

Chapter 70.05 RCW
LOCAL HEALTH DEPARTMENTS, BOARDS, OFFICERS—REGULATIONS

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Health districts: Chapter 70.46 RCW.

State board of health: Chapter 43.20 RCW.

RCW 70.05.010 Definitions. For the purposes of chapters 70.05 and 70.46 RCW and unless the context thereof clearly indicates to the contrary:

(1) "Local health departments" means the county or district which provides public health services to persons within the area.

(2) "Local health officer" means the legally qualified physician who has been appointed as the health officer for the county or district public health department.

(3) "Local board of health" means the county or district board of health.

(4) "Health district" means all the territory consisting of one or more counties organized pursuant to the provisions of chapters 70.05 and 70.46 RCW.

(5) "Department" means the department of health. [1993 c 492 s 234; 1967 ex.s. c 51 s 1.]

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

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

Severability—1967 ex.s. c 51: "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." [1967 ex.s. c 51 s 24.]

RCW 70.05.030 Counties—Local board of health—Jurisdiction. (1) Except as provided in subsection (2) of this section, for counties without a home rule charter, the board of county commissioners and the members selected under (a) and (e) of this subsection, shall constitute the local board of health, unless the county is part of a health district pursuant to chapter 70.46 RCW. For counties without a home rule charter where the board of county commissioners is comprised of five commissioners, the board of county commissioners may adopt an ordinance reducing the number of county commissioners that are members of the local board of health, provided that the board of health includes at least one county commissioner. The jurisdiction of the local board of health shall be coextensive with the boundaries of the county.

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

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

(A) Medical ethicists;

(B) Epidemiologists;

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

(D) Community health workers;

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

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

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

- (I) Physicians or osteopathic physicians;
- (II) Advanced practice registered nurses;
- (III) Physician assistants or osteopathic physician assistants;
- (IV) Registered nurses;
- (V) Dentists;
- (VI) Naturopaths; or
- (VII) Pharmacists;

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

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

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

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

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

(e) If a federally recognized Indian tribe holds reservation or trust lands within the county, or if an urban Indian organization recognized by the Indian health service and registered as a 501(c)(3) organization in Washington that serves American Indian and Alaska Native people provides services within the county, the board of health must allow a tribal representative from each tribe and each organization, as selected by such tribe or organization, to serve as a member and must notify the American Indian health commission.

(f) The board of county commissioners may, at its discretion, adopt an ordinance expanding the size and composition of the board of health to include elected officials from cities and towns and persons other than elected officials as members so long as the city and county elected officials do not constitute a majority of the total membership of the board.

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

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

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

(j) The number of members selected or included under (a) and (e) of this subsection must equal the number of city and county elected officials on the board of health. If a member is added under (e) of this subsection, the board of county commissioners shall modify the membership of the board:

(i) In compliance with timelines established by the state board of health in rule once such rules are in effect; and

(ii) Until the rules in (j)(i) of this subsection are in effect, within 60 days of receipt of notice of the selection of a tribal representative.

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in RCW 70.46.140 for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section. [2025 c 260 s 1; 2024 c 37 s 1; 2021 c 205 s 3; 1995 c 43 s 6; 1993 c 492 s 235; 1967 ex.s. c 51 s 3.]

Rule making—2025 c 260: "The state board of health shall adopt rules establishing timelines for modifying the membership of a local board of health as required by sections 1 through 4 of this act, which must go into effect no later than one year after July 27, 2025." [2025 c 260 s 5.]

Effective date—2021 c 205 ss 3-6: "Sections 3 through 6 of this act take effect July 1, 2022." [2021 c 205 s 9.]

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

Effective dates—Contingent effective dates—1995 c 43: "(1) Sections 15 and 16 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect June 30, 1995.

(2) Sections 1 through 5, 12, and 13 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect July 1, 1995.

(3) Section 9 of 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 shall take effect immediately [April 17, 1995].

(4) *Sections 6 through 8, 10, and 11 of this act take effect January 1, 1996, if funding of at least two million two hundred fifty thousand dollars, is provided by June 30, 1995, in the 1995 omnibus appropriations act or as a result of the passage of Senate Bill No. 6058, to implement the changes in public health governance as outlined in this act. If such funding is not provided, sections 6 through 8, 10, and 11 of this act shall take effect January 1, 1998." [1995 c 43 s 17.]

