

Chapter 43.20 RCW
STATE BOARD OF HEALTH

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RCW 43.20.025 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Commissary" means an approved food establishment where food is stored, prepared, portioned, or packaged for service elsewhere.

(2) "Commissions" means the Washington state commission on African American affairs established in chapter 43.113 RCW, the Washington state commission on Asian Pacific American affairs established in chapter 43.117 RCW, the Washington state commission on Hispanic affairs established in chapter 43.115 RCW, and the governor's office of Indian affairs.

(3) "Consumer representative" means any person who is not an elected official, who has no fiduciary obligation to a health facility or other health agency, and who has no material financial interest in the rendering of health services.

(4) "Council" means the governor's interagency coordinating council on health disparities, convened according to this chapter.

(5) "Department" means the department of health.

(6) "Health disparities" means the difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions, including lack of access to proven health care services that exists between specific population groups in Washington state.

(7) "Health impact review" means a review of a legislative or budgetary proposal completed according to the terms of this chapter that determines the extent to which the proposal improves or exacerbates health disparities.

(8) "Local health board" means a health board created pursuant to chapter 70.05, 70.08, or 70.46 RCW.

(9) "Local health officer" means the legally qualified physician appointed as a health officer pursuant to chapter 70.05, 70.08, or 70.46 RCW.

(10) "Mobile food unit" means a readily movable food establishment.

(11) "Regulatory authority" means the local, state, or federal enforcement body or authorized representative having jurisdiction over the food establishment. The local board of health, acting through the local health officer, is the regulatory authority for the activity of a food establishment, except as otherwise provided by law.

(12) "Secretary" means the secretary of health, or the secretary's designee.

(13) "Servicing area" means an operating base location to which a mobile food unit or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

(14) "Social determinants of health" means those elements of social structure most closely shown to affect health and illness, including at a minimum, early learning, education, socioeconomic standing, safe housing, gender, incidence of violence, convenient and affordable access to safe opportunities for physical activity, healthy diet, and appropriate health care services.

(15) "State board" means the state board of health created under this chapter. [2019 c 185 s 1; 2006 c 239 s 2; 1989 1st ex.s. c 9 s 208; 1984 c 243 s 1.]

Reviser's note: The definitions in this section have been alphabetized pursuant to RCW 1.08.015(2)(k).

Effective date—Severability—1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

RCW 43.20.030 State board of health—Members—Chair—Staff support—Executive director, confidential secretary—Compensation and travel expenses of members. The state board of health shall be composed of ten members. These shall be the secretary or the secretary's designee and nine other persons to be appointed by the governor, including four persons experienced in matters of health and sanitation, one of whom is a health official from a federally recognized tribe; an elected city official who is a member of a local health board; an elected county official who is a member of a local health board; a local health officer; and two persons representing the consumers of health care. Before appointing the city official, the governor shall consider any recommendations submitted by the association of Washington cities. Before appointing the county official, the governor shall consider any recommendations submitted by the Washington state association of counties. Before appointing the local health officer, the governor shall consider any recommendations submitted by the Washington state association of local public health officials. Before appointing one of the two consumer representatives, the governor shall consider any recommendations submitted by the state council on aging. The chair shall be selected by the governor from among the nine appointed members. The department of health shall provide necessary technical staff support to the board. The board may employ an executive director and a confidential secretary, each of whom shall be exempt from the provisions of the state civil service law, chapter 41.06 RCW.

Members of the board shall be compensated in accordance with RCW 43.03.240 and shall be reimbursed for their travel expenses in

accordance with RCW 43.03.050 and 43.03.060. [2009 c 549 s 5072; 2006 c 238 s 1. Prior: 1984 c 287 s 75; 1984 c 243 s 2; (1993 c 492 s 255 repealed by 1995 c 43 s 16); 1970 ex.s. c 18 s 11; 1965 c 8 s 43.20.030; prior: 1921 c 7 s 56, part; RRS s 10814, part.]

Short title—2006 c 238: "This act shall be known as the Sue Crystal memorial act." [2006 c 238 s 2.]

Legislative findings—Severability—Effective date—1984 c 287: See notes following RCW 43.03.220.

Effective date—Severability—1970 ex.s. c 18: See notes following RCW 43.20A.010.

