



King County

King County Meeting Agenda Board of Health

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

**Metropolitan King County Councilmembers: Julia Patterson, Chair;
Kathy Lambert, Vice Chair; Reagan Dunn,
Bob Ferguson, Larry Gossett, Pete von Reichbauer**

**Seattle City Councilmembers: Sally Clark, Nick Licata, Tom Rasmussen
Alternate: Richard Conlin**

**Suburban Elected Members: David Hutchinson, Ava Frisinger
Alternate: Dan Sherman**

**Health Professionals: Ray M. Nicola, MD, MHSA, FACPM,
Frankie T. Manning, RN, M.A. and George W. Counts, MD**

Staff: Helen Chatalas, Board Administrator (263-8560); Carrie Cihak, Lead Staff (296-0317)

Director, Seattle-King County Department of Public Health: Dr. David Fleming

Room 1001

September 18, 2008

1:30 PM

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of August 7, 2008**
5. **Public Comments**
6. **Chair's Report**
7. **Board Member Updates**
8. **Director's Report**

Briefings

9. **BOH Briefing No. 08-B21**
Public Health Financing Need and Potential Revenue Options
David Fleming, Director, Public Health - Seattle and King County



Sign language and communication material in alternate formats can be arranged given sufficient notice (296-1000).
TDD Number 296-1024.

ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.



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10. BOH Briefing No. 08-B22

Current Efforts to Educate the Public and Policymakers about the Consequences of Inadequate Public Health Funding.

John Wiesman, Director, Clark County Public Health

Jeff Killip, Managing Director, WSALPHO

Anne Tan Piazza, Director of Governmental Affairs, Communications & Membership, Washington State Nurses Association

Discussion and Possible Action

11. Resolution No. 08-09

A RESOLUTION approving the Board of Health's Plan to Educate the Public on the Value of Public Health.

Helen Chatalas, Board of Health Administrator

12. Resolution No. 08-10

A RESOLUTION adopting principles for health care reform.

Dorothy Teeter, Chief of Health Operations, Public Health - Seattle and King County

13. Resolution No. 08-08

A RESOLUTION amending the King County Board of Health Operating Rules and reappointing the current health professional members for another term.

Mary Snodgrass, Board of Health Policy Analyst

14. Administrator's Report

15. Other Business

16. Adjournment

If you have questions or need additional information about this agenda, please call 206-263-8560, or write to Helen Chatalas, Board of Health Administrator via email at helen.chatalas@kingcounty.gov



King County

King County Meeting Proceedings Board of Health

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Staff (296-0317)**

**Director, Seattle-King County Department of Public Health: Dr. David
Fleming**

Southwest Conference Room

August 7, 2008

1:30 PM

SPECIAL MEETING

DRAFT MINUTES

Resolution No. 08-03

A resolution adopting an emergency preparedness and response plan for the King County Board of Health.

1. Call to Order

The meeting was called to order at 1:39 p.m.

2. Roll Call

Present: Mr. Ferguson, Ms. Lambert, Ms. Patterson, Mr. von Reichbauer, Mr. Dunn, Ms. Clark, Mr. Rasmussen, Mr. Hutchinson, Dr. Counts and Mr. Gossett

Excused: Mr. Sherman, Ms. Frisinger, Dr. Nicola, Ms. Manning and Mr. Licata

3. Announcement of Any Alternates Serving in Place of Regular Members

There were no alternates serving in the place of regular members.

4. Approval of Minutes of July 17, 2008

The minutes of the regular and special meetings of July 17, 2008 were not considered.

Discussion and Possible Action

5. Resolution No. 08-07

A RESOLUTION on the 2009 King County department of public health budget and calling for an adequate, stable, dedicated, long-term financing source for public health.

Helen Chatalas, Board administrator, briefed the Board on the resolution and striking amendment S2.

Boardmember Clark moved striking amendment S2. Ms. Cihak noted a technical amendment on page 4, line 66, delete "an". The motion passed by a vote of 7 Ayes, 0 Noes and 6 Excused (Dunn, Gossett, von Reichbauer, Licata, Frisinger, Nicola).

Boardmember Clark moved title amendment T2. The motion passed by a vote of 7 Ayes, 0 Noes and 6 Excused (Dunn, Gossett, von Reichbauer, Licata, Frisinger, Nicola).

A motion was made by Ms. Clark, seconded by Mr. Hutchinson, that this matter be Passed. The motion carried by the following vote:

Votes: Yes: 7 - Mr. Ferguson, Ms. Lambert, Ms. Patterson, Ms. Clark, Mr. Rasmussen, Mr. Hutchinson and Dr. Counts
No: 0
Excused: 8 - Mr. von Reichbauer, Mr. Dunn, Mr. Sherman, Ms. Frisinger, Dr. Nicola, Ms. Manning, Mr. Gossett and Mr. Licata

Briefings

6. BOH Briefing No. 08-B20

Public Health financing

Carrie Cihak, lead staff, briefed the Board on public health financing options in Washington State and King County. Dr. David Fleming, Director of the Department of Public Health, answered questions of the Board.

Helen Chatalas, Board administrator, briefed the Board on state law on advocacy and possible steps boardmembers can take to educate state legislators on public health issues.

7. Adjournment

The meeting was adjourned at 3:32 p.m.

Approved this _____ day of _____.

Clerk's Signature

ITEM 9

Additional Materials Will be Distributed at Meeting



King County

Board of Health

Staff Report

Agenda item No:	9	Date:	September 18, 2008
Briefing No:	08-B21	Prepared by:	Carrie S. Cihak

SUBJECT

A BRIEFING on potential public health financing options.

SUMMARY of ANALYSIS

At the July 17, 2008 meeting of the Board of Health, Board members requested staff to provide them with any and all possibilities for financing of public health. The Board received a full briefing on staff's comprehensive review of revenue options at the August 7 meeting. The Board provided feedback on the options and requested that staff report back in September with a more concise list of options.

A table of 16 potential revenue options appears as Attachment 1 to this staff report. The list was compiled based on the following criteria:

- Would provide a reasonable amount of revenue to King County, arbitrarily defined by staff at \$40 million annually. A couple of revenue options that would raise smaller amounts are retained on the list based on interest expressed by Boardmembers.
- Would provide for adequate growth of funding.
- Appear reasonably feasible.

Potential revenue options are organized in the following categories:

- I. Existing Local Revenue Authority (4 options)
- II. Existing Local Revenue Authority Dedicated to Non-Public Health Purposes (1 option)
- III. New Local Option Revenue Authority (5 options)
- IV. New Statewide Revenue Sources (6 options)

Any of the options except those in Category I would require action by the State Legislature. As discussed at the August briefing, a solution to the public health financing challenge in King County may require some level of funding for all local public health jurisdictions statewide, plus a local option funding source.

ATTACHMENTS

1. Potential Public Health Financing Options

POTENTIAL PUBLIC HEALTH FINANCING OPTIONS

ATTACHMENT 1

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I. Existing Local Revenue Authority – 4 options

The State has already given the County authority to raise the revenues listed in this category, some of which require voter approval.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
1. Public Health Fees	Countywide \$ Varies Growth Fees can be established to cover growth in costs over a several year time horizon	- Most require majority vote of BOH	- State Law requires that fees cannot be in excess of program costs; a fee in one area cannot subsidize another program. - In some cases, fee increases may be at odds with other policy objectives (e.g., access to care regardless of ability to pay)	The City of Seattle recently passed legislation instituting a 20¢ bag fee, under responsibility given to the cities by the State to manage and reduce solid waste. The fee both encourages behavior change and covers the cost of regulation and waste reduction activities.

