YAKIMA HEALTH DISTRICT

Prevention Is Our Business

BOARD OF HEALTH

Meeting

April 28, 2021
8:30 am

Upcoming Board of Health Meetings

May 26, 2021 8:30 am

June 30, 2021 8:30 am

Upcoming Board of Health Special Meetings

May 12, 2021
5:30 pm

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Agenda

Wednesday, April 28, 2021

1. **Call meeting to order:** Board Chair Ron Anderson

2. **Executive Session:** to review the performance of a public employee: André Fresco
   [per RCW 42.30.110 (1)(g)]

3. **Introductions of guest/staff:** Ryan Ibach

4. **Review of submitted public written comments**: Ryan Ibach

5. **Consent Agenda- Motion** to approve all items listed with an asterisk **(*)** are considered routine by the Health Board and will be enacted by one motion. There will be no separate discussion of these items unless a Board Member requests, in which event the item will be removed from the Consent Agenda and considered in its normal sequence on the agenda.
   * March 31, 2021 Yakima Health District (YHD) Board of Health minutes.
   * April 14, 2021 YHD Board of Health Special Meeting minutes.
   * Payment of accounts payable and payroll issued in March 2021 in the amount of $923,297.28.

6. **Board Business:** André Fresco
   - **a.** Yakima County COVID-19 update
     Strategic Goal: *Deliver Mandated Services;* **Board Input:** *Board Awareness*
   - **b.** Mask Wearing in K-12 During Physical Activity Outdoors
     Strategic Goal: *Deliver Mandated Service;* **Board Input:** *Board Discussion*
   - **c.** House Bill 1152
     Strategic Goal: *Improve Efficiency & Effectiveness;* **Board Input:** *Board Discussion*

7. **Financial Report:** Chase Porter March 2021 (**pages 12-19**)
   Motion: to approve the financial report for the month of March 2021

Department Reports

8. Chief Operating Officer: Ryan Ibach
9. Local Emergency Response Coordinator: Nathan Johnson
10. Health Officer: Dr. Larry Jecha
11. Disease Control: Melissa Sixberry
12. Environmental Health: Shawn Magee
13. Public Health Partnerships: Lilian Bravo
13. Other Business:
14. Adjourn

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Minutes

Wednesday, March 31, 2021

NOTE: *In accordance with Proclamation 20-28 by the Governor Amending Proclamation 20-05, the Board of Health meetings will not be held in-person. This meeting was held virtually using Zoom Webinar software. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on March 30, 2021.*

To view the complete Board of Health meeting recording, please go to the Yakima Health District Youtube channel or the Yakima Health District website.

1. Meeting called to order by Vice Chair, Dr. Sean Cleary, at 8:30 a.m.

2. **Introductions of guests/staff –** none

Present
Dr. Sean Cleary, Citizen Representative
Amanda McKinney, Commissioner
LaDon Linde, Commissioner
Patricia Byers, City Representative
Naila Duval, City Representative
Dave Atteberry, Citizen Representative

Absent
Ron Anderson, Board Chair, Commissioner

Yakima Health District (YHD) Staff
Andre Fresco
Ryan Ibach
Chase Porter
Melissa Sixberry
Lilian Bravo
Shawn Magee
Nathan Johnson
Dr. Larry Jecha
Wendy Garcia
Victoria Reyes
James Elliott – YHD Attorney
Stephanie Badillo- Sanchez

Guests and Press

Tammy Ayer	Yakima Herald Republic
Angie Girard	Citizen
Julie Lawrence	Citizen
Sandra Linde	Citizen
David McKinney	Citizen
Cindy Matsumoto	Citizen

3. **Review of Submitted Public Written Comments –** 13 written comments that were submitted by members of the public were read by Ryan Ibach, Chief Operating Officer. Submitted comments are available upon request.

4. **CONSENT AGENDA: MOTION** Vice Chair Sean Cleary entertained a motion to approve the March 31, 2021 Yakima Health District Consent Agenda.	**MOVE TO APPROVE:** Patricia Byers **SECOND:** Naila Duval ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All in favor, none opposed***

The following items were adopted upon approval of the consent agenda:

- February 24, 2021 Yakima Health District Board of Health minutes.
- March 10, 2021 Yakima Health District Board of Health Special Meeting minutes.
- Approval of accounts payable and payroll issued in February 2021 in the amount of $1,061,042.25.

5. **BOARD BUSINESS:** Andre Fresco, Yakima Health District (YHD) Executive Director

Yakima County COVID-19 Update

Andre Fresco reflected on the one-year mark of COVID-19 in Yakima County. Yakima County is no longer in a regional approach to moving phases. Changes have been made by the Center for Disease Control and the Governor's office on school safety. Vaccine availability has increased in the county. Yakima County is the recipient of a mass vaccination site hosted by the Federal Emergency Management Agency, and supported by the State Department of Health, Department of Natural Resources, the National Guard, and the health district.

Discussion: Hours of operation and testing site availability were discussed.

"State Of Health" Public Health Documentary

The Yakima Health District has been invited to be filmed in a documentary about public health called "State of Health" - Two other agencies in Washington State have already filmed with Radical Media about the innovation in public health. Yakima County would be representing rural public health and the system behind it.

Discussion: The intended audience of this documentary was discussed with the Board members.

MOTION: After discussion and amendment, Amanda McKinney motions to table the motion until the Board of Health Special meeting, pending further information is available.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Dave Atteberry ✓ *Approved* ☐ *Declined* ☐ *Amend* ***5 in favor, 1 opposed***

6. **FINANCIAL REPORT**: Chase Porter, Senior Finance Manager

February 2021 Budget Summary

We had a monthly loss revenue of approximately $11K for the month bringing our total 2021 loss on revenue to $309K. Taking into consideration COVID State Funding received in 2020 used in 2021, $309K, the organization would be breaking-even with a gain on revenue of $563.

February 2021 Revenue and Expenditures

- Annual budgeted revenues and expenditures are $7.5M and $7.6M, respectively.
- Year-to-date budgeted revenue and expenditures are both $1.3M.
- Year-to-date actual revenue and expenditures are $1.5M and $1.8M, respectively.

Program Updates and COVID-19 financials

Federal funds are outperforming due to COVID-19 testing and vaccinations. State funds that were received in 2020, $309K, were spent this year, towards the COVID-19 emergency response. The approved budget for 2021 will need to be amended due to the amount of funds that are being expended, mainly at the mass vaccination site costs. The health district will be payor and then reimbursed by the State Department of Health for testing and vaccination expenses.

MOTION: Patricia Byers entertained a motion to approve the financial report for the month of February 2021.	**MOVE TO APPROVE:** Patricia Byers **SECOND**: LaDon Linde ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All in favor, none opposed***

7. **CHIEF OPERATING OFFICER:** Ryan Ibach

Schools

Due to the recommendations from the Centers for Disease Control and Prevention (CDC), the Governor announced the recommendation to move from 6 ft distance to 3 ft. Six public school districts in Yakima County will use the 3 ft distance model by the end of April. Four public school districts are undecided and two public school districts who will remain enforcing 6 ft distance. Three public school districts

have not yet responded. Three private school will not use the 3 ft distance recommendations and two private schools will. The health district staff continues to work with school administration, athletic directors, and school nurses on a weekly basis.

Discussion: Discussion between the Board members and YHD staff occurred regarding the CDC guidelines, the DOH guidelines, the health officer recommendation to local schools, and the cohort exception.

Health Officer Recruitment Update

A draft of questions and scoring matrix is pending and will be sent to the Board of Health members, except for Dr. Dave Atteberry, as he is a candidate.

8. **LOCAL EMERGENCY RESPONSE COORDINATOR:** Nathan Johnson

FEMA Mass Vaccination Site

Yakima County was approved for a mass vaccination site and mobile units for underserved communities through FEMA at the State Fair Grounds. This is the only FEMA site that offers mobile sites. Yakima County was approved due to the high social vulnerability index, which is a metric that looks at a population's poverty rates, congregate living, and many other factors that can hinder a community in a natural disaster or communicable disease outbreak. The site is being driven by an incident management team, in partnership with the State DOH and Department of Natural Resources. This a locally lead, but state and federally funded operation. The Department of Defense will be staffing the site, managed by the Michigan National Guard. All vaccine doses are from the Federal Government. The Yakima Health District partnered with local businesses to avoid waste of vaccine doses.

Discussion: The tiers that are required to receive the vaccine and appointment availability reporting, local economic benefit , and supply purchasing for the vaccination site were discussed.

9. **HEALTH OFFICER**: Dr. Larry Jecha

COVID-19

Dr. Larry Jecha acknowledged two variants of COVID-19 and several California variants are in Yakima County. Health Officers of Western Washington are seeing an increase in case counts, which the Eastern side of the State has not seen yet. Vaccination availability could help with the spread of COVID-19.

Discussion: Break-through cases, provider alerts, and testing questions were answered by Dr. Jecha.

