
HOUSE BILL 1110

State of Washington

67th Legislature

2021 Regular Session

By Representatives Riccelli and Ormsby

Prefiled 01/07/21.

1 AN ACT Relating to the composition of local boards of health;
2 amending RCW 70.05.030, 70.05.035, 70.46.020, and 70.46.031; adding a
3 new section to chapter 43.20 RCW; and creating new sections.

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

5 NEW SECTION. **Sec. 1.** The legislature finds that:

6 (1) Washington's public health system faces significant
7 challenges. For Washington to have effective health boards, the
8 boards need to have balanced representation of elected officials with
9 nonelected individuals who have knowledge of health and public health
10 issues and knowledge of diversity through lived experiences. Health
11 inequities for people of color, Native Americans, low-income
12 individuals and families, and those in rural communities with limited
13 health services can be exacerbated by lack of representation on
14 health boards. It is recognized that better health outcomes will
15 occur when appointments for nonelected board of health positions are
16 made using an equity lens. Further, consumers of public health tend
17 to be not well represented as members of local health boards. There
18 is a clear need for broader representation of consumers that face
19 large health inequities or are direct recipients of public health
20 services, such as the special supplemental nutrition program for

1 women, infants, and children; the supplemental nutrition program;
2 home visiting; or treatment services.

3 (2) The lack of expertise and lived experience on local health
4 boards has led to politics infecting public health during the
5 COVID-19 pandemic with local public health department leaders and
6 workers resigning, retiring, or being fired, and communities being
7 left sick and vulnerable.

8 (3) The legislature therefore intends for Washington to have
9 local health boards that balance representation of elected officials
10 and nonelected people with a diversity of expertise and lived
11 experience and have a decision-making process that is inclusive and
12 puts public health and people ahead of politics to improve health
13 outcomes.

14 **Sec. 2.** RCW 70.05.030 and 1995 c 43 s 6 are each amended to read
15 as follows:

16 (1) In counties without a home rule charter, the board of county
17 commissioners and members selected under subsection (2) of this
18 section shall constitute the local board of health, unless the county
19 is part of a health district pursuant to chapter 70.46 RCW. The
20 jurisdiction of the local board of health shall be coextensive with
21 the boundaries of said county.

22 (2)(a) At least four board members must be persons who are not
23 elected officials and must be selected from the following categories
24 consistent with the requirements of this subsection and the rules
25 adopted by the state board of health under section 6 of this act:

26 (i) Health care facilities and providers. This category consists
27 of persons practicing or employed in the county who are:

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

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

31 (I) Physicians or osteopathic physicians;

32 (II) Advanced registered nurse practitioners;

33 (III) Physician assistants or osteopathic physician assistants;

34 (IV) Registered nurses;

35 (V) Dentists; or

36 (VI) Pharmacists.

37 (ii) Public health. This category consists of persons employed in
38 the county who are:

1 (A) Representatives of tribal governments or the Indian health
2 service;

3 (B) Medical ethicists;

4 (C) Epidemiologists;

5 (D) Sanitarians;

6 (E) Community health workers;

7 (F) Holders of master's degrees or higher in public health or its
8 equivalent; or

9 (G) Members of the environmental public health regulated
10 community.

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

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

22 (A) Community-based organizations that work with populations
23 experiencing health inequities in the county; and

24 (B) The business community.

25 (b) Board members selected under this subsection must constitute
26 at least one-half of the total membership of the board.

27 (c) If the number of board members selected under this subsection
28 is evenly divisible by four, there must be an equal number of members
29 selected from each of the four categories.

30 (d) If the number of board members selected under this subsection
31 is not evenly divisible by four, there must be an equal number of
32 members selected from each of the four categories up to the nearest
33 multiple of four. If there is one member over the nearest multiple of
34 four, that member may be selected from any of the four categories. If
35 there are two or three members over the nearest multiple of four,
36 each member over the nearest multiple of four must be selected from a
37 different category.

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

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

4 (i) Statewide organizations representing physicians, nurses, and
5 public health officials;

6 (ii) Accountable communities of health; and

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

8 (3) The board of county commissioners may, at its discretion,
9 adopt an ordinance expanding the size and composition of the board of
10 health to include elected officials from cities and towns and persons
11 other than elected officials who do not meet the criteria in
12 subsection (2) of this section as members so long as persons ((~~other~~
13 than elected officials do not constitute a majority)) selected under
14 subsection (2) of this section continue to constitute at least one-
15 half of the total membership of the board.

16 (4) An ordinance adopted under this section shall include
17 provisions for the appointment, term, and compensation, or
18 reimbursement of expenses.

19 **Sec. 3.** RCW 70.05.035 and 1995 c 43 s 7 are each amended to read
20 as follows:

21 (1) In counties with a home rule charter, the county legislative
22 authority shall establish a local board of health and may prescribe
23 the membership and selection process for the board, consistent with
24 the requirements of this section.