RCW 43.20.035 State board of health—Cooperation with environmental agencies. See RCW 43.70.310.

RCW 43.20.050 Powers and duties of state board of health—Rule making—Delegation of authority—Enforcement of rules. (1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry.

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

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

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

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

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

(iii) Public water system management and reporting requirements;

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

(v) Public water system operation and maintenance requirements;

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

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

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

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

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

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

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

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

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

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

(5) All local boards of health, health authorities and officials, officers of state institutions, police officers, sheriffs, constables, and all other officers and employees of the state, or any county, city, or township thereof, shall enforce all rules adopted by the state board of health. In the event of failure or refusal on the part of any member of such boards or any other official or person mentioned in this section to so act, he or she shall be subject to a fine of not less than fifty dollars, upon first conviction, and not less than one hundred dollars upon second conviction.

(6) The state board may advise the secretary on health policy issues pertaining to the department of health and the state. [2021 c 65 s 37; 2011 c 27 s 1; 2009 c 495 s 1; 2007 c 343 s 11; 1993 c 492 s 489; 1992 c 34 s 4. Prior: 1989 1st ex.s. c 9 s 210; 1989 c 207 s 1; 1985 c 213 s 1; 1979 c 141 s 49; 1967 ex.s. c 102 s 9; 1965 c 8 s 43.20.050; prior: (i) 1901 c 116 s 1; 1891 c 98 s 2; RRS s 6001. (ii) 1921 c 7 s 58; RRS s 10816.]

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

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

Findings—1993 c 492: "The legislature finds that our health and financial security are jeopardized by our ever increasing demand for health care and by current health insurance and health system practices. Current health system practices encourage public demand for unneeded, ineffective, and sometimes dangerous health treatments. These practices often result in unaffordable cost increases that far exceed ordinary inflation for essential care. Current total health

care expenditure rates should be sufficient to provide access to essential health care interventions to all within a reformed, efficient system.

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

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

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

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

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

Intent—1993 c 492: "(1) The legislature intends that state government policy stabilize health services costs, assure access to essential services for all residents, actively address the health care needs of persons of color, improve the public's health, and reduce unwarranted health services costs to preserve the viability of nonhealth care businesses.

(2) The legislature intends that:

(a) Total health services costs be stabilized and kept within rates of increase similar to the rates of personal income growth within a publicly regulated, private marketplace that preserves personal choice;

(b) State residents be enrolled in the certified health plan of their choice that meets state standards regarding affordability, accessibility, cost-effectiveness, and clinical efficaciousness;

(c) State residents be able to choose health services from the full range of health care providers, as defined in RCW 43.72.010(12), in a manner consistent with good health services management, quality assurance, and cost effectiveness;

(d) Individuals and businesses have the option to purchase any health services they may choose in addition to those included in the uniform benefits package or supplemental benefits;

(e) All state residents, businesses, employees, and government participate in payment for health services, with total costs to individuals on a sliding scale based on income to encourage efficient and appropriate utilization of services;

(f) These goals be accomplished within a reformed system using private service providers and facilities in a way that allows consumers to choose among competing plans operating within budget limits and other regulations that promote the public good; and

(g) A policy of coordinating the delivery, purchase, and provision of health services among the federal, state, local, and tribal governments be encouraged and accomplished by chapter 492, Laws of 1993.

(3) Accordingly, the legislature intends that chapter 492, Laws of 1993 provide both early implementation measures and a process for overall reform of the health services system." [1993 c 492 s 102.]

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

Severability—1992 c 34: See note following RCW 69.07.170.

Effective date—Severability—1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

Savings—1985 c 213: "This act shall not be construed as affecting any existing right acquired or liability or obligation incurred under the sections amended or repealed in this act or under any rule, regulation, or order adopted under those sections, nor as affecting any proceeding instituted under those sections." [1985 c 213 s 31.]

Effective date—1985 c 213: "This act is necessary for the immediate preservation of the public peace, health, and safety, the support of the state government and its existing public institutions, and shall take effect June 30, 1985." [1985 c 213 s 33.]

Severability—1967 ex.s. c 102: See note following RCW 43.70.130.

Rules and regulations—Visual and auditory screening of pupils: RCW 28A.210.020.

RCW 43.20.065 On-site sewage system failures and inspections—Rule making.

