

**Chapter 70.46 RCW
HEALTH DISTRICTS**

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*Local health departments, provisions relating to health districts:
Chapter 70.05 RCW.*

RCW 70.46.020 Districts of two or more counties—District boards of health—Membership—Chair. (1) Except as provided in subsections (2) and (3) of this section, health districts consisting of two or more counties may be created whenever two or more boards of county commissioners shall by resolution establish a district for such purpose. Such a district shall consist of all the area of the combined counties. The district board of health of such a district shall consist of not less than five members for districts of two counties and seven members for districts of more than two counties, including two representatives from each county who are members of the board of county commissioners and who are appointed by the board of county commissioners of each county within the district, and members selected under (a) and (e) of this subsection, and shall have a jurisdiction coextensive with the combined boundaries.

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

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

- (A) Medical ethicists;
- (B) Epidemiologists;
- (C) Experienced in environmental public health, such as a registered sanitarian;
- (D) Community health workers;
- (E) Holders of master's degrees or higher in public health or the equivalent;
- (F) Employees of a hospital located in the health district; or
- (G) Any of the following providers holding an active or retired license in good standing under Title 18 RCW:
- (I) Physicians or osteopathic physicians;

- (II) Advanced registered nurse practitioners;
- (III) Physician assistants or osteopathic physician assistants;
- (IV) Registered nurses;
- (V) Dentists;
- (VI) Naturopaths; or
- (VII) Pharmacists;

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

(iii) Other community stakeholders. This category consists of persons representing the following types of organizations located in the health district:

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

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

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

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

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

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

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

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

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

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

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

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

(3) A local board of health comprised solely of elected officials and made up of three counties east of the Cascade mountains may retain their current composition if the local health jurisdiction has a public health advisory committee or board that meets the requirements established in RCW 70.46.140 for community health advisory boards by July 1, 2022. If such a local board of health does not establish the required community health advisory board by July 1, 2022, it must comply with the requirements of subsection (1) of this section. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section. [2021 c 205 § 5; 1995 c 43 § 10; 1993 c 492 § 247; 1967 ex.s. c 51 § 6; 1945 c 183 § 2; Rem. Supp. 1945 § 6099-11.]

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

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

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

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

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1967 ex.s. c 51: See note following RCW 70.05.010.

RCW 70.46.031 Districts of one county—District boards of health—Membership. (1) Except as provided in subsection (2) of this section, a health district to consist of one county may be created whenever the county legislative authority of the county shall pass a resolution or ordinance to organize such a health district under chapter 70.05 RCW and this chapter. The resolution or ordinance may

specify the membership, representation on the district health board, or other matters relative to the formation or operation of the health district. In addition to the membership of the district health board determined through resolution or ordinance, the district health board must also include the members selected under (a) and (e) of this subsection.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

(I) Physicians or osteopathic physicians;

(II) Advanced registered nurse practitioners;

(III) Physician assistants or osteopathic physician assistants;

(IV) Registered nurses;

(V) Dentists;

(VI) Naturopaths; or

(VII) Pharmacists;

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

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

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

(B) The business community; or

(C) The environmental public health regulated community.

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

(c) If the number of board members selected under (a) of this subsection is evenly divisible by three, there must be an equal number of members selected from each of the three categories. If there are one or two members over the nearest multiple of three, those members may be selected from any of the three categories. If there are two members over the nearest multiple of three, each member over the nearest multiple of three must be selected from a different category.

However, if the board of health demonstrates that it attempted to recruit members from all three categories and was unable to do so, the board may select members only from the other two categories.

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

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

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

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

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

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

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

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in RCW 70.46.140 for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section. [2021 c 205 § 6; 1995 c 43 § 11.]

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

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

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

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

RCW 70.46.060 District health board—Powers and duties. The district board of health shall constitute the local board of health for all the territory included in the health district, and shall supersede and exercise all the powers and perform all the duties by law vested in the county board of health of any county included in the health district. [1993 c 492 § 248; 1967 ex.s. c 51 § 11; 1945 c 183 § 6; Rem. Supp. 1945 § 6099-15.]

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1967 ex.s. c 51: See note following RCW 70.05.010.

