
ENGROSSED SUBSTITUTE HOUSE BILL 1946

State of Washington

69th Legislature

2025 Regular Session

By House Local Government (originally sponsored by Representatives Hill, Lekanoff, Reed, Parshley, Pollet, Obras, Nance, Ormsby, and Macri)

READ FIRST TIME 02/21/25.

1 AN ACT Relating to clarifying tribal membership on local boards
2 of health; amending RCW 70.05.030, 70.05.035, 70.46.020, and
3 70.46.031; and creating a new section.

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

5 **Sec. 1.** RCW 70.05.030 and 2024 c 37 s 1 are each amended to read
6 as follows:

7 (1) Except as provided in subsection (2) of this section, for
8 counties without a home rule charter, the board of county
9 commissioners and the members selected under (a) and (e) of this
10 subsection, shall constitute the local board of health, unless the
11 county is part of a health district pursuant to chapter 70.46 RCW.
12 For counties without a home rule charter where the board of county
13 commissioners is comprised of five commissioners, the board of county
14 commissioners may adopt an ordinance reducing the number of county
15 commissioners that are members of the local board of health, provided
16 that the board of health includes at least one county commissioner.
17 The jurisdiction of the local board of health shall be coextensive
18 with the boundaries of the county.

19 (a) The remaining board members must be persons who are not
20 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 practice registered (~~(nurse-practitioners)~~) nurses;

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

(C) The business community; or

1 (D) The environmental public health regulated community.

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

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

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

14 (e) If a federally recognized Indian tribe holds reservation(~~((r))~~)
15 or trust lands, ((or has usual and accustomed areas within the
16 county,)) or if an urban Indian organization recognized by the Indian
17 health service and registered as a 501(c)(3) organization
18 ((registered)) in Washington that serves American Indian and Alaska
19 Native people ((and)) provides services within the county, the board
20 of health must ((include)) allow a tribal representative ((selected
21 by)) from each tribe and each organization, as selected by such tribe
22 or organization, to serve as a member and must notify the American
23 Indian health commission.

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

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

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

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

(j) The number of members selected or included under (a) and (e) of this subsection must equal the number of city and county elected officials on the board of health. If a member is added under (e) of this subsection, the board of county commissioners shall modify the membership of the board:

(i) In compliance with timelines established by the state board of health in rule once such rules are in effect; and

(ii) Until the rules in (j)(i) of this subsection are in effect, within 60 days of receipt of notice of the selection of a tribal representative.

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

(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.

Sec. 2. RCW 70.05.035 and 2021 c 205 s 4 are each amended to read as follows:

(1) Except as provided in subsection (2) of this section, for home rule charter counties, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board. The membership of the local board of health 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;

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; or

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

10 (I) Physicians or osteopathic physicians;

11 (II) Advanced practice registered (~~nurse practitioners~~) nurses;

12 (III) Physician assistants or osteopathic physician assistants;

13 (IV) Registered nurses;

14 (V) Dentists;

15 (VI) Naturopaths; or

16 (VII) Pharmacists;

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

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

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

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

34 (C) The business community; or

35 (D) The environmental public health regulated community.

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

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

1 there are one or two members over the nearest multiple of three,
2 those members may be selected from any of the three categories.
3 However, if the board of health demonstrates that it attempted to
4 recruit members from all three categories and was unable to do so,
5 the board may select members only from the other two categories.

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

8 (e) If a federally recognized Indian tribe holds reservation(~~(r)~~)
9 or trust lands, (~~or has usual and accustomed areas within the~~
10 ~~county, r)~~) or if an urban Indian organization recognized by the Indian
11 health service and registered as a 501(c)(3) organization
12 ((registered)) in Washington that serves American Indian and Alaska
13 Native people ((and)) provides services within the county, the board
14 of health must ((include)) allow a tribal representative ((selected
15 by)) from each tribe and each organization, as selected by such tribe
16 or organization, to serve as a member and must notify the American
17 Indian health commission.

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

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

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

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

33 (j) The number of members selected or included under (a) and (e)
34 of this subsection must equal the number of city and county elected
35 officials on the board of health. If a member is added under (e) of
36 this subsection, the county legislative authority shall modify the
37 membership of the board:

38 (i) In compliance with timelines established by the state board
39 of health in rule once such rules are in effect; and

1 (ii) Until the rules in (j)(i) of this subsection are in effect,
2 within 60 days of receipt of notice of the selection of a tribal
3 representative.

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

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

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

17 **Sec. 3.** RCW 70.46.020 and 2021 c 205 s 5 are each amended to
18 read as follows:

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

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

36 (i) Public health, health care facilities, and providers. This
37 category consists of persons practicing or employed in the health
38 district who 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 health district; or

8 (G) Any of the following providers holding an active or retired

9 license in good standing under Title 18 RCW:

10 (I) Physicians or osteopathic physicians;

11 (II) Advanced practice registered (~~nurse-practitioners~~) nurses;

12 (III) Physician assistants or osteopathic physician assistants;

13 (IV) Registered nurses;

14 (V) Dentists;

15 (VI) Naturopaths; or

16 (VII) Pharmacists;

17 (ii) Consumers of public health. This category consists of health

18 district residents who have self-identified as having faced

19 significant health inequities or as having lived experiences with

20 public health-related programs such as: The special supplemental

21 nutrition program for women, infants, and children; the supplemental

22 nutrition program; home visiting; or treatment services. It is

23 strongly encouraged that individuals from historically marginalized

24 and underrepresented communities are given preference. These

25 individuals may not be elected officials, and may not have any

26 fiduciary obligation to a health facility or other health agency, and

27 may not have a material financial interest in the rendering of health

28 services; and

29 (iii) Other community stakeholders. This category consists of

30 persons representing the following types of organizations located in

31 the health district:

32 (A) Community-based organizations or nonprofits that work with

33 populations experiencing health inequities in the health district;

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

35 (C) The business community; or

36 (D) The environmental public health regulated community.