Existing Local Revenue Authority - Con't.

I. Existing Local Revenue Authority, con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>2. County General Fund Property Tax Lid Lift</p>	<p>Countywide \$ Every 1¢ raises about \$3.2 million</p> <p>5¢ = \$16.2 million 10¢ = \$32.4 million 15¢ = \$48.7 million 20¢ = \$65.0 million 25¢ = \$80.0 million</p> <p>Growth - Typically about 3% annually (1% plus new construction) - Voters can authorize higher growth rates (e.g., medical rate of inflation). - Initial levy rate can be established to cover growth in costs over a several year time horizon</p>	<p>- County Council must adopt ballot measure - Voters must approve by a majority</p> <p>- County regular levy can be up to \$1.80 per \$1000 assessed value. Current rate is about \$1.04, so there is about 75¢ capacity in the levy (\$240 million)</p>	<p>- Other levies will be on the ballot in 2009 (e.g., Seattle Pike Place Market, Seattle Parks, regional sales tax increase for Sound Transit).</p> <p>- Median residential assessed value/typical property tax in: Seattle: \$429K/\$4,128 Issaquah: \$460K/\$4,584 Shoreline: \$336K/\$4,042 Kent: \$268K/\$3,170</p> <p>- On a \$350K home, a 10¢ levy would increase property tax \$35 annually.</p> <p>- Increases in the King County levy can sometimes bump junior taxing districts and lessen their collections while effectively limiting the total tax assessment on individual households.</p>	<p>2008 County levies: EMS levy = 30¢ (through 2013) Parks = 5¢ (2013) Zoo/Open Space/Trails = 5¢ Vets/Human Services = 4¢ (2011) AFIS = 5¢ (2012) Flood District = 10¢ Ferry District = 5.5¢</p>

Existing Local Revenue Authority - Con't.



I. Existing Local Revenue Authority, con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>3. Countywide General Sales Tax</p>	<p>Countywide \$ 1/10 of 1% = \$50 million <u>Growth</u> Grows and fluctuates with the economy</p>	<p>- County reportedly has authority to levy an additional 3/10 of 1%, with voter approval - Revenues must be shared with cities and a portion must be spent on criminal justice</p>	<p>- Sound Transit will place a ballot measure before the voters in November 2009 to raise the sales tax by 5/10 of 1% - An additional 1/10 of 1% is estimated to cost the median-income household an additional \$25 annually</p>	<p>King County sales tax rate = 9% - 6.5% State - 1.0% Local - 0.1% Criminal Justice - 0.9% Metro Transit - 0.1% Mental Health/Chemical Dependency 9 states have equal or higher sales tax rates.</p>
<p>4. Other County taxing authorities? e.g., cell phone tax?</p>				

II. Existing Local Revenue Authority Dedicated to Non-Public Health Purposes – 1 option

The State has already given the County authority to raise the revenues listed in this category, but requires they be used for purposes other than public health. The State Legislature could take action to allow counties to use these revenues for public health.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>5. Countywide Real Estate Excise Tax</p> <p>This revenue source is <i>in addition</i> to the ½ of 1% that most cities and counties currently levy for parks.</p>	<p>Based on 2007 collections: Statewide \$ @ 1% = \$770 million, of which King County \$ @ 1% = \$340 million</p> <p><u>Growth</u> REET collections vary with the value of real estate sold and thus can be quite volatile year-to-year, but generally grow robustly over time.</p>	<ul style="list-style-type: none"> - Counties have authority to levy, with voter approval, a 1% REET for purchase and maintenance of conservation areas. - Counties that levy the 1% for conservation areas can also levy an additional ½ of 1% for affordable housing. - Would require a majority vote of the State legislature to expand allowable use of the revenue to Public Health. 	<ul style="list-style-type: none"> - Only one county (San Juan) has levied the 1% REET for conservation areas since it was established in 1990. - No county has levied the ½ of 1% for affordable housing. - Mitigation could be built in for 1st time home buyers. - County could impose less than the full 1% (e.g., ½ of 1%). 	<ul style="list-style-type: none"> - Current REET in most jurisdictions is 1.78%, levied on the sale of real property. - The State imposes a 1.28% REET statewide. - The County and most cities in the County impose ½ of 1% REET that is dedicated to parks capital needs.

III. New Local Option Revenue Authority – 5 options

The State Legislature could grant counties the authority to raise the revenues listed in this category.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>6. Countywide Public Health District with independent property tax authority</p>	<p>Countywide \$ Every 1¢ raises about \$3.2 million</p> <p>5¢ = \$16.2 million 10¢ = \$32.4 million 15¢ = \$48.7 million 20¢ = \$65.0 million 25¢ = \$80.0 million</p> <p><u>Growth</u> - Typically about 3% annually (1% plus new construction) - Voters can authorize higher growth rates (e.g., medical rate of inflation). Initial levy rate can be established to cover growth in costs over a several year time horizon</p>	<ul style="list-style-type: none"> - State would have to authorize creation of public health districts and property tax authority for them, similar to current authorities for public hospital districts. - The State could authorize the district board to enact taxes or could require a vote of the people. - A district board would have to be created that provide equal representation on the Board of all people in the district. 	<ul style="list-style-type: none"> - Considered by Chelan-Douglas BOH. - Other levies will be on the ballot in 2009 (e.g., Seattle Pike Place Market, Seattle Parks, regional sales tax increase for Sound Transit). - Median residential assessed value/typical property tax in: Seattle: \$429K/\$4,128 Issaquah: \$460K/\$4,584 Shoreline: \$336K/\$4,042 Kent: \$268K/\$3,170 - On a \$350K home, a 10¢ levy would increase property tax \$35 annually. - Increases in the King County levy can sometimes bump junior taxing districts and lessen their collections while effectively limiting the total tax assessment on individual households 	<p>2008 County Levies: EMS levy = 30¢ (through 2013) Parks = 5¢ (2013) Zoo/Open Space/Trails = 5¢ Vets/Human Services = 4¢ (2011) AFIS = 5¢ (2012)</p> <p>Flood District = 10¢ Ferry District = 5.5¢</p>

New Local Option - Con't



III. New Local Option Revenue Authority – Con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
7. Countywide Utility Tax	<p>Countywide \$ \$40 million @ 1% on utilities countywide</p> <p><u>Growth</u></p> <p>Collections would grow with expenditures on utilities countywide, reflecting usage, population, cost, and economic growth.</p>	<ul style="list-style-type: none"> - Requires majority vote of the State Legislature. - The State could require that the local tax authority be councilmanic or voter approved 	<ul style="list-style-type: none"> - Would be applied on top of city utility taxes. 	<p>City utility taxes vary both in terms of which utilities are taxed and the rates. Many cities impose a 6% tax, the statutory limit for most utilities.</p>
8. Motor Vehicle Excise Tax	<p>Countywide \$ \$122 million in 2001</p> <p><u>Growth</u></p> <p>Grows with growth in number and value of vehicles licensed.</p>	<ul style="list-style-type: none"> - Requires majority vote of the State Legislature. - The State could require that the local tax authority be councilmanic or voter approved - Could also be a Statewide source of revenue for public health 	<ul style="list-style-type: none"> - Repeal of the MVET led to a loss of \$10 million in Public Health, \$6 million in criminal justice, and \$106 million in transit. - State provided 0.2% local sales tax option for transit in lieu of MVET (King County voter approved). - State backfilled \$9.5 million in public health, but amount has not grown. 	<p>Existing vehicle fees for non-commercial cars:</p> <ul style="list-style-type: none"> - \$30 tab renewal fee - \$10 weight-based fee for most cars - Filing fee \$3.75 - RTA tax in King/Pierce/Sno counties: 0.3% of car value. On a 2006 Honda Element, this is about \$60.

