropriate for the purposes listed in
9 this subsection (2) as follows:

10 (a)(i) Up to (~~fifteen~~) 15 percent to the health care authority
11 for the development, implementation, maintenance, and evaluation of
12 programs and practices aimed at the prevention or reduction of
13 maladaptive substance use, substance use disorder, substance abuse or
14 substance dependence, as these terms are defined in the Diagnostic
15 and Statistical Manual of Mental Disorders, among middle school and
16 high school-age students, whether as an explicit goal of a given
17 program or practice or as a consistently corresponding effect of its
18 implementation, mental health services for children and youth, and
19 services for pregnant and parenting women; PROVIDED, That:

20 (A) Of the funds appropriated under (a)(i) of this subsection for
21 new programs and new services, at least (~~eighty-five~~) 85 percent
22 must be directed to evidence-based or research-based programs and
23 practices that produce objectively measurable results and, by
24 September 1, 2020, are cost-beneficial; and

25 (B) Up to (~~fifteen~~) 15 percent of the funds appropriated under
26 (a)(i) of this subsection for new programs and new services may be
27 directed to proven and tested practices, emerging best practices, or
28 promising practices.

29 (ii) In deciding which programs and practices to fund, the
30 director of the health care authority must consult, at least
31 annually, with the University of Washington's social development
32 research group and the University of Washington's alcohol and drug
33 abuse institute.

34 (iii) For each fiscal year, the legislature must appropriate a
35 minimum of (~~twenty-five million five hundred thirty-six thousand~~
36 ~~dollars~~) \$25,536,000 under this subsection (2)(a);

37 (b)(i) Up to (~~ten~~) 10 percent to the department of health for
38 the following, subject to (b)(ii) of this subsection (2):

1 (A) Creation, implementation, operation, and management of a
2 marijuana education and public health program that contains the
3 following:

4 (I) A marijuana use public health hotline that provides referrals
5 to substance abuse treatment providers, utilizes evidence-based or
6 research-based public health approaches to minimizing the harms
7 associated with marijuana use, and does not solely advocate an
8 abstinence-only approach;

9 (II) A grants program for local health departments or other local
10 community agencies that supports development and implementation of
11 coordinated intervention strategies for the prevention and reduction
12 of marijuana use by youth; and

13 (III) Media-based education campaigns across television,
14 internet, radio, print, and out-of-home advertising, separately
15 targeting youth and adults, that provide medically and scientifically
16 accurate information about the health and safety risks posed by
17 marijuana use; and

18 (B) The Washington poison control center.

19 (ii) For each fiscal year, the legislature must appropriate a
20 minimum of ~~((nine million seven hundred fifty thousand dollars))~~
21 \$9,750,000 under this subsection (2) (b);

22 (c) (i) Up to six-tenths of one percent to the University of
23 Washington and four-tenths of one percent to Washington State
24 University for research on the short and long-term effects of
25 marijuana use, to include but not be limited to formal and informal
26 methods for estimating and measuring intoxication and impairment, and
27 for the dissemination of such research.

28 (ii) For each fiscal year, except for the 2017-2019 and 2019-2021
29 fiscal biennia, the legislature must appropriate a minimum of ~~((one
30 million twenty-one thousand dollars))~~ \$1,021,000 to the University of
31 Washington. For each fiscal year, except for the 2017-2019 and
32 2019-2021 fiscal biennia, the legislature must appropriate a minimum
33 of ~~((six hundred eighty-one thousand dollars))~~ \$681,000 to Washington
34 State University under this subsection (2) (c). It is the intent of
35 the legislature that this policy will be continued in the 2019-2021
36 fiscal biennium;

37 (d) Fifty percent to the state basic health plan trust account to
38 be administered by the Washington basic health plan administrator and
39 used as provided under chapter 70.47 RCW;

1 (e) Five percent to the Washington state health care authority to
2 be expended exclusively through contracts with community health
3 centers to provide primary health and dental care services, migrant
4 health services, and maternity health care services as provided under
5 RCW 41.05.220;

6 (f)(i) Up to three-tenths of one percent to the office of the
7 superintendent of public instruction to fund grants to building
8 bridges programs under chapter 28A.175 RCW.

9 (ii) For each fiscal year, the legislature must appropriate a
10 minimum of ~~((five hundred eleven thousand dollars))~~ \$511,000 to the
11 office of the superintendent of public instruction under this
12 subsection (2)(f); and

13 (g) At the end of each fiscal year, the treasurer must transfer
14 any amounts in the dedicated marijuana account that are not
15 appropriated pursuant to subsection (1) of this section and this
16 subsection (2) into the general fund, except as provided in (g)(i) of
17 this subsection (2).

18 (i) ~~((Beginning))~~ Except as provided in (g)(iv) of this
19 subsection (2), beginning in fiscal year 2018, if marijuana excise
20 tax collections deposited into the general fund in the prior fiscal
21 year exceed ~~((twenty-five million dollars))~~ \$25,000,000, then each
22 fiscal year the legislature must appropriate an amount equal to
23 ~~((thirty))~~ 30 percent of all marijuana excise taxes deposited into
24 the general fund the prior fiscal year to the treasurer for
25 distribution to counties, cities, and towns as follows:

26 (A) Thirty percent must be distributed to counties, cities, and
27 towns where licensed marijuana retailers are physically located. Each
28 jurisdiction must receive a share of the revenue distribution under
29 this subsection (2)(g)(i)(A) based on the proportional share of the
30 total revenues generated in the individual jurisdiction from the
31 taxes collected under RCW 69.50.535, from licensed marijuana
32 retailers physically located in each jurisdiction. For purposes of
33 this subsection (2)(g)(i)(A), ~~((one hundred))~~ 100 percent of the
34 proportional amount attributed to a retailer physically located in a
35 city or town must be distributed to the city or town.