(1) Rules adopted by the state board under RCW 43.20.050(3) regarding failures of on-site sewage systems must:

(a) Give first priority to allowing repair and second priority to allowing replacement of an existing conventional on-site sewage system, consisting of a septic tank and drainfield, with a similar conventional system;

(b) Not impose or allow the imposition of more stringent performance requirements of equivalent on-site sewage systems on private entities than public entities; and

(c) Allow a system to be repaired using the least expensive alternative that meets standards and is likely to provide comparable or better long-term sewage treatment and effluent dispersal outcomes.

(2) Rules adopted by the state board under RCW 43.20.050(3) regarding inspections must:

(a) Require any inspection of an on-site sewage system carried out by a certified professional inspector or public agency to be

coordinated with the owner of the on-site sewage system prior to accessing the on-site sewage system;

(b) Require any inspection of an on-site sewage system carried out by a certified professional inspector or responsible public agency to be authorized by the owner of the on-site sewage system prior to accessing the on-site sewage system;

(c) Allow, in cases where an inspection has not been authorized by a property owner, the local health jurisdiction to follow the procedures established for an administrative search warrant in RCW 70A.105.030; and

(d) Forbid local health jurisdictions from requiring private property owners to grant inspection or maintenance easements for on-site sewage systems as a condition of permit issuance for on-site sewage systems that are located on a single property and service a single dwelling unit. [2021 c 65 s 38; 2019 c 21 s 2.]

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

Finding—Intent—2019 c 21: "The legislature finds that properly functioning on-site sewage systems are an important component of the state's wastewater treatment infrastructure. In order to ensure that on-site sewage systems remain a wastewater treatment option that is economically accessible to a wide sector of the state's population, it is the intent of the legislature to ensure that only requirements that are reasonable, appropriately tailored, and necessary are imposed on the installation, operation, maintenance, or repair of on-site sewage systems." [2019 c 21 s 1.]

RCW 43.20.100 Biennial report. The state board of health shall report to the governor by July 1st of each even-numbered year including therein suggestions for public health priorities for the following biennium and such legislative action as it deems necessary. [2009 c 518 s 23; 1977 c 75 s 44; 1965 c 8 s 43.20.100. Prior: 1891 c 98 s 11; RRS s 6007.]

RCW 43.20.145 Food service rules—Consideration of federal food code—Safety standards for Asian rice-based noodles and Korean rice cakes.

(1) The state board shall consider the most recent version of the United States food and drug administration's food code for the purpose of adopting rules for food service.

(2) (a) In considering the adoption of rules for food service, the state board shall consider scientific data regarding time-temperature safety standards for Asian rice-based noodles and Korean rice cakes.

(b) For the purposes of this subsection (2):

(i) "Asian rice-based noodles" means a rice-based pasta that contains rice powder, water, wheat starch, vegetable cooking oil, and optional ingredients to modify the pH or water activity, or to provide a preservative effect. The ingredients do not include products derived from animals. The rice-based pasta is prepared by using a traditional method that includes cooking by steaming at not less than one hundred thirty degrees Fahrenheit, for not less than four minutes.

(ii) "Korean rice cake" means a confection that contains rice powder, salt, sugar, various edible seeds, oil, dried beans, nuts,

dried fruits, and dried pumpkin. The ingredients do not include products derived from animals. The confection is prepared by using a traditional method that includes cooking by steaming at not less than two hundred seventy-five degrees Fahrenheit, for not less than five minutes, nor more than fifteen minutes. [2016 sp.s. c 20 s 2; 2003 c 65 s 2.]

Findings—Intent—2016 sp.s. c 20: "(1) The legislature finds that Asian rice-based noodles and Korean rice cakes are cultural foods that possess different time-temperature safety standards from other foods sold for human consumption. The legislature finds that Asian rice-based noodles kept at room temperature are safe for consumption within four hours of the time that the product first comes out of hot holding at temperatures at or above one hundred thirty-five degrees, or when the product has a pH of 4.6 or below, a water activity of 0.85 or below, or has been determined by the department to not be a potentially hazardous food based on formulation and supporting laboratory documentation submitted to the department of health by the manufacturer. Further, the legislature finds that Korean rice cakes are safe for consumption within one day of manufacture.