New Local Option - Con't.

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III. New Local Option Revenue Authority – Con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>9. Bottled water/bottled beverage fee May be better considered as a new Statewide revenue.</p>	<p>Reportedly about \$6 million Statewide; requires further research.</p>	<ul style="list-style-type: none"> - Requires majority vote of the State Legislature. - The State could require that the local tax authority be councilmanic or voter approved - Could also be a Statewide source of revenue for public health - The ability to apply sales tax to bottled water is complicated by the Streamlined Sales & Use Tax compact. Rather than a retail sales tax, a fee would have to be applied at the wholesale level. 	<ul style="list-style-type: none"> - Prior to adoption of the product definitions in the Streamlined Sales and Use Tax compact, sales tax applied to bottled water in Washington State. 	<p>A litter fee is currently assessed on bottled beverages at the wholesale level.</p>
<p>10. Hazardous Substance Tax May be better considered as a new Statewide revenue.</p>	<p>At 0.7%, raises \$90 million statewide.</p>	<ul style="list-style-type: none"> - Requires majority vote of the State Legislature. - The State could require that the local tax authority be councilmanic or voter approved - Could also be a Statewide source of revenue for public health 	<ul style="list-style-type: none"> - Would apply on top of State tax. 	<p>The State Hazardous Substance Tax is administered by the Dept. of Ecology and is imposed on 8,000 petroleum, pesticide, and chemical products. Roughly half of the revenue goes for hazardous waste cleanup.</p>

IV. New Statewide Revenue Sources – 6 options

Under Initiative 960, any of these options requires: a 2/3 majority of the State Legislature, an advisory ballot of the people, and email notification to registered interested parties of any legislative action.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
11. Product-Specific Sales Tax <ul style="list-style-type: none"> - Car rental - Cigarettes and Tobacco - Liquor - Insurance Premiums 	<p><u>Statewide \$</u></p> <p><i>Car Rental</i>: at current rental levels, an additional 1% = \$20m</p> <p><i>Cigarettes</i>: at current sales levels, 10¢ per pack = \$20m. Additional tax could be collected on other tobacco products.</p> <p><i>Liquor</i>: at current sales levels, a 10% increase in all liquor taxes = \$20m.</p> <p><i>Insurance premiums</i>: at current sales levels, an additional 1% tax = \$190m.</p> <p><u>Growth</u></p> <p>Grows with underlying growth in each sector.</p>	<ul style="list-style-type: none"> - Requires 2/3 majority of State legislature - The Streamlined Sales & Use Tax compact limits the ability of the State impose product-specific sales taxes. Moreover, product-specific taxes must be Statewide; they are not available as local option sales taxes. 	<ul style="list-style-type: none"> - Most of these sectors already have additional sales tax rates applied to them. 	<ul style="list-style-type: none"> - Current tax rates on top of general sales tax: - Car Rental: 9.7% - Cigarettes: \$2.025/pack State tax + 39¢ federal tax - Tobacco: 75% - Liquor: 20.5% for consumers, 13.7% for restaurants + \$3.77/liter, other taxes for wine and beer - Insurance premiums: 2%

New Statewide Revenue Sources - Con't.

IV. New Statewide Revenue Sources – Con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
12. Elimination of Sales Tax Exemption on Medical Services	<p>State Revenue Share \$725 million, plus Local Revenue Share \$225 million, of which local jurisdictions in King County would receive \$75 million</p>	<p>- Requires 2/3 majority of State legislature</p>	<p>- Cannot be a local option.</p>	
13. Elimination of Sales Tax Exemption on Prescription Drugs	<p>State Revenue Share \$370 million, plus Local Revenue Share \$114 million, of which local jurisdictions in King County would receive \$38 million</p> <p><u>Growth</u> Grows sales in prescription drugs; broadly reflecting population growth and economy</p>	<p>- Requires 2/3 majority of State legislature</p>	<p>- Cannot be a local option.</p>	

New Statewide Revenue Sources - Con't.

IV. New Statewide Revenue Sources – Con't.

Description	Preliminary Revenue Estimate	Process/Authorities	Considerations	Comparisons
<p>14. Elimination of Sales Tax Exemption on Consumer Services (including detective, security, janitorial, custom software and securities broker services)</p>	<p>State Revenue Share \$362 million, plus Local Revenue Share \$137 million, of which local jurisdictions in King County would receive \$46 million</p> <p><u>Growth</u> Grows sales in consumer services, broadly reflecting population growth and economy</p>	<p>- Requires 2/3 majority of State legislature</p>	<p>- Cannot be a local option. Recommended by Washington State Tax Structure Study Committee (2002). Does not include professional, financial, and medical services.</p>	<p>Most states tax services in some form.</p>
<p>15. Elimination of Sales Tax Exemption on Candy & Gum</p>	<p>State Revenue Share \$30 million, plus Local Revenue Share \$10 million, of which local jurisdictions in King County would receive \$3.5 million</p> <p><u>Growth</u> Grows with sales in candy & gum, broadly reflecting population growth and economy</p>	<p>- Requires 2/3 majority of State legislature</p>	<p>- Cannot be a local option under the Streamlined Sales & Use Tax compact which requires that local rates be applied to the same tax base statewide.</p>	<p>29 other states tax candy & gum</p>
<p>16. Elimination of Sales Tax Exemption on Cosmetic Surgery</p>	<p>Requires more research</p>	<p>- See heading notes</p>	<p>- Same as above - Senator Kaiser sponsored a bill to eliminate this exemption in the 2005 legislative session (SB5451).</p>	<p>New Jersey has a cosmetic surgery tax, estimated to raise \$25 million.</p>

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Item 10

Materials will be distributed at meeting

ITEM 11



King County

King County Board of Health

Staff Report

Agenda item No:	11	Date:	September 18, 2008
Resolution No:	08-09	Prepared by:	Helen Chatalas

Subject

A RESOLUTION approving the Board of Health's Public Health Education Plan.

Purpose & Summary

At the August 7, 2008 Board of Health meeting, members passed Resolution No. 08-07 regarding public health financing. The Board subsequently requested that staff prepare a Public Health Education Plan with methods by which the Board of Health could educate others about the benefits of public health services, as well as the need for adequate, stable, dedicated, long-term state and local funding sources.

Resolution No. 08-09 approves a Plan by which the Board could educate the public about the benefits of public health services and the need for stable long term financing. The Plan proposes that this be done through formal and informal communications, public and private meetings, and the media. The goals and proposed work items follow.