10. **DISEASE CONTROL:** Melissa Sixberry

COVID-19

The current case count in Yakima County is 28,944. Since the last Board of Health meeting, 12 deaths due to coronavirus have been identified, bringing the total amount of deaths caused by Coronavirus in Yakima County to 389. There are 13 people who are currently hospitalized due to COVID-19, with two of those individuals intubated. The hospitalization rate continues to fluctuate in Yakima County. Per the health district internal data tracking, Yakima County is meeting one metric: hospitalizations <5 per 100k in the last 7 days. Two breakthrough deaths are being investigated. Weekly call with school nurses continue.

Tuberculosis

Three active Tuberculosis patients are being managed by the health district.

Hepatitis A

One new Hepatitis A patient is being monitored by the health district. The person infected was not locally acquired.

Flu Season

Flu Season was low throughout the State and in Yakima County, with no deaths due to Influenza reported.

New Staff

A new Public Health Nurse and an Epidemiologist have been hired at the health district. The new Epidemiologist, Yasmin Barrios, is a Yakima local.

11. **ENVIRONMENTAL HEALTH:** Shawn Magee

COVID-19 Update

Environmental Health staff are focused on their busy season, with land development and restaurants. Providing COVID-19 education remained a main priority by being involved in the Business Task Force meetings and providing guidance to local businesses. Guidance from the State Department of Health around summer events, sports, and graduations in the scope of Phase 3 is being worked on.

12. **PUBLIC HEALTH PARTNERSHIPS**: Lilian Bravo

"Immunity for the Community" Campaign

The Yakima Health District is the lead at the Joint Information Center that was established for the COVID-19 Vaccination Community Center, with support from the Department of Defense and FEMA. "Immunity For Our Community" is the campaign specifically for the mass vaccination site to address the vaccine hesitancy and education on the vaccine itself. Social media, TV, and radio stations are the main

focus of spreading this campaign and working with our community partnerships to disseminate information. Due to public concerns on the Department of Defense being in Yakima County, messaging to the public has gone out to explain why they are here to help. The Promotoras de Salud program has assisted in providing businesses with education and outreach. Outreach to local schools, early learning centers, and daycares is also ongoing. There are numerous communications avenues that are being conducted. Due to barriers in access to the communication site, the Yakima Health District is working with local partners to help the public register and provide information on how to get the vaccine.

MyStrength

Over 300 Yakima County community members have signed up for the MyStrength app. Efforts in promoting the app will continue. The State Department of Health will feature MyStrength as a part of National Public Health week.

13. **OTHER BUSINESS**: Several Board members discussed requirements of Phase 3 guidelines, working with the State Department of Health on these guidelines, and data tracking from DOH. Discussion on school guidance from the Yakima Health District to return to school took place.

MOTION: Commissioner McKinney motioned that the Yakima Health District Board fully supports and directs the Yakima Health District staff to recommend school districts in Yakima County K-12 move immediately to in-person learning for five days a week for all students and immediately reduce social distance to 3 ft or fewer if needed to guarantee that all children are provided the opportunity to return back to school full time even if our numbers do not presently support it, noting they did not when they went back to school in the fall of 2020. **After discussion and approval, the motion was rescinded.**	**MOVE TO APPROVE:** Amanda McKinney **SECON**D: Dave Atteberry ✓ *Approved* ☐ *Declined* ☐ *Amend* ***5 in favor, 1 oppose.***

MOTION: After discussion and amendment, Commissioner Linde motions The Yakima Health District recommends that Yakima County schools start making plans to return to school full time using current Department of Health guidelines and using cohort models when metrics require to accomplish this when we don't meet case rates or test positivity rates.	**MOVE TO APPROVE:** LaDon Linde **SECOND**: Amanda McKinney ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All in favor of the main motion with the amendment, None opposed.***

Discussion: Several Board members discussed the meaning of the approved motion, and the health officer role in this messaging. Encouragement from YHD Attorney James Elliott to consider the health officer recommendation of this matter. Andre Fresco asked that the Board reconsider this and have time to review the guidance from the State Department of Health.

MOTION: Commissioner McKinney motioned the Yakima Health Board recommends that schools pursue plans allowing for 50% capacity of outdoor venues, with appropriate social distancing, even if that exceeds 400.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Dr. Dave Atteberry ☐ *Approved* ☐ *Declined* ☐ *Amend* ***The motion was tabled.***

MOTION: Patricia Byers motioned to table previous motion which stated the Yakima Health Board recommends that schools pursue plans allowing for 50% capacity of outdoor venues, with appropriate social distancing, even if that exceeds 400, until the Board of Health Special Meeting.	**MOVE TO APPROVE:** Patricia Byers **SECOND**: Naila Duval ✓ *Approved* ☐ *Declined* ☐ *Amend* ***Four in favor, two opposed.***

14. **MOTION:** Vice Chair Dr. Sean Cleary adjourned the meeting at 11:17 a.m.	**MOVE TO APPROVE:** Dr. Sean Cleary **SECOND**: Amanda McKinney ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All in favor, none opposed***

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Minutes

Wednesday, April 14, 2021

NOTE: *In accordance with Proclamation 20-28 by the Governor Amending Proclamation 20-05, the Board of Health meetings will not be held in-person. This meeting was held virtually using Zoom Webinar software. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on April 13, 2021.*

To view the complete Board of Health meeting recording, please go to the Yakima Health District Youtube channel or the Yakima Health District website.

1. Meeting called to order by Board Chair, Ron Anderson, at 5:30 p.m.

2. **Introductions of guests/staff –** none

Present	**Absent**
Ron Anderson, Commissioner	Dr. Sean Cleary, Citizen Representative
Amanda McKinney, Commissioner	
LaDon Linde, Commissioner	
Patricia Byers, City Representative	
Naila Duval, City Representative	
Dave Atteberry, Citizen Representative	

Yakima Health District (YHD) Staff	**Guests and Press**
Andre Fresco	Gail Weaver - Citizen
Ryan Ibach	Cindy Matsumoto - Citizen
Chase Porter	Jim Curtice – Citizen
Melissa Sixberry	
Lilian Bravo	
Shawn Magee	
Nathan Johnson	
Dr. Larry Jecha	
Wendy Garcia	
Victoria Reyes	
James Elliott – YHD Attorney	

3. **Review of Submitted Public Written Comments –** 2 written comments that were submitted by members of the public were read by Ryan Ibach, Chief Operating Officer. Submitted comments are available upon request.

4. **BOARD BUSINESS:** Andre Fresco, Yakima Health District (YHD) Executive Director

"State of Health" Public Health Directory

Andre Fresco shared more information on the public health documentary series that the Yakima Health District has been invited to participate in, which is directed by Radical Media and paid for by Bloomberg Philanthropies. This documentary is intended for a broad audience and is expected to be on a popular network. The health district would not have much creative control. The documentary is to show the work that goes into public health. Yakima would show a rural public health perspective.

Discussion: Several Board members discussed the amount of creative control the health district could have in the docuseries and if this project can be done locally instead.

MOTION: Commissioner Amanda McKinney motions to not take part in this documentary at this time.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Dave Atteberry ✓ *Approved* ☐ *Declined* ☐ *Amend* ***5 in favor, 1 opposed***

Graduation Ceremonies and Commencement Guidelines

Andre Fresco began formal discussion on a previous motion that was tabled at the March 31, 2021 Board of Heath meeting which stated the Yakima Health Board recommends that schools pursue plans allowing for 50% capacity of outdoor venues, even if that exceeds 400. YHD staff and Board members discussed the guidance from the Governor's office and the State Department of Health that will be updated on April 15, 2021, legal consequences if the Board of Health does not follow those guidelines and plans to work with schools on planning for these events.

MOTION: Commissioner Amanda McKinney motions the Yakima Health Board recommends that schools pursue plans allowing for 50% capacity of outdoor venues, with appropriate social distancing, even if that exceeds 400.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Dave Atteberry ☐ *Approved* ✓ *Declined* ☐ *Amend* ***5 opposed, 1 in favor***

Board of Health Draft Resolution

Andre Fresco and James Elliott continued discussion on Board of Yakima County Commissioners Ordinance 1-2021 that passed on January 5, 2021 and the Board of Health Draft Resolution in result of that county ordinance. Due to changes that the Yakima County Commissioners plan to make to their newly passed county ordinance and House Bill 1152 possibly passing in the next two weeks, James Elliott encouraged the Board to wait for those changes to make a decision on the draft resolution.

MOTION: After amendment, Commissioner Amanda McKinney motions to table the Board of Health Draft Resolution discussion until the April 28, 2021 Board of Health Meeting.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: LaDon Linde ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All in favor none opposed***

Health Officer Recruitment Update

The interview questions and scoring matrix have been sent to all Board members with the exception of Dr. Dave Atteberry, who is a candidate for the health officer position. Also sent to the Board was a list of issues that need to be addressed prior to interviewing candidates. After discussion, it was decided all Board members will be part of the interviews. Ryan Ibach, Andre Fresco, and Melissa Sixberry will partake in the interviews and give their recommendations to the Board but will not hold a vote. All six interviews will be public.

