

DRAFT



HOUSE BILL 1946

TRIBAL REPRESENTATION ON LOCAL BOARDS OF HEALTH



*Presented by
Rep. Natasha Hill, D- Spokane*





LAND ACKNOWLEDGEMENT



NATIVE HEALTH CARE IN WA

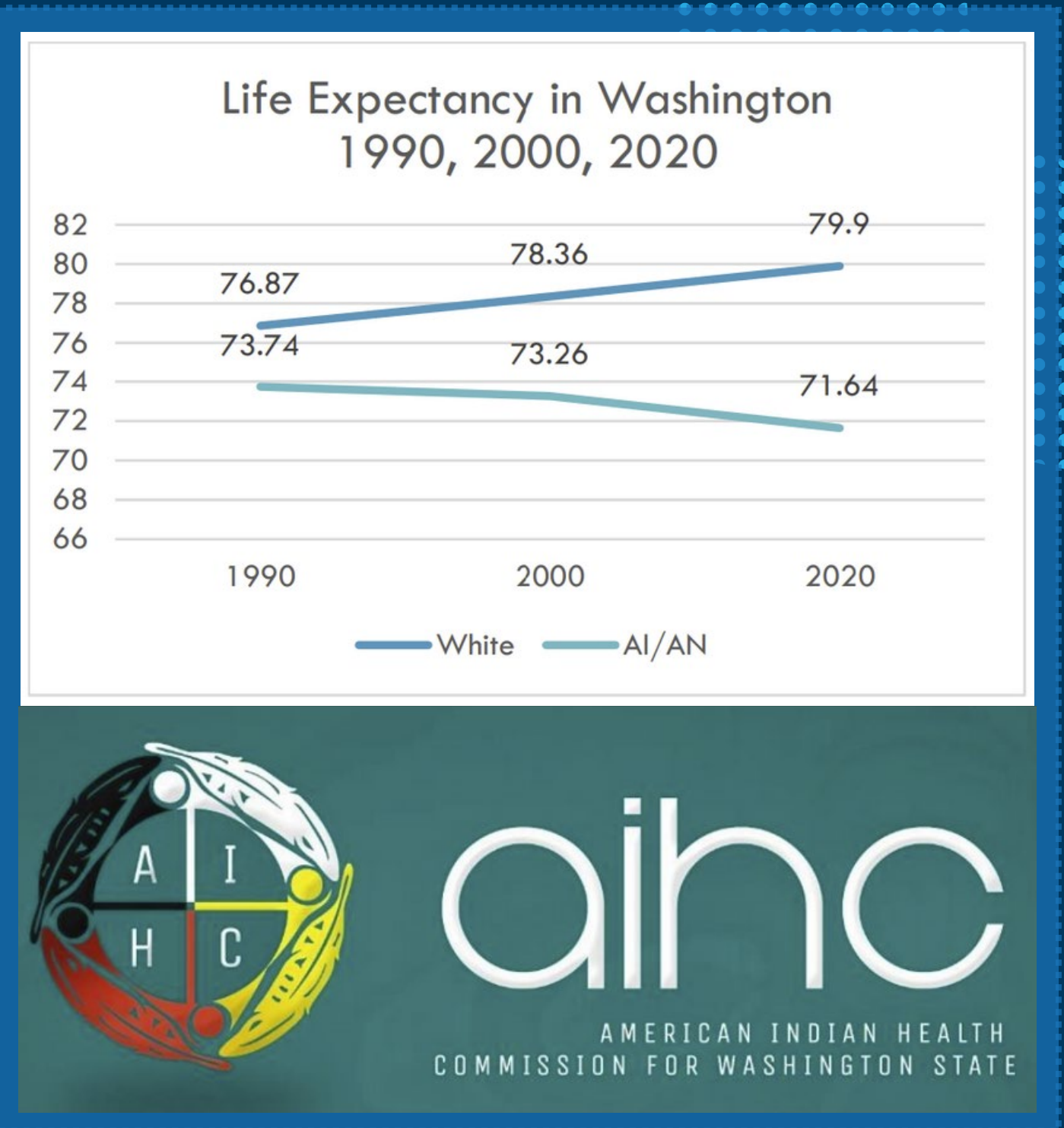
- Washington is home to more than 300,000 people identified as American Indian/Alaska Native (AI/AN).
 - 4.1% of the population
 - Growing group: +57.5% in the last ten years
- There are currently 29 federally-recognized sovereign Tribal nations within Washington.
 - Each Tribe has the inherent sovereign authority to provide for the health of its people, wherever those individuals may reside.
 - Many Tribes compact or contract with the federal government to operate their own primary medical care clinic.



SYSTEMIC INEQUITIES

According to the Governor's Indian Health Advisory Council report:

- In Washington State, American Indians and Alaska Natives (AI/AN) experience a higher burden of chronic disease, mortality and other health disparities than the state's non-AI/AN population.
- Health disparities and life expectancy for AI/AN for in Washington have only worsened in the last 20 years, even with the initiation of the Affordable Care Act and similar progressive policies.