Background

King County and other local public health jurisdiction are facing funding challenges. Over the past decade, federal and state revenues that support public health, such as the motor vehicle excise tax, have been eliminated, limited, or reduced. The County has been able to avoid deep cuts and sustain roughly the same level of services in public health by receiving additional contributions from the County's General Fund.

With the 2009 County general fund budget deficit having grown to \$90 million, reductions in critical local public health services of at least \$12 million are expected. Recognizing that one-time public health service cuts in 2009 will not solve the structural budget problem faced every year by King County, the Board of Health called on the state of Washington to provide adequate, stable, dedicated, long-term financing for local public health statewide and to provide financing options for local jurisdictions to protect, promote and provide for the health of the public.

Attachments

1. Proposed Resolution No. 08-09



KING COUNTY
Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

September 11, 2008

Resolution

Proposed No. 08-09.1

1 A RESOLUTION approving the Board of Health's Plan to
2 Educate the Public on the Value of Public Health.

3
4 WHEREAS, it is the responsibility of King County government to provide
5 regional public health services to the 1.8 million residents of King County, as well as the
6 hundreds of thousands of workers and tourists who enter the county each day, and

7 WHEREAS, state law vests in the King County Board of Health oversight of all
8 matters pertaining to the preservation of the life and health of the people of King County,
9 including the adoption of countywide public health policy, and the enactment and
10 enforcement of local public health regulations; and

11 WHEREAS, public health services safeguard and improve the health of
12 communities through organized efforts to: protect the public from natural and human-
13 made health threats; promote health by providing reliable information and an
14 environment in which people and communities can make informed decisions that impact
15 their health; and assure the provision of quality preventive and curative health services,
16 and

Resolution

17 WHEREAS, the cost of providing the same level of public health services
18 increases each year yet, federal and state revenues that support public health have been
19 eliminated, limited, or reduced, thus requiring significant increases in the level of county
20 general fund resources for public health services, and

21 WHEREAS, acknowledging that the projected 2009 general fund budget deficit
22 was nearing \$86.5 million, possibly requiring significant reductions in public health
23 services, the board adopted BOH Resolution 08-07, calling on the state of Washington to
24 provide adequate, stable, dedicated, long-term financing for local public health statewide
25 and to provide financing options for local jurisdictions to protect, promote and provide
26 for the health of the public, and

27 WHEREAS, through BOH Resolution 08-07, the board committed to working
28 with the King County executive, King County council, the city of Seattle and other cities
29 in King County and community, regional and state partners to educate the public about
30 the value of public health and the need for adequate, stable, dedicated, long-term state
31 and local funding sources;

32 NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King
33 County:

34 A. The Board of Health finds that increased education is key for the public to
35 recognize and value:

36 1. The benefits that public health services provide the entire King County
37 population every day through:

38 a. health protection services, such as restaurant and drinking water inspections
39 to ensure safe food and water, communicable disease control and the prevention of
40 HIV/AIDS, sexually transmitted diseases and tuberculosis;

41 b. health promotion services to prevent injuries and chronic diseases and to
42 maximize people's ability to make healthy choices; and

43 c. health provision services that ensure access to quality health care, such as
44 immunizations for children and adults that protect against the spread of communicable
45 diseases, primary care and oral health services that improve health and reduce disease in
46 low-income, vulnerable populations, family planning services that reduce unintended
47 pregnancies and sexually transmitted diseases, and child care facility health and safety
48 programs;

49 2. The magnitude to which public health centers serve our community's most
50 vulnerable populations, which, in 2007, was 143,025 people, of whom 107,096 were
51 below the poverty line and 44,657 had no insurance;

52 3. The role that King County and its public health centers play as part of a larger
53 health care safety net, which is facing financial crisis due to declining revenues and an
54 increasing number of uninsured, with over 140,000 uninsured residents in King County in
55 2008;

56 4. The impact such public health services as the women, infants, and children's
57 program that improves pregnancy outcomes and children's health and development
58 through food vouchers and nutrition education, and family support services that provide
59 assessment, education, skills-building and case management services to at-risk pregnant
60 women and families with children to assure that babies are born with the best

Resolution

61 opportunities to grow and thrive, have on reducing involvement in the criminal justice
62 system later in life; and

63 5. The consequences that reducing core public health functions, priority
64 services, and cross-cutting capabilities that are necessary to conduct 21st century public
65 health would have on:

66 a. providing clinical health preventive services to vulnerable populations;

67 b. immunizing the community to prevent and control the spread of
68 communicable diseases;

69 c. preventing and controlling chronic diseases, such as diabetes and asthma;

70 d. measuring and following health issues through our communities;

71 e. supporting and enhancing healthy families through family planning and
72 promotion of healthy development in young child and mothers;

73 f. helping people access the health care services they need; and

74 g. preparing for, and responding to, health emergencies.

75 B. The Board of Health approves the attached education plan that proposes

76

Resolution

77 numerous methods by which the Board of Health could educate the public about the
78 benefits of public health services.

79

Attachments None

ITEM 12



KING COUNTY
Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

September 11, 2008

Resolution

Proposed No. 08-10.1

A RESOLUTION adopting principles for health care reform.

WHEREAS, infant mortality, adolescent pregnancy, asthma hospitalizations, diabetes and heart disease, among other conditions, are more prevalent in King County in lower-income, minority and immigrant populations than in the population overall, and

WHEREAS, in accordance with the Public Health Operational Master Plan ("PHOMP"), King County's role in personal health care provision is to help assure access to high-quality health care for all populations and eliminate health disparities, and
and

WHEREAS, the PHOMP establishes a four-year goal for King County of increasing access to affordable, quality health care through convening and leading the development and implementation of improved community strategies to provide services, and

WHEREAS, King County must have sustainable, predictable, flexible, and adequate financing sources in order to fulfill this goal, and

WHEREAS, the PHOMP directs King County to increase financing stability by advocating for local, state and national health care reform, and

Resolution

WHEREAS, the state of Washington is considering health care reform, and has adopted criteria to review five health care reform proposals under Chapter 311, Laws of Washington 2008 (Engrossed Substitute Senate Bill 6333), and

WHEREAS, in November 2005, the residents of the city of Seattle passed Measure 1, directing the city to take a number of steps to secure quality health care for all residents of the city, including advocating for health care reform on the state and national levels, and

WHEREAS, the PHOMP sets out criteria for evaluating health reform plans, which incorporate those specified in Chapter 311, Laws of Washington 2008 and envisioned under Measure 1, and

WHEREAS, the principles and goals in the PHOMP form the basis for establishing criteria that can be used to evaluate health care plans and advocate for health system reform, and those criteria are aligned with Chapter 311, Laws of Washington 2008 and Measure 1;

NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King County:

A. The Board of Health reaffirms the long-term provision goal of the PHOMP to increase healthy years lived by people in King County and eliminate health disparities through access to affordable, appropriate and quality health care services, through convening and leading the development and implementation of improved community strategies to provide services;

B. The Board of Health finds that health care reform is necessary to build a well-functioning health care system and to achieve the long-term goals of the PHOMP; and

27

Resolution

C. The board adopts the principles included in Attachment A to this resolution, and directs the department to use them in evaluating health care reform proposals, and in advocating for health care reform with the state and federal governments.

Attachments A. BOH Health Reform Principles

BOH Health Reform Principles

Principle #1: Access for all

All people have access to affordable, comprehensive health care services on an equitable basis. All individuals are able to access the right care in the right place at the right time.

