YAKIMA HEALTH DISTRICT

Prevention Is Our Business

BOARD OF HEALTH

Meeting

October 27, 2021

8:30 am – 11:30 am

Upcoming Board of Health Meetings

December 1, 2021
8:30 am – 11:30 am

January 26, 2022
8:30 am - 11:30 am

Upcoming Board of Health Special Meetings

November 10, 2021

5:30 pm – 8:30 pm

There is no Board of Health regular meeting in November due to the holiday

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Agenda

Wednesday, October 27, 2021

8:30 am – 11:30 am

Our Mission

In partnership with the people of Yakima County, the Yakima Health District provides prevention, education, and disease control services to promote, protect, and enhance the health and safety of all.

1. **Call meeting to order:** Board Chair Ron Anderson
2. **Introductions of guest/staff:** Ryan Ibach
3. **Review of submitted public written comments**: Ryan Ibach
4. **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.
   * September 29, 2021 Yakima Health District (YHD) Board of Health minutes.
   * October 13, 2021 YHD Board of Health Special Meeting minutes.
   *Payment of accounts payable and payroll issued in September 2021 in the amount of $1,757,334.14.

5. **Board Business:** André Fresco
   a. Yakima County COVID-19 update
   Strategic Goal: *Strengthen Mandated Services;* **Board Input:** *Board Awareness*
   b. 2022 Budget Hearing and Adoption
   Strategic Goal: *Improve Efficiency & Effectiveness;* **Board Input:** *Board Decision*

6. **Financial Report:** Chase Porter September 2021 (**pages 18-25**)
   Motion: to approve the financial report for the month of September 2021

Department Reports

7. Chief Operating Officer: Ryan Ibach
8. Local Emergency Response Coordinator: Nathan Johnson
9. Health Officer: Dr. Neil Barg
10. Disease Control: Melissa Sixberry
11. Environmental Health: Shawn Magee
12. Public Health Partnerships: Lilian Bravo
13. Unfinished Business:
    a. Process of scheduling Board of Health special meetings: Andre Fresco
    Strategic Goal: *Increase Efficiency & Effectiveness;* **Board Input:** *Board Discussion*
    b. Review of RCW's on vaccine mandates: James Elliott
    Strategic Goal: *Increase Efficiency & Effectiveness;* **Board Input:** *Board Discussion*

14. New Business: None
15. Adjourn

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Minutes

Wednesday, September 29, 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 and was available to the public for live stream on the YHD Facebook page. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on September 28, 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 8:31 a.m.**

2. **Introductions of guests/staff:**

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

Yakima Health District (YHD) Staff	**Guest/Press**
Andre Fresco	
Ryan Ibach	
Chase Porter	
Melissa Sixberry	
Lilian Bravo	
Shawn Magee	
Dr. Neil Barg	
Nathan Johnson	
Jocelyn Castillo	
Victoria Reyes	
James Elliott - YHD Attorney	

3. **Change of process for the Board of Health Special and Regular meetings: Ron Anderson**

Ron Anderson stated the Board of Health meetings will conduct itself in a more reformed manner to reflect the guidance of Robert's Rules of Order Newly Revised and to allow each Board member a chance to speak.

4. **Review of Submitted Public Written Comments –** 5 written comments submitted by members of the public were read/summarized by Ryan Ibach. Submitted comments are available upon request and on the Yakima Health District website.

5. **CONSENT AGENDA:** Approve the September 29, 2021 Yakima Health District Consent Agenda.	**MOVE TO APPROVE:** Patricia Byers **SECOND:** Amanda McKinney ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Table* ***All in favor, none opposed.*** ***The motion passed.***

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

- August 25, 2021 Yakima Health District Board of Health minutes.
- Approval of accounts payable and payroll issued in August 2021 in the amount of $1,046,956.56.
  **Please note that approval of minutes include the recording of the meetings, which are available on the YHD website, social media pages, and YouTube channel.*

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

   a. Yakima COVID-19 Update

   COVID-19 remains front and center in the community. Schools are fully opened with students attending in-person. The Federal government authorized a third dose of the Pfizer COVID-19 vaccine for those who are considered to be in vulnerable populations. As a responsive agency in the community, efforts to promote education on COVID-19 vaccines and getting community members vaccinated continue. With the cold weather approaching, the health district have planned for more testing sites, as there is a demand due to the increase in cases, vaccine mandate deadlines/exemptions, and the upcoming flu season are all contributing factors. The State Fair Park could potentially be a site where vaccines and testing are readily available to the public.

b. 2022 Fee Hearing

[Ron Anderson opened the fee hearing at 8:49 am]

The fee hearing was advertised in the Yakima Herald-Republic and on the YHD website. No comments were received from the public, and no Board members had comments or concerns. There were no changes to the fees.

[Ron Anderson closed the fee hearing closed at 8:50 am]

MOTION: Approve the 2022 Fee Schedule.	**MOVE TO APPROVE:** Amanda McKinney **SECOND**: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Table* ***6 in favor, 0 opposed.*** ***The motion passed.***

c. 2022 Proposed Budget

Andre Fresco shared the 2022 proposed budget had a dramatic increase compared to past budgets due to the costs of a full-scale response towards COVID-19. Although there has been assurance for reimbursement from the State Department of Health and FEMA, no set amount of how much exactly can be expected. The daily expenses have remained similar to last year's budget, showing the dramatic change in the budget is COVID-19 driven.

Chase Porter shared the issue with reimbursement from the State and FEMA is timing. For example, FEMA will refund for 90 days out. Planning to meet such deadlines are in the works. Reassurance from both FEMA and DOH regarding reimbursement for COVID-19 related expenses is secured. The day-to-day operation expenses have not changed. There are increases in expenses towards legal support and administration staff. There are 33 FTE's at the health district, one increase from last year with the hiring of the health officer. With the financial help from DOH, many new temporary hires were added to work directly in the COVID-19 response.

Discussion included:

- *Funding for mental health screenings and treatments for those impacted by COVID-19: Chase Porter, Lilian Bravo, and Andre Fresco gave clarification the health district will act as a supporting agency to the behavior health experts in the community and*

continue promoting the MyStrength app, which was created to help community members face challenges caused by the pandemic.

- *Expenditures for contact tracing have increased due to continued rise in cases.*

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

August 2021 Budget Summary

We had a monthly gain of excess revenue of approximately $119K, bringing our access revenue to approximately $141K.

August 2021 Revenue and Expenditures

- Annual budgeted revenues and expenditures are $7M and $14.5M, respectively.
- Year-to-date budgeted revenue and expenditures are $5M and $5M.
- Year-to-date actual revenue and expenditures are both $8.2M. respectively.

Program Updates and COVID-19 financials

A $50K contribution from the Kresge Foundation invested in the Yakima Health District. Almost $1M was spent just on COVID-19 expenditures in the month of August, with $670K being spent on testing.

Discussion included:

- *Organizations do not report their vaccine distribution directly to the health district, but to the State Department of Health.*

MOTION: Approve the financial report for the month of August 2021.	**MOVE TO APPROVE:** Patricia Byers **SECON**D: LaDon Linde ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Table* ***All in favor, none opposed.*** ***The motion passed.***

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

COVID-19 School Guidance

Ryan Ibach shared data gathered since schools returned to in-person learning. The cases for the last two-week period were over 2K, which 557 of those were school aged kids. The case rate in Yakima County currently is 865 per 100K. In the K-5 grade age group, a higher percentage remained consistent. The total for students being at school while infectious last school year was 345 students, compared to the 449 cases so far this year. A total of 111 staff members were identified to be at school while being infectious this year, while 259 were identified last year. Last week seven cases of on-site transmissions were reported to the health district, making it a total of 28 cases so far this year. There were seven class closures this year and eight athletic teams had to quarantine this year. For the month of September, 14 hospitalizations were in the 0-19 age group.

Discussion included:

- *Clarification that most local schools were in the hybrid mode last school year.*
- *Quarantine and testing requirements at local schools.*
- *Melissa Sixberry clarified the health district does not receive the tests that are reported to be negative for COVID-19.*
- *Lilian Bravo shared available on the health district website is a dashboard with COVID-19 data including case rates, vaccinations, hospitalizations, demographics, testing and other county information.*

Open positions

The Yakima Health District has begun advertisement for an office technician position and a public health technician position.

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

COVID-19 Update

With high demand in testing due to a rise in cases, hours for both testing sites changed to ensure testing is available to the public seven days a week. The Sunnyside testing location on average conducts 200 tests per day while the Yakima site clears up to 600 tests daily. Due to these factors and to hopefully alleviate the overwhelmed local hospitals, a third drive-thru testing site is expected to open by October 18th at the State Fair Park available to the public five days a week.

Discussion included:

- *The PCR test is the only one available at the testing site and has a 2-day turnaround timeframe.*
- *Courier services are provided by University of Washington Laboratories.*

Vaccine Update
Instead of two vaccine teams with eight members per team, there are now three vaccine teams with six team members each. These teams are also administering the recently approved third Pfizer dose. FDA Approvals for K-12 vaccines are expected soon. Planning for adequate vaccine availability in Yakima County continue.

Discussion included:

- *Hours of availability for testing.*

10. **HEALTH OFFICER**: Dr. Neil Barg

COVID 19 Update
Dr. Neil Barg shared new data are being gathered by DOH when tracking COVID-19, number of positives per 100K and percent positives. Regarding the local hospital, Dr. Barg shared information and costs on two medications, remdesivir and baricitinib, which are being used for COVID-19 positive patients as monoclonal antibodies. Dr. Barg presented detailed COVID-19 vaccine information with an explanation on what the facts are about the vaccine, how the vaccine works, how the vaccine is evaluated, what are the side effects, and what are the benefits of receiving the vaccine.

Discussion included:

- *Board members requested to receive a copy of the PowerPoint that was shared by Dr.Barg.*
- *Clarification that monoclonal antibody treatments are less successful and effective than the COVID-19 vaccine,s due to vaccines allowing the body to remember how to fight the virus vs the monoclonal antibody treatment is engineered and does not have a long lasting effect.*
- *Patricia Byers and Amanda McKinney would like a letter drafted by the Board of Health showing support for the monoclonal antibody to be provided by the Federal government.*
- *Lilian Bravo will get the presentation from Dr. Barg translated for the Spanish-speaking community.*

11. **DISEASE CONTROL:** Melissa Sixberry

Tuberculosis
The health district staff continue to monitor six active tuberculosis patients.

Influenza
Local hospitals will begin to report their influenza cases to the health district.