5. **OTHER BUSINESS:** Commissioner Amanda McKinney requested to add mask wearing in youth, K-12, when playing sports or engaging in physical activity outdoors to the next Board of Health meeting agenda.

6. **MOTION:** Board Chair Ron Anderson adjourned the meeting at 7:32 p.m.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ***All if favor, none opposed***

YAKIMA HEALTH DISTRICT
BOARD OF HEALTH
VOUCHERS APPROVAL

The following vouchers/warrants are approved for payment:

Fund 620010 - From General Ledger Report (FMS)		
A/P Batch & Cash Voucher#	**Amount**	
Accounts Payable 3/10/2021	$915.12	
Accounts Payable 3/15/2021	$352,081.51	
Accounts Payable 3/31/2021	$356,819.45	
Total Claims & Warrants, above		$709,816.08
Payroll Remittance	$134,277.80	
Payroll Tax Remittance	$79,203.40	
Total payroll paid this month		
Total Payroll		$213,481.20
TOTAL PAYMENTS		$923,297.28

All of the above preliminary March expenditures are approved for payment in the amount of **$923,297.28** this 28th day of April 2021.

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Board of Health Chair

Yakima Health District
1210 Ahtanum Ridge Drive
Union Gap, WA 98903
Phone (509) 249-6549
Fax (509) 249-6649

YAKIMA COUNTY HEALTH DISTRICT

For the month of March 2021

REVIEW OF PRELIMINARY FINANCIAL STATEMENTS

25.00% OF THE BUDGET

Year to date: as of February 2021	Net Income (Loss)		$ (309,174)	
For the Month of March 2021- ACTUALS	**Net Income (Loss)**		**$ 89,287**	
subtotal			$ (219,887)	
Prior period adjustment			$ (0)	
March 2021	**Net Income (Loss)**		**$ (219,887)**	

Budget to Actual comparison- Year to date as of 3/31/2021

	Revenue		Expenditures	
Fiscal Year 2021 Total Adopted Budget	7,520,153		7,561,289	
Allocated Budget YTD	**1,880,038**		**1,890,322**	
Budget % to total adopted budget	29.06%		28.69%	
Subtotals Actuals	2,390,120	31.78%	2,611,008	34.53%
Actuals - Pass Thru Programs (Indirect Costs)	0		(1,000)	-0.01%
Total Actuals	**2,390,120**		**2,610,007**	
Total actuals % to total adopted budget	36.95%		34.52%	
Actual compared to total adopted budget	**(5,130,033)**		**(4,951,282)**	
Actual compared to allocated budget - YTD	**510,082**		**719,685**	
As of March 31, 2021	Actual Revenue is less than budget by this amount		Actual Expenditure is less than budget by this amount	

Yakima Health District
Income Statement
March 2021

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	9 Mo.'s Remaining
Revenue								
Public Health Funding	87,707	87,707	(0)	263,120	263,121	(0)	1,052,482	789,362
Foundational Public Health	-	14,166	(14,166)	-	42,499	(42,499)	169,996	169,996
Federal	411,682	150,615	261,067	1,339,773	451,845	887,928	1,807,380	467,607
State	34,770	45,915	(11,145)	67,821	137,746	(69,925)	550,983	483,162
Yakima County	12,500	13,625	(1,125)	37,500	40,875	(3,375)	163,500	126,000
Fees, Permits Licensing	113,143	109,216	3,927	289,525	327,649	(38,124)	1,310,597	1,021,072
Developmental Disabilities	220,361	203,768	16,593	479,243	611,304	(132,060)	2,445,215	1,965,972
Nongovernmental Contributions	1,000	-	1,000	1,000	-	1,000	-	(1,000)
Investment Income	6,429	1,667	4,762	(88,219)	5,000	(93,219)	20,000	108,219
Other	357	-	357	357	-	357	-	(357)
Total Revenue	**887,949**	**626,679**	**261,270**	**2,390,120**	**1,880,038**	**510,082**	**7,520,153**	**5,130,033**
Expenses								
Salaries & Wages	198,796	183,015	15,782	530,529	549,045	(18,516)	2,196,178	1,665,649
Benefits-Direct	68,903	71,766	(2,863)	255,093	215,298	39,795	861,192	606,099
Payroll Expense	267,699	254,781	12,918	785,622	764,343	21,279	3,057,370	2,271,748
Enhanced Program	-	41,667	(41,667)	-	125,000	(125,000)	500,000	500,000
Advertising/Promotional	33,429	13,384	20,045	59,900	40,152	19,748	160,609	100,709
BOH Meeting Supplies	-	83	(83)	-	250	(250)	1,000	1,000
Computer Expense	-	458	(458)	2,536	1,375	1,161	5,500	2,964
Copies & Printing	794	2,213	(1,418)	4,161	6,638	(2,477)	26,550	22,389
Employee Recognition	-	267	(267)	-	800	(800)	3,200	3,200
Janitorial Services	2,135	2,667	(532)	7,186	8,000	(814)	32,000	24,814
Janitorial Supplies	114	233	(119)	350	700	(350)	2,800	2,450
Membership Dues	537	2,335	(1,798)	2,593	7,006	(4,414)	28,025	25,432
Office Supplies	569	977	(409)	3,274	2,931	343	11,725	8,451
Operating Supplies	1,313	1,150	163	8,752	3,450	5,302	13,800	5,048
Postage	1,018	1,000	18	7,383	3,001	4,382	12,005	4,622
Telephone	2,400	2,662	(262)	7,704	7,986	(283)	31,945	24,241
Professional Services - Accounting	-	2,933	(2,933)	-	8,800	(8,800)	35,200	35,200
Professional Services - County Indirect	-	2,143	(2,143)	-	6,428	(6,428)	25,710	25,710
Professional Services - Health Officer	-	13,208	(13,208)	-	39,625	(39,625)	158,500	158,500
Professional Services - Legal	23,952	9,404	14,548	47,752	28,213	19,540	112,850	65,098
Professional Services - Technology	16,446	15,312	1,134	49,337	45,935	3,402	183,741	134,404
Professional Services - Other	146,444	10,987	135,457	820,982	32,960	788,022	131,841	(689,141)
Provider Serv-Medical (Fed)	17,334	30,052	(12,717)	71,117	90,155	(19,039)	360,621	289,504
Provider Serv-Medical (State)	6,217	7,197	(980)	25,642	21,591	4,051	86,364	60,722
Provider Services - DD	202,141	186,166	15,975	436,630	558,498	(121,868)	2,233,992	1,797,362
Contracted Services	382	3,194	(2,812)	16,794	9,583	7,212	38,330	21,536

Yakima Health District
Income Statement
March 2021

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	9 Mo.'s Remaining
Expenses (Cont.)								
Temp Worker	-	-	-	-	-	-	-	-
Client's Related Expenses	-	42	(42)	-	125	(125)	500	500
Interpreting Services	-	21	(21)	2,793	63	2,730	250	(2,543)
Laboratory & Pharmacy Supplies	6,466	413	6,054	6,736	1,238	5,499	4,950	(1,786)
Bank Fees	-	75	(75)	-	225	(225)	900	900
Fuel	1,066	1,967	(901)	2,328	5,901	(3,573)	23,604	21,276
Insurance	4,286	3,805	481	12,857	11,415	1,442	45,658	32,801
Miscellaneous	339	416	(77)	4,211	1,249	2,962	4,994	783
Operating Rental & Leases	64,095	6,832	57,262	209,324	20,497	188,827	81,989	(127,335)
Rent Storage	202	210	(8)	606	631	(24)	2,523	1,917
Repair & Maintenance (Car/Bldg.)	1,178	1,383	(206)	1,708	4,150	(2,442)	16,600	14,892
Small Tools & Equip/Asset Repl.	-	517	(517)	17,210	1,550	15,660	6,200	(11,010)
Training	2,200	1,033	1,167	5,321	3,100	2,221	12,400	7,079
Travel	915	13,663	(12,748)	3,547	40,990	(37,443)	163,960	160,413
Utilities	3,213	2,090	1,124	5,612	6,269	(656)	25,074	19,462
Close Out Indirect Program	(7,156)	(5,983)	(1,173)	(17,633)	(17,950)	317	(71,800)	(54,167)
Less Pass-Through Expenses	(1,066)	(849)	(216)	(2,328)	(2,548)	220	(10,191)	(7,863)
Total Expenses	**798,662**	**630,107**	**168,555**	**2,610,007**	**1,890,322**	**719,685**	**7,561,289**	**4,951,282**
Current Year Excess/(Loss on) Revenue	**89,287**	**(3,428)**	**92,715**	**(219,887)**	**(10,284)**	**(209,603)**	**(41,137)**	**178,750**
COVID 2020 State Funding	-	-	-	309,737	309,737	-		
Excess/(Loss on) Revenue	**89,287**	**(3,428)**	**92,715**	**89,850**	**299,453**	**(209,603)**		