RCW 70.46.080 District health funds. Each health district shall establish a fund to be designated as the "district health fund", in which shall be placed all sums received by the district from any source, and out of which shall be expended all sums disbursed by the district. In a district composed of more than one county the county treasurer of the county having the largest population shall be the custodian of the fund, and the county auditor of said county shall keep the record of the receipts and disbursements, and shall draw and the county treasurer shall honor and pay all warrants, which shall be approved before issuance and payment as directed by the board.

Each county which is included in the district shall contribute such sums towards the expense for maintaining and operating the district as shall be agreed upon between it and the local board of health in accordance with guidelines established by the state board of health. [1993 c 492 § 249; 1971 ex.s. c 85 § 10; 1967 ex.s. c 51 § 19; 1945 c 183 § 8; Rem. Supp. 1945 § 6099-17.]

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1967 ex.s. c 51: See note following RCW 70.05.010.

RCW 70.46.082 District health funds—Health district as custodian. (1) A health district, with the consent of the county legislative authority, the county treasurer, the county auditor, and the health district board, may act as custodian of funds, may keep the record of the receipts and disbursements, and may draw and may honor and pay all warrants or checks, which shall be approved before issuance and payment as directed by the board.

(2) The county may not charge a health district that does not utilize the option in subsection (1) of this section for those services provided. [2016 sp.s. c 3 § 1.]

RCW 70.46.085 County to bear expense of providing public health services. The expense of providing public health services shall be

borne by each county within the health district. [1993 c 492 § 250; 1967 ex.s. c 51 § 20.]

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1967 ex.s. c 51: See note following RCW 70.05.010.

Expenses of enforcing health laws: RCW 70.05.130.

RCW 70.46.090 Withdrawal of county. Any county may withdraw from membership in said health district any time after it has been within the district for a period of two years, but no withdrawal shall be effective except at the end of the calendar year in which the county gives at least six months' notice of its intention to withdraw at the end of the calendar year. No withdrawal shall entitle any member to a refund of any moneys paid to the district nor relieve it of any obligations to pay to the district all sums for which it obligated itself due and owing by it to the district for the year at the end of which the withdrawal is to be effective. Any county which withdraws from membership in said health district shall immediately establish a health department or provide health services which shall meet the standards for health services promulgated by the state board of health. No local health department may be deemed to provide adequate public health services unless there is at least one full time professionally trained and qualified physician as set forth in RCW 70.05.050. [1993 c 492 § 251; 1967 ex.s. c 51 § 21; 1945 c 183 § 9; Rem. Supp. 1945 § 6099-18.]

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

Severability—1967 ex.s. c 51: See note following RCW 70.05.010.

RCW 70.46.100 Power to acquire, maintain, or dispose of property—Contracts. In addition to all other powers and duties, a health district shall have the power to own, construct, purchase, lease, add to, and maintain any real and personal property or property rights necessary for the conduct of the affairs of the district. A health district may sell, lease, convey or otherwise dispose of any district real or personal property no longer necessary for the conduct of the affairs of the district. A health district may enter into contracts to carry out the provisions of this section. [1957 c 100 § 2.]

RCW 70.46.120 License or permit fees. In addition to all other powers and duties, health districts shall have the power to charge fees in connection with the issuance or renewal of a license or permit required by law: PROVIDED, That the fees charged shall not exceed the

actual cost involved in issuing or renewing the license or permit.
[1993 c 492 § 252; 1963 c 121 § 1.]

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

Short title—Savings—Reservation of legislative power—Effective dates—1993 c 492: See RCW 43.72.910 through 43.72.915.

RCW 70.46.140 Community health advisory boards—Membership—Meetings. (1) A community health advisory board shall:

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

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

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

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

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

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

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

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

(2) The advisory board shall consist of nine to 21 members appointed by the local board of health. The local health officer and a member of the local board of health shall serve as ex officio members of the board.

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

(a) Members with expertise in and experience with:

(i) Health care access and quality;

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

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

(iv) Business and philanthropy;

(v) Communities that experience health inequities;

(vi) Government; and

(vii) Tribal communities and tribal government;

(b) Consumers of public health services;

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

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

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

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

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

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

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

(9) Meetings of the advisory board are subject to the open public meetings act, chapter 42.30 RCW, and meeting minutes must be submitted to the local board of health. [2021 c 205 § 7.]

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