COVID-19
With the funding lost for the outbreak team by DOH, two individuals were added to the YHD team to continue the outbreak investigations. Over 50% of school outbreaks occurred in special education

classrooms, where students are unable to wear masks. Melissa Sixberry presented hospitalization rates by age group. This information will be added to the daily situation reports that are sent to the Board. Recent data showed 16% of individuals who were hospitalizedfrom August 2021 - September 2021 were fully vaccinated, showing an increase in breakthrough cases. From January -September 2021, a total of 1,447 breakthrough cases were identified in Yakima County. Death rates have dramatically increased in the month of September.

Discussion included:

- *Several Board members requested raw data from the last 30 days to be added to the dashboard.*
- *Clarification with the Delta variant, less comorbidities are found as underlying health conditions in the younger age brackets who are being hospitalized due to COVID-19.*

12. **ENVIRONMENTAL HEALTH:** Shawn Magee

Lower Yakima Valley Groundwater Management Plan
Shawn Magee presented information on the background of the Groundwater Management Area. Included were the diverse partners that are involved, the concern that a large number of wells in the Lower Valley show a high concentration of nitrates in the water, and the goal to reduce the nitrate concentration in groundwater in Lower Yakima Valley. The Groundwater Implementation Committee meet every two weeks to discuss concerns, research data, and implement strategies. Regarding polyfluoroalkyl substances, or known as PFAS, the health district is a supporting agency to the Department of Ecology who is the lead in the concerns regarding these chemicals.

Discussion included:

- *Contributing factors for areas that could potentially cause the high concentrations of nitrates in residential wells and dairy farms.*

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

Immunization Clinics
The Yakima Health District has partnered with several local schools to host vaccination clinics for children and their families to receive the flu vaccine, routine vaccines, and for those who are eligible the COVID-19 vaccine. A booth at the fair will be available for these vaccines as well.

Developmental Disabilities
Unfortunately, one subcontractor who provided employment opportunities for individuals in the developmental disabilities will no longer be in the program. Brochures, webinars, and other forms of support are being offered to the thirty individuals who are impacted by this loss.

14. **Unfinished Business: None**

15. **NEW BUSINESS:**

a. Providing Monoclonal Antibody Treatment: Amanda McKinney

Amanda McKinney would like the composition of a letter from the Board of Health in support and request to receive further monoclonal antibody treatment for the public at no cost to the State and the Biden Administration.

Discussion included:

- *Clarification on who will draft that letter will be determined at the next meeting.*
- *Dr. Cleary shared the Biden Administration had declared financial support for further monoclonal antibody treatments.*

b. Proposed motion: Amend section 2.7 of the YHD Handbook from overtime for exempt staff to emergency response pay for exempt staff: Ryan Ibach

Ryan Ibach shared section 2.7 of the YHD Handbook states exempt employees can receive overtime pay while in incident command. At the recommendation of Yakima County Auditor Charles Ross, Senior Human Resources Manager Judy Kendall, and Financial Services Manager Craig Warner, emergency response pay would be more appropriate.

MOTION: Amend section 2.7 of the YHD Handbook from overtime for exempt staff to emergency response pay for exempt staff.	**MOVE TO APPROVE:** Amanda McKinney **SECON**D: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Table* ***All in favor, none opposed.*** ***The motion passed.***

Discussion Included:

- *Clarification that this amendment will add no extra cost to the health district.*

Patricia Byers requested the following questions be read into the minutes and answered at the next Board of Health meeting:

1. What are the numbers of vaccinated vs unvaccinated in the areas of a) in hospitalized, b) daily new cases, and c) testing (where can be located)
2. How are deaths due to COVID being audited? Coroner's numbers and YHD numbers often don't coincide, as YHD numbers are higher.

3. YHD has stated that the hospital doesn't give them certain information. Example: vaccinated vs unvaccinated. (Raw data) yet they generally state that over 90% of COVID patients have not been vaccinated. That is same info posted on CDC website. Is that where the information comes from?
4. If it is 2 weeks after the second vaccine for someone to be "fully vaccinated," how are those w/o the second shot or less than 2 weeks after second shot recorded a) when in hospital, b) when tested as positive? How or how many are listed as break through cases?
5. Point made is that graphs are helpful to some, raw data is also desired.
6. What constitutes a hospitalization?
7. Can you get the flu shot at the same time as the COVID vaccine?

Amanda McKinney requested to add the following question:

8. What constitutes a hospitalization?

Amanda McKinney also requested the following to be on the agenda for the next meeting:

James Elliott to research the RCWs regarding vaccines; How are they created? Who creates/recommends? Who makes final decision?

16. **MOTION:** Meeting adjourned at 11:28am.	**MOVE TO ADJOURN:** Amanda McKinney **SECOND**: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Tabled* ***All in favor, none opposed.*** ***The motion passed.***

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

Board of Health Special Meeting Minutes

Wednesday, October 13, 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 and live streamed on the Yakima Health District Facebook page, which is public. Additionally, due to this format, members of the public were asked to submit their comments prior to 3:00pm on October 12, 2021.*

Please go to the Yakima Health District YouTube channel or the Yakima Health District website to view the complete Board of Health meeting recordings.

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

2. **Introductions of guests/staff**

Ryan Ibach, Chief Operating Officer, conducted roll call of staff and Board members

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	

Present Yakima Health District (YHD) Staff

Andre Fresco	Nathan Johnson
Ryan Ibach	Dr. Neil Barg
Chase Porter	Victoria Reyes
Melissa Sixberry	Jocelyn Castillo
Lilian Bravo	James Elliott-YHD Attorney
Shawn Magee	

Due to the high volume of viewers, the Board of Health Special Meeting was live streamed on the Yakima Health District Facebook page.

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

Submitted comments are available upon request and can be found on the Yakima Health District website.

4. **UNFINISHED BUSINESS**

a. Provide Monoclonal Testing: Amanda McKinney

Dr. Barg shared updates from Dr. Ross Bethel, who oversees the COVID-19 clinic where the monoclonal antibody treatments are given eligible patients. The clinic continues to work through provider referrals. A local nursing home are administrating these as well. Melissa Sixberry shared she requested a list of all local facilities who are administering the monoclonal treatments.

Discussion included:

- *Pre-screening and requirements for receiving monoclonal antibodies; those who are at a higher risk to be very ill from COVID-19 are qualified.*
- *Amanda McKinney requested to know the total amount of patients who are using this form of treatment.*
- *The monoclonal antibody treatment is available to both vaccinated and unvaccinated people, regardless of insurance status.*
- *Sunnyside Hospital ER also provides this for people in the Lower Valley.*
- *Indian Health Services is working to facilitate the monoclonal antibody testing as well.*

5. **NEW BUSINESS**

a. School Student and School Athlete testing and quarantine requirements for both vaccinated and unvaccinated students and staff: Amanda McKinney

Amanda McKinney stated several community members are frustrated that unvaccinated athletes are required to quarantine if exposed, but vaccinated athletes do not, when both can still spread COVID-19, if infected. These vaccinated students can potentially expose students and staff who are not vaccinated.

Discussion included:

- *Dr. Barg, Andre Fresco, and Melissa Sixberry shared guidance is regularly updated from the State Department of Health and the decision to allow those who are vaccinated that were exposed to COVID-19 was made in the summer, prior to the Delta variant outbreak.*
- *Schools can have more restrictive guidance than the State Department of Health, but not less restrictive.*

- *Several staff and Board members shared their thoughts and concerns on the current guidance from the State Department of Health, which states vaccinated students do not have to quarantine but unvaccinated students do.*
- *A section on the daily situation report all Board members receive was added to show the number of hospitalizations and cases by vaccinated and unvaccinated.*
- *Students must be 3 feet apart while in school, which is different from last year when the guidance required students to be 6 feet apart.*

b. Procedures for submitting agenda items, inviting guests to the Board meetings, and asking YHD staff/attorney to perform tasks: Andre Fresco

To successfully complete requested tasks by the Board and to allow both staff and Board members to give insight to the challenging discussions that take place in the Board of Health meetings, Andre Fresco stated the deadline to submit requested agenda items will be due at noon the Friday before the Board of Health meeting. James Elliott, YHD Attorney, suggested a Board member could request a guest to come and the Board can decide as a group if that guest would attend the next Board of Health meeting.

Discussion included:

- *Any guest presentations or materials that will be shared at a Board of Health meeting will be sent to the Board prior to that meeting.*
- *Naila Duval requested if Board members are going to add an agenda item with a motion in mind, to please state that motion so it can be in writing and discussed at the next meeting.*

Discussion ensued regarding the cancellation of the special meeting. Andre Fresco and Ron Anderson stated due to a lack of agenda items it was decided to cancel the meeting by the Board Chair and Vice Chair. Although the Board passed a motion to continue semi-monthly meetings at the Board of Health meeting on July 28th, it was understood a meeting could be cancelled if there were no agenda items.

Discussion included:

- *Several Board members made suggestions on how to proceed to determine if a special meeting is needed and if a meeting is determined to be canceled.*
- *Andre Fresco shared with the Board if a guest shares or presents something that could potentially have legal ramifications, YHD staff will interject and advise the Board.*

YAKIMA HEALTH DISTRICT

Prevention Is Our Business

MOTION: Move to table the discussion of process of Board of Health meetings scheduling and cancellation to the next Board of Health meeting.	**MOVE TO TABLE:** Amanda McKinney **SECON**D: Patricia Byers ☐ *Approved* ☐ *Declined* ☐ *Amend* ✓ *Tabled* ***6 in favor, 0 opposed.*** ***The motion passed.***

Further discussion included:

- *Andre Fresco suggested tasks given to YHD staff and YHD attorney by Board members, that are often timely and not easily answered, be a Board decision.*
- *Public record requests deadlines vary depending on the request.*

c. Address COVID-19 questions posed at the last Board of Health meeting: Patricia Byers and Amanda McKinney

Below are the questions Patricia Byers and Amanda McKinney asked at the September 29th meeting, along with the answers from YHD staff:

1. What are the numbers of vaccinated vs unvaccinated in the areas of a) in hospitalized, b) daily new cases, and c) testing (where can be located)

This will be added to the daily sitrep and to the webpage starting next week.

2. How are deaths due to COVID being audited? Coroner's numbers and YHD numbers often don't coincide, as YHD numbers are higher.

The coroner reports all deaths that occur in Yakima County not necessarily Yakima Co residents. YHD reports only deaths of Yakima Co residents. Many patients are transferred out due to COVID for a higher level of care and then pass away in a different county. Therefore the Coroner does not report these as they did not die in Yakima County.