(2) (a) This act is intended to direct the state board of health to consider new standards for time-temperature requirements of Asian rice-based noodles and Korean rice cakes intended for human consumption. Further, this act is intended to direct the state board of health to consider laws enacted by other states regarding standards for time-temperature and manufacturer package labeling requirements of Asian rice-based noodles and Korean rice cakes.

(b) The legislature does not intend to create a private right of action or claim on the part of any individual, entity, or agency against the state board of health, any contractor of the state board of health, or the department of health." [2016 sp.s. c 20 s 1.]

Intent—2003 c 65: "The United States food and drug administration's food code incorporates the most recent food science and technology. The code is regularly updated in consultation with the states, the scientific community, and the food service industry. The food and drug administration's food code provides consistency for food service regulations, and it serves as a model for many states' food service rules. It is the legislature's intent that the state board of health use the United States food and drug administration's food code as guidance when developing food service rules for this state." [2003 c 65 s 1.]

RCW 43.20.148 Mobile food units—Commissary and servicing area requirements. The regulatory authority must approve a request for a mobile food unit to be exempt from state board of health or local health jurisdiction requirements to operate from an approved commissary or servicing area if:

(1) The mobile food unit contains all equipment and utensils needed for complete onboard preparation of an approved menu;

(2) The mobile food unit is protected from environmental contamination when not in use;

(3) The mobile food unit can maintain required food storage temperatures during storage, preparation, service, and transit;

(4) The mobile food unit has a dedicated handwashing sink to allow frequent handwashing at all times;

(5) The mobile food unit has adequate water capacity and warewashing facilities to clean all multiuse utensils used on the mobile food unit at a frequency specified in state board of health rules;

(6) The mobile food unit is able to store tools onboard needed for cleaning and sanitizing;

(7) All food, water, and ice used on the mobile food unit is prepared onboard or otherwise obtained from approved sources;

(8) Wastewater and garbage will be sanitarily removed from the mobile food unit following an approved written plan or by a licensed service provider; and

(9) The local health officer approves the menu and plan of operations for the mobile food unit. [2019 c 185 s 2; 2018 c 167 s 1.]

RCW 43.20.149 Mobile food units—Reciprocity—Rule making. (1) Beginning May 1, 2020, a regulatory authority must accept a completed and approved plan review of a mobile food unit from another regulatory authority if:

(a) The applicant has obtained a valid permit to operate the mobile food unit from another regulatory authority; and

(b) The applicant provides the following to the regulatory authority from which the applicant is seeking a permit:

(i) A copy of the current operating permit from the original regulatory authority;

(ii) A copy of the complete approved plan review from the original regulatory authority;

(iii) The most recent inspection report of the mobile food unit from the original regulatory authority that demonstrates compliance with food safety standards; and

(iv) Any commissary agreements that the applicant was required to maintain under the permit from the original regulatory authority.

(2) Except as provided in (a) and (b) of this subsection, the regulatory authority may not require an applicant to submit any additional documents or inspections to obtain a permit to operate the mobile food unit.

(a) The regulatory authority may require an applicant to submit any restroom agreements the regulatory authority determines are necessary to comply with department and state board regulations.

(b) The regulatory authority may require an applicant to submit additional commissary agreements as required by department and state board regulations unless:

(i) A mobile food unit is exempt from the use of a commissary under RCW 43.20.148; or

(ii) A mobile food unit returns to its approved commissary after each day of service as described in the approved plan.

(3) A regulatory authority granting a permit pursuant to subsection (1) of this section may charge the applicant an annual permit fee, but may not charge a plan review or inspection fee.

(4) The state board must adopt rules to implement this section. [2019 c 185 s 3.]

RCW 43.20.175 Violations—Injunctions and legal proceedings authorized. See RCW 43.70.190.

RCW 43.20.185 Enforcement of health laws and state or local rules and regulations upon request of local health officer. See RCW 43.70.200.

RCW 43.20.215 Right of person to rely on prayer to alleviate ailments not abridged. See RCW 43.70.210.

