BOARD OF HEALTH
SPECIAL MEETING

Upcoming Board of Health Meetings
January 26, 2022  February 23, 2022
8:30 am – 11:30 am  8:30 am - 11:30 am

Upcoming Board of Health Special Meetings
February 10, 2022
5:30 Pm - 8:30 pm
Our Mission
In partnership with the people of Yakima County, the Yakima Health District provides prevention, education, and disease control services to promote, protect, and enhance the health and safety of all.

1. Call meeting to order: Board Chair Ron Anderson
2. Introductions of guest/staff: Ryan Ibach
3. Review of submitted public written comments: Ryan Ibach
4. Appointment of Board Chair and Vice Chair: Ryan Ibach
5. Unfinished Business:
   a. Yakima County COVID-19 and Omicron Variant Update: Dr. Neil Barg
      Strategic Goal: Deliver Mandated Services; Board Input: Board Discussion
6. New Business:
   a. House Bill 1152: James Elliott
      Strategic Goal: Deliver Mandated Service; Board Input: Board Discussion
   b. Discussion regarding returning to the practice of YHD staff involved with well/septic/building permit aspects to have a physical desk presence in Yakima County Public Services downtown courthouse 4th floor: Amanda McKinney
      Strategic Goal: Increase Efficiency & Effectiveness/Deliver Mandated Services
      Board Input: Board Discussion/Decision
   c. Discussion regarding DOH's consideration to require COVID vaccination for children to attend school: Amanda McKinney
      Strategic Goal: Improve Community Partnerships
      Board Input: Board Awareness/Discussion
   d. Discussion regarding the breakthrough rate of Omicron in vaccinated and boosted individuals: Amanda McKinney
      Strategic Goal: Increase Efficiency & Effectiveness
      Board Input: Board Awareness/Discussion
   e. Discussion regarding ineffectiveness of cloth masks against the Omicron variant: Amanda McKinney
      Strategic Goal: Increase Efficiency & Effectiveness
      Board Input: Board Awareness/Discussion
f. Discussion regarding the negative impacts of Governor Inslee's Vaccine Mandate on public services: Amanda McKinney  
   **Strategic Goal:** Increase Efficiency & Effectiveness  
   **Board Input:** Board Awareness/Discussion  
g. Update regarding legal challenges to state and federal vaccine mandates: James Elliott  
   **Strategic Goal:** Increase Efficiency & Effectiveness  
   **Board Input:** Board Awareness/Discussion  
h. Request for hospitalization data to reflect if patient was admitted WITH COVID versus DUE to COVID: Amanda McKinney  
   **Strategic Goal:** Increase Efficiency & Effectiveness/Improve Community Partnerships  
   **Board Input:** Board Discussion/Decision  

7. **Adjourn**
RCW 70.05.040

Local board of health—Chair—Administrative officer—Vacancies.

The local board of health shall elect a chair and may appoint an administrative officer. A local health officer shall be appointed pursuant to RCW 70.05.050. Vacancies on the local 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 board of health, the members shall elect a chair to serve for a period of one year.

[ 1993 c 492 § 236; 1984 c 25 § 1; 1983 1st ex.s. c 39 § 1; 1967 ex.s. c 51 § 4.]

NOTES:

Findings—Intent—1993 c 492: See notes following RCW 43.20.050.

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.
RCWs > Title 70 > Chapter 70.46 > Section 70.46.031

70.46.020  <<  70.46.031 >>  70.46.060

**RCW 70.46.031**

Districts of one county—Health board—Membership. *(Effective until July 1, 2022.)*

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 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. 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 elected officials do not constitute a majority.

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.

[ 1995 c 43 § 11.]

**NOTES:**

*Reviser's note:* For "the effective date of this act" see note following RCW 70.05.030.

**Effective dates—Contingent effective dates—1995 c 43:** See note following RCW 70.05.030.

**Severability—1995 c 43:** See note following RCW 43.70.570.
RCW 70.46.031

Districts of one county—District boards of health—Membership. (Effective July 1, 2022.)

(1) Except as provided in subsection (2) of this section, 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 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. In addition to the membership of the district health board determined through resolution or ordinance, the district health board must also include the members selected under (a) and (e) of this subsection.