3. YHD has stated that the hospital doesn't give them certain information. Example: vaccinated vs unvaccinated. (Raw data) yet they generally state that over 90% of COVID patients have not been vaccinated. That is same info posted on CDC website. Is that where the information comes from?

YHD uses information in the WA IIS (vaccine registry) and the Washington Disease Reporting System (WDRS), which reports hospitalizations for patients admitted due to COVID, to determine if a hospitalized patients is vaccinated. These two systems are cross referenced to determine vaccine status of hospitalized patients.

4. If it is 2 weeks after the second vaccine for someone to be "fully vaccinated," how are those w/o the second shot or less than 2 weeks after second shot recorded a) when in hospital, b) when tested as positive? How or how many are listed as break through cases?

a. If a patient is not fully vaccinated (2 weeks since last dose) and they are hospitalized, they are counted as unvaccinated.

b. They are only considered a breakthrough case if they are COVID positive and it has been 2 weeks or more since their second dose, or first dose for J & J. They are still counted as a COVID case regardless of vaccine status.

5. Point made is that graphs are helpful to some, raw data is also desired.

This will be added to the daily sitrep and the webpage

6. What constitutes a hospitalization?

A hospitalization for COVID is anyone who tests positive for COVID **AND** is admitted for treatment for COVID symptoms. ER patients that are not admitted even if testing positive and having symptoms for COVID, are not considered hospitalizations.

7. Can you get the flu shot at the same time as the COVID vaccine?

Yes, you can get both at the same time.

Discussion included:

- *On behalf of Yakima County Coroner Jim Curtice, Melissa Sixberry gave further explanation in the discrepancy between the deaths reported between the Coroner's office and the health district; the Coroner reports all deaths in Yakima County, the health district reports deaths of Yakima County residents.*
- *Local hospitals do not report vaccine records of those who are hospitalized.*

Update from Nathan Johnson, Local Emergency Response Coordinator

Nathan Johnson shared a third community-based testing site will open to the public on October 18th. It will be open Sunday-Thursday from 9:00 am – 3:00 pm, except for Tuesday which will have an evening option, 12:00 pm – 6:00 pm. Tests results can take up to 48-72 hours. The PCR test is available at all three testing site. Results come in through email or phone.

MOTION: James Elliott to answer the questions posed by Amanda McKinney at the October 27, 2021.	**MOVE TO APPROVE:** Dave Atteberry **SECON**D: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Tabled* ***5 in favor, 1 opposed.*** ***The motion passed.***

Discussion included:

- *James Elliott requested if the Board had specific questions regarding vaccinations to please state that or email him so he can answer appropriately at the next Board of Health meeting.*
- *James Elliott shared religious exemptions are an employer-related issue as opposed to a State related-issue.*
- *Naila Duval referenced the Municipal Research and Services Center (MRSC) is a great resource for vaccine-related questions.*

Update from Ron Anderson and Patricia Byers

Ron Anderson shared with the Board a Veteran's clinic will open soon in Yakima County, where veterans can receive a variety of medical services. Patricia Byers also shared the new center for housing formerly homeless veterans, the Chuck Austin Place, will also open soon.

7. **MOTION:** Move to adjourn the meeting at 7:02 p.m.	**MOVE TO APPROVE:** Amanda McKinney **SECON**D: Patricia Byers ✓ *Approved* ☐ *Declined* ☐ *Amend* ☐ *Tabled* ***6 in favor, 0 opposed.*** ***The motion passed.***

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 9/10/2021	$2,107.31	
Accounts Payable 9/15/2021	$105,172.18	
Accounts Payable 9/24/2021	$681.34	
Accounts Payable 9/30/2021	$1,412,101.03	
Total Claims & Warrants, above		$1,520,061.86
Payroll Remittance	$153,712.51	
Payroll Tax Remittance	$83,559.77	
Total payroll paid this month		
Total Payroll		$237,272.28
TOTAL PAYMENTS		$1,757,334.14

All of the above preliminary September expenditures are approved for payment in the amount of **$1,757,334.14** this 27th day of October 2021.

_____
Board of Health Chair

YAKIMA HEALTH DISTRICT

2021 Cash Flow Report

(Cash Basis Accounting)

	1/31/2021	2/29/2021	3/31/2021	4/30/2021	5/31/2021	6/30/2021	7/31/2021	8/31/2021	9/30/2021
Beginning Cash	96,432	661,524	(21,728)	51,944	58,520	57,590	10,261	541,263	(48,374)
Transfers From Investment	368,000	767,000	735,500	411,000	711,000	102,000	716,068	405,000	1,380,500
Receipts /Deposits	1,793,421	1,133,562	778,514	909,739	677,424	936,031	1,684,490	1,155,326	504,407
TOTAL CASH AVAILABLE	2,257,852	2,562,086	1,492,286	1,372,684	1,446,944	1,095,621	2,410,819	2,101,589	1,836,533
MINUS									
Payroll Outlays	324,018	227,091	213,481	232,909	225,406	261,773	233,846	216,997	237,272
Transfers Out (Payments to Yakima County Departments)	-	-	-	-	-	-	-	-	-
Vouchers Payables Paid	721,811	912,724	709,816	591,255	1,017,948	613,588	752,710	829,966	1,520,062
Transfer to investment	550,500	1,444,000	517,000	490,000	146,000	210,000	883,000	1,103,000	58,000
Prior Period Adjustment			45						139
TOTAL CASH OUTLAY/TRANSFER	1,596,328	2,583,814	1,440,342	1,314,164	1,389,354	1,085,360	1,869,556	2,149,964	1,815,473
ENDING BALANCE - CASH (Fund 01 only)	661,524	(21,728)	51,944	58,520	57,590	10,261	541,263	(48,374)	21,060
Temporary Investment Fund 01	7,614,401	8,291,401	8,072,901	8,151,901	7,586,901	7,694,901	7,861,833	8,559,833	7,237,333
TOTAL CASH & CASH EQUIVALENTS- FUND 1 ONLY	8,275,925	8,269,673	8,124,845	8,210,421	7,644,491	7,705,162	8,403,095	8,511,458	7,258,392
TOTAL CASH & CASH EQUIVALENT- ALL FUNDS	8,275,925	8,269,673	8,124,845	8,210,421	7,644,491	7,705,162	8,403,095	8,511,458	7,258,392
MONTHLY EXPENSES BASED ON YEARLY BUDGET divided by 12	1,213,441	1,213,441	1,213,441	1,213,441	1,213,441	1,213,441	1,213,441	1,213,441	1,213,441
NUMBER OF MONTHS - OPERATING CASH AVAILABLE Fund 01 only	7	7	7	7	6	6	7	7	6
NUMBER OF DAYS - OPERATING CASH AVAILABLE	205	204	201	203	189	190	208	210	179

BUDGET YEAR	Y2021
BUDGET (ADOPTED ON 8/11/21 MTG)	
OPERATION	14,061,289
ENHANCED PROGRAM	500,000
FULL BUDGET	14,561,289

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 September 2021

REVIEW OF PRELIMINARY FINANCIAL STATEMENTS

75.00% OF THE BUDGET

Year to date: as of August 2021	Net Income (Loss)		$ 141,112	
For the Month of September 2021- ACTUALS	**Net Income (Loss)**		**$ 132,602**	
subtotal			$ 273,714	
Prior period adjustment			$ -	
September 2021	**Net Income (Loss)**		**$ 273,714**	

Budget to Actual comparison- Year to date as of 9/30/2021

	Revenue		Expenditures	
Fiscal Year 2021 Total Adopted Budget	7,520,153		7,561,289	
Allocated Budget YTD	**5,640,115**		**5,670,967**	
Budget % to total adopted budget	75.00%		75.00%	
Subtotals Actuals	9,748,049	129.63%	9,475,039	125.31%
Actuals - Pass Thru Programs (Indirect Costs)	0		(703)	-0.01%
Total Actuals	**9,748,049**		**9,474,335**	
Total actuals % to total adopted budget	129.63%		125.30%	
Actual compared to total adopted budget	**2,227,896**		**1,913,046**	
Actual compared to allocated budget - YTD	**4,107,934**		**3,803,369**	
As of September 30, 2021	Actual Revenue is less than budget by this amount		Actual Expenditure is less than budget by this amount	

Yakima Health District
Income Statement
September 2021

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	3 Mo.'s Remaining
Revenue								
Public Health Funding	87,707	87,707	(0)	789,361	789,362	(1)	1,052,482	263,121
Foundational Public Health	-	14,166	(14,166)	72,000	127,497	(55,497)	169,996	97,996
Federal	1,002,121	150,615	851,506	5,811,489	1,355,535	4,455,954	1,807,380	(4,004,109)
State	10,206	45,915	(35,709)	212,570	413,237	(200,667)	550,983	338,413
Yakima County	12,500	13,625	(1,125)	112,500	122,625	(10,125)	163,500	51,000
Fees, Permits Licensing	99,633	109,216	(9,583)	979,788	982,948	(3,160)	1,310,597	330,809
Developmental Disabilities	182,049	203,768	(21,719)	1,714,252	1,833,911	(119,660)	2,445,215	730,963
Nongovernmental Contributions	50,000	-	50,000	101,000	-	101,000	-	(101,000)
Investment Income	5,901	1,667	4,234	(45,608)	15,000	(60,608)	20,000	65,608
Other	(9)	-	(9)	697	-	697	-	(697)
Total Revenue	**1,450,108**	**626,679**	**823,429**	**9,748,049**	**5,640,115**	**4,107,934**	**7,520,153**	**(2,227,896)**
Expenses								
Salaries & Wages	221,790	183,015	38,775	1,764,705	1,647,134	117,571	2,346,178	581,473
Benefits-Direct	76,184	71,766	4,418	697,883	645,894	51,989	916,192	218,309
Payroll Expense	297,974	254,781	43,193	2,462,587	2,293,028	169,560	3,262,370	799,783
Enhanced Program	47	41,667	(41,619)	4,821	375,000	(370,179)	500,000	495,179
Advertising/Promotional	9,235	13,384	(4,149)	253,451	120,457	132,994	310,609	57,158
BOH Meeting Supplies	-	83	(83)	-	750	(750)	1,000	1,000
Computer Expense	-	458	(458)	10,550	4,125	6,425	5,500	(5,050)
Copies & Printing	624	2,213	(1,589)	17,162	19,913	(2,750)	26,550	9,388
Employee Recognition	-	267	(267)	-	2,400	(2,400)	3,200	3,200
Janitorial Services	1,911	2,667	(755)	18,744	24,000	(5,256)	32,000	13,256
Janitorial Supplies	670	233	436	2,014	2,100	(86)	2,800	786
Membership Dues	1,093	2,335	(1,243)	122,423	21,019	101,404	178,025	55,602
Office Supplies	141	977	(836)	17,513	8,794	8,719	11,725	(5,788)
Operating Supplies	45	1,150	(1,105)	27,908	10,350	17,558	113,800	85,892
Postage	675	1,000	(325)	10,484	9,004	1,480	12,005	1,521
Telephone	4,692	2,662	2,030	33,103	23,959	9,144	31,945	(1,158)
Professional Services - Accounting	452	2,933	(2,481)	25,303	26,400	(1,097)	35,200	9,897
Professional Services - County Indirect	-	2,143	(2,143)	-	19,283	(19,283)	25,710	25,710
Professional Services - Health Officer	-	13,208	(13,208)	373	118,875	(118,502)	158,500	158,127
Professional Services - Legal	-	9,404	(9,404)	157,052	84,638	72,415	112,850	(44,202)
Professional Services - Technology	16,446	15,312	1,134	148,011	137,806	10,205	183,741	35,730
Professional Services - Other	770,092	10,987	759,105	3,740,424	98,881	3,641,544	5,731,841	1,991,417
Provider Serv-Medical (Fed)	36,887	30,052	6,835	287,758	270,466	17,293	360,621	72,863
Provider Serv-Medical (State)	-	7,197	(7,197)	80,133	64,773	15,360	86,364	6,231
Provider Services - DD	162,015	186,166	(24,151)	1,502,261	1,675,494	(173,233)	2,233,992	731,731
Contracted Services	360	3,194	(2,834)	52,352	28,748	23,604	38,330	(14,022)