YAKIMA HEALTH DISTRICT
Preliminary Monthly Financial Summary by Program for March 2021
Budget YTD Percentage **25.00%**

Yrly Budget Rev	**Yrly budget Exp**	
6,469,128	**6,589,516**	**Original**
29.06%	28.69%	

36.95% **39.59%**

		Actual - Current Month			Actual - Year to Date (YTD)			Budget - Year To Date (YTD)			Budget Variance from YTD actual	Year to date	Year to date	Admin & Support Programs	
Prog No.	Program Description	Revenue	Expense	Net	Revenue	Expense	Net	Revenue	Expense	Net	Amount (Over) or Under Budget	Actuals (Expenses only)	Budget (Expenses only)	Amount (Over) or Under Budget	Comments
111	YHD Vehicles	-	(365)	365	-	(1,000)	1,000	-	-	-	1,000				
100	Administrator & Health Officer	6,429	(0)	6,429	(88,219)	-	(88,219) #	5,000	(1)	5,001	(93,220)	57,782	46,270	(11,511)	
110	Information Systems	-	0	(0)	-	0	(0)	-	-	-	(0)	13,706	20,142	6,436	
113	Strategic Planning and Partnership	15,178	1,765	13,413	43,424	6,451	36,974	67,272	28,863	38,409	(1,435)				
120	Community Health Administration	-	-	-	-	-	-	-	-	-	-	157	7,232	7,075	
130	Building, Fixtures	-	0	(0)	-	-	-	-	-	-	-	17,633	20,498	2,865	HVAC Unit
150	EH Administration	-	1,636	(1,636)	-	2,697	(2,697)	-	-	-	(2,697)	9,719	14,198	4,479	
160	Business Management	-	-	-	-	-	-	-	-	-	-	101,245	84,916	(16,330)	
161	Bus Mgmt Unallocated	5,442	347	5,096	15,613	1,314	14,299	11,256	10,007	1,250	13,050				
170	Personnel	-	-	-	-	-	-	-	-	-	-	0	10,749	10,749	
171	Agency Training	-	237	(237)	-	4,568	(4,568)	3,625	4,533	(908)	(3,661)				
172	HR Legal/Sound Employment	-	-	-	-	-	-	1,625	-	1,625	(1,625)				
173	Kresge Contribution	-	-	-	-	-	-	-	20,125	(20,125)	20,125				Revenue received PY
221	SNAP ED	1,781	1,739	42	5,335	5,210	125	24,700	24,710	(9)	134				
223	Tobacco Prevention & Education	1,073	567	506	1,350	1,350	-	1,957	1,959	(2)	2				
225	Child Death Review	542	-	542	1,626	-	1,626	2,127	709	1,417	209				
290	Medicaid Admin Match- YHD	-	-	-	-	-	-	12,500	3,529	8,971	(8,971)				Qrtrly Billing
309	Medical Records	667	259	407	2,000	702	1,298	2,000	1,650	350	948				
320	DOHCC - Immunizations	-	-	-	-	-	-	-	-	-	-				
321	DOHCC-Prenatal Hep B	-	-	-	-	-	-	-	-	-	-				
322	Immunization Promotion	58	246	(188)	980	1,520	(540)	3,136	3,143	(7)	(533)				Vaccine for Children
325	COVID 19 Response	295,817	318,573	(22,756)	1,109,741	1,495,654	(385,913) #	298,107	298,667	(560)	(385,354)				COVID 19 Response
326	COVID 19 Vaccination	67,743	71,945	(4,201)	72,083	77,267	(5,184) #	-	-	-	(5,184)				COVID 19 Response
327	COVID 19 Vaccination Federal	910	910	-	910	910	-	-	-	-	-				
331	STD - DOH staff	1,402	1,023	379	3,935	2,823	1,112	3,573	3,571	3	1,110				
332	STD- Yakima	12,667	5,848	6,818	38,000	14,614	23,386	38,000	35,464	2,536	20,849				
349	Tuberculosis Program	15,788	14,784	1,003	47,363	32,249	15,114	66,059	48,959	17,100	(1,986)				
350	HIV Testing	-	58	(58)	-	435	(435)	-	-	-	(435)				
351	HIV PrEP	2,099	1,999	100	6,516	6,216	300	2,736	2,443	292	8				
352	Adult Viral Hepatitis	4,294	3,127	1,167	13,137	9,637	3,500	17,763	16,193	1,570	1,930				
390	Other Comm Diseases	35,583	6,218	29,365	106,750	16,354	90,396	106,750	84,979	21,771	68,625				
430	Colon Screening	-	-	-	88	80	8	-	-	-	8				
431	Breast/Cervical Cancer-Direct Services/Operation	42,766	40,549	2,217	150,759	140,689	10,069	146,945	146,821	124	9,945				
432	Komen Funding	-	-	-	-	-	-	-	-	-	-				
450	Wisewoman	2,484	2,759	(275)	7,800	8,629	(830)	24,749	24,380	368	(1,198)				New Porgram
520	Drinking Water	6,122	6,448	(326)	17,675	16,846	829	16,705	16,224	481	347				
522	Water Quality- Sanitary Survey	-	-	-	-	-	-	3,300	2,800	500	(500)				
523	DOE Well Drilling Inspections	-	3,884	(3,884)	-	11,323	(11,323) #	7,500	6,887	613	(11,936)				Qrtrly Billing
530	Solid Waste Permits/Tonnage	19,719	7,846	11,873	25,241	28,337	(3,096) #	13,625	13,109	516	(3,612)				Increased FTE
531	Solid Waste Nuisances	2,721	1,051	1,669	6,721	1,414	5,306	14,650	12,333	2,317	2,989				
532	Solid Waste Facilities	2,472	595	1,876	6,472	1,028	5,443	2,875	2,329	546	4,897				
533	Bio-Solids	108	165	(56)	325	412	(87)	1,575	1,053	522	(609)				
534	Proper Syringes Program Outreach	83	29	55	250	178	72	1,258	746	512	(440)				
540	OSS & Land Develop	48,255	44,379	3,876	113,346	115,257	(1,911) #	96,929	94,119	2,810	(4,721)				Reduced Revenue

Internal Serv- Vehicles/Copiers	Personal Health Program	Environ. Health Program
Admin & Support	Communicable Disease Prog	Developmental Disability Program
Assets replacements/PERS1	Adult Hepatitis Program	Vital Records
Agency Trg/HR Legal	Breast & Colon Program	Indirect cost Rate Allocation

- Note on Program
T - Timing Difference

YAKIMA HEALTH DISTRICT
Preliminary Monthly Financial Summary by Program for March 2021
Budget YTD Percentage **25.00%**

Yrly Budget Rev	**Yrly budget Exp**	
6,469,128	**6,589,516**	**Original**
29.06%	28.69%	

36.95% **39.59%**

Prog No.	Program Description	Actual - Current Month			Actual - Year to Date (YTD)				Budget - Year To Date (YTD)			Budget Variance from YTD actual	Year to date	Year to date	Admin & Support Programs	
		Revenue	Expense	Net	Revenue	Expense	Net		Revenue	Expense	Net	Amount (Over) or Under Budget	Actuals (Expenses only)	Budget (Expenses only)	Amount (Over) or Under Budget	Comments
550	Vector	667	200	467	2,000	371	1,629		3,250	2,471	779	849				
560	Food Inspections	35,430	19,619	15,811	105,342	64,166	41,175		105,250	98,109	7,141	34,034				
561	Food Education	42	780	(738)	72	2,134	(2,062)	#	13,750	10,962	2,788	(4,850)				Qtrly Billing
562	School Food Program	-	367	(367)	1,929	1,102	827		4,626	3,931	695	132				
563	Itinerant Food Program	744	616	128	1,177	2,274	(1,097)	#	9,170	8,667	503	(1,600)				Reduced Revenue
580	Water Recreation & Camps	10,682	1,811	8,871	12,613	4,293	8,320		14,419	13,937	482	7,838				
680	Developmental Disability	214,527	202,189	12,338	460,107	448,311	11,796		582,260	577,499	4,761	7,035				
681	Developmental Disability - Info/Ed	5,834	12,176	(6,343)	19,137	19,137	-		32,419	32,419	(0)	0				
710	Vital Records	11,060	12,013	(953)	30,541	34,675	(4,134)	#	54,500	54,660	(160)	(3,974)				Reduced Revenue
790	Epidemiology	983	73	911	2,950	88	2,862		2,950	2,352	598	2,264				
791	Lead Case Mgmnt	833	-	833	2,500	-	2,500		2,500	1,614	886	1,614				
794	PHEPR-Bio Terrorism	10,197	10,197	-	30,291	30,291	-		45,403	45,512	(109)	109				
811	Assessment	3,748	-	3,748	11,245	-	11,245		11,245	2,886	8,359	2,886				
888	Indirect Cost Rate Allocation	-	-	-	-	-	-		-	-	-	-				
900	Enhanced Program	1,000	-	1,000	1,000	-	1,000		-	125,000	(125,000)	126,000				
	GRAND TOTAL	**887,949**	**798,662**	**89,287**	**2,390,120**	**2,610,007**	**(219,887)**		**1,880,038**	**1,890,322**	**(10,284)**	**(209,603)**				