Principle #2: Quality health care

All health care is clinically appropriate and provided in a timely, safe, and patient-centered manner.

Principle #3: Financially sustainable

Health care financing is designed and allocated so as to provide permanent, stable, and sufficient funding for quality health care.

Principle #4: Responsive to patients and communities

Health services delivery systems are responsive to the needs of the communities they serve. Community members collaborate with health care systems to ensure the delivery of appropriate quality health care services.

Principle #5: Focus on health promotion and disease prevention

The best investments are those that prevent disease and promote good health in the most cost-effective manner.

Principle #6: Focus on achieving health equity

Health services delivery and financing systems employ strategies, policies, and interventions aimed at achieving health equity.

<p>Principle #1: Access for all</p> <p>All people have access to affordable, comprehensive health care services on an equitable basis. All individuals are able to access the right care in the right place at the right time.</p>	
<p><i>All people have access</i></p>	<ul style="list-style-type: none"> • Health care is available to everyone. It is not limited or denied based upon ability to pay, pre-existing conditions, gender, age, race, ethnicity, sexual orientation, immigration status, neighborhood, availability of transportation, or other factors.
<p><i>Affordable</i></p>	<ul style="list-style-type: none"> • Costs to individuals are based on the individual’s ability to pay.
<p><i>Equitable</i></p>	<ul style="list-style-type: none"> • Health care services are conveniently located and equitably distributed; facilities have adequate resources to provide preventive, diagnostic and treatment services.
<p><i>Comprehensive</i></p>	<ul style="list-style-type: none"> • A uniform set of benefits or services is guaranteed and equally available to all people on the basis of clinical need and includes among others, medical, preventive, mental health, substance abuse, dental, vision, reproductive health, and end of life care.
<p>Principle #2: Quality health care</p> <p>All health care is clinically appropriate and provided in a timely, safe, and patient-centered manner.</p>	
<p><i>Clinically appropriate</i></p>	<ul style="list-style-type: none"> • Health care services meet the most current scientific and clinical standards. • Benefit design and financial incentives are linked to clinically appropriate care and improvement of patient health outcomes.
<p><i>Patient-Centered</i></p>	<ul style="list-style-type: none"> • Patients have a health care “home” which provides primary care and coordinates specialized health care services. • Health practitioners and patients have access to up to date, evidence-based information to make decisions about health care treatments and options without undue third party interference.

<p>Principle #3: Financially sustainable</p> <p>Health care financing is designed and allocated so as to provide permanent, stable, and sufficient funding for quality health care.</p>	
<p><i>Cost-effective health care delivery systems</i></p>	<ul style="list-style-type: none"> Practitioners and health care systems incorporate efficient health care delivery practices to increase value and reduce waste (e.g., electronic health records, care coordination, etc).
<p><i>Efficiency</i></p>	<ul style="list-style-type: none"> Administrative systems, including payment mechanisms, are non-duplicative and easy to use. Financial incentives are designed to produce an efficient care delivery system with rational cost controls.
<p><i>Risk Sharing</i></p>	<ul style="list-style-type: none"> In an insurance system, risks are shared as broadly as possible across populations.
<p>Principle #4: Responsive to patients and communities</p> <p>Health services delivery systems are responsive to the needs of the communities they serve. Community members collaborate with health care systems to ensure the delivery of appropriate quality health care services.</p>	
<p><i>Collaboration</i></p>	<ul style="list-style-type: none"> Community members, including patients, participate in the development of health services design, delivery and evaluation. The health care system is integrated with community services that promote health, including services that assist people with special needs. Health information is widely and effectively disseminated (e.g., community newspapers, schools, libraries, on-line, etc.).
<p><i>Accountability</i></p>	<ul style="list-style-type: none"> Financing systems, practitioners, health systems, and public agencies operate transparently. The health care system collects and publicly reports performance data on access to and quality of care at both the system and provider level.

<p>Principle #5: Focus on health promotion and disease prevention</p> <p>The best investments are those that prevent disease and promote good health in the most cost effective manner.</p>	
<p><i>Health promotion</i></p>	<ul style="list-style-type: none"> • Local public health and health care services support one another and are part of state, regional and national strategies to increase healthy years lived. • Health care providers incorporate health promotion strategies in their individual practices. • The health care system encourages and provides incentives to patients to actively participate in promoting and maintaining their own health.
<p><i>Disease prevention</i></p>	<ul style="list-style-type: none"> • Evidence-based, preventive services, including screenings and immunizations, are available to all individuals.
<p>Principle #6: Focus on achieving health equity</p> <p>Health services delivery and financing systems employ strategies, policies, and interventions aimed at achieving health equity.</p>	
<p><i>Achieving health equity</i></p>	<ul style="list-style-type: none"> • Health care services are sensitive and responsive to patient needs and cultural norms. • Health care systems collaborate with local public health, education, social services, and other community based programs to support state, regional and national strategies to increase healthy years lived and achieve health equity. • Public health system collects and reports data on the health status of the population, with a specific focus on health equity.

ITEM 13



King County

King County Board of Health

Staff Report

Agenda item No:	13	Date:	September 18, 2008
Resolution No:	08-08	Prepared by:	Mary Snodgrass

Subject

A RESOLUTION amending the King County Board of Health Operating Rules and reappointing the current health professional members for another term.

Purpose and Summary

In accordance with the King County Board of Health Operating Rules, there are three health professionals who serve on the Board of Health. Also in accordance with the Operating Rules, the health professionals serve two-year terms and are limited to three terms on the Board, or a total of six years. The current health professional members of the Board—Dr. Ray M. Nicola, Dr. George W. Counts, and Frankie T. Manning, RN—have each served six years on the Board of Health.

Resolution 08-08 would amend the Operating Rules to remove the term limits on health professional members of the Board, and reappoint the current health professionals to the King County Board of Health for an additional two-year term.

Background

The King County Board of Health Operating Rules provide that two health professionals shall be appointed to the Board of Health by the other members of the Board, and that one of the health professionals should have knowledge of environmental health. Additionally, a third health professional may also be appointed as a non-voting member.

Dr. Ray M. Nicola currently serves as a voting health professional member of the Board with knowledge of environmental health. Dr. Nicola has considerable experience in environmental health, preventive medicine, and health policy development. During his tenure on the Board of Health, Dr. Nicola's activities and accomplishments include serving on several Board of Health committees, including the Onsite Wastewater committee, and updating and revising the Code of the King County Board of Health.

Dr. George W. Counts currently serves as a voting health professional member of the Board. Dr. Counts has considerable experience in health policy development, medicine, and epidemiology. During his tenure on the Board of Health, Dr. Counts' activities and accomplishments include serving as Vice Chair of the King County Board of Health, Chair of the HIV/AIDS committee, Chair of the Provision Committee, representing medical professionals at PHOMP steering committee meetings, and updating and revising the Code of the King County Board of Health.

Frankie T. Manning, RN, MA, currently serves as the non-voting health professional member of the Board, and as an alternate for the other two health professional members. Ms. Manning has considerable experience in health policy development, acute care, and population-based services. During her tenure on the Board, Ms. Manning's activities and accomplishments include serving as liaison to the State Board of Health, as well as serving on the personal health services fee committee and the school obesity prevention committee.