Yakima Health District
Income Statement
September 2021

	Monthly			Year-to-Date			Year-End	
	Actual	Budget	Difference	Actual	Budget	Difference	2021 Budget	3 Mo.'s Remaining
Expenses (Cont.)								
Temp Worker	-	-	-	-	-	-	-	-
Client's Related Expenses	-	42	(42)	28,241	375	27,866	500	(27,741)
Interpreting Services	-	21	(21)	2,798	188	2,610	250	(2,548)
Laboratory & Pharmacy Supplies	719	413	307	36,589	3,713	32,877	179,950	143,361
Bank Fees	-	75	(75)	-	675	(675)	900	900
Fuel	2,740	1,967	773	11,348	17,703	(6,355)	23,604	12,256
Insurance	4,941	3,805	1,136	39,225	34,244	4,981	45,658	6,433
Miscellaneous	211	416	(206)	8,373	3,746	4,628	4,994	(3,379)
Operating Rental & Leases	6,265	6,832	(567)	334,429	61,492	272,937	701,989	367,560
Rent Storage	202	210	(8)	1,819	1,892	(73)	2,523	704
Repair & Maintenance (Car/Bldg.)	149	1,383	(1,234)	13,174	12,450	724	16,600	3,426
Small Tools & Equip/Asset Repl.	562	517	45	32,799	4,650	28,149	6,200	(26,599)
Training	613	1,033	(420)	18,434	9,300	9,134	12,400	(6,034)
Travel	2,650	13,663	(11,014)	18,413	122,970	(104,557)	163,960	145,547
Utilities	3,899	2,090	1,810	20,035	18,806	1,230	25,074	5,039
Close Out Indirect Program	(7,575)	(5,983)	(1,592)	(58,268)	(53,850)	(4,418)	(71,800)	(13,532)
Less Pass-Through Expenses	(1,228)	(849)	(379)	(7,501)	(7,643)	143	(10,191)	(2,690)
Total Expenses	**1,317,507**	**630,107**	**687,399**	**9,474,335**	**5,670,967**	**3,803,369**	**14,561,289**	**5,086,954**
Current Year Excess/(Loss on) Revenue	**132,602**	**(3,428)**	**136,030**	**273,714**	**(30,852)**	**304,566**	**(7,041,136)**	**(7,314,850)**
COVID 2020 State Funding	**-**	**-**	**-**	**309,737**	**309,737**	**-**		
Excess/(Loss on) Revenue	**132,602**	**(3,428)**	**136,030**	**583,451**	**278,885**	**304,566**		

YAKIMA HEALTH DISTRICT
Preliminary Monthly Financial Summary by Program for September 2021
Budget YTD Percentage **75.00%**

												Yrly Budget Rev	**Yrly budget Exp**					
												7,520,153	**7,561,289**	**Original**				
						129.63%	**125.29%**					75.00%	75.00%					
		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	-	80	(80)		-	(703)	703				-	-	-	703				
100	Administrator & Health Officer	5,901	0	5,901		(45,608)	(220)	(45,387)	#			15,000	(2)	15,002	(60,389)	161,171	138,811	(22,360)	Investment Interest
110	Information Systems	-	-	-		33,000	33,000	-				-	-	-	-	69,656	60,425	(9,231)	
113	Strategic Planning and Partnership	15,210	2,823	12,387		146,100	36,814	109,286				201,816	86,590	115,226	(5,940)				
120	Community Health Administration	-	-	-		-	-	-				-	-	-	-	1,534	21,696	20,162	
130	Building, Fixtures	-	(0)	0		-	22	(22)				-	-	-	(22)	58,268	61,493	3,226	
150	EH Administration	-	-	-		-	6,272	(6,272)				-	-	-	(6,272)	37,207	42,594	5,387	
160	Business Management	-	-	-		-	(624)	624				-	-	-	624	299,356	254,747	(44,609)	
161	Bus Mgmt Unallocated	5,085	2,573	2,512		46,485	44,692	1,793				33,769	30,020	3,749	(1,955)				
170	Personnel	-	-	-		-	-	-				-	-	-	-	0	32,248	32,248	
171	Agency Training	-	-	-		-	11,494	(11,494)	#			10,875	13,598	(2,723)	(8,771)				Flexible Dollars
172	HR Legal/Sound Employment	-	-	-		-	-	-				4,875	-	4,875	(4,875)				
173	Kresge Contribution	-	-	-		50,000	191	49,809				-	60,375	(60,375)	110,184				Revenue received PY
221	SNAP ED	5,035	4,993	42		31,635	31,260	375				74,101	74,129	(28)	403				
223	Tobacco Prevention & Education	187	187	-		8,173	8,891	(718)				5,870	5,877	(7)	(711)				
225	Child Death Review	542	-	542		4,879	-	4,879				6,380	2,128	4,252	628				
290	Medicaid Admin Match- YHD	-	-	-		-	-	-				37,500	10,588	26,912	(26,912)				
309	Medical Records	707	268	439		6,060	2,213	3,847				6,000	4,949	1,051	2,796				
320	DOHCC - Immunizations	-	-	-		-	-	-				-	-	-	-				
321	DOHCC-Prenatal Hep B	-	-	-		-	-	-				-	-	-	-				
322	Immunization Promotion	481	671	(190)		1,633	3,533	(1,900)				9,408	9,430	(22)	(1,878)				Vaccine for Children
325	COVID 19 Response	175,417	172,834	2,583		3,474,962	3,955,860	(480,898)	#			894,321	896,000	(1,679)	(479,220)				COVID 19 Response
326	COVID 19 Vaccination	839	893	(53)		158,954	175,547	(16,593)	#			-	-	-	(16,593)				COVID 19 Response
327	COVID 19 Vaccination Federal	708,754	708,754	(0)		1,493,780	1,493,827	(47)				-	-	-	(47)				COVID 19 Response
328	COVID 19 Outbreak Response	29,738	30,069	(332)		29,738	30,069	(332)				-	-	-	(332)				COVID 19 Response
331	STD - DOH staff	277	1	276		8,734	6,256	2,479				10,719	10,712	8	2,471				
332	STD- Yakima	12,667	5,973	6,694		114,000	56,671	57,329				114,000	106,391	7,609	49,720				
349	Tuberculosis Program	20,629	17,375	3,254		153,392	131,547	21,846				198,176	146,877	51,299	(29,453)				
350	HIV Testing	-	143	(143)		-	933	(933)				-	-	-	(933)				
351	HIV PrEP	2,559	2,459	100		23,134	24,159	(1,025)				8,207	7,330	877	(1,902)				
352	Adult Viral Hepatitis	4,464	3,298	1,167		46,086	35,586	10,500				53,288	48,578	4,710	5,791				
390	Other Comm Diseases	35,583	8,147	27,436		359,250	87,835	271,415				320,250	254,937	65,313	206,102				
430	Colon Screening	-	-	-		1,505	1,368	137				-	-	-	137				
431	Breast/Cervical Cancer-Direct Services/Operation	57,668	52,878	4,790		545,934	518,602	27,333				440,835	440,462	373	26,959				
432	Komen Funding	-	-	-		-	-	-				-	-	-	-				
450	Wisewoman	556	595	(40)		16,595	18,463	(1,868)				74,246	73,141	1,105	(2,972)				New Porgram
520	Drinking Water	4,562	4,679	(117)		57,886	53,775	4,111				50,115	48,671	1,444	2,666				
522	Water Quality- Sanitary Survey	-	-	-		-	-	-				9,900	8,401	1,499	(1,499)				
523	DOE Well Drilling Inspections	-	2,496	(2,496)		10,175	32,847	(22,672)	#			22,500	20,661	1,839	(24,511)				Qrtrly Billing
530	Solid Waste Permits/Tonnage	3,168	3,583	(415)		131,959	62,004	69,955				40,875	39,328	1,547	68,408				
531	Solid Waste Nuisances	2,683	430	2,254		19,825	5,455	14,370				43,950	36,998	6,952	7,418				
532	Solid Waste Facilities	2,088	848	1,240		18,805	3,107	15,698				8,625	6,986	1,639	14,059				
533	Bio-Solids	108	124	(15)		975	1,244	(269)				4,725	3,159	1,566	(1,835)				
534	Proper Syringes Program Outreach	312	124	188		1,345	4,634	(3,289)	#			3,775	2,238	1,536	(4,825)				Reduced Revenue
540	OSS & Land Develop	29,506	35,404	(5,898)		277,280	336,603	(59,323)	#			290,788	282,357	8,430	(67,754)				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 September 2021
Budget YTD Percentage **75.00%**

Yrly Budget Rev	**Yrly budget Exp**	
7,520,153	**7,561,289**	**Original**
75.00%	75.00%	