TOTALS BY DEPARTMENT

Personal Health Program	3,396	2,306	1,090	8,311	6,559	1,751	41,284	30,907	10,376	(8,625)
Breast & Colon Program	45,250	43,309	1,942	158,646	149,398	9,248	171,694	171,201	493	8,755
Adult Hepatitis Program	4,294	3,127	1,167	13,137	9,637	3,500	17,763	16,193	1,570	1,930
Communicable Disease Prog	438,298	421,936	16,363	1,404,972	1,648,833	(243,861)	537,056	485,727	51,329	(295,190)
Environ. Health Program	137,242	99,623	37,618	323,453	282,125	41,328	354,286	333,189	21,097	20,231
Developmental Disability Program	220,361	214,366	5,995	479,243	467,448	11,796	614,679	609,918	4,761	7,035
Admin & Support	21,606	1,765	19,842	(44,795)	6,451	(51,246)	72,272	28,863	43,409	(94,655)
Internal Serv- Vehicles/Copiers	-	(365)	365	-	(1,000)	1,000	-	-	-	1,000
Indirect cost Rate Allocation	-	-	-	-	-	-	-	-	-	-
Vital Records	11,060	12,013	(953)	30,541	34,675	(4,134)	54,500	54,660	(160)	(3,974)
Bus Mgmt Unallocated	5,442	347	5,096	15,613	1,314	14,299	11,256	10,007	1,250	13,050
Agency Trg/HR Legal	-	237	(237)	-	4,568	(4,568)	5,250	24,658	(19,408)	14,839
Enhanced Program	1,000	-	1,000	1,000	-	1,000	-	125,000	(125,000)	126,000
	887,949	**798,662**	**89,287**	**2,390,120**	**2,610,007**	**(219,887)**	**1,880,038**	**1,890,322**	**(10,284)**	**(209,603)**

Internal Serv- Vehicles/Copiers	Personal Health Program	Environ. Health Program
Admin & Support	Communicable Disease Prog	Developmental Disability Program
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Agency Trg/HR Legal	Breast & Colon Program	Indirect cost Rate Allocation

- Note on Program
T - Timing Difference

Yakima Health District
COVID 19 Response
March 2021

	COVID 19 Response		Budget	
	Monthly	**Annual**	**2020 Budget**	**Remaining**
Revenue				
Public Health Funding	2,583	7,750	31,000	23,250
Federal	361,887	1,174,984	851,691	(323,293)
State	-	-	-	-
Current Year Total Revenue	**364,470**	**1,182,734**	**882,691**	**(300,043)**
COVID 2020 State Funding	-	309,737	309,737	-
Total COVID Revenue	**364,470**	**1,492,471**	**1,192,428**	**(300,043)**
Expenses				
Salaries & Wages	91,215	254,844	429,637	174,793
Benefits-Direct	27,206	101,521	147,800	46,279
Payroll Expense	118,421	356,365	577,437	221,072
Advertising/Promotional	33,429	57,043	150,000	92,957
Employee Recognition	-	-	-	-
Computer Expense	-	487	-	(487)
Copies & Printing	108	108	2,532	2,424
Janitorial Supplies	-	-	-	-
Office Supplies	65	1,505	500	(1,005)
Operating Supplies	1,319	8,076	-	(8,076)
Postage	312	4,047	3,000	(1,047)
Telephone	1,551	4,198	2,200	(1,998)
Professional Services - Health Officer	-	-	100,000	100,000
Professional Services - Legal	1,600	3,563	100,000	96,438
Professional Services - Other	141,425	812,963	85,000	(727,963)
Contracted Services	-	16,000	-	(16,000)
Client's Related Expenses	-	-	-	-
Interpreting Services	-	2,785	-	(2,785)
Laboratory & Pharmacy Supplies	6,438	6,438	1,000	(5,438)
Fuel	4	12	2,133	2,121
Membership Dues	-	656	-	(656)
Miscellaneous	210	1,285	1,344	59
Operating Rental & Leases	56,938	191,691	-	(191,691)
Rent Storage	-	-	-	-
Repair & Maintenance (Car/Bldg.)	-	-	-	-
Small Tools & Equip/Asset Repl.	-	17,210	1,000	(16,210)
Training	-	-	-	-
Travel	66	291	7,000	6,709
Utilities	-	-	-	-
Close Out Indirect Program	29,541	89,110	161,520	72,410
Total Expenses	**391,428**	**1,573,831**	**1,194,666**	**(379,165)**
Excess/(Loss on) Revenue	**(26,958)**	**(81,361)**	**(2,238)**	**79,123**
Expected Expenses to-date				
Signal Health		102,000		
Columbia Safety		55,000		
Starplexed		18,000		
Total Expected Expenses to-date		**175,000**		
Total Actual and Expected Expenses		**1,748,831**		

YAKIMA HEALTH DISTRICT

2020 Cash Flow Report

(Cash Basis Accounting)

	1/31/2021	2/29/2021	3/31/2021
Beginning Cash	96,432	661,524	(21,728)
Transfers From Investment	368,000	767,000	735,500
Receipts /Deposits	1,793,421	1,133,562	778,514
TOTAL CASH AVAILABLE	2,257,852	2,562,086	1,492,286
MINUS			
Payroll Outlays	324,018	227,091	213,481
Vouchers Payables Paid	721,811	912,724	709,816
Transfer to investment	550,500	1,444,000	517,000
TOTAL CASH OUTLAY/TRANSFER	1,596,328	2,583,814	1,440,297
ENDING BALANCE - CASH (Fund 01 only)	661,524	(21,728)	51,989
Temporary Investment Fund 01	7,614,401	8,291,401	8,072,901
TOTAL CASH & CASH EQUIVALENTS- FUND 1 ONLY	8,275,925	8,269,673	8,124,890
TOTAL CASH & CASH EQUIVALENT- ALL FUNDS	8,275,925	8,269,673	8,124,890
MONTHLY EXPENSES BASED ON YEARLY BUDGET divided by 12	630,107	630,107	630,107
NUMBER OF MONTHS - OPERATING CASH AVAILABLE Fund 01 only	13	13	13
NUMBER OF DAYS - OPERATING CASH AVAILABLE	394	394	387

BUDGET YEAR	Y2021
BUDGET (ADOPTED ON 10/31/18 MTG)	
OPERATION	7,061,289
ENHANCED PROGRAM	500,000
FULL BUDGET	7,561,289

Sporting Activities
COVID-19 Requirements

Summary of April 21, 2021 changes:

- Added Sports Testing and Vaccination Protocol for wrestling and water polo.

Summary of April 19, 2021 changes:

- Clarified Phase 2 facial coverings exceptions in School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports for cross country and track and field
- Clarified Phase 2 volleyball league play requirements
- Added new links to day camp and overnight camp guidance

Summary of March 26, 2021 changes:

- Clarified spectator guidelines throughout
- Clarified facial coverings exceptions in School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports
- Clarified distinction between competitive skating and non-competitive skating in School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports

Included Here:

- Professional sporting activities indoor and outdoor
- School and non-school youth team sports and sporting activities indoor and outdoor, and adult recreational team sports and sporting activities indoor and outdoor
- Higher education, colleges and universities sporting activities
- Major junior hockey: (For the purposes of this document “Major junior hockey” denotes only the highest level of junior hockey competition and does not denotes all youth hockey.)

Not included here:

- Pool specific guidelines. Pool and water recreation facilities should follow the Department of Health’s COVID-19 Prevention Guidance and Reopening of Water Recreation Facilities in Phases.
- Staffed indoor fitness studios, individual sports and fitness training, group fitness, gyms, and multi-use indoor fitness facilities providing private instruction and access to personal fitness training and/or specialized equipment, including but not limited to weight and resistance training, cardio exercise equipment, martial arts without contact, yoga, skating (open skate, non competitive), squash and racquetball and similar personal training, group training, or independent fitness services. Unstaffed indoor fitness facilities is locations such as hotels and an apartment buildings. Outdoor group fitness classes. These activities should follow the Indoor Fitness and Training guidelines.
- Golf.

Contents

All professional sporting activities, indoor and outdoor, youth team sports and sporting activities, and adult recreational team sports and sporting activities operating must adopt a written procedure for employee safety and customer interaction that is at least as strict as this procedure and that complies with the safety and health requirements below.