AMERICAN INDIAN OR ALASKA NATIVE PERSONS ARE THE ONLY RACIAL GROUP IN WASHINGTON STATE WHOSE LIFE EXPECTANCY HAS GONE DOWN IN THIS CENTURY.

SYSTEMIC INEQUITIES (CONT.)

- The State of Washington offers many programs to Washingtonians. Tribal members, no matter where they live, are also citizens of the state, and as such, have a right to access state programs.
- The lack of consideration for Tribal governmental programs and the Indian Health system of care by the state and state agencies when creating systems, policies and programs causes chronic barriers.
- Systems have been built without input and collaboration with Tribal governments or an understanding of programs that are available to the AI/AN populations across the state.

COVID TELLS A TALE

The COVID pandemic laid bare systemic inequities across the social spectrum, including in access and representation in healthcare.

“If we are to protect Black, Latinx, and Native American communities from suffering under the same needlessly heavy burden during the next economic or public health crisis that they are suffering under now, we must work diligently to address long-standing underlying racial disparities in economic and health outcomes.” - Valerie Wilson, Director of the Program on Race, Ethnicity, and the Economy for the Economic Policy Institute

During that same testimony before the U.S. House of Representatives Committee on Education and Labor in 2020, Wilson explained how “race-neutral policy” is a fallacy that leads to continued inequitable health and economic outcomes.

SPOKANE

AN ILLUSTRATIVE EXAMPLE

Indigenous elders and people of color were dying at higher rates and at younger ages than the rest of the population. The state should have recognized this population as a vulnerable group and given emergency resources and vaccines based on those health needs. This did not happen in Spokane.

The NATIVE Project—a local Native run health care nonprofit—was only able to reprioritize vaccines from the state because of tribal sovereignty.



SPOKANE → STATEWIDE

The COVID crisis also exposed the issue of politics infecting public health. Many local boards of health were focused on politics instead of the science, medicine, people, and public health, including in Spokane.

The conflicts and tensions experienced in Spokane inspired then-Rep. Marcus Riccelli to begin an overhaul of public health boards to better ensure a balance of elected officials and nonelected people with a diversity of expertise and lived experiences on local health boards.



HB 1152 (2021)

Sen. Riccelli worked extensively with organizations in community, such as The NATIVE Project, and the federally-recognized tribes in Spokane County, most notably with the Kalispel and Spokane Tribes to address the lack of Native representation in public health.

House Bill 1152, signed into law in 2021, aimed to apply a lot of the lessons learned from the pandemic to improve and create a stronger public health system that provides equal levels of service for everyone in Washington state. This included requiring a better balance between elected officials and nonelected people with diversity of expertise and lived experience, such as Tribal representatives.

Despite the law becoming effective July that same year, Spokane County has yet to have any Tribal representation on its local health board. Spokane's Board of County Commissioners denied the representative in 2022 because the appointment letter included an alternate, claiming the law only allows for a single Tribal representative.



PASSING THE BATON

It was clear further state action was needed.

Sen. Riccelli brought me in to help ensure the good work that began in Spokane could truly make a difference, as intended.

I also brought in support from my fellow freshman, Rep. Lisa Parshley (LD-22), who connected us with the Nisqually Tribe and other Thurston County Native, broadening our scope of stakeholders.

As we brought in additional perspectives, we improved and refined the policy to best ensure effective implementation.

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- In counties with federally recognized tribes or organizations that serve Native American communities, the new law requires the inclusion of a tribal representative from each tribe and organization on the local board of health.

NATIVE REPRESENTATION

- This ensures that the health needs and views of Native American communities are directly involved in local health decisions.

ADDITIONAL PROVISIONS

BOARD COMPOSITION AND SELECTION

The law lays out a clear process for choosing non-elected members of the health board. This includes public health professionals, health care providers, and residents who have faced public health inequalities. The recruitment of individuals from historically marginalized communities is emphasized, with a focus on diverse expertise and experience.

HEALTH DISTRICTS

The law applies these requirements to health districts that cover several counties, ensuring that all areas within a district, including tribes, have representation. It also sets rules for including community stakeholders, business representatives, and military veterans.

LOCAL HEALTH JURISDICTIONS

The new law guarantees that boards of health, whether made up of a single county or multiple counties, have enough representation from both elected officials and community members with varied health-related backgrounds.

PROMOTING HEALTH EQUITY

REPRESENTATION MATTERS!

- Tribal members face numerous barriers that result from state systems built without input and/or collaboration with Tribal governments or AI/AN subject matter experts.
- Tribes and Native health organizations are the experts in designing and delivering culturally competent and effective programs and services to their community members and understand the complexities that can arise.
- By requiring tribal representation and focusing on underserved populations, this new law will help tackle health disparities in Washington, especially for Native communities.

STRENGTHENING PUBLIC HEALTH POLICY

A diverse board, made up of professionals and community members, improves decision-making and leads to better public health outcomes.





FOSTERING TRUST AND ACCOUNTABILITY

Including tribal and community stakeholders builds trust between health authorities and residents, helping ensure policies meet the needs of all groups.



REP. LISA PARSHLEY

Thank you to those who helped get
this policy over the finish line!



SEN. MARCUS RICCELLI



Questions?

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