129.63% **125.29%**

		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
550	Vector	667	140	527	6,000	1,311	4,689		9,750	7,412	2,338	2,351				
560	Food Inspections	29,730	25,659	4,071	280,950	224,615	56,335		315,750	294,328	21,422	34,913				
561	Food Education	766	2,228	(1,462)	44,198	11,286	32,912		41,250	32,887	8,363	24,549				
562	School Food Program	8,844	2,080	6,764	10,773	6,116	4,657		13,877	11,792	2,085	2,572				Annual Billing
563	Itinerant Food Program	4,006	4,701	(695)	11,591	16,544	(4,953)	#	27,510	26,002	1,508	(6,461)				Reduced Revenue
580	Water Recreation & Camps	17	3,693	(3,676)	43,035	24,723	18,312		43,258	41,811	1,447	16,865				
680	Developmental Disability	168,280	164,883	3,397	1,613,126	1,582,123	31,003		1,746,779	1,732,497	14,282	16,721				
681	Developmental Disability - Info/Ed	13,769	13,769	-	101,126	101,126	-		97,257	97,257	(0)	0				
710	Vital Records	20,571	14,006	6,564	146,755	124,877	21,878		163,500	163,979	(479)	22,358				
790	Epidemiology	983	430	553	64,646	56,314	8,331		8,850	7,056	1,794	6,537				
791	Lead Case Mgmnt	833	-	833	7,500	313	7,187		7,500	4,841	2,659	4,528				
794	PHEPR-Bio Terrorism	23,169	23,169	-	106,941	106,941	-		136,210	136,537	(327)	327				
811	Assessment	3,748	-	3,748	33,736	-	33,736		33,736	8,659	25,077	8,659				
888	Indirect Cost Rate Allocation	-	-	-	-	-	-		-	-	-	-				
900	Enhanced Program	50,000	47	49,953	51,000	4,821	46,179		-	375,000	(375,000)	421,179				
	GRAND TOTAL	**1,450,108**	**1,317,507**	**132,602**	**9,748,049**	**9,474,335**	**273,714**		**5,640,115**	**5,670,967**	**(30,852)**	**304,566**				

TOTALS BY DEPARTMENT

Personal Health Program	5,764	5,180	584	44,687	40,151	4,537	123,851	92,721	31,129	(26,593)
Breast & Colon Program	58,223	53,473	4,750	564,034	538,433	25,602	515,081	513,603	1,478	24,124
Adult Hepatitis Program	4,464	3,298	1,167	46,086	35,586	10,500	53,288	48,578	4,710	5,791
Communicable Disease Prog	993,215	948,017	45,198	5,929,519	6,025,077	(95,558)	1,611,167	1,457,181	153,986	(249,544)
Environ. Health Program	109,626	109,358	269	1,021,738	897,478	124,260	1,062,857	999,568	63,290	60,971
Developmental Disability Program	182,049	178,652	3,397	1,714,252	1,683,248	31,003	1,844,036	1,829,754	14,282	16,721
Admin & Support	21,111	2,823	18,288	133,493	68,992	64,501	216,816	86,588	130,228	(65,727)
Internal Serv- Vehicles/Copiers	-	80	(80)	-	(703)	703	-	-	-	703
Indirect cost Rate Allocation	-	-	-	-	-	-	-	-	-	-
Vital Records	20,571	14,006	6,564	146,755	124,877	21,878	163,500	163,979	(479)	22,358
Bus Mgmt Unallocated	5,085	2,573	2,512	46,485	44,692	1,793	33,769	30,020	3,749	(1,955)
Agency Trg/HR Legal	-	-	-	50,000	11,685	38,315	15,750	73,973	(58,223)	96,538
Enhanced Program	50,000	47	49,953	51,000	4,821	46,179	-	375,000	(375,000)	421,179
	1,450,108	**1,317,507**	**132,602**	**9,748,049**	**9,474,335**	**273,714**	**5,640,115**	**5,670,967**	**(30,852)**	**304,566**

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
COVID 19 Response
September 2021

	COVID 19 Response		Budget	
	Monthly	Annual	2021 Budget	Remaining
Revenue				
Public Health Funding	2,583	23,250	31,000	7,750
Federal	912,165	5,134,184	851,691	(4,282,493)
State	-	-	-	-
Current Year Total Revenue	**914,748**	**5,157,434**	**882,691**	**(4,274,743)**
COVID 2020 State Funding	-	309,737	309,737	-
Total COVID Revenue	**914,748**	**5,467,171**	**1,192,428**	**(4,274,743)**
Expenses				
Salaries & Wages	90,198	721,982	429,637	(292,345)
Benefits-Direct	29,475	248,722	147,800	(100,922)
Payroll Expense	119,673	970,704	577,437	(393,267)
Advertising/Promotional	2,100	211,262	150,000	(61,262)
Employee Recognition	-	-	-	-
Computer Expense	-	1,642	-	(1,642)
Copies & Printing	-	3,127	2,532	(595)
Janitorial Supplies	-	-	-	-
Office Supplies	-	11,530	500	(11,030)
Operating Supplies	-	25,124	-	(25,124)
Postage	-	4,176	3,000	(1,176)
Telephone	1,729	15,902	2,200	(13,702)
Professional Services - Health Officer	-	-	100,000	100,000
Professional Services - Legal	-	38,838	100,000	61,163
Professional Services - Other	766,990	3,643,639	85,000	(3,558,639)
Contracted Services	-	50,011	-	(50,011)
Client's Related Expenses	-	-	-	-
Interpreting Services	-	2,785	-	(2,785)
Laboratory & Pharmacy Supplies	475	19,032	1,000	(18,032)
Fuel	574	1,580	2,133	553
Membership Dues	-	108,408	-	(108,408)
Miscellaneous	211	3,569	1,344	(2,225)
Operating Rental & Leases	(1,310)	276,140	-	(276,140)
Rent Storage	-	-	-	-
Repair & Maintenance (Car/Bldg.)	-	-	-	-
Small Tools & Equip/Asset Repl.	562	31,712	1,000	(30,712)
Training	-	-	-	-
Travel	191	605	7,000	6,395
Utilities	-	-	-	-
Close Out Indirect Program	21,335	235,496	161,520	(73,976)
Total Expenses	**912,529**	**5,655,282**	**1,194,666**	**(4,460,616)**
Excess/(Loss on) Revenue	**2,219**	**(188,112)**	**(2,238)**	**185,874**
Expected Expenses to-date				
Columbia Safety		750,000		
Signal Health		68,000		
Starplexed		40,000		
Total Expected Expenses to-date		**858,000**		
Total Actual and Expected Expenses		**6,513,282**		

RCW 43.70.020

Department created.

(1) There is hereby created a department of state government to be known as the department of health. The department shall be vested with all powers and duties transferred to it by chapter 9, Laws of 1989 1st ex. sess. and such other powers and duties as may be authorized by law. The main administrative office of the department shall be located in the city of Olympia. The secretary may establish administrative facilities in other locations, if deemed necessary for the efficient operation of the department, and if consistent with the principles set forth in subsection (2) of this section.

(2) The department of health shall be organized consistent with the goals of providing state government with a focus in health and serving the people of this state. The legislature recognizes that the secretary needs sufficient organizational flexibility to carry out the department's various duties. To the extent practical, the secretary shall consider the following organizational principles:

(a) Clear lines of authority which avoid functional duplication within and between subelements of the department;

(b) A clear and simplified organizational design promoting accessibility, responsiveness, and accountability to the legislature, the consumer, and the general public;

(c) Maximum span of control without jeopardizing adequate supervision;

(d) A substate or regional organizational structure for the department's health service delivery programs and activities that encourages joint working agreements with local health departments and that is consistent between programs;

(e) Decentralized authority and responsibility, with clear accountability;

(f) A single point of access for persons receiving like services from the department which would limit the number of referrals between divisions.

(3) The department shall provide leadership and coordination in identifying and resolving threats to the public health by:

(a) Working with local health departments and local governments to strengthen the state and local governmental partnership in providing public protection;

(b) Developing intervention strategies;

(c) Providing expert advice to the executive and legislative branches of state government;

(d) Providing active and fair enforcement of rules;

(e) Working with other federal, state, and local agencies and facilitating their involvement in planning and implementing health preservation measures;

(f) Providing information to the public; and

(g) Carrying out such other related actions as may be appropriate to this purpose.

(4) In accordance with the administrative procedure act, chapter 34.05 RCW, the department shall ensure an opportunity for consultation, review, and comment by the department's clients before the adoption of standards, guidelines, and rules.

(5) Consistent with the principles set forth in subsection (2) of this section, the secretary may create such administrative divisions, offices, bureaus, and programs within the department as the secretary deems necessary. The secretary shall have complete charge of and supervisory powers over the department, except where the secretary's authority is specifically limited by law.

(6) The secretary shall appoint such personnel as are necessary to carry out the duties of the department in accordance with chapter 41.06 RCW.

RCW 43.70.040

Secretary's powers—Rule-making authority—Report to the legislature.

In addition to any other powers granted the secretary, the secretary may:

(1) Adopt, in accordance with chapter **34.05** RCW, rules necessary to carry out the provisions of chapter 9, Laws of 1989 1st ex. sess.: PROVIDED, That for rules adopted after July 23, 1995, the secretary may not rely solely on a section of law stating a statute's intent or purpose, on the enabling provisions of the statute establishing the agency, or on any combination of such provisions, for statutory authority to adopt any rule;

(2) Appoint such advisory committees as may be necessary to carry out the provisions of chapter 9, Laws of 1989 1st ex. sess. Members of such advisory committees are authorized to receive travel expenses in accordance with RCW **43.03.050** and **43.03.060**. The secretary and the board of health shall review each advisory committee within their jurisdiction and each statutory advisory committee on a biennial basis to determine if such advisory committee is needed;

(3) Undertake studies, research, and analysis necessary to carry out the provisions of chapter 9, Laws of 1989 1st ex. sess. in accordance with RCW **43.70.050**;

(4) Delegate powers, duties, and functions of the department to employees of the department as the secretary deems necessary to carry out the provisions of chapter 9, Laws of 1989 1st ex. sess.;

(5) Enter into contracts and enter into and distribute grants on behalf of the department to carry out the purposes of chapter 9, Laws of 1989 1st ex. sess. The department must report to the legislature a summary of the grants distributed under this authority, for each year of the first biennium after the department receives authority to distribute grants under this section, and make it electronically available;

(6) Act for the state in the initiation of, or the participation in, any intergovernmental program to the purposes of chapter 9, Laws of 1989 1st ex. sess.; or

(7) Solicit and accept gifts, grants, bequests, devises, or other funds from public and private sources.

[**2005 c 32 § 2**; **2001 c 80 § 2**; **1995 c 403 § 105**; **1989 1st ex.s. c 9 § 106**.]