Board of Health Resolution 08-08

Through Resolution 08-08, the Board of Health would:

- A. Amend the Board of Health Operating Rules to remove the term limits on health professional members.

- B. Reappoint the current health professional members—Dr. Nicola, Dr. Counts, and Ms. Manning—to another two-year term, effective January 1, 2009. Dr. Nicola would continue to serve as the health professional with knowledge of environmental health. Ms. Manning would continue to serve as the non-voting health professional member.

ATTACHMENTS

1. BOH Resolution 08-08
2. Attachment A to BOH Resolution 08-08—King County Board of Health Operating Rules



Signature Report

September 10, 2008

Resolution

Proposed No. 08-08.1

1 A RESOLUTION amending the King County Board of
2 Health Operating Rules and reappointing the current health
3 professional members for another term.
4

5 WHEREAS, Dr. George Counts, Dr. Bud Nicola, and Ms. Frankie Manning are
6 the current health professional members of the King County Board of Health and have
7 each served three two-year terms over the past six years, and

8 WHEREAS, the Board of Health Operating Rules state that the terms of all health
9 professional members may be renewed for a period not to exceed a total of six years, and

10 WHEREAS, the King County Board of Health desires to reappoint the current
11 health professional members to another two-year term;

12 NOW, THEREFORE, BE IT RESOLVED by the Board of Health of King
13 County:

14 A. King County Board of Health Operating Rules, Attachment A to this
15 resolution, section entitled "Health Professional Members" is hereby amended as follows:

16 On page 3, line 38, delete "Terms of all health professional members may be
17 renewed for a period not to exceed a total of six years."

36

Resolution

18 B. The King County Board of Health reappoints current health professional
19 members – Dr. George Counts, Dr. Bud Nicola and Ms. Frankie Manning –to another
20 two-year term.

21 C. This resolution takes effect January 1, 2009.

22

Attachments A. King County Board of Health Operating Rules

1 **King County Board of Health**
2 **OPERATING RULES**

3
4
5 **MEETINGS**

6
7 **Regular Meeting.** The time of regular meetings of the Board shall be at 1:30 p.m. on the
8 third Thursday of each month or, if the third Thursday falls on or near a legal holiday, an
9 alternative date will be determined by the Board Chair. Any regular meeting of the
10 Board may be cancelled at the discretion of the Chair. Regular meetings shall be held in
11 the Chambers of the Metropolitan King County Council in the King County Courthouse.
12

13 **Special Meeting.** The Chair or two-thirds of the members of the Board may call a special
14 meeting of the Board consistent with the provisions of RCW 42.30.080.

15
16 **Executive Session.** The Board may hold executive sessions from which the public may be
17 excluded for purposes set forth in, and in compliance with, RCW 42.30.110.
18

19 **Quorum.** A majority of all voting Board members shall constitute a quorum for Board
20 meetings. Once established, a quorum is presumed to exist unless a member calls the
21 quorum into question. Nothing in this provision shall be construed to waive or negate the
22 requirements prescribed under the "VOTING" section of these Operating Rules.
23

24 **Absence.** Board members shall notify the Chair in advance if unable to attend any regular
25 meeting of the Board. A Board member, who is an elected official appointed by an official
26 or authority which also has appointed alternates, shall arrange for an alternate to attend
27 meetings from which the regular member will be absent.
28

29 **Tape Recordings.** The proceedings of all Board meetings shall be recorded electronically.
30 The Chair shall notify witnesses that their testimony is being recorded. Board committee
31 meetings may, but are not required to be, recorded.
32

33 **Copies of Tape Recordings.** Any person may have an electronic recording of any meeting
34 of the Board by furnishing an appropriate recording tape to the Director's Office of the
35 Seattle-King County Department of Public Health and paying the costs of reproduction.
36

37 **Minutes.** Written minutes of each Board meeting shall be prepared and approved by the
38 Board at the subsequent regular meeting. Minutes shall be signed by the Chair at the time of
39 their approval by the Board.
40

41 **Meetings Open to Public.** All regular and special meetings of the Board and Board
42 committee meetings shall be open to the public, in accordance with RCW 42.30. The Board
43 may order the removal of individuals who are interrupting the meetings and may adjourn
44 and reconvene in another location as provided in RCW 42.30.050.
45

46 **Public Notice of Regular Meetings of the Board.** The agenda for regular meetings of the
47 Board will be mailed at least 7 days in advance of the meeting to persons who have
48 requested that they receive Board notices. Notice of the agenda for each regular meeting

1 shall be communicated prior to the meeting via press release to the electronic and print
2 media throughout the County.

3
4 **Materials to Board Members.** Except in cases of emergency, the agenda and materials
5 related to action items shall be sent to Board members at least 7 days in advance of the
6 meeting at which the items will be considered.

7
8 **OFFICERS**

9
10 **Chair.** Consistent with RCW 70.05.040, at the first meeting, and thereafter, annually, the
11 Board shall elect a chair to serve for a period of one year. The Chair shall perform the usual
12 functions of a presiding officer.

13
14 **Powers and Duties of the Chair.** The Chair shall have the following powers and duties:

- 15
16 1. The Chair shall call the Board to order at the hour appointed for meeting and if a
17 quorum is present, shall cause the minutes of the previous meeting to be approved,
18 shall proceed with the order of business and adjourn the Board when business is
19 deemed finished, and if a quorum is not present, shall proceed with such business
20 which does not require a quorum;
21
22 2. The Chair shall preserve order and decorum at all regular and special meetings of the
23 Board and in the interest of efficiency may impose time limits for the testimony and
24 comments given by the public and members of the Board;
25
26 3. The Chair shall promote efficient operation of the Board, including setting the
27 agenda and expediting orderly debate and the passage of routine motions;
28
29 4. The Chair shall sign meeting minutes and rules and regulations at the time of their
30 adoption by the Board;
31
32 5. The Chair may speak to points of order, inquiry or information in preference to other
33 members and shall decide all questions of order, subject to appeal to the Board by
34 any member;
35
36 6. The Chair may call a special meeting of the Board consistent with the provisions of
37 RCW 42.30.080;
38
39 7. The Chair may alter the order of the agenda if necessary for the efficient disposition
40 of business;
41
42 8. The Chair may create and/or appoint the membership to standing and ad hoc
43 committees of Board members and outside committees of Board members and other
44 persons to facilitate the performance of the Board's functions.

45
46 **Vice Chair.** Annually, the Board will designate four Vice Chairs, each representing one of
47 the major categories of membership -- Metropolitan King County Council, Seattle City
48 Council, Suburban Cities, and Health Professionals -- who, in the absence of the Chair, will
49 exercise the duties, powers and prerogatives of the Chair on a rotating basis.