(a) The remaining board members must be persons who are not elected officials and must be selected from the following categories consistent with the requirements of this section and the rules adopted by the state board of health under RCW 43.20.300:

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

(I) Physicians or osteopathic physicians;
(II) Advanced registered nurse practitioners;
(III) Physician assistants or osteopathic physician assistants;
(IV) Registered nurses;
(V) Dentists;
(VI) Naturopaths; or
(VII) 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.

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

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

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

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

(f) 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 the city and county elected officials do not constitute a majority of the total membership of the board.

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

(h) The jurisdiction of the local board of health shall be coextensive with the boundaries of the county.
(i) The local health officer, as described in RCW 70.05.050, shall be appointed by the official designated under the provisions of the resolution or ordinance. The same official designated under the provisions of the resolution or ordinance may appoint an administrative officer, as described in RCW 70.05.045.

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

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

(l) 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.

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in RCW 70.46.140 for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

[ 2021 c 205 § 6; 1995 c 43 § 11.]

NOTES:

Effective date—2021 c 205 §§ 3-6: See note following RCW 70.05.030.

Finding—2021 c 205: See note following RCW 43.70.675.

Effective dates—Contingent effective dates—1995 c 43: See note following RCW 70.05.030.

Severability—1995 c 43: See note following RCW 43.70.570.
The Washington State Board of Health (Board) is inviting informal public comment on draft rules to implement Engrossed Second Substitute House Bill 1152, Supporting measures to create comprehensive public health districts. As part of this legislation, the Board is tasked with adopting rules regarding the selection and appointment process for non-elected members of local boards of health.

The following draft reflects a new chapter of rule, chapter 246-90 WAC, local board of health membership and incorporates updates in response to feedback from the first informal draft circulated this fall. Changes from the first informal draft are shown in red text, with underlined text reflecting added language and strikethrough reflecting removed language.

More information on the scope of the Board’s rulemaking can be found in the Board’s CR-101, Preproposal Statement of Inquiry. The Board has also created a list of frequently asked questions regarding this work that is available online.

Please send your feedback and any questions on the Board’s rulemaking to LBOHComposition@sboh.wa.gov. **Feedback is due by January 14, 2022.**

Staff contacts and more information on these rules can be found on the Board’s local board of health composition rulemaking web page.
NEW SECTION

WAC 246-90-005 Purpose, scope, and applicability of chapter.

(1) The purpose of this chapter is to establish requirements for the recruitment, selection and appointment process of non-elected members of local boards of health. The processes established in this chapter are intended to be fair, unbiased, and ensure to the extent practicable that the membership of local boards of health include a balanced representation of elected officials and non-elected people with a diversity of expertise and lived experience.

(2) The provisions of this chapter apply to the following:
   a. A county without a home rule charter in which the jurisdiction of the local board of health is coextensive with the boundaries of the county as established in RCW 70.05.030;
   b. A county with a home rule charter in which the jurisdiction of the local board of health is coextensive with the boundaries of the county as established in RCW 70.05.035;
   c. A health district consisting of two or more counties in which the jurisdiction of the local board of health is coextensive with the combined boundaries of the counties as established in RCW 70.46.020; and
   d. A health district consisting of one county in which the jurisdiction of the board of health is coextensive with the boundary of the county as established in RCW 70.46.031.

(3) The provisions of this chapter apply only to the recruitment, selection and appointment of persons who are not elected officials identified in RCW 70.05.030(1)(a), RCW 70.05.035(1)(a), RCW 70.46.020(1)(a), and RCW 70.46.031(1)(a).

(4) The provisions of this chapter do not apply to persons other than elected officials identified in RCW 70.05.030(1)(f), RCW 70.05.035(1)(f), RCW 70.46.020(1)(f), and RCW 70.46.031(1)(f).

NEW SECTION

WAC 246-90-010 Definitions.

The following definitions apply throughout this chapter unless the context clearly requires otherwise:

(1) “Board” means the Washington state board of health.

(2) “Consumers of public health” means the category of persons consisting of county or health district residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs.

(3) “Elected official” means any person elected at a general or special election to public office representing a city or county, and any person appointed to fill a vacancy in any such office.