NOTES:

Findings—Intent—2001 c 80: "(1) The legislature finds that developing, creating, and maintaining partnerships between the public and private sectors can enhance and augment current public health services. The legislature further finds that the department of health should have the ability to establish such partnerships, and seek out and accept gifts, grants, and other funding to advance worthy public health goals and programs.

(2) It is the intent of the legislature that gifts and other funds received by the department of health under the authority granted by RCW **43.70.040** may be used to expand or enhance program operations so long as program standards established by the department are maintained, but may not supplant or replace funds for federal, state, county, or city-supported programs." [**2001 c 80 § 1**.]

Findings—Short title—Intent—1995 c 403: See note following RCW **34.05.328**.

RCW 43.20.050

Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules.

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

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

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

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

(i) The design and construction of public water system facilities, including proper sizing of pipes and storage for the number and type of customers;

(ii) Drinking water quality standards, monitoring requirements, and laboratory certification requirements;

(iii) Public water system management and reporting requirements;

(iv) Public water system planning and emergency response requirements;

(v) Public water system operation and maintenance requirements;

(vi) Water quality, reliability, and management of existing but inadequate public water systems; and

(vii) Quality standards for the source or supply, or both source and supply, of water for bottled water plants;

(b) Adopt rules as necessary for group B public water systems, as defined in RCW **70A.125.010**. The rules shall, at a minimum, establish requirements regarding the initial design and construction of a public water system. The state board of health rules may waive some or all requirements for group B public water systems with fewer than five connections;

(c) Adopt rules and standards for prevention, control, and abatement of health hazards and nuisances related to the disposal of human and animal excreta and animal remains;

(d) Adopt rules controlling public health related to environmental conditions including but not limited to heating, lighting, ventilation, sanitary facilities, and cleanliness in public facilities including but not limited to food service establishments, schools, recreational facilities, and transient accommodations;

(e) Adopt rules for the imposition and use of isolation and quarantine;

(f) Adopt rules for the prevention and control of infectious and noninfectious diseases, including food and vector borne illness, and rules governing the receipt and conveyance of remains of deceased persons, and such other sanitary matters as may best be controlled by universal rule; and

(g) Adopt rules for accessing existing databases for the purposes of performing health related research.

(3) The state board shall adopt rules for the design, construction, installation, operation, and maintenance of those on-site sewage systems with design flows of less than three thousand five hundred gallons per day.

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

(5) All local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health.

In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not less than fifty dollars, upon first conviction, and not less than one hundred dollars upon second conviction.

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

[**2021 c 65 § 37**; **2011 c 27 § 1**; **2009 c 495 § 1**; **2007 c 343 § 11**; **1993 c 492 § 489**; **1992 c 34 § 4**. Prior: **1989 1st ex.s. c 9 § 210**; **1989 c 207 § 1**; **1985 c 213 § 1**; **1979 c 141 § 49**; **1967 ex.s. c 102 § 9**; **1965 c 8 § 43.20.050**; prior: (i) **1901 c 116 § 1**; **1891 c 98 § 2**; RRS § 6001. (ii) **1921 c 7 § 58**; RRS § 10816.]

NOTES:

Explanatory statement—2021 c 65: See note following RCW **53.54.030**.

Effective date—2009 c 495: "Except for section 9 of this act, this act is necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and takes effect immediately [May 14, 2009]." [**2009 c 495 § 17**.]

Findings—1993 c 492: "The legislature finds that our health and financial security are jeopardized by our ever increasing demand for health care and by current health insurance and health system practices. Current health system practices encourage public demand for unneeded, ineffective, and sometimes dangerous health treatments. These practices often result in unaffordable cost increases that far exceed ordinary inflation for essential care. Current total health care expenditure rates should be sufficient to provide access to essential health care interventions to all within a reformed, efficient system.

The legislature finds that too many of our state's residents are without health insurance, that each year many individuals and families are forced into poverty because of serious illness, and that many must leave gainful employment to be eligible for publicly funded medical services. Additionally, thousands of citizens are at risk of losing adequate health insurance, have had insurance canceled recently, or cannot afford to renew existing coverage.

The legislature finds that businesses find it difficult to pay for health insurance and remain competitive in a global economy, and that individuals, the poor, and small businesses bear an inequitable health insurance burden.

The legislature finds that persons of color have significantly higher rates of mortality and poor health outcomes, and substantially lower numbers and percentages of persons covered by health insurance than the general population. It is intended that chapter 492, Laws of 1993 make provisions to address the special health care needs of these racial and ethnic populations in order to improve their health status.

The legislature finds that uncontrolled demand and expenditures for health care are eroding the ability of families, businesses, communities, and governments to invest in other enterprises that promote health, maintain independence, and ensure continued economic welfare. Housing, nutrition, education, and the environment are all diminished as we invest ever increasing shares of wealth in health care treatments.

The legislature finds that while immediate steps must be taken, a long-term plan of reform is also needed." [**1993 c 492 § 101**.]

RCW 28A.210.140

Immunization program—State board of health rules, contents.

The state board of health shall adopt and is hereby empowered to adopt rules pursuant to chapter 34.05 RCW which establish the procedural and substantive requirements for full immunization and the form and substance of the proof thereof, to be required pursuant to RCW 28A.210.060 through 28A.210.170.

[1990 c 33 § 198; 1984 c 40 § 9; 1979 ex.s. c 118 § 9. Formerly RCW 28A.31.116.]

NOTES:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—Severability—1979 ex.s. c 118: See notes following RCW 28A.210.060.

RCW 28A.210.060

Immunization program—Purpose.

In enacting RCW 28A.210.060 through 28A.210.170, it is the judgment of the legislature that it is necessary to protect the health of the public and individuals by providing a means for the eventual achievement of full immunization of school-age children against certain vaccine-preventable diseases.

[1990 c 33 § 190; 1984 c 40 § 3; 1979 ex.s. c 118 § 1. Formerly RCW 28A.31.100.]

NOTES:

Severability—1984 c 40: See note following RCW 28A.195.050.

Effective date—1979 ex.s. c 118: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect on September 1, 1979." [1979 ex.s. c 118 § 13.]

Severability—1979 ex.s. c 118: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1979 ex.s. c 118 § 16.]

Immunization plan: RCW 43.70.525.

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Last Update: 8/31/21

HEALTH, DEPARTMENT OF

Chapters

AGENCY DESCRIPTION

COMMUNICABLE DISEASES

Washington State Board of Health

Briefing – Immunization Criteria

October 13, 2021

Sam Pskowski
Policy Advisor

RCW 28A.210

Child care and school entry requires one of the following:

- Proof of full immunization
- Initiation of and compliance with schedule
- Applicable Exemption

Exemptions

Medical

Religious

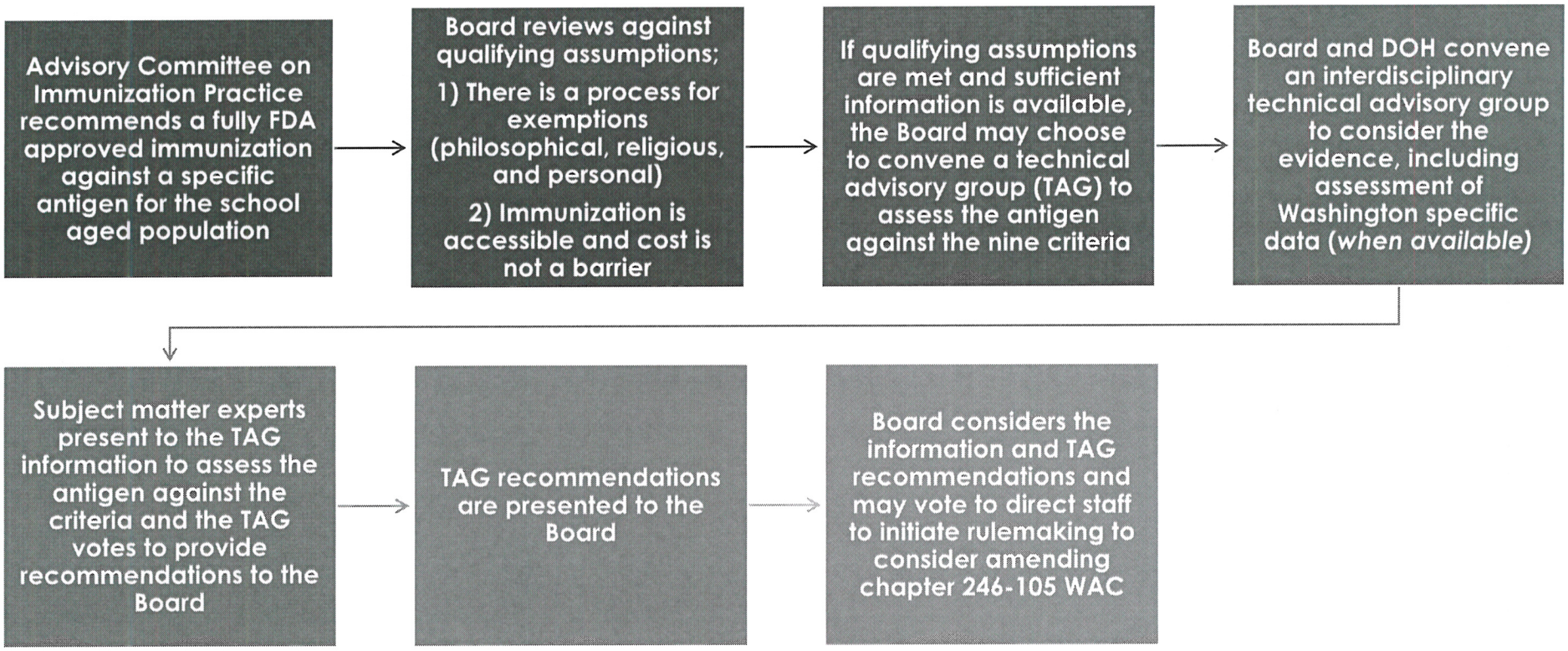
Philosophical or Personal*

* Philosophical or Personal exemption is not available for the measles, mumps, and rubella vaccine. RCW 28A.210.090(1)(c)

Board Rule – Chapter 246-105 WAC

- RCW 28A.210.140 requires the Board to adopt rules which establish the procedural and substantive requirements for full immunization.
- These rules establish the documentation of immunization status required for child care and school entry, including a list of vaccine preventable diseases a child is required to be vaccinated against, or show proof of acquired immunity for.
- In 2004, the Board convened the Immunizations Advisory Committee to develop criteria to guide decision making and provide a systematic approach to determining which immunizing agents are included in the rule.
- The Board adopted the criteria in 2006 and updated the criteria in 2017.