25 (2) (a) At least four board members must be persons who are not
26 elected officials and must be selected from the following categories
27 consistent with the requirements of this subsection and the rules
28 adopted by the state board of health under section 6 of this act:

29 (i) Health care facilities and providers. This category consists
30 of persons practicing or employed in the county who are:

31 (A) Employees of a hospital located in the county; or

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

34 (I) Physicians or osteopathic physicians;

35 (II) Advanced registered nurse practitioners;

36 (III) Physician assistants or osteopathic physician assistants;

37 (IV) Registered nurses;

38 (V) Dentists; or

39 (VI) Pharmacists.

1 (ii) Public health. This category consists of persons employed in
2 the county who are:

3 (A) Representatives of tribal governments or the Indian health
4 service;

5 (B) Medical ethicists;

6 (C) Epidemiologists;

7 (D) Sanitarians;

8 (E) Community health workers;

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

11 (G) Members of the environmental public health regulated
12 community.

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

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

24 (A) Community-based organizations that work with populations
25 experiencing health inequities in the county; and

26 (B) The business community.

27 (b) Board members selected under this subsection must constitute
28 at least one-half of the total membership of the board.

29 (c) If the number of board members selected under this subsection
30 is evenly divisible by four, there must be an equal number of members
31 selected from each of the four categories.

32 (d) If the number of board members selected under this subsection
33 is not evenly divisible by four, there must be an equal number of
34 members selected from each of the four categories up to the nearest
35 multiple of four. If there is one member over the nearest multiple of
36 four, that member may be selected from any of the four categories. If
37 there are two or three members over the nearest multiple of four,
38 each member over the nearest multiple of four must be selected from a
39 different category.

1 (e) The board members selected under this subsection must be
2 approved by a majority vote of the members of the board who are
3 elected officials.

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

7 (i) Statewide organizations representing physicians, nurses, and
8 public health officials;

9 (ii) Accountable communities of health; and

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

11 (3) The county legislative authority may appoint to the board of
12 health elected officials from the county legislative authority,
13 cities, and towns and persons other than elected officials who do not
14 meet the criteria in subsection (2) of this section as members so
15 long as persons (~~other than elected officials do not constitute a~~
16 majority. The)) selected under subsection (2) of this section
17 continue to constitute at least one-half of the total membership of
18 the board.

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

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

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

29 **Sec. 4.** RCW 70.46.020 and 1995 c 43 s 10 are each amended to
30 read as follows:

31 (1) Health districts consisting of two or more counties may be
32 created whenever two or more boards of county commissioners shall by
33 resolution establish a district for such purpose. Such a district
34 shall consist of all the area of the combined counties.

35 (2) The district board of health of such a district shall consist
36 of not less than five members for districts of two counties and seven
37 members for districts of more than two counties, including two
38 representatives from each county who are members of the board of
39 county commissioners and who are appointed by the board of county

1 commissioners of each county within the district and members selected
2 under subsection (3) of this section, and shall have a jurisdiction
3 coextensive with the combined boundaries.

4 (3) (a) At least four board members must be persons who are not
5 elected officials and must be selected from the following categories
6 consistent with the requirements of this subsection and the rules
7 adopted by the state board of health under section 6 of this act:

8 (i) Health care facilities and providers. This category consists
9 of persons practicing or employed in the district who are:

10 (A) Employees of a hospital located in the county; or

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

13 (I) Physicians or osteopathic physicians;

14 (II) Advanced registered nurse practitioners;

15 (III) Physician assistants or osteopathic physician assistants;

16 (IV) Registered nurses;

17 (V) Dentists; or

18 (VI) Pharmacists.

19 (ii) Public health. This category consists of persons employed in
20 the district who are:

21 (A) Representatives of tribal governments or the Indian health
22 service;

23 (B) Medical ethicists;

24 (C) Epidemiologists;

25 (D) Sanitarians;

26 (E) Community health workers;

27 (F) Holders of master's degrees or higher in public health or its
28 equivalent; or

29 (G) Members of the environmental public health regulated
30 community.

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

1 (iv) Other community stakeholders. This category consists of
2 persons representing the following types of organizations located in
3 the district:

4 (A) Community-based organizations that work with populations
5 experiencing health inequities in the district; and

6 (B) The business community.

7 (b) Board members selected under this subsection must constitute
8 at least one-half of the total membership of the board.

9 (c) If the number of board members selected under this subsection
10 is evenly divisible by four, there must be an equal number of members
11 selected from each of the four categories.

12 (d) If the number of board members selected under this subsection
13 is not evenly divisible by four, there must be an equal number of
14 members selected from each of the four categories up to the nearest
15 multiple of four. If there is one member over the nearest multiple of
16 four, that member may be selected from any of the four categories. If
17 there are two or three members over the nearest multiple of four,
18 each member over the nearest multiple of four must be selected from a
19 different category.