***Reviser's note:** The 1995 omnibus appropriations act, chapter 18, Laws of 1995 2nd sp. sess. provided two million two hundred fifty thousand dollars.

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

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

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

RCW 70.05.035 Home rule charter counties—Local board of health.

(1) Except as provided in subsection (2) of this section, for home rule charter counties, the county legislative authority shall establish a local board of health and may prescribe the membership and selection process for the board. The membership of the local board of health must also include the members selected under (a) and (e) of this subsection.

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

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

- (A) Medical ethicists;
- (B) Epidemiologists;
- (C) Experienced in environmental public health, such as a registered sanitarian;
- (D) Community health workers;
- (E) Holders of master's degrees or higher in public health or the equivalent;
- (F) Employees of a hospital located in the county; or
- (G) Any of the following providers holding an active or retired license in good standing under Title 18 RCW:
 - (I) Physicians or osteopathic physicians;
 - (II) Advanced practice registered nurses;
 - (III) Physician assistants or osteopathic physician assistants;
 - (IV) Registered nurses;
 - (V) Dentists;
 - (VI) Naturopaths; or
 - (VII) Pharmacists;

(ii) Consumers of public health. This category consists of county residents who have self-identified as having faced significant health inequities or as having lived experiences with public health-related programs such as: The special supplemental nutrition program for women, infants, and children; the supplemental nutrition program; home

visiting; or treatment services. It is strongly encouraged that individuals from historically marginalized and underrepresented communities are given preference. These individuals may not be elected officials and may not have any fiduciary obligation to a health facility or other health agency, and may not have a material financial interest in the rendering of health services; and

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

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

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

(C) The business community; or

(D) The environmental public health regulated community.

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

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

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

(e) If a federally recognized Indian tribe holds reservation or trust lands within the county, or if an urban Indian organization recognized by the Indian health service and registered as a 501(c)(3) organization in Washington that serves American Indian and Alaska Native people provides services within the county, the board of health must allow a tribal representative from each tribe and each organization, as selected by such tribe or organization, to serve as a member and must notify the American Indian health commission.

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

(g) Except as provided in (a) and (e) of this subsection, the county legislative authority shall specify the appointment, term, and compensation or reimbursement of expenses.

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

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

(j) The number of members selected or included under (a) and (e) of this subsection must equal the number of city and county elected officials on the board of health. If a member is added under (e) of this subsection, the county legislative authority shall modify the membership of the board:

(i) In compliance with timelines established by the state board of health in rule once such rules are in effect; and

(ii) Until the rules in (j)(i) of this subsection are in effect, within 60 days of receipt of notice of the selection of a tribal representative.

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

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

(2) A local board of health comprised solely of elected officials may retain this composition if the local health jurisdiction had a public health advisory committee or board with its own bylaws established on January 1, 2021. By January 1, 2022, the public health advisory committee or board must meet the requirements established in RCW 70.46.140 for community health advisory boards. Any future changes to local board of health composition must meet the requirements of subsection (1) of this section. [2025 c 260 s 2; 2021 c 205 s 4; 1995 c 43 s 7; 1993 c 492 s 237.]

Rule making—2025 c 260: See note following RCW 70.05.030.

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

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

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

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

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

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

RCW 70.05.040 Local board of health—Chair—Administrative officer—Vacancies. The local board of health shall elect a chair and may appoint an administrative officer. A local health officer shall be appointed pursuant to RCW 70.05.050. Vacancies on the local board of health shall be filled by appointment within thirty days and made in the same manner as was the original appointment. At the first meeting of the local board of health, the members shall elect a chair to serve for a period of one year. [1993 c 492 s 236; 1984 c 25 s 1; 1983 1st ex.s. c 39 s 1; 1967 ex.s. c 51 s 4.]

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

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

RCW 70.05.045 Administrative officer—Responsibilities. The administrative officer shall act as executive secretary and administrative officer for the local board of health, and shall be

responsible for administering the operations of the board including such other administrative duties required by the local health board, except for duties assigned to the health officer as enumerated in RCW 70.05.070 and other applicable state law. [1984 c 25 s 2.]