37 (b) The board members selected under (a) of this subsection must

38 be approved by a majority vote of the board of county commissioners.

39 (c) If the number of board members selected under (a) of this

40 subsection is evenly divisible by three, there must be an equal

1 number of members selected from each of the three categories. If
2 there are one or two members over the nearest multiple of three,
3 those members may be selected from any of the three categories.
4 However, if the board of health demonstrates that it attempted to
5 recruit members from all three categories and was unable to do so,
6 the board may select members only from the other two categories.

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

9 (e) If a federally recognized Indian tribe holds reservation(~~(r)~~)
10 or trust lands, (~~or has usual and accustomed areas within the health~~
11 ~~district,~~) or if an urban Indian organization recognized by the
12 Indian health service and registered as a 501(c)(3) organization
13 (registered) in Washington that serves American Indian and Alaska
14 Native people (~~and~~) provides services within the health district,
15 the board of health must (~~include~~) allow a tribal representative
16 (selected by) from each tribe and each organization, as selected by
17 such tribe or organization, to serve as a member and must notify the
18 American Indian health commission.

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

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

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

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

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

37 (k) The number of members selected or included under (a) and (e)
38 of this subsection must equal the number of city and county elected
39 officials on the board of health. If a member is added under (e) of

1 this subsection, the boards of county commissioners shall modify the
2 membership of the district:

3 (i) In compliance with timelines established by the state board
4 of health in rule once such rules are in effect; and

5 (ii) Until the rules in (k)(i) of this subsection are in effect,
6 within 60 days of receipt of notice of the selection of a tribal
7 representative.

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

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

19 (3) A local board of health comprised solely of elected officials
20 and made up of three counties east of the Cascade mountains may
21 retain their current composition if the local health jurisdiction has
22 a public health advisory committee or board that meets the
23 requirements established in RCW 70.46.140 for community health
24 advisory boards by July 1, 2022. If such a local board of health does
25 not establish the required community health advisory board by July 1,
26 2022, it must comply with the requirements of subsection (1) of this
27 section. Any future changes to local board of health composition must
28 meet the requirements of subsection (1) of this section.

29 **Sec. 4.** RCW 70.46.031 and 2021 c 205 s 6 are each amended to
30 read as follows:

31 (1) Except as provided in subsection (2) of this section, a
32 health district to consist of one county may be created whenever the
33 county legislative authority of the county shall pass a resolution or
34 ordinance to organize such a health district under chapter 70.05 RCW
35 and this chapter. The resolution or ordinance may specify the
36 membership, representation on the district health board, or other
37 matters relative to the formation or operation of the health
38 district. In addition to the membership of the district health board
39 determined through resolution or ordinance, the district health board

1 must also include the members selected under (a) and (e) of this
2 subsection.

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

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

10 (A) Medical ethicists;

11 (B) Epidemiologists;

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

14 (D) Community health workers;

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

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

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

20 (I) Physicians or osteopathic physicians;

21 (II) Advanced practice registered (~~nurse-practitioners~~) nurses;

22 (III) Physician assistants or osteopathic physician assistants;

23 (IV) Registered nurses;

24 (V) Dentists;

25 (VI) Naturopaths; or

26 (VII) Pharmacists;

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

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

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

3 (B) The business community; or

4 (C) The environmental public health regulated community.

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

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

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

20 (e) If a federally recognized Indian tribe holds reservation(~~((r))~~)
21 or trust lands, (~~((or has usual and accustomed areas within the~~
22 ~~county,))~~) or if an urban Indian organization recognized by the Indian
23 health service and registered as a 501(c)(3) organization
24 ~~((registered))~~ in Washington that serves American Indian and Alaska
25 Native people (~~((and))~~) provides services within the county, the board
26 of health must (~~((include))~~) allow a tribal representative (~~((selected~~
27 ~~by))~~) from each tribe and each organization, as selected by such tribe
28 or organization, to serve as a member and must notify the American
29 Indian health commission.

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

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

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

1 (i) The local health officer, as described in RCW 70.05.050,
2 shall be appointed by the official designated under the provisions of
3 the resolution or ordinance. The same official designated under the
4 provisions of the resolution or ordinance may appoint an
5 administrative officer, as described in RCW 70.05.045.

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

8 (k) The number of members selected or included under (a) and (e)
9 of this subsection must equal the number of city and county elected
10 officials on the board of health. If a member is added under (e) of
11 this subsection, the county legislative authority shall modify the
12 membership of the district:

13 (i) In compliance with timelines established by the state board
14 of health in rule once such rules are in effect; and

15 (ii) Until the rules in (k)(i) of this subsection are in effect,
16 within 60 days of receipt of notice of the selection of a tribal
17 representative.

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

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

29 NEW SECTION. **Sec. 5.** The state board of health shall adopt
30 rules establishing timelines for modifying the membership of a local
31 board of health as required by sections 1 through 4 of this act,
32 which must go into effect no later than one year after the effective
33 date of this section.

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