(4) “Health agency” means a private or public business or organization that renders or connects persons to health services, insurance, or other benefits.

(5) “Health facility” means a facility, clinic, or other setting licensed under Title 18 RCW, Title 70 RCW, or Title 71 RCW in which behavioral or medical diagnosis, care, treatment, or services are provided.
(6) “Local board of health” means the county or district board of health as established under chapter 70.05 RCW.

(7) “Local health jurisdiction” or “LHJ” means a county health department under chapter 70.05 RCW or health district under chapter 70.46 RCW.

(8) “Non-elected member” or “non-elected position” means a person appointed to a local board of health who is not an elected official, and represents:
   a. Public health, health care facilities, and providers;
   b. Consumers of public health; or
   c. Other community stakeholders.

(9) “Other community stakeholders” means the category of persons representing the following types of organizations located in the county or health district:
   a. Community-based organizations or nonprofits that work with populations experiencing health inequities in the county;
   b. Active, reserve, or retired armed services members;
   c. The business community; or
   d. The environmental public health regulated community.

(10) “Public health, health care facilities, and providers” means the category of persons practicing or employed in the county or health district who are:
   a. Medical ethicists;
   b. Epidemiologists;
   c. Experienced in environmental public health;
   d. Community health workers;
   e. Holders of master’s degrees or higher in public health or another field with an emphasis or concentration in health care, public health, or health policy;
   f. Employees of a hospital located in the county; or
   g. Any of the following providers holding an active or retired license in good standing under Title 18 RCW:
      i. Physicians or osteopathic physicians;
      ii. Advanced registered nurse practitioners;
      iii. Physician assistants or osteopathic physician assistants;
      iv. Registered nurses;
      v. Dentists;
      vi. Naturopaths; or
      vii. Pharmacists.

NEW SECTION

WAC 246-90-015 Local boards of health – Non-elected members.

(1) The number of non-elected members, as defined in WAC 246-90-010, on a local board of health, including any tribal representatives as described in subsection (2), must equal the number of elected officials on a local board of health. Elected members of the local board of health may not constitute a majority.
(2) If a federally recognized Indian tribe holds reservation, trust lands, or has usual and accustomed areas within the county or health district, or if a 501(c)(3) organization registered in Washington that serves American Indian and Alaska Native people and provides services within the county or health district, the local board of health must include a tribal representative selected by the American Indian Health Commission according to the selection process prescribed by the Commission.
   a. A tribal representative as described in subsection (2) may serve in any of the three non-elected member categories as defined in this chapter if the representative meets the requirements of the category.

(3) Any changes to local board of health composition must meet the requirements of this chapter.

(4) If a board of county commissioners or a county legislative authority chooses to adopt a resolution or ordinance or otherwise act to change the size or composition of the local board of health, the resolution, ordinance, or other document used must:
   a. Include provisions, which are comparable to that of elected members, for the appointment, term, including initial term, and, if applicable, compensation or reimbursement of expenses for non-elected members as defined in this chapter;
   b. Ensure elected officials do not constitute a majority of the total membership of the local board of health;
   c. Ensure recruitment, selection, and appointment of non-elected members of the local board of health must conform with the requirements of this chapter; and
   d. Identify non-elected members as voting members of the local board of health except as it pertains to any decision related to the setting or modification of permit, licensing, and application fees.
   e. Identify the process for how a local board of health will refer successful applicants to the board of county commissioners for approval and appointment. If a county does not have a board of county commissioners, the local board of health will refer successful applicants to the county legislative authority for consideration for approval and appointment.

NEW SECTION


(1) A local board of health must actively recruit applicants for non-elected member positions of the local board of health in a manner that solicits a broad pool of applicants that represent a diversity of expertise and lived experience.

(2) A local board of health must:
   a. Provide reasonable advance notice for applicants to apply for vacancies for positions representing non-elected members on a local board of health;
   b. Post vacancy announcements in public places, including the newspaper with the most readership, if any, in the county or district;
   c. Post vacancy announcements in the most common languages spoken in the county or district;
(3) A local board of health may:
   a. Require non-elected members of the local board of health to reside within the county or
      local board of health’s jurisdictional boundaries; and
   b. Work with local community organizations to identify potential applicants for non-
      elected positions.