RCW 43.20.230 Water resource planning—Procedures, criteria, technical assistance. Consistent with the water resource planning process of the department of ecology, the department of health shall:

(1) Develop procedures and guidelines relating to water use efficiency, as defined in *section 4(3), chapter 348, Laws of 1989, to be included in the development and approval of cost-efficient water system plans required under RCW 43.20.050;

(2) Develop criteria, with input from technical experts, with the objective of encouraging the cost-effective reuse of greywater and other water recycling practices, consistent with protection of public health and water quality;

(3) Provide advice and technical assistance upon request in the development of water use efficiency plans; and

(4) Provide advice and technical assistance on request for development of model conservation rate structures for public water systems. Subsections (1), (2), and (3) of this section are subject to the availability of funding. [1993 sp.s. c 4 s 9; 1989 c 348 s 12.]

***Reviser's note:** 1989 c 348 s 4 was vetoed.

Findings—Grazing lands—1993 sp.s. c 4: See RCW 79.13.600.

Severability—1989 c 348: See note following RCW 90.54.020.

Rights not impaired—1989 c 348: See RCW 90.54.920.

RCW 43.20.235 Water conservation—Water delivery rate structures. Water purveyors required to develop a water system plan pursuant to RCW 43.20.230 shall evaluate the feasibility of adopting and implementing water delivery rate structures that encourage water conservation. This information shall be included in water system plans submitted to the department of health for approval after July 1, 1993. The department shall evaluate the following:

(1) Rate structures currently used by public water systems in Washington; and

(2) Economic and institutional constraints to implementing conservation rate structures. [1998 c 245 s 58; 1993 sp.s. c 4 s 10.]

Findings—Grazing lands—1993 sp.s. c 4: See RCW 79.13.600.

RCW 43.20.240 Public water systems—Complaint process. (1) The department shall have primary responsibility among state agencies to receive complaints from persons aggrieved by the failure of a public water system. If the remedy to the complaint is not within the jurisdiction of the department, the department shall refer the complaint to the state or local agency that has the appropriate jurisdiction. The department shall take such steps as are necessary to inform other state agencies of their primary responsibility for such complaints and the implementing procedures.

(2) Each county shall designate a contact person to the department for the purpose of receiving and following up on complaint referrals that are within county jurisdiction. In the absence of any such designation, the county health officer shall be responsible for performing this function.

(3) The department and each county shall establish procedures for providing a reasonable response to complaints received from persons aggrieved by the failure of a public water system.

(4) The department and each county shall use all reasonable efforts to assist customers of public water systems in obtaining a dependable supply of water at all times. The availability of resources and the public health significance of the complaint shall be considered when determining what constitutes a reasonable effort.

(5) The department shall, in consultation with local governments, water utilities, water-sewer districts, public utility districts, and other interested parties, develop a booklet or other single document that will provide to members of the public the following information:

(a) A summary of state and local law regarding the obligations of public water systems in providing drinking water supplies to their customers;

(b) A summary of the activities, including planning, rate setting, and compliance, that are to be performed by both local and state agencies;

(c) The rights of customers of public water systems, including identification of agencies or offices to which they may address the most common complaints regarding the failures or inadequacies of public water systems.

This booklet or document shall be available to members of the public no later than January 1, 1991. [2009 c 495 s 2; 1999 c 153 s 56; 1990 c 132 s 3.]

Effective date—2009 c 495: See note following RCW 43.20.050.

Part headings not law—1999 c 153: See note following RCW 57.04.050.

Legislative findings—1990 c 132: "The legislature finds the best interests of the citizens of the state are served if:

(1) Customers served by public water systems are assured of an adequate quantity and quality of water supply at reasonable rates;

(2) There is improved coordination between state agencies engaged in water system planning and public health regulation and local governments responsible for land use planning and public health and safety; and

(3) Existing procedures and processes for water system planning are strengthened and fully implemented by state agencies, local government, and public water systems." [1990 c 132 s 1.]

Severability—1990 c 132: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1990 c 132 s 7.]

RCW 43.20.250 Review of water system plan—Time limitations—Notice of rejection of plan or extension of timeline. For any new or revised water system plan submitted for review under this chapter, the department shall review and either approve, conditionally approve, reject, or request amendments within ninety days of the receipt of the submission of the plan. The department may extend this ninety-day time limitation for new submittals by up to an additional ninety days if insufficient time exists to adequately review the general comprehensive plan. For rejections of plans or extensions of the timeline, the department shall provide in writing, to the person or entity submitting the plan, the reason for such action. In addition, the person or entity submitting the plan and the department may mutually agree to an extension of the deadlines contained in this section. [2002 c 161 s 1.]