20 (e) The board members selected under this subsection must be
21 approved by a majority vote of the members of the board who are
22 elected officials.

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

26 (i) Statewide organizations representing physicians, nurses, and
27 public health officials;

28 (ii) Accountable communities of health; and

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

30 (4) The boards of county commissioners may by resolution or
31 ordinance provide for elected officials from cities and towns and
32 persons other than elected officials who do not meet the criteria in
33 subsection (3) of this section as members of the district board of
34 health so long as persons (~~other than elected officials do not~~
35 ~~constitute a majority.~~) selected under subsection (3) of this
36 section continue to constitute at least one-half of the total
37 membership of the board.

38 (5) A resolution or ordinance adopted under this section must
39 specify the provisions for the appointment, term, and compensation,
40 or reimbursement of expenses. (~~Any multicounty health district~~

1 existing on the effective date of this act shall continue in
2 existence unless and until changed by affirmative action of all
3 boards of county commissioners or one or more counties withdraws
4 [~~withdraw~~] pursuant to RCW 70.46.090.)

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

7 **Sec. 5.** RCW 70.46.031 and 1995 c 43 s 11 are each amended to
8 read as follows:

9 (1) A health district to consist of one county may be created
10 whenever the county legislative authority of the county shall pass a
11 resolution or ordinance to organize such a health district under
12 chapter 70.05 RCW and this chapter. The resolution or ordinance may
13 specify the membership, representation on the district health board,
14 or other matters relative to the formation or operation of the health
15 district consistent with the requirements of this section.

16 (2) (a) At least four board members must be persons who are not
17 elected officials and must be selected from the following categories
18 consistent with the requirements of this subsection and the rules
19 adopted by the state board of health under section 6 of this act:

20 (i) Health care facilities and providers. This category consists
21 of persons practicing or employed in the district who are:

22 (A) Employees of a hospital located in the county; or

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

25 (I) Physicians or osteopathic physicians;

26 (II) Advanced registered nurse practitioners;

27 (III) Physician assistants or osteopathic physician assistants;

28 (IV) Registered nurses;

29 (V) Dentists; or

30 (VI) Pharmacists.

31 (ii) Public health. This category consists of persons employed in
32 the district who are:

33 (A) Representatives of tribal governments or the Indian health
34 service;

35 (B) Medical ethicists;

36 (C) Epidemiologists;

37 (D) Sanitarians;

38 (E) Community health workers;

1 (F) Holders of master's degrees or higher in public health or its
2 equivalent; or

3 (G) Members of the environmental public health regulated
4 community.

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

13 (iv) Other community stakeholders. This category consists of
14 persons representing the following types of organizations located in
15 the district:

16 (A) Community-based organizations that work with populations
17 experiencing health inequities in the district; and

18 (B) The business community.

19 (b) Board members selected under this subsection must constitute
20 at least one-half of the total membership of the board.

21 (c) If the number of board members selected under this subsection
22 is evenly divisible by four, there must be an equal number of members
23 selected from each of the four categories.

24 (d) If the number of board members selected under this subsection
25 is not evenly divisible by four, there must be an equal number of
26 members selected from each of the four categories up to the nearest
27 multiple of four. If there is one member over the nearest multiple of
28 four, that member may be selected from any of the four categories. If
29 there are two or three members over the nearest multiple of four,
30 each member over the nearest multiple of four must be selected from a
31 different category.

32 (e) The board members selected under this subsection must be
33 approved by a majority vote of the members of the board who are
34 elected officials.

35 (f) 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, and
39 public health officials;

40 (ii) Accountable communities of health; and

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

2 (3) The county legislative authority may appoint elected
3 officials from cities and towns and persons other than elected
4 officials who do not meet the criteria in subsection (2) of this
5 section as members of the health district board so long as persons
6 ((other than elected officials do not constitute a majority))
7 selected under subsection (2) of this section continue to constitute
8 at least one-half of the total membership of the board.

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

12 NEW SECTION. Sec. 6. A new section is added to chapter 43.20
13 RCW to read as follows:

14 (1) The state board of health shall adopt rules establishing the
15 appointment process for the members of local boards of health who are
16 not elected officials. The selection process established by the rules
17 must:

18 (a) Be fair and unbiased; and

19 (b) Ensure, to the extent practicable, that the membership of
20 local boards of health include a balanced representation of elected
21 officials and nonelected people with a diversity of expertise and
22 lived experience.

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

25 NEW SECTION. Sec. 7. Local boards of health in existence on the
26 effective date of this section must comply with the requirements of
27 this act as soon as practicable, but no later than six months
28 following the effective date of the rules adopted under section 6 of
29 this act.

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