(4) A local board of health may not require an applicant to provide their political affiliation or voting
    history.

(5) A local board of health may require an applicant to designate the specific category or categories
    they are applying for as identified in WAC 246-90-025(1) in their application materials. A local
    board of health may consider applicants for any position for which they are qualified.

(6) All applicants for non-elected positions shall be interviewed in a panel format by the local board
    of health subject to the following:
   a. All applicants shall be asked the same questions; and
   b. In the event of a substantial number of applicants, the local board of health may elect to
      interview a smaller number applicants as long as the applicants interviewed include a
      diversity of expertise and lived experience.

(7) The recruitment process must be consistent with applicable provisions of chapter 42.30 RCW.

NEW SECTION

WAC 246-90-025 Local boards of health – Non-elected members – Selection.

(1) Non-elected members of a local board of health must be selected from the following categories:
   a. Public health, health care facilities, and providers;
   b. Consumers of public health; and
   c. Other community stakeholders.

(2) If the total number of non-elected members of a local board of health is evenly divisible by
    three, there must be an equal number of members selected from each of the three categories.

(3) There may be no more than one member selected from each category with the same
    background or position except under the following circumstances:
   a. If there are one or two non-elected members over the nearest multiple of three, those
      non-elected members may be selected from any of the three categories; and
   b. If, in a health district consisting of one county, there are two non-elected members over
      the nearest multiple of three, each member over the nearest multiple of three must be
      selected from a different category.

(4) A local board of health shall assess the following when considering applicants for selection to a
    local board of health:
   a. Service, current or past, on other local boards or commissions;
b. Whether the applicant’s background meets the qualifications of the applicant’s selected category or categories as defined in WAC 246-095-010;

c. Potential conflict of interest;

d. The applicant’s demonstrated commitment to public health;

e. Recommendation from current board members;

f. Whether the applicant represents a diversity of expertise and lived experience; and

(5) A local board of health shall also assess whether the applicant identifies with a historically underrepresented community when being considered as a non-elected member representing consumers of public health.

(6) Local board of health membership must include a balanced representation of elected officials and non-elected people with a diversity of expertise and lived experience.

(7) Persons with a fiduciary obligation to a conflict of interest, including those who receive, or may receive, financial gain from a health facility, or other health agency, or a material financial interest in the rendering of other business or organization that renders health services, may not be selected as a non-elected member of a local board of health representing consumers of public health.

(8) Applicants must disclose any potential conflict of interest.

(9) If a local board of health demonstrates that it attempted to recruit members from all three categories under subsection (1) and was unable to do so, the local board of health may select members only from the other two categories.

(10) The selection process must be consistent with applicable provisions of chapter 42.30 RCW.

NEW SECTION

WAC 246-90-030 Local boards of health – Non-elected members – Appointment.

(1) Non-elected members of a local board of health shall be approved and appointed by a majority vote of the board of county commissioners. If a county does not have a board of county commissioners, then the non-elected members of a local board of health shall be approved and appointed by a majority vote of the county legislative authority.

(2) The appointment process must be consistent with applicable provisions of chapter 42.30 RCW.

NEW SECTION

WAC 246-90-035 Local boards of health – Non-elected members – Exceptions.

In accordance with RCW 70.05.030, RCW 70.05.035, RCW 70.46.020, and RCW 70.46.031, the following exceptions apply to this chapter:
(1) For counties with a home rule charter, counties without a home rule charter, health districts consisting of two or more counties, and health districts consisting of one county:
   a. A local board of health comprised solely of elected officials may retain its composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in RCW 70.46.140 for community health advisory boards.

(2) For local boards of health made up of three counties east of the Cascade mountains:
   a. If a local board of health is comprised solely of elected officials, it may retain its current composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in RCW 70.46.140 for community health advisory boards by July 1, 2022.
   b. If the local board of health does not establish the required community health advisory board by July 1, 2022, it must comply with the requirements of this chapter.

(3) For local boards of health established under RCW 70.46.031, “other community stakeholders” as defined in this chapter does not include active, reserve, or retired armed services members. Active, reserve, or retired armed services members are not precluded from representing other categories of non-elected members as defined in section one of this chapter.