RCW 43.20.260 Review of water system plan, requirements—Municipal water suppliers, retail service. In approving the water system plan of a public water system, the department shall ensure that water service to be provided by the system under the plan for any new industrial, commercial, or residential use is consistent with the requirements of any comprehensive plans or development regulations adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the service area. A municipal water supplier, as defined in RCW 90.03.015, has a duty to provide retail water service within its retail service area if: (1) Its service can be available in a timely and reasonable manner; (2) the municipal water supplier has sufficient water rights to provide the service; (3) the municipal water supplier has sufficient capacity to serve the water in a safe and reliable manner as determined by the department of health; and (4) it is consistent with the requirements of any comprehensive plans or development regulations adopted under chapter 36.70A RCW or any other applicable comprehensive plan, land use plan, or development regulation adopted by a city, town, or county for the service area and, for water service by the water utility of a city or town, with the utility service extension ordinances of the city or town. [2003 1st sp.s. c 5 s 8.]

Severability—2003 1st sp.s. c 5: See note following RCW 90.03.015.

RCW 43.20.265 Elevated lead level—Definition. After July 1, 2030, the state board may, by rule, define "elevated lead level" at a concentration of five or fewer parts per billion if scientific evidence supports a lower concentration as having the potential for further reducing the health effects of lead contamination in drinking water. [2021 c 154 s 6.]

Findings—Intent—Short title—2021 c 154: See notes following RCW 43.70.830.

RCW 43.20.270 Governor's interagency coordinating council on health disparities—Action plan—Statewide policy. The legislature finds that women and people of color experience significant disparities from men and the general population in education, employment, healthful living conditions, access to health care, and other social determinants of health. The legislature finds that these circumstances coupled with lower, slower, and less culturally appropriate and gender appropriate access to needed medical care result in higher rates of morbidity and mortality for women and persons of color than observed in the general population. Health disparities are defined by the national institute[s] of health as the differences in incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States.

It is the intent of the Washington state legislature to create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women. In meeting the intent of chapter 239, Laws of 2006, the legislature creates the governor's interagency coordinating council on health disparities. This council shall create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition. [2006 c 239 s 1.]

RCW 43.20.275 Council created—Membership—Duties—Advisory committees. (1) In collaboration with staff whom the office of financial management may assign, and within funds made expressly available to the state board for these purposes, the state board shall assist the governor by convening and providing assistance to the council. The council shall include one representative from each of the following groups: Each of the commissions, the state board, the department, the department of social and health services, the department of commerce, the health care authority, the department of agriculture, the department of ecology, the office of the superintendent of public instruction, the department of children, youth, and families, the workforce training and education coordinating board, and two members of the public who will represent the interests of health care consumers. The council is a class one group under RCW 43.03.220. The two public members shall be paid per diem and travel expenses in accordance with RCW 43.03.050 and 43.03.060. The council shall reflect diversity in race, ethnicity, and gender. The governor or the governor's designee shall chair the council.

(2) The council shall promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector, to address health disparities. The council shall conduct public hearings, inquiries, studies, or other forms of information gathering to understand how the actions of state government ameliorate or

contribute to health disparities. All state agencies must cooperate with the council's efforts.

(3) The council with assistance from the state board, shall assess through public hearings, review of existing data, and other means, and recommend initiatives for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies.

(4) In order to assist with its work, the council shall establish advisory committees to assist in plan development for specific issues and shall include members of other state agencies and local communities.

(5) The advisory committee shall reflect diversity in race, ethnicity, and gender. [2018 c 58 s 19; 2006 c 239 s 3.]

Effective date—2018 c 58: See note following RCW 28A.655.080.