Board Process



Board Criteria Framework

John Stuart Mill in On Liberty wrote:

"The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant."

Board Criteria

The nine criteria are encompassed in three categories:

Vaccine Effectiveness

- A vaccine containing this antigen is recommended by ACIP and included on its Recommended Childhood & Adolescent Immunization Schedule
- The vaccine containing this antigen is effective as measured by immunogenicity and population-based prevention data in Washington State
- The vaccine containing this antigen is cost effective from a societal perspective
- Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

Disease Burden

- The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population
- Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or childcare setting or activity being given the highest priority

Implementation

- The vaccine containing this antigen is acceptable to the medical community and the public
- The administrative burden of delivery and tracking of vaccine containing this antigen are reasonable
- The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver

WASHINGTON STATE BOARD OF HEALTH

Working for a safer and healthier Washington since 1889

Immunization Advisory Committee:
Criteria for Reviewing Antigens for Potential Inclusion in WAC 246-105-030

The Washington State Board of Health (Board) has authority under RCW 28A.210.140 to adopt rules establishing the immunization requirements for child care or school entry.[1] WAC 246-105-030 outlines the antigens that children must be protected against for child care or school entry. The Board faces complex decisions about which antigens to include in the rules. As new vaccines are developed, some may be added to the Advisory Committee on Immunization Practices (ACIP) Recommended Childhood and Adolescent Immunization Schedule. In addition, antigens not already required for school and child care may be reviewed for potential inclusion in the immunization rule.

The Board considers factors other than those considered by the ACIP to address the unique needs of our state. The Board believes that approaching these decisions using Board developed rationale and criteria is the best method for protecting children and the community at large while balancing the interests of parents and families in Washington State.

In order to develop (and revise as needed) the criteria to guide this decision-making, the Board has engaged immunization stakeholders from public health, schools, child care, medicine, epidemiology, child advocacy, and medical ethics as well as consumers (parents). The Board established the Immunization Advisory Committee (IAC) in December 2005 to recommend criteria that a Technical Advisory Group (TAG) could use to evaluate which antigens to include in WAC 246-105-030 (Immunization of child care and school children against certain vaccine preventable diseases).

The original IAC met three times to develop the criteria and recommendations described in this report. In addition, between the second and third meeting of the IAC a TAG further refined the criteria and tested them against the pertussis antigen. The IAC reviewed and further refined the TAG's work at its final meeting in March 2006. These criteria were presented to the Board at the April 12, 2006 meeting.
The Board adopted the report as an interim report and asked that the TAG further refine the criteria and test them against three antigens (pertussis, tetanus, and diphtheria).

The TAG met on May 17, 2006. The results of the TAG deliberations were presented to and adopted by the Board on June 14, 2006. On July 11, 2017 the Board and Department of Health (Department) convened a separate TAG to evaluate the criteria and make recommendations to the Board regarding what updates should be made to the criteria. Board and Department staff presented the TAGs recommendations to the Board on November 9, 2017 and the Board adopted the recommended changes.

[1] Antigen means a substance, foreign to the body, which stimulates the production of antibodies by the immune system. Antigens include foreign proteins, bacteria, viruses, pollen and other materials.

FRAMEWORK

John Stuart Mill in On Liberty wrote, "The only purpose for which power can rightfully be exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant." This thesis has become known as the harm principle. The IAC endorsed the harm principle and interpreted it to mean that vaccine requirements for children entering child care and/or school are justifiable when without them:

- The state's obligation to protect the public's health and safety would be compromised.
- An individual's decision could place others' health in jeopardy;
- The state's economic interests could be threatened by the costs of care for vaccine preventable illness, related disability, or death, and by the cost of managing vaccine preventable disease outbreaks;
- The state's duty to educate children could be compromised.

ASSUMPTIONS

The IAC made two assumptions while drafting the criteria: (1) a process exists to opt out of immunization requirements by children attending either child care or school; and (2) vaccine(s) containing the antigen are accessible and that cost is not a barrier under the current system of universal purchasing, this would mean that the state purchases and distributes the vaccine.

PROCESS FOR REVIEWING ANTIGENS FOR POTENTIAL INCLUSION IN WAC 246-105-030

1. The Board reviews the proposed antigen to determine whether the two assumptions listed above have been met; whether there is adequate information specific to Washington State with which to evaluate the antigen against the nine criteria below; and whether there is some likelihood, based on a preliminary review, that the antigen might meet those criteria. Generally speaking the Board will wait until the Department of Health has made the vaccine containing the antigen(s) available to providers in Washington State.

2. If the Board determines that the assumptions above have been met, the Board will establish a TAG to review the antigen against the nine criteria below. For antigens that are part of a combination vaccine, each antigen will be considered separately against the criteria. The TAG must include representatives from the fields of public health, primary care, epidemiology, medical ethics, and representatives of diverse communities in Washington State. At the discretion of the Board sponsor, the TAG can also include consumers (parents); community members with diverse perspectives on immunizations; and representatives from the fields of school health, school administration, child care, child advocacy, immunization administration, and others important to the discussion and review. In addition to providing the TAG with current literature and other relevant information such as survey data, the Board will ask the Department of Health to supply current information about the antigen that is specific to Washington State.

3. At the TAG meeting(s) the Board sponsor is responsible for assuring (1) that each TAG member is provided with the opportunity to review and comment on if the antigen under consideration meets the framework and criteria and (2) that decisions about adding or removing antigens from the rule are based on the best available scientific evidence with

the understanding that the science will continue to evolve. Following this discussion each TAG member will be asked to provide their vote on whether or not they recommend that the Board add the antigen by initiating formal rule making. In addition to providing their vote, each TAG member will have an opportunity to provide comments about the antigen and how it does or does not meet the assumptions and criteria.

4. Board staff will provide the Board with the final vote tally, TAG Member ballot comments, and a brief summary of the TAG's deliberations on each of the nine criteria for consideration and possible action.

THE THREE CATEGORIES OF CRITERIA

The IAC grouped criteria into three categories: vaccine effectiveness, disease burden, and implementation.

NINE CRITERIA TO CONSIDER IN EVALUATING ANTIGENS

I. Criteria on the effectiveness of the vaccine

1. A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices and included on its Recommended Childhood & Adolescent Immunization Schedule.
2. The vaccine containing this antigen is effective as measured by immunogenicity[2] and population-based prevention data in Washington State, as available.
3. The vaccine containing this antigen is cost effective from a societal perspective.
4. Experience to date with the vaccine containing this antigen demonstrates that it is safe and has an acceptable level of side effects

II. Disease Burden Criteria

5. The vaccine containing this antigen prevents disease(s) that has significant morbidity and/or mortality in at least some sub-set of the population.
6. Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

III. Implementation of the Criteria

7. The vaccine containing this antigen is acceptable to the medical community and the public.
8. The administrative burdens of delivery and tracking of vaccine containing this antigen are reasonable.
9. The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

EXPLANATIONS FOR THE NINE CRITERIA

I. Criteria on the effectiveness of the vaccine

- A vaccine containing this antigen is recommended by the Advisory Committee on Immunization Practices (ACIP) and included on its recommended childhood and adolescent immunization schedule.

  The vaccine must be recommended by the ACIP. The ACIP reviews licensed vaccines. It makes recommendations for newly licensed vaccines and regularly updates its recommendations. Its process includes: (1) a review of the Food and Drug Administration (FDA) labeling/package inserts for each vaccine; (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data; (3) an assessment of cost effectiveness; (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups; (5) a review of the recommendations of other groups; and (6) a consideration of the feasibility of vaccine use in existing child and adult

[2] Immunogenicity means the ability of an antigen or vaccine to stimulate the body to produce an immune response. Vaccines often include antigens that stimulate an immune response to a particular disease but are not necessarily the same as the organism that would cause the disease.

immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal, and ethical concerns.

- The antigen is effective as measured by immunogenicity and population based prevention data in Washington State, as available.

  In the clinical development of a vaccine, the effectiveness of the vaccine is studied using FDA-approved research protocols that evaluate whether a vaccine protects individuals from contracting the disease in population-based studies or generates an immunologic response (immunogenicity) comparable to vaccines that have been shown to be effective in preventing disease. More information about its population-based effectiveness is gained from large trials and community-based analyses after FDA approval. There may or may not be effectiveness data from Washington State, but the disease prevalence and incidence in the state should be sought and reviewed.

- The vaccine containing this antigen is cost effective from a societal perspective.

  This analysis should consider both the costs of the immunization (e.g. antigen, storage, administration, medical and societal costs of adverse reactions to the immunization, etc.) and the benefits of the immunization (e.g. lives saved, medical and societal benefits of preventing adverse reactions from vaccine-preventable disease, etc.). This process may include consultation with an economist as resources allow. Vaccines may be cost effective without being cost saving. In other words, the direct costs of some vaccines (e.g. antigen, storage, administration) balanced against direct savings (e.g. medical care, disability, death) may not result in net savings. Societal or indirect costs (e.g. lost productivity of care takers of ill children) will also need to be taken into consideration. These costs are much harder to quantify. Not all vaccines recommended by the ACIP are cost saving or equally effective, so some determination of the vaccine's relative cost effectiveness may need to be made for comparison purposes when applying the criteria.

- Experience to date with the vaccine containing this antigen indicates that it is safe and has an acceptable level of side effects.

  Vaccinations are not without side effects. The known risks associated with each vaccine (or antigen) must be balanced against the risks of the disease. Vaccine safety will be evaluated using research and reports from: pre-licensure, the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink (VSD) project, and other reliable sources.

II. Disease Burden Criteria

- The vaccine containing this antigen prevents diseases with significant morbidity and/or mortality implications in at least some sub-set of the population.

  Vaccines have the potential to reduce, or in some cases even eliminate, diseases that can result in serious illness, long-term disability, or death. For example, before the measles immunization was available, nearly everyone in the United States contracted measles and an average of 450 measles-associated deaths were reported each year between 1953 and 1963. The morbidity/mortality burden of measles was not equal for all members of the population. Examples of significant morbidity measures include rates of hospitalizations, long-term disability, disease incidence, and disproportionate impact.

- Vaccinating against this disease reduces the risk of person-to-person transmission, with transmission in a school or child care setting or activity being given the highest priority.