1
2 **Executive Secretary and Administrative Officer of the Board.** The Director of Health or
3 his or her designee shall act as Executive Secretary and Administrative Officer for the Board
4 and shall be responsible for administering the operations of the Board.
5

6
7 **MEMBERS**
8

9 **Total Membership.** Pursuant to Metropolitan King County Council Ordinance 13872, the
10 Board shall have a total of 14 members of whom 13 shall be voting members and 1 a
11 nonvoting member.
12

13 **Elected Official Members.** Pursuant to Metropolitan King County Council Ordinance
14 13872, there shall be eleven voting members of the Board who are elected officials
15 appointed to the Board as follows:

- 16 a. Six shall be members of the Metropolitan King County Council who are appointed
17 by the Chair of the Council;
18 b. Three shall be elected officials of the City of Seattle who shall be appointed by the
19 City;
20 c. Two shall be elected officials from cities of King County other than Seattle to be
21 appointed by the Executive from nominations submitted by those cities, individually
22 or jointly.
23

24 **Health Professional Members.** Pursuant to Metropolitan King County Council Ordinance
25 13872, there shall be two members of the Board who are health professionals who shall be
26 appointed by the other members of the Board. One of the health professionals should have
27 knowledge of environmental health, including knowledge of septic systems and
28 groundwater quality. A third nonvoting member, who shall be a health professional, may be
29 appointed by the other members of the Board. These members shall be from diverse
30 backgrounds such as, for example, community health clinics, traditional medical practice,
31 and alternative medicine or naturopathy. Health professional position vacancies shall be
32 advertised to members of the public and health professional members shall be selected in a
33 competitive process using criteria determined by the Board.
34

35 Pursuant to Metropolitan King County Council Ordinance 13872, the term of office of
36 health professional members of the Board shall be determined by the Board.
37

38 Terms of all health professional members may be renewed for a period not to exceed a total
39 of six years.
40

41 **Alternates.** Each official or authority which appoints elected officials to represent the
42 Board from the County Council, the City of Seattle and the Suburban Cities may also
43 appoint an alternate member to serve in the absence of a regular member. Appointment of
44 alternates shall be in accordance with the procedures established by such authority.
45 Pursuant to Metropolitan King County Council Ordinance 13872, if the Board appoints a
46 third nonvoting health professional member, that member shall serve as an alternate for the
47 two voting health professional members. Appointments of alternates shall be announced at
48 the beginning of each meeting by a person authorized by the appointing official or authority
49 and shall be duly noted in the minutes.

1
2 **Legal Counsel.** The King County Prosecuting Attorney shall serve as legal counsel to the
3 Board. The Board Chair shall request that the Prosecuting Attorney or his or her designee
4 attend all regular Board meetings and such other meetings as requested by the Chair. Any
5 member of the Board may, at any time, during a meeting at which the Prosecuting Attorney
6 or his or her designee is present, request an oral or written opinion to decide any question of
7 law pertinent to the business of the Board.

8
9 **Vacancies.** Consistent with RCW 70.05.040, vacancies on the Board shall be filled by
10 appointment within thirty days and made in the same manner as was the original
11 appointment.

12
13
14 **BOARD BUSINESS**

15
16 **Order of Business.** Subject to the discretion of the Chair, the Board shall dispose of
17 business in the following order:

- 18
19 1. Call to Order
20 2. Approval of Minutes
21 3. General Public Comments
22 4. Chair's Report
23 5. Director of Health's Report
24 6. Rulemaking
25 a. Public Hearing
26 b. Discussion and Vote
27 7. Discussion and Vote on Other Action Items
28 8. Other Business

29
30 **Agenda.** The agenda of regular meetings shall be established by the Chair.

31
32 **Business Not on the Agenda.** The Board shall not vote on any item of business that does
33 not appear on the agenda. This requirement may be suspended by an affirmative vote of a
34 majority of the number of Board members necessary to constitute a quorum.

35
36 **VOTING**

37
38 **Action on Rules and Regulations.** An affirmative vote of a majority of the members of
39 the Board shall be required to adopt, amend or repeal rules and regulations, except that
40 pursuant to Metropolitan King County Council Ordinance 12098, in addition:

- 41
42 a. Any repeal or amendment of an existing rule or regulation which was effective prior
43 to January 1, 1996, which applies outside of the limits of the City of Seattle shall be
44 adopted only by an affirmative vote of a majority of the Board as well as an
45 affirmative vote collectively of a majority of the King County Councilmembers and
46 the Suburban City members.
47
48 b. Any amendment or repeal of an existing rule or regulation adopted by the Board of
49 Health of the City of Seattle and effective prior to January 1, 1996 shall be adopted

1 only by an affirmative vote of the majority of the Board as well as an affirmative
2 vote of the majority of the members appointed by the City of Seattle.

3
4 **All Other Board Actions Requiring a Vote.** An affirmative vote of a majority of the
5 number of Board members necessary to constitute a quorum shall be required for all actions
6 of the Board that require a vote other than actions adopting, amending or repealing rules and
7 regulations.

8
9 **Roll Call.** The yeas and nays will be taken on final passage of all Board rules and
10 regulations, resolutions, and other motions when called for by any Board member present or
11 upon a request of the Chair.

12
13 **Voting By Proxy.** There will be no voting by proxy on any question before the Board.

14
15 **Tie Vote.** In the event of a tie vote, the action does not pass.

16
17
18 **PROCEDURES FOR ADOPTING, AMENDING OR REPEALING RULES AND**
19 **REGULATIONS OF THE KING COUNTY BOARD OF HEALTH**

20
21 **Official Rulemaking Procedures in Code.** The Board shall conduct rulemaking in
22 compliance with RCW Chapter 42.30 (Open Public Meetings Act), Metropolitan King
23 County Council Ordinance 13872 and Title 2 of the Code of the King County Board of
24 Health.

25
26 **Notice and Hearing.** Prior to the adoption, amendment or repeal of any rule or regulation,
27 the Board shall conduct a public hearing on the subject of the proposed rule or regulation at
28 a regular or special meeting of the Board. The Board shall provide at least 14 days notice of
29 its intended action and of the public hearing by: A) publication in the official newspaper of
30 King County and B) mailing notice to all persons or agencies who have made timely request
31 of the Board for advance notice of its rulemaking proceedings. If the subject of the
32 proposed rule relates to a specific community or communities within the county, notice shall
33 also be published in the local community newspaper if any. The notice shall include: (1)
34 reference to the authority under which the rule or regulation is proposed; (2) a description of
35 the terms or substance of the proposed rule or regulation or of the subjects and issues
36 involved; and (3) a statement of the time and place of the public hearing and the manner in
37 which interested persons may present their views thereon.

38
39 Copies of proposed rules and regulations shall be available from the Director's Office,
40 Seattle-King County Department of Public Health. See Addendum for contact
41 information.

42
43 **Emergency Rules and Regulations.** If the Board finds that the immediate adoption,
44 amendment or repeal of a rule or regulation is necessary for the preservation of the public
45 health, safety or general welfare, and that the observance of requirements of Title 2 of the
46 Code of the King County Board of Health for notice and hearing would be contrary to the
47 public interest, the Board may dispense with these requirements and adopt, amend or repeal
48 the rule as an emergency rule or regulation at a regular or special meeting of the Board.

1 Emergency rules are effective immediately upon adoption by the Board and shall not remain
2 in effect for longer than 90 days.

3
4 **Effective Date.** With the exception of emergency rules, the effective date of a rule or
5 regulation shall be thirty days from the date of its adoption by the Board unless a later date
6 is specified therein.

7
8 **Initiation of Rulemaking.** Board members, public health officials or interested persons
9 may initiate rulemaking by submitting proposals or recommendations for establishing,
10 amending or repealing rules or regulations to the Director of Health who shall be responsible
11 for preparing them for Board consideration.

12
13 **Codification.** All rules and regulations of the Board shall be signed by the Chair at the time
14 of their adoption and codified in the Code of the King County Board of Health.