RCW 43.20.280 Action plan for eliminating health disparities—Council meetings—Reports to the legislature. The council shall consider in its deliberations and by 2012, create an action plan for eliminating health disparities. The action plan must address, but is not limited to, the following diseases, conditions, and health indicators: Diabetes, asthma, infant mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sudden infant death syndrome (SIDS), mental health, women's health issues, smoking cessation, oral disease, and immunization rates of children and senior citizens. The council shall prioritize the diseases, conditions, and health indicators according to prevalence and severity of the health disparity. The council shall address these priorities on an incremental basis by adding no more than five of the diseases, conditions, and health indicators to each update or revised version of the action plan. The action plan shall be updated biannually. The council shall meet as often as necessary but not less than two times per calendar year. The council shall report its progress with the action plan to the governor and the legislature no later than January 15, 2008. A second report shall be presented no later than January 15, 2010, and a third report from the council shall be presented to the governor and the legislature no later than January 15, 2012. Thereafter, the governor and legislature shall require progress updates from the council every four years in odd-numbered years. The action plan shall recognize the need for flexibility. [2006 c 239 s 4.]

RCW 43.20.285 Health impact reviews—Obtaining and allocating federal or private funding to implement chapter. The state board shall, to the extent that funds are available expressly for this purpose, complete health impact reviews, in collaboration with the council, and with assistance that shall be provided by any state agency of which the board makes a request.

(1) A health impact review may be initiated by a written request submitted according to forms and procedures proposed by the council and approved by the state board before December 1, 2006.

(2) Any state legislator or the governor may request a review of any proposal for a state legislative or budgetary change. Upon receiving a request for a health impact review from the governor or a

member of the legislature during a legislative session, the state board shall deliver the health impact review to the requesting party in no more than ten days.

(3) The state board may limit the number of health impact reviews it produces to retain quality while operating within its available resources.

(4) A state agency may decline a request to provide assistance if complying with the request would not be feasible while operating within its available resources.

(5) Upon delivery of the review to the requesting party, it shall be a public document, and shall be available on the state board's website.

(6) The review shall be based on the best available empirical information and professional assumptions available to the state board within the time required for completing the review. The review should consider direct impacts on health disparities as well as changes in the social determinants of health.

(7) The state board and the department shall collaborate to obtain any federal or private funding that may become available to implement the state board's duties under this chapter. If the department receives such funding, the department shall allocate it to the state board and affected agencies to implement its duties under this chapter, and any state general funds that may have been appropriated but are no longer needed by the state board shall lapse to the state general fund. [2006 c 239 s 5.]

RCW 43.20.290 Obtaining and allocating federal or private funding. The state board and the department shall collaborate to obtain any federal or private funding that may become available to implement the state board's duties under this chapter. If the department receives such funding, the department shall allocate it to the state board to implement its duties under this chapter, and any state general funds that may have been appropriated but are no longer needed by the state board shall lapse to the state general fund. [2006 c 239 s 6.]

RCW 43.20.300 Local boards of health—Membership. (1) The state board of health shall adopt rules establishing the appointment process for the members of local boards of health who are not elected officials. The selection process established by the rules must:

(a) Be fair and unbiased; and

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

(2) The rules adopted under this section must go into effect no later than one year after July 25, 2021. [2021 c 205 s 8.]

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

RCW 43.20.310 Water system plans—Climate resilience element. (1)(a) Beginning with water system plans initiated after June 30, 2025, the department shall ensure water system plans for group A

community public water systems serving 1,000 or more connections include a climate resilience element at the time of approval.

(b) The department must update its water system planning guidebook to assist water systems in implementing the climate resilience element, including guidance on any available technical and financial resources.

(c) The department shall provide technical assistance to public water systems based on their system size, location, and water source, by providing references to existing state or federal risk management, climate resiliency, or emergency management and response tools that may be used to satisfy the climate resilience element.

(d) Subject to the availability of amounts appropriated for this specific purpose, the University of Washington climate impacts group shall assist the department in the development of tools for the technical assistance to be provided in (c) of this subsection.

(2) To fulfill the requirements of the climate resilience element, water systems must:

(a) Determine which extreme weather events pose significant challenges to their system and build scenarios to identify potential impacts;

(b) Assess critical assets and the actions necessary to protect the system from the consequences of extreme weather events on system operations; and

(c) Generate reports describing the costs and benefits of the system's risk reduction strategies and capital project needs.

(3) Climate readiness projects, including planning to meet the requirements of this section and actions to protect a water system from extreme weather events, including infrastructure and design projects, are eligible for financial assistance under RCW 70A.125.180. The department must develop grant and loan eligibility criteria and consider applications from water systems that identify climate readiness projects. [2023 c 228 s 17.]