  Having a large proportion of the population vaccinated with the antigen helps to stem person to person transmission of the disease (i.e., herd immunity). Even community members who are not vaccinated (such as newborns and those with chronic illnesses) are offered some protection because the high immunization rate results in the disease having less opportunity to spread within the community. Vaccinating children in school and/or child care can increase the percentage of children in these groups who are immune and thus reduce the risk of outbreaks of the disease in these groups and in the community at large. Special consideration of disease transmission in a school or child care setting or activity should be given the highest priority. For the purpose of this criterion, "activity" refers to school or child care extracurricular activities including, but not limited to, field trips, sports events, or other activities held on or off campus.

III. Implementation Criteria

- The vaccine is acceptable to the medical community and the public

  It is possible to gauge the level of provider acceptance of a vaccine by querying state professional societies such as the Washington Academy of Family Physicians and the Washington State Chapter of the American Academy of Pediatrics. Vaccine uptake data are also available from the Department of Health to determine provider use of the vaccine. While there is generally a good correlation between the levels of physicians' and the general publics' acceptance of particular vaccines, the TAG should consider additional ways of accurately gauging public acceptance of the particular vaccine. Adding an antigen to WAC 246-105-030 related to a vaccine with poor provider or public acceptance would likely be resisted. Postponing the regulation until there is greater approval of the vaccine would assure more effective policy.

- The administrative burdens of delivery and tracking of vaccines containing this (these) antigen(s) are reasonable.

  Many institutions and individuals are involved in implementation of the rule when the Board adds a new vaccine to WAC 246-105-030. These include: the Department of Health, the Department of Social and Health Services, the Office of Superintendent of Public Instruction (OSPI), local health jurisdictions, schools, child care, health plans, health care providers, and families. For each of these key players, there are issues that affect the feasibility of implementing an immunization recommendation. For example, introduction of a new vaccine can result in schools conducting more parental follow-up and making changes to record and information systems—this in turn can impact school staff workload. Assuring that a reasonable burden of work is present will enhance the effectiveness of the policy. The TAG includes representatives from affected parties such as OSPI, schools, and child care when assessing an antigen against this criterion.

- The burden of compliance for the vaccine containing this antigen is reasonable for the parent/caregiver.

  Parents and caregivers are often involved in obtaining vaccines for children. This can include: transporting children to medical appointments, taking time off of work for medical appointments, maintaining the child's immunization records, etc. When a vaccine is required for child care and/or school entry it affects the health decisions that parents make on their child's behalf because parents must, at the very least, take the required vaccine into account.

WASHINGTON STATE BOARD OF HEALTH

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Typical Phases of Agency Rulemaking Process

There are typically three phases in agency rulemaking: inquiry, proposal and adoption. The rule development process may take several months to a couple of years to complete, depending on the Board's resources, complexity of the issue, availability of data or information to complete any required analyses, and public interest in the rule.

The Inquiry Phase (CR-101)

The first phase of rulemaking is the inquiry. During this phase, the Board has identified a need to update or adopt a rule, and announces it is considering developing rules to address a certain issue. The inquiry phase is intended to allow interested parties the opportunity to participate in the rule development process from the beginning.

The inquiry phase begins once the Pre-Proposal Statement of Inquiry (CR-101) form has been filed with the Washington State Code Reviser's Office for publication in the Washington State Register. The CR-101 briefly describes the rule subject, an agency's authority to adopt rules on the topic and explains why rules may be needed. The CR-101 also identifies the person interested parties can contact to participate in rule development.

The intent of the CR-101 is to notify the public that the Board is planning to write rules on a particular subject, and invite the public to take part in the rule development. Once the Board files a CR-101 with the Code Reviser, we notify individuals who have requested to be informed about rulemaking activities, as well as public health partners, state government, and organizations that represent people and industries that may be impacted by the rule.

The Proposal Phase (CR-102)

The second phase of rulemaking is the proposal phase. During this phase, the Board develops the proposed changes to rule. Our policy advisors review federal and state laws and rules, gather data, conduct analyses, collect feedback from interested parties and the public, and circulate working drafts of the rule to interested people and technical experts. This feedback helps us develop alternative options, draft text, as well as cost-benefit or small business economic impact statements. From time to time, and as resources allow, the Board may convene ad-hoc technical advisory committees to help inform rule development. This phase culminates with the Board filing the official Proposed Rulemaking (CR-102) form with the Washington State Code Reviser's Office, which is published in the Washington State Register. The purpose of the CR-102 is announce the official public hearing and invite public comment on the proposed rule the Board is considering adopting.

The CR-102 form describes the proposed rule, and provides the proposed rule text, agency contact information, the intended adoption date, as well as public hearing details, the public comment deadline and the process for submitting comments. Depending on the rule proposal, our policy advisors may also

need to complete specific analyses. Staff must complete a small business impact statement if the proposed rules add more than minor costs for small businesses, and a cost-benefit analysis if the Board is adopting or changing a rule that is considered significant under the Administrative Procedures Act (APA). The CR-102 describes how interested parties may obtain a copy of any analyses.

Once the CR-102 is filed, we notify interested parties and invite them to participate in the formal comment period. The formal comment period includes a public rules hearing before the Board, that gives people the chance to comment on the proposed rule changes. People can provide their comments in writing prior to the hearing, or may provide them in person at the public hearing. At the conclusion of the official public comment period, the Board may adopt the rule. Staff summarize all comments received during the official public comment period. This summary is called a Concise Explanatory Statement and it is shared with those who submit comment during the formal comment period. The document becomes part of the official record.

The Adoption Phase (CR-103)

The adoption phase is the last step in the rulemaking process. The adoption phase begins after the formal public period closes and the Board votes to adopt the rule. Once the Board adopts the rule, staff completes a CR-103 Rulemaking Order form. The CR-103 documents the Board's action to officially adopt the rule, and notifies the public of the newly adopted rule. The CR-103 notice includes the full text of the adopted rule, and lets the public know when the rules will become effective. Staff files CR-103 form with the Washington State Code Reviser's Office for publication in the Washington State Register. The new rule becomes effective 31 days after the CR-103 is filed, unless the Board determines a different effective date.

The Board cannot adopt a rule prior to the date of intended adoption date published on the CR-102 form. If the Board does not file the CR-103 within 180 days of filing the CR-102, the Code Reviser's Office will withdraw it from the rulemaking process. We then must file a new CR-102 form to continue rulemaking on the same topic.

Sometimes the Board may use abbreviated rulemaking processes. State law allows agencies to use a couple of shortened rulemaking processes to adopt rules, which are used less often and only under certain circumstances. These rules are exempt from the cost benefit and small business economic impact statements, and may be exempt from the public hearing requirements.

Expedited rules (CR-105): this rulemaking is used to file rules in an expedited manner. There are limited circumstances for this type of rulemaking. The Board can use this process to adopt rules that:

- relate only to internal governmental operations that are subject to violation;
- incorporate by reference without material change federal statutes or regulations, or national consensus codes that generally establish industry standards
- correct typographical errors, make address or name changes or clarify rule language without changing its effect

Once a CR-105 is filed, there is a 45 day waiting period before the rule can be adopted. On the 46th day, or any day after that, the rule can be adopted and usually becomes effective 31 days later. This process doesn't require a public hearing, however if the Board receives an objection to using this process, it must file a CR-102 and hold a public hearing before adopting the rule If the Board doesn't receive any objection, staff file a CR-103 Rulemaking Order with the Code Reviser.

"Exception rules": This process exempts state agencies from filing a CR-101. This process is different than expedited because it includes a public hearing, and it is initiated with the filing of a CR-102 form. This process may be used for rules that:

- relate only to internal governmental operations that are subject to violation
- incorporate by reference without material change federal statutes or regulations, or national consensus codes that generally establish industry standards
- correct typographical errors, make address or name changes or clarify rule language without changing its effect
- have content that is explicitly dictated by statute
- adjust fees pursuant to legislative standards
- adopt, amend or repeal practices related to agency hearings or process requirements for licenses and permits

After the rules hearing and Board action to adopt the proposed rule, staff complete a concise explanatory statement and file a CR-103 order of adoption with the Code Reviser.

Emergency rules: An emergency rule is a rule that the Board may adopt that is necessary to protect the public's health, safety or welfare, or is required to comply with federal law or rule, or for federal deadline for state receipt of federal funds. These rule changes become effective immediately upon filing a CR-103E Rulemaking Order- Emergency form with the Washington State Code Reviser's Office and are effective for just 120 days. This rule is exempt from the filing of a CR-101, analytical and public hearing requirements.

RCW 34.05.350

Emergency rules and amendments.

(1) If an agency for good cause finds:

(a) That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest;

(b) That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule; or

(c) In order to implement the requirements or reductions in appropriations enacted in any budget for fiscal year 2009, 2010, 2011, 2012, 2013, or in an omnibus transportation appropriations act for the 2021-2023 biennium related to setting toll rates or ferry fares, which necessitates the need for the immediate adoption, amendment, or repeal of a rule, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the fiscal needs or requirements of the agency, the agency may dispense with those requirements and adopt, amend, or repeal the rule on an emergency basis. The agency's finding and a concise statement of the reasons for its finding shall be incorporated in the order for adoption of the emergency rule or amendment filed with the office of the code reviser under RCW **34.05.380** and with the rules review committee.

(2) An emergency rule adopted under this section takes effect upon filing with the code reviser, unless a later date is specified in the order of adoption, and may not remain in effect for longer than one hundred twenty days after filing. Identical or substantially similar emergency rules may not be adopted in sequence unless conditions have changed or the agency has filed notice of its intent to adopt the rule as a permanent rule, and is actively undertaking the appropriate procedures to adopt the rule as a permanent rule. This section does not relieve any agency from compliance with any law requiring that its permanent rules be approved by designated persons or bodies before they become effective.

(3) Within seven days after the rule is adopted, any person may petition the governor requesting the immediate repeal of a rule adopted on an emergency basis by any department listed in RCW **43.17.010**. Within seven days after submission of the petition, the governor shall either deny the petition in writing, stating his or her reasons for the denial, or order the immediate repeal of the rule. In ruling on the petition, the governor shall consider only whether the conditions in subsection (1) of this section were met such that adoption of the rule on an emergency basis was necessary. If the governor orders the repeal of the emergency rule, any sanction imposed based on that rule is void. This subsection shall not be construed to prohibit adoption of any rule as a permanent rule.

[**2021 c 333 § 717**; **2011 1st sp.s. c 2 § 1**; **2009 c 559 § 1**; **1994 c 249 § 3**; **1989 c 175 § 10**; **1988 c 288 § 309**; **1981 c 324 § 4**; **1977 ex.s. c 240 § 8**; **1959 c 234 § 3**. Formerly RCW **34.04.030**.]

NOTES:

Effective date—2021 c 333: See note following RCW **43.19.642**.