No business may operate until it can meet and maintain all the requirements in this document, including providing materials, schedules and equipment required to comply.

Professional Sporting Activities, Indoor and Outdoor

RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS

All professional sporting activities, including back office operations subject to Professional Services guidelines, full team practices, and spectator-less games and competitions, can resume on June 5, 2020, regardless of phase, if all of the following conditions are met:

- The organization follows both the league-wide and team-specific "return to play" safety plans.
- The league-wide plan is approved by the player's association or union representing players of the team.
- The team must report in advance to its respective county health department the dates when full team practices and spectator-less pre-season games will occur.
- In Phases 1 and 2: Maximum 200 people allowed at competitions, including spectators. Total people present can exceed 200 for higher education and professional sporting events if there are no spectators allowed and personnel needed to produce an event (players, coaches, officials, medical team, video crew etc.) exceeds 200.
- In Phase 3 and future phases: Spectators for sporting events must follow current guidelines for Spectator Events.
- For horse racing, instead of the above requirements, a horse racing safety plan safety plan must be developed and followed and, along with specific guidance to horse racing, which can be found here. Horse Racing must follow current guidelines for Spectator Events.

Higher Education, Colleges, Universities Sporting Activities Guidance

RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS

Before returning to play sporting and athletic activities colleges, universities, and higher education institutions must:

1. Adhere to the Governor's Office guidance in the Higher Education and Workforce Training COVID-19 Requirements, and follow the principals of the Campus Reopening Guide.
2. Adhere to the Secretary of the Department of Health Face Coverings Order, and current DOH orders specific to higher education, and any other relevant DOH guidelines regarding hygiene, cleaning, ventilation, transportation, and records and contact tracing. Department of Health Resources and Recommendation can be found here.
3. Ensure operations follow the Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found here.

   In order to return to practices and competition colleges, universities, and higher education institutions must have a COVID-19 prevention plan for athletics. The plan must either:

   - Adopt sporting activities guidelines from Governor's office **or**,
   - Create a COVID-19 prevention plan for athletics and integrate requirements from an approved COVID-19 prevention plan for athletics adopted by the athletic conference in which the college, university, or higher education institution is a member.
4. A college, university, or higher education institution that does not adopt the Sporting activities guidance and adopts their conference COVID-19 prevention plan for athletics must maintain their return-to-play COVID-19 prevention plan on file for review upon request by the local health jurisdiction in the county where the college, university, or higher education institution resides or by the Washington State Department of Health. If a college, university, or higher education institution participates in an athletic conference, that athletic conference's COVID-19 prevention plan for athletics must be approved by all member schools of the conference who are participating in athletic competition with Washington state schools and be submitted for review, but not for approval, to the Washington State Department of Health. Schools participating in athletic activities are responsible for ensuring their athletic conference COVID-19 prevention plan is submitted to Washington State Department of Health for review.
5. In Phases 1 or 2: Regardless of which plan (Washington State Sporting Activities guidelines or a conference COVID-19 prevention plan) a higher education institution follows, there shall be no spectators at games and competitions until such time as spectators are allowed for sporting activities and athletics under the Healthy Washington Plan. Maximum 200 people allowed at competitions, including spectators. Total people present can exceed 200 for higher education and professional sporting events if there are no spectators allowed and personnel needed to produce an event (players, coaches, officials, medical team, video crew etc.) exceeds 200.
6. In Phase 3 and future phases: Spectators for sporting events must follow current guidelines for Spectator Events.

Major Junior Hockey and Part-time Professional Sports Without Players Associations or Union Guidance

RESTART COVID-19 REQUIREMENTS AND RECOMMENDATIONS

Before returning to play major junior hockey and part-time professional sports without player's associations or unions franchises must:

1. Ensure operations follow the Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found here.
2. Adhere to the Secretary of the Department of Health Face Coverings Order, and current DOH orders specific to higher education, and any other relevant DOH guidelines regarding hygiene, cleaning, ventilation, transportation, and records and contact tracing. Department of Health Resources and Recommendation can be found here.

   In order to return to practices and competition major junior hockey and part-time professional sports franchises must have a COVID-19 prevention plan for athletics. The plan must either:

   - Adopt sporting activities guidelines from Governor's office **or**,
   - Create a COVID-19 prevention plan for the franchise and integrate requirements from an approved COVID-19 prevention plan for the major junior hockey and part-time professional sports league that the franchise participates in.
3. A major junior hockey and part-time professional sports franchise that does not adopt the Sporting Activities guidance and adopts their league COVID-19 prevention plan for athletics must maintain their return-to-play COVID-19 prevention plan on file for review upon request by the local health jurisdiction in the county where the major junior hockey franchise resides or by the Washington State Department of Health. If a major junior hockey and part-time professional sports franchise participates in a league, that league's COVID-19 prevention plan for athletics must be approved by all member franchises of the conference who are participating in athletic competition with Washington major junior hockey and part-time professional sports franchises and be submitted for review, but not for approval, to the Washington State Department of Health. Major junior hockey and part-time professional sports franchises participating in athletic activities are responsible for ensuring their league COVID-19 prevention plan is submitted to Washington State Department of Health for review.
4. Phases 1 and 2: Regardless of which plan (Washington State Sporting Activities guidelines or a league COVID-19 prevention plan) a major junior hockey and part-time professional sports franchise follows, there shall be no spectators at games and competitions until such time as spectators are allowed for sporting activities and athletics under the Healthy Washington Plan. Maximum 200 people allowed at competitions, including spectators. Total people present can exceed 200 for higher education and professional sporting events if there are no spectators allowed and personnel needed to produce an event (players, coaches, officials, medical team, video crew etc.) exceeds 200.
5. In Phase 3 and future phases: Spectators for sporting events must follow current guidelines for Spectator Events.

School and Non-school Youth Team Sports Indoor and Outdoor and Adult Recreational Team Sports Indoor and Outdoor

Sport Contact Category guidance (all phases)

For the purposes of this document, sports are defined using the following contact categories (The list below is not all-encompassing. Some sports are covered in other guidance documents, and if so those guidance documents govern those activities. If a sport does not appear on this list that does not necessarily mean it is prohibited at this time.):

Low contact sports: tennis, pickleball, golf, gymnastics, climbing, skating (competitive), archery, fencing, cross country, track and field, sideline/no-contact cheer and no-contact dance, disc golf.

Moderate contact sports: : softball, baseball, t-ball, soccer, futsal, volleyball, lacrosse, flag football, ultimate frisbee, ice hockey, cricket, crew, field hockey, school bowling competitions.

High contact sports: football, rugby, wrestling, cheerleading with contact, dance with contact, basketball, water polo, martial arts with contact including competitions, roller derby. (Martial arts without contact should follow fitness guidelines found here.)

Phase 1:

- Facial coverings required for all coaches, volunteers and athletes at all times.
- Indoor training and practice allowed for low and moderate contact sports if players are limited to groups of 6 in separate parts of the field/court, separated by a buffer zone. Brief close contact (ex: 3 on 3 drills) is permitted. It is preferable for the groups of six to be stable over time. All facilities must calculate allowable participant occupancy by dividing the room size or available floor space by 500 square feet per person.
- Indoor individual training/practice allowed for athletes in high contact sports either with or without a coach.
- Outdoor meets, qualifiers, and tournaments allowed for low contact sports. No spectators allowed.
- Outdoor team practices, training and intra-team competitions allowed for low and moderate contact sports. Scrimmage against other teams or training or practices with other teams is not allowed.
- Outdoor team practices and/or training allowed for high contact sports if players are limited to groups of 6 in separate parts of the field/court, separated by a buffer zone. Brief close contact (ex: 3 on 3 drills) is permitted. It is preferable for the groups of five to be stable over time.

Phase 2:

- Facial coverings required for all coaches, volunteers and athletes at all times. School cross country meets and competitions should follow the guidance for Races, non-motorized and motorized, including the allowance to remove face coverings once a competition begins. Face coverings required for training. Gymnasts may remove their masks and facial coverings for routines that require for flips or blind landings, or similar maneuvers, where a slipped mask could impede safety. Track and field participant may remove facial coverings when competing at track meets. In each of these activities facial coverings must be worn at all times when not actually competing.
- Outdoor training, practices and competitions allowed outdoors for low, moderate, and high contact sports. Maximum 200 people allowed at competitions, including spectators.

For outdoor competitions; For facilities or complexes with more than one field or area of play a maximum of 75 people allowed per field or area of play, including spectators. All spectators of different households are to remain physically distant, 6 feet or more, as much as possible. For an outdoor location that has multiple fields, a field with ticketed seating and controlled entrance and exits may have 200 people allowed at competitions, including spectators, and is not subject to the 75 people maximum for multiple field locations/complexes.