15
16 **Availability of Final Rules and Regulations** A copy of such rules shall be available to the
17 public from the Director's Office, Seattle-King County Department of Public Health. See
18 Addendum for contact information. Copies of all previously adopted rules and regulations,
19 singularly or as codified, shall be supplied at cost to any citizen upon request.

20
21
22 **PROCEDURES FOR ADOPTING, AMENDING OR REPEALING RESOLUTIONS**
23 **OF THE KING COUNTY BOARD OF HEALTH**

24
25 **Adoption of Resolutions.** The Board may adopt resolutions to indicate its intent with regard
26 to a particular subject. The Board may also amend or repeal previously adopted resolutions.

27
28 **Notice of Resolutions to Board Members.** Resolutions shall be noted as Action Items on
29 the meeting agenda. Except in the case of emergency, a copy of a proposed resolution shall
30 be mailed to members of the Board at least 7 days in advance of the meeting at which the
31 resolution will be considered. Copies of proposed resolutions shall be available to the public
32 from the Director's Office, Seattle-King County Department of Public Health. See
33 Addendum for contact information.

34
35 **Numbering of Resolutions.** All resolutions shall be numbered and signed by the Chair at
36 the time of their adoption.

37
38 **Availability of Adopted Resolutions.** All resolutions adopted by the Board shall be filed
39 with and made available to the public by the Director's Office, Seattle-King County
40 Department of Public Health. See Addendum for contact information. Copies of all
41 previously adopted resolutions shall be supplied at cost to any citizen upon request.

42
43 **PUBLIC TESTIMONY**

44
45 **General Public Comments.** At each meeting, according to the usual order of business, the
46 Chair shall call for general comments and invite persons wishing to testify to the Board to
47 come forward. Persons testifying before the Board shall give their name. The Chair may
48 establish time limits for individuals who wish to speak. The Board may allow additional
49 time for the submission of written testimony.

1
2 **Public Testimony on Proposed Rules and Regulations.** At public hearings convened
3 pursuant to the Board's rulemaking procedures (Title 2 of the Code of the King County
4 Board of Health), the Board shall take oral or written testimony at the time and place of the
5 hearing. Persons testifying before the Board shall give their name. When necessary due to
6 the number of persons wishing to testify, the Chair may establish time limits for speaking.
7 Written testimony will be accepted if received at the Director's Office, Seattle-King County
8 Department of Public Health on the business day prior to the day of the public hearing, or
9 later, if the public comment period is extended by the Board. See Addendum for mailing
10 address information.

11
12 **Persons Out of Order.** No person who is not a member of the Board shall be allowed to
13 address the Board in session without the permission of the Chair or a specific request of a
14 Board member.

15
16 **COMMITTEES**

17
18 **Standing Committees.** The Chair may create and appoint the membership to standing
19 committees of Board members to facilitate the performance of the Board's functions.

20
21 **Ad Hoc Committees.** The Chair may create and appoint the membership to ad hoc
22 committees of Board members from time to time as the need arises to facilitate the
23 performance of the Board's functions.

24
25 **Outside Committees.** The Chair may create and appoint the membership to outside
26 committees of Board members and other persons to facilitate the performance of the Board's
27 functions.

28
29 **Committee Meetings Public.** All committee meetings, with the exception of those
30 meetings that meet the requirements of RCW 42.30.110 for executive sessions, shall be
31 open to members of the public.

32
33
34 **ETHICS**

35
36 **King County Ethics Code.** All Board members shall comply with the provisions of the
37 King County Code of Ethics. Board members shall familiarize themselves with the content
38 of the Ethics Code, and in the event they identify any issue of possible concern, they shall
39 promptly seek advice from the Administrative Officer for the Board, or from legal counsel
40 or shall seek an advisory opinion from the Board of Ethics. Within 10 days of appointment
41 to the Board and by April 15 of each year, Board members subject to the King County
42 Board of Ethics filing requirements shall file a Financial Disclosure Statement with the King
43 County Board of Ethics. Board members shall also return an Acknowledgement of Receipt
44 of the summary of the Code of Ethics to the Director of Health, Seattle-King County
45 Department of Public Health. Board members who are elected officials and have already
46 satisfied the requirements of the King County Ethics Code or the applicable code for their
47 jurisdictions are not required to submit the Financial Disclosure Statement or to return an
48 Acknowledgement of Receipt.

49
44

1 **Conflict of Interest.** Any Board member for whom a conflict of interest arises shall declare
2 the conflict before the Board and refrain from discussing or voting on matters in which the
3 member has a conflict.

4
5 **EQUAL ACCESS AND PARTICIPATION -- REQUESTS FOR REASONABLE**
6 **ACCOMMODATION.**

7
8 The Board meetings and all of its public activities will be accessible to and useable by
9 persons with disabilities, including persons with impaired hearing and vision. Board
10 information made available to the public will be made available in alternate formats upon
11 request by people with disabilities.

12
13 Upon request, the Board will make reasonable accommodations to enable members of the
14 public with disabilities to participate in all public Board business.

15
16 Any individual wishing to request auxiliary aids or services, including sign language or
17 communication materials in alternate formats, or other accommodations should direct his or
18 her request to the Director's Office, Seattle-King County Department of Public Health
19 (206/205-5690. TDD 206/296-4600). Such requests should be made at the earliest possible
20 opportunity. The Department of Public Health will evaluate all requests and make
21 accommodations that are reasonable under all the circumstances.

22
23 **MISCELLANEOUS**

24
25 **Reimbursement of Expenses.** Pursuant to RCW 70.05.035 and Metropolitan King County
26 Council Ordinance 13872, reimbursement of the official travel and parking expenses of
27 Board members who would not otherwise have these expenses covered through their
28 workplace shall be at the rates established for County employees and officials.

29
30 **Amendment of Operating Rules.** Amendments to these rules and procedures shall be by
31 majority vote of Board members and, if applicable, by amendment of the Code of the King
32 County Board of Health or of the King County Code.

ADDENDUM

For Copies of PROPOSED rules, regulations and/or resolutions, contact:

Kathy Uhlorn, Board Administrator - Director's Office, Seattle-King County Department of Public Health, Chinook Building, 401 Fifth Avenue, Suite 1300, Seattle, WA 98104.

Phone: (206) 205- 5011 or **E-Mail:** kathleen.uhlorn@kingcounty.gov.

For Copies of FINAL rules, regulations and/or resolutions, contact:

Kathy Uhlorn, Board Administrator - Director's Office, Seattle-King County Department of Public Health, Chinook Building, 401 Fifth Avenue, Suite 1300, Seattle, WA 98104.

Phone: (206) 205- 5011 or **E-Mail:** kathleen.uhlorn@kingcounty.gov..

Copies of all previously adopted rules and regulations, singularly or as codified, shall be supplied at cost to any citizen upon request.

Public Testimony on Proposed Rules and Regulations.

Written testimony will be accepted if received at the Director's Office, Seattle-King County Department of Public Health, Chinook Building, 401 Fifth Avenue, Suite 1300, Seattle, WA 98104 on the business day prior to the day of the public hearing, or later, if the public comment period is extended by the Board. Written testimony may also be forwarded to the Board of Health Administrator via e-mail at kathleen.uhlorn@kingcounty.gov. Testimony e-mailed must also be received by 5:00 p.m. on the business day prior to the day of the scheduled public hearing.