36 (B) Seventy percent must be distributed to counties, cities, and
37 towns ratably on a per capita basis. Counties must receive ~~((sixty))~~
38 60 percent of the distribution, which must be disbursed based on each
39 county's total proportional population. Funds may only be distributed

1 to jurisdictions that do not prohibit the siting of any state
2 licensed marijuana producer, processor, or retailer.

3 (ii) Distribution amounts allocated to each county, city, and
4 town must be distributed in four installments by the last day of each
5 fiscal quarter.

6 (iii) By September 15th of each year, the board must provide the
7 state treasurer the annual distribution amount, if any, for each
8 county and city as determined in (g)(i) of this subsection (2).

9 (iv) The total share of marijuana excise tax revenues distributed
10 to counties and cities in (g)(i) of this subsection (2) may not
11 exceed (~~fifteen million dollars~~) \$15,000,000 in fiscal years 2018,
12 2019, 2020, and 2021, and (~~twenty million dollars~~) \$20,000,000 per
13 fiscal year thereafter. It is the intent of the legislature that the
14 policy for the maximum distributions in the subsequent fiscal biennia
15 will be no more than (~~fifteen million dollars~~) \$15,000,000 per
16 fiscal year.

17 (v) Upon receipt of a final notice from the state board of health
18 under section 19(4) of this act that a county has failed to comply
19 with section 18 of this act, the treasurer shall cease all future
20 distributions to the county under this subsection (2).

21 **Sec. 23.** RCW 82.08.170 and 2020 c 357 s 919 are each amended to
22 read as follows:

23 (1) Except as provided in subsections (4) (~~and (5)~~) through (6)
24 of this section, during the months of January, April, July, and
25 October of each year, the state treasurer must make the transfers
26 required under subsections (2) and (3) of this section from the
27 liquor excise tax fund and then the apportionment and distribution of
28 all remaining moneys in the liquor excise tax fund to the counties,
29 cities, and towns in the following proportions: (a) (~~Twenty~~) 20
30 percent of the moneys in the liquor excise tax fund must be divided
31 among and distributed to the counties of the state in accordance with
32 the provisions of RCW 66.08.200; and (b) (~~eighty~~) 80 percent of the
33 moneys in the liquor excise tax fund must be divided among and
34 distributed to the cities and towns of the state in accordance with
35 the provisions of RCW 66.08.210.

36 (2) Each fiscal quarter and prior to making the (~~twenty~~) 20
37 percent distribution to counties under subsection (1)(a) of this
38 section, the treasurer shall transfer to the liquor revolving fund
39 created in RCW 66.08.170 sufficient moneys to fund the allotments

1 from any legislative appropriations for county research and services
2 as provided under chapter 43.110 RCW.

3 (3) During the months of January, April, July, and October of
4 each year, the state treasurer must transfer (~~two million five~~
5 ~~hundred thousand dollars~~) \$2,500,000 from the liquor excise tax fund
6 to the state general fund.

7 (4) During calendar year 2012, the October distribution under
8 subsection (1) of this section and the July and October transfers
9 under subsections (2) and (3) of this section must not be made.
10 During calendar year 2013, the January, April, and July distributions
11 under subsection (1) of this section and transfers under subsections
12 (2) and (3) of this section must not be made.

13 (5) During the 2015-2017 and 2019-2021 fiscal biennia, the liquor
14 excise tax fund may be appropriated for the local government fiscal
15 note program in the department of commerce. It is the intent of the
16 legislature to continue this policy in the subsequent fiscal
17 biennium.

18 (6) Upon receipt of a final notice from the state board of health
19 under section 19(4) of this act that a county has failed to comply
20 with section 18 of this act, the treasurer shall cease all future
21 distributions to the county under this section.

22 NEW SECTION. **Sec. 24.** The following acts or parts of acts are
23 each repealed:

24 (1) RCW 43.70.060 (Duties of department—Promotion of health care
25 cost-effectiveness) and 1989 1st ex.s. c 9 s 108;

26 (2) RCW 43.70.064 (Health care quality—Findings and intent—
27 Requirements for conducting study under RCW 43.70.066) and 1995 c 267
28 s 3;

29 (3) RCW 43.70.066 (Study—Uniform quality assurance and
30 improvement program—Reports to legislature—Limitation on rule
31 making) and 1998 c 245 s 72, 1997 c 274 s 3, & 1995 c 267 s 4;

32 (4) RCW 43.70.068 (Quality assurance—Interagency cooperation) and
33 1997 c 274 s 4 & 1995 c 267 s 5; and

34 (5) RCW 43.70.070 (Duties of department—Analysis of health
35 services) and 1995 c 269 s 2202 & 1989 1st ex.s. c 9 s 109.

36 NEW SECTION. **Sec. 25.** (1) Sections 4 and 17 of this act take
37 effect January 1, 2024.

1 (2) Sections 13 through 16 of this act take effect July 1, 2022.

2 NEW SECTION. **Sec. 26.** Sections 20 through 23 of this act expire
3 January 1, 2024.

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