- Indoor team training, practices, and competitions allowed for low and moderate contact sports. Indoor team practices, training and intra-team competitions allowed for high contact sports. Scrimmage against other teams or training or practices with other teams is not allowed for high contact sports. For all indoor sports the occupancy of the facility may not exceed 25 percent of the fire code occupancy rating, or 200 people max, whichever is less.
- Indoor meets, qualifiers, and tournaments allowed for low contact sports. Dance with contact, and cheer with contact, performances and competitions allowed only if no more than one studio/team is on stage at a time, and studio/teams leave after their performance is completed. For all indoor sports the occupancy of the facility may not exceed 25 percent of the fire code occupancy rating, or 200 people including spectators, whichever is lower as per the Miscellaneous Venues guidance.

Tournaments in Phases 1 and 2:

- No tournaments allowed for moderate and high contact sports. For the purposes of this document Tournament is defined as a series of contests where more than two teams compete against each other on the same day or within a 24 hour period, whether or not there is an ultimate winner or prize. This includes elimination-style, consolation-style, and round-robin events where teams compete against more than one competitor per day (regardless of the name of the event). This definition of a tournament does not include volleyball, when utilizing a condensed league structure, with one competition weekend every four weeks, that includes multiple matches, of 90-minutes or less each, against more than one team, on a single day.
- A prohibition on tournaments for sporting activities does not include postseason, playoff, state or regional championship competitions with no more than four teams at one site sanctioned by a statewide interscholastic activities administrative and rule-making body that oversees competition in all counties in the state.

Phase 3:

- Indoor and outdoor training, practices and competitions allowed for low, moderate, and high contact sports, with universal mask requirements for all participants including athletes, officials, coaches, volunteers and spectators unless subject to specific exceptions detailed in this document. Wrestling competitions may not resume until April 26, 2021.
- All outdoor and indoor sports spectators must follow current Healthy Washington guidelines on Spectators.
- For outdoor competitions without permanent seating; Facilities or complexes with more than one field or area of play are allowed a maximum of 150 people per field or area of play, including spectators.
- All indoor sports spectators subject to 50% capacity or 400-person maximum per room, whichever is lower, all participants including athletes, officials, coaches, volunteers and spectators are to be included in calculating the 400-person maximum. Facilities larger than 100,000 square feet allowed 50% capacity or 600 per room, whichever is lower, and all participants including athletes, officials, coaches, volunteers and spectators are to be included in

calculating the 600-person maximum. Spectator groups from 1-10 people allowed in all facilities, but all spectator groups must maintain 6 feet of distance from other spectator groups. For K-12 school sporting activities no concession sales allowed. For non-K-12 indoor sporting activities spectators only allowed to remove their facial coverings when in their seats and actively eating and drinking.

- Use of locker rooms allowed. If use of locker rooms for changing is necessary, maximize ventilation and use tape, spots, or cones to signal 6 feet of distance for athletes who need to change. Stagger entry to the changing area and use these facilities as appropriate with members of the same group/cohort.
- Use of showers allowed. If showering is necessary then limit the number of individuals showering to ensure a minimum of 6 feet of separation.

Facial Coverings in Phase 3:

- Facial coverings required for all the situations described below with the following exceptions:
  - Competitive cheerleading and dance with contact (while tumbling, stunting, flying, flips)
  - Gymnastics (while on the different apparatuses, tumbling, flips)
  - Watersports (while in the water; must follow Dept. of Health Water Recreation Guidance.)
- Low contact outdoor sports athletes allowed to remove facial coverings for training and competitions. Facial coverings must be worn by athletes when not actively training or competing. Coaches, trainers, and officials must wear face coverings at all times.
- Moderate contact outdoor sports athletes allowed to remove facial coverings for competitions. Facial coverings must be worn by athletes when training or when not actively competing in a game or match against another team or when on the bench waiting to play. Coaches, trainers, and officials must wear face coverings at all times.
- Officials and referees supervising low or moderate contact outdoor competitions allowed remove their facial coverings if officiating requires them to run in the field of play.
- Facial coverings required for all high contact sports, indoor and outdoor for all participants, including coaches, trainers, and officials.
- Facial coverings required for all moderate contact indoor sports for all participants, including coaches, trainers, and officials.
- Low contact indoor sports may remove facial coverings during competitions. Facial coverings must be worn by athletes when training or when not actively competing.

Tournaments in Phase 3:

Tournaments allowed for low, moderate and high contact sports. Out-of-state athletes and teams should follow CDC travel guidance. Additional tournament requirements:

- Tournament organizers must publish a field, complex, facility map that clearly outlines ingress and egress points, team areas, and spectator areas.
- Tournament organizers should notify Local Health Jurisdiction of time, location, and number of participants for each tournament, and provide the name of a health and safety liaison for contact tracing or medical emergencies.
- No one who shows signs or symptoms of COVID-19 allowed to attend.
- Tournament organizers should monitor adherence to protocols and spectator limits.
- Field of play markings required outlining where spectators may watch.

- Tournament organizer is responsible for sanitizing any shared equipment/areas.
- Staggered start times should be used to prevent traffic from arriving and leaving all at the same time.
- Tournament organizers must provide at least 15-minute buffer from the end of one game/match and the start of the next on the same field of play. Teams must have vacated field prior to next team entering.
- Sanitizer stations must be provided around the fields, complex or facility.
- Facial coverings are required for all coaches, players who are not playing, and spectators.
- No communal hydration stations allowed.
- Awards ceremonies should be brief, must be held outdoors, and facial coverings are required.

Specific requirements for wrestling:

- All wrestling teams required to follow team sports testing and vaccination protocol in order to resume indoor competition (see below).
- Athletes must have no signs or symptoms of Covid-19 in the past 10 days and no close sustained contact with anyone who is sick or individuals that may have been exposed to Covid-19 within past 14 days in order to participate in trainings and competitions.
- Disinfect the mats prior to competition, this includes between each dual when multiple are being held on the same date (tri, quad or tournament).
- Athletes, Coaches, Officials, Staff and Spectators wear facial coverings at all times.
- Boxes available for on deck coaches and wrestlers (tournaments only).
- One table worker per table at the mat side.
- One coach on mat.
- Limit challenges to coaches' box (no approaching the table).
- All athletic equipment should be cleaned before, during and after practices and between practices/sessions.
- Other equipment, such as wrestling headgear, shoes, braces, knee pads must be worn by only one individual and not shared.

Specific requirements for water polo:

- All water polo teams required to follow team sports testing and vaccination protocol in order resume competition (see below).
- Water polo teams following sports testing and vaccination protocol may remove facial covering while in the water for training and competitions.
- Additional water polo guidelines included in the Department of Health COVID-19 Prevention Guidance and Reopening of Water Recreation Facilities in Phases.

Sports Testing and Vaccination Protocol

Only required for specific sports in specific phases noted above.

Testing:

Athletes will undergo surveillance testing for COVID-19 at least twice weekly. Antigen test must be performed on the day of any competitions and counts as one of the required weekly tests. The other

weekly test will be performed 3-4 days prior and may be either a molecular or antigen test. Coaches and trainers should consider being tested alongside their athletes.

Vaccinations:

Athletes who have been vaccinated against COVID-19 by a two-dose mRNA vaccine (such as Moderna and Pfizer), or a single dose vaccine (such as Johnson & Johnson), are considered “fully vaccinated” two weeks after the final dose of vaccine (the second dose for a two-dose regimen, or the single dose for a single-dose regimen). Documentation of vaccination status should be maintained by coaching staff and presented to visiting teams at the time of competition. Fully vaccinated athletes will not need to be tested unless symptomatic. Any athlete or individual who is symptomatic, even if fully vaccinated, should isolate and be tested.

Verification of Testing:

Verification of negative test results is required. These records should be maintained by coaching staff.

When competing against other teams, verification of negative screening tests and/or vaccination status of athletes must be provided to the opposing team the day of the competition. This documentation should be provided to competition officials.

A rapid antigen test will be performed on all athletes the day of competition; any athlete with a positive test will immediately be excluded from the event and removed from the venue. Additionally, all teammates who are not fully vaccinated will also be ineligible to play, will be considered a close contact, and immediately removed from the venue, even if they have tested negative up to that point. Fully vaccinated athletes are not required to quarantine and can continue to participate in the event. Whenever an athlete tests positive, the team must work with local public health to determine how to approach isolation, quarantine, and further testing.

During Competitions:

At competitions the following protocols will be followed to mitigate Covid-19 transmission.

- Athletes will be screened by verbal attestation for COVID-19 symptoms – any positive findings will require the athlete to be immediately removed from the venue
- Player line-ups and introductions are done while physically distanced
- No team huddles
- Coaches, trainers and other team personnel must maintain physical distancing at all time and wear face coverings

Symptomatic athletes or other participants:

Any athlete or participant (coaches, trainers) who develops symptoms of COVID-19 should immediately be removed from the event, isolate at home, and be tested for COVID-19. People who test positive should isolate for 10 days after the start of symptoms per CDC guidance.

Guidance applicable to ALL sporting activities for school and non-school youth team sports and adult recreational sports in all phase levels

Non-essential travel such as out-of-state team or individual travel for sporting activities are subject to quarantines as detailed in the Governor's Travel Advisory. Essential Travel for "study" in the advisory is meant to include league play for school sports that cross state borders if that league sanctioned by a statewide interscholastic activities administrative and rule-making body that oversees competition in all counties in the state, or in a neighboring state. Cross-border travel for non-league games is not considered essential.

Youth sports operating day camps must also follow Department of Health guidance for Child Care, Youth Development, and Day Camps during COVID-19. Overnight camps must follow the overnight group summer camps and similar activities section of the Outdoor Recreation COVID-19 Requirements.

Stay home when sick or if a close contact of someone with COVID-19

Athletes, coaches, umpires/referees, spectators and any other paid or volunteer staff should be required to stay home if they feel unwell, show any signs of COVID-19, or are a close contact of a confirmed case. All coaches and students should be screened for signs/symptoms of COVID-19 prior to a workout. Screening should consider symptoms listed by the CDC. Any person with symptoms of COVID-19 or who is a close contact of someone with confirmed COVID-19 should not be allowed to participate and should contact his or her primary care provider or other appropriate health-care professional.

Those who are excluded from training or contests due to COVID-19 symptoms or because they are close contacts must follow DOH and local public health isolation and quarantine guidance before returning to training or contests.

People with underlying health conditions should consult with their medical provider regarding participation in athletic activities.

Masks

Masks required for all athletes/participants. Coaches, trainers, managers, spotters, and any other paid or volunteer staff must wear face coverings at all times. Details can be found in the Face Coverings Order. Organized sporting activities are not an allowable exception to the Face Coverings Order except as those detailed in this document.

School cross country meets and competitions should follow the guidance for Races, non-motorized and motorized, including the allowance to remove face coverings once a competition begins. Face coverings required for training.

Gymnasts may remove their masks and facial coverings for routines that require for flips or blind landings, or similar maneuvers, where a slipped mask could impede safety.

Physical Distance

Physical distance of 6 feet must be maintained between staff, volunteers, and any spectators at all times with exceptions for training and medical personnel and volunteers performing their medical duties. Six feet of distance must be maintained among athletes when not engaged in sporting activities, huddles and team meetings must be physically distanced.

Hygiene

Require athletes, coaches, umpires/referees and any other paid or volunteer staff to practice good hygiene including washing their hands frequently and covering their sneezes and coughs. Wash hands often with soap and water for at least 20 seconds before and after practice, especially after touching shared objects or blowing your nose, coughing, or sneezing. Avoid touching your eyes, nose, and mouth. If soap and water are not readily available, use a hand sanitizer that contains 60-95% alcohol content. Cover all surfaces of your hands and rub them together until they are dry. Athletes should not share water bottles, uniforms, towels, or snacks and should not spit (saliva, sunflower seeds, etc.).

Provide handwashing or hand sanitizing stations at training and contest locations.

Limit the use of locker rooms to handwashing and restroom use only. Showers should not be used due to potential spread of aerosolized droplets. If use of locker rooms for changing is necessary, maximize ventilation and use tape, spots, or cones to signal 6 feet of distance for athletes who need to change. If locker rooms are used cleaning protocols must be included in the sporting activity safety plan. Stagger entry to the changing area and use of these facilities as appropriate with members of the same team or training cohort only. Limit occupancy of the locker rooms to avoid crowding.

Cleaning

Clean high touch surfaces and disinfect shared equipment before and after each use. Ensure restrooms are cleaned and disinfected regularly. Current CDC guidance for cleaning and disinfection for COVID-19 states that disinfectants should be registered by the EPA for use against the COVID-19. Find the current list here: List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19). Disinfectants based on hydrogen peroxide or alcohol are safer than harsher chemicals. The University of Washington has a handout with options for safer cleaning and disinfecting products that work well against COVID-19.

Ventilation

Ventilation is important to have good indoor air quality. Ensure that ventilation systems operate properly. Increase air circulation and ventilation as much as possible by opening windows and doors. Offer more outside time, open windows often and adjust mechanical ventilation systems to bring in as much outside air as possible. Increase filters to MERV 13 if the HVAC can accommodate. Use of fans for cooling is acceptable. In indoor spaces, fans should only be used when windows or doors are open to the outdoors in order to circulate indoor and outdoor air. They should blow away from people.

Outdoors locations are preferred to indoors locations, and should be utilized to the greatest extent possible to allow for maximum fresh air circulation and social distancing. Outdoor structures, in order to be considered outdoors, should have no more than two walls; Structures can have three walls and be considered open air if another opening exists that is large enough to create cross ventilation. For detailed guidelines please consult Open Air and Outdoor Seating requirements.

Transportation

Limit exposure to those outside the household unit during travel. Encourage only those in the same household to travel together, and if not in the same household, travel in separate vehicles if possible.

For travel groups, (groups that include more than one household in the same vehicle whether in a carpool or on a bus) all members of the travel group, including the driver, must wear a face covering and spread out as much as possible within the vehicle. Limit travel groups to those who have been in regular contact (e.g. team members). Encourage family members to sit together. Maximize ventilation in the vehicle by opening windows.

Buses should install safety barriers (such as plexiglass shields) between the driver and passengers or close (block off/leave empty) the seats nearest the driver to ensure 6 feet of distance between the driver and passengers. Passengers should board from the rear door when possible. Buses should improve air filtration where possible. Buses should be cleaned and disinfected daily after use with attention to frequently touched services (doors, rails, seat backs).

Records and Contact Tracing

Keep a roster of every athlete, staff and volunteer present at each practice, training session, and contest to assist with contact tracing in the event of a possible exposure. Similarly keep a roster and seating chart for each travel group. Attendance rosters and seating charts must be kept on file for 28 days after the practice, contest, or trip.

Employees

Employers must specifically ensure operations follow the main Labor & Industries COVID-19 requirements to protect workers. COVID-19 workplace and safety requirements can be found here.

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1152

AS AMENDED BY THE SENATE

Passed Legislature - 2021 Regular Session

State of Washington 67th Legislature 2021 Regular Session

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

READ FIRST TIME 02/22/21.

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

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

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

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

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

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

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

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

(d) Advise and report to the secretary;

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

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

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

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

(a) The governor's office;

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

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

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

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

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

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

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

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

(j) A statewide association representing Washington cities;

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

(l) A statewide association representing Washington hospitals;

(m) A statewide association representing Washington physicians;

(n) A statewide association representing Washington nurses;

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

(p) A consumer nonprofit organization representing marginalized populations.

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

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

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

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

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

((~~In counties without a home rule charter, the board of county commissioners 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. 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 elected officials do not constitute a majority. An ordinance adopted under this section shall include provisions for the appointment, term, and compensation, or reimbursement of expenses.~~))

(1) Except as provided in subsection (2) of this section, for counties without a home rule charter, the board of county commissioners and the members selected under (a) and (e) of this subsection, 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 the county.

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

(i) Public health, health care facilities, and providers. This category consists of persons practicing or employed in the 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) Active, reserve, or retired armed services members;

(C) The business community; or

(D) 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. 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 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 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, an ordinance adopted under this section shall include 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 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.

(j) 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.

(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 section 7 of this act 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. 4. RCW 70.05.035 and 1995 c 43 s 7 are each amended to read as follows:

((~~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. 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 elected officials do not constitute a majority. The county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses. The jurisdiction of the local board of health shall be coextensive with the boundaries of the county. 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.~~))

(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 section 8 of this act:

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

(C) The business community; or

(D) 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. 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 to the board of health elected officials from cities and towns and persons other than elected officials as members 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, the county legislative authority shall specify 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 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.

(j) 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.

(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 section 7 of this act 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. 5. RCW 70.46.020 and 1995 c 43 s 10 are each amended to read as follows:

((~~Health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties. The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district, and shall have a jurisdiction coextensive with the combined boundaries. 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 elected~~

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

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

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

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(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 health district 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 health district:

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

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

(C) The business community; or

(D) 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. 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 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 health district, the board of health must include a tribal representative selected by the American Indian health commission.

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

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

(j) 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.

(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 section 7 of this act for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

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

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

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

((~~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.~~))

(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 section 8 of this act:

(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 section 7 of this act for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section.

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

(1) A community health advisory board shall:

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

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

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

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

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

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

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

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

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

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

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

(a) Members with expertise in and experience with:

(i) Health care access and quality;

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

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

(iv) Business and philanthropy;

(v) Communities that experience health inequities;

(vi) Government; and

(vii) Tribal communities and tribal government.

(b) Consumers of public health services;

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

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

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

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

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

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

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

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

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

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

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

(a) Be fair and unbiased; and

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

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

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

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