RCW 70.05.050 Local health officer—Qualifications—Employment of personnel—Salary and expenses. The local health officer shall be an experienced physician licensed to practice medicine and surgery or osteopathic medicine and surgery in this state and who is qualified or provisionally qualified in accordance with the standards prescribed in RCW 70.05.051 through 70.05.055 to hold the office of local health officer. No term of office shall be established for the local health officer but the local health officer shall not be removed until after notice is given, and an opportunity for a hearing before the board or official responsible for his or her appointment under this section as to the reason for his or her removal. The local health officer shall act as executive secretary to, and administrative officer for the local board of health and shall also be empowered to employ such technical and other personnel as approved by the local board of health except where the local board of health has appointed an administrative officer under RCW 70.05.040. The local health officer shall be paid such salary and allowed such expenses as shall be determined by the local board of health. In home rule counties that are part of a health district under this chapter and chapter 70.46 RCW the local health officer and administrative officer shall be appointed by the local board of health. [1996 c 178 s 19; 1995 c 43 s 8; 1993 c 492 s 238; 1984 c 25 s 5; 1983 1st ex.s. c 39 s 2; 1969 ex.s. c 114 s 1; 1967 ex.s. c 51 s 9.]

Effective date—1996 c 178: See note following RCW 18.35.110.

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

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

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

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

RCW 70.05.051 Local health officer—Qualifications. The following persons holding licenses as required by RCW 70.05.050 shall be deemed qualified to hold the position of local health officer:

(1) Persons holding the degree of master of public health or its equivalent;

(2) Persons not meeting the requirements of subsection (1) of this section, who upon August 11, 1969 are currently employed in this state as a local health officer and whom the secretary of social and health services recommends in writing to the local board of health as qualified; and

(3) Persons qualified by virtue of completing three years of service as a provisionally qualified officer pursuant to RCW 70.05.053 through 70.05.055. [1979 c 141 s 75; 1969 ex.s. c 114 s 2.]

RCW 70.05.053 Provisionally qualified local health officers—Appointment—Term—Requirements. A person holding a license required by RCW 70.05.050 but not meeting any of the requirements for qualification prescribed by RCW 70.05.051 may be appointed by the board or official responsible for appointing the local health officer under RCW 70.05.050 as a provisionally qualified local health officer for a maximum period of three years upon the following conditions and in accordance with the following procedures:

- (1) He or she shall participate in an in-service orientation to the field of public health as provided in RCW 70.05.054, and
- (2) He or she shall satisfy the secretary of health pursuant to the periodic interviews prescribed by RCW 70.05.055 that he or she has successfully completed such in-service orientation and is conducting such program of good health practices as may be required by the jurisdictional area concerned. [1991 c 3 s 305; 1983 1st ex.s. c 39 s 3; 1979 c 141 s 76; 1969 ex.s. c 114 s 3.]

RCW 70.05.054 Provisionally qualified local health officers—In-service public health orientation program. The secretary of health shall provide an in-service public health orientation program for the benefit of provisionally qualified local health officers.

Such program shall consist of—

- (1) A three months course in public health training conducted by the secretary either in the state department of health, in a county and/or city health department, in a local health district, or in an institution of higher education; or
- (2) An on-the-job, self-training program pursuant to a standardized syllabus setting forth the major duties of a local health officer including the techniques and practices of public health principles expected of qualified local health officers: PROVIDED, That each provisionally qualified local health officer may choose which type of training he or she shall pursue. [1991 c 3 s 306; 1979 c 141 s 77; 1969 ex.s. c 114 s 4.]

RCW 70.05.055 Provisionally qualified local health officers—Interview—Evaluation as to qualification as local public health officer. Each year, on a date which shall be as near as possible to the anniversary date of appointment as provisional local health officer, the secretary of health or his or her designee shall personally visit such provisional officer's office for a personal review and discussion of the activity, plans, and study being carried on relative to the provisional officer's jurisdictional area: PROVIDED, That the third such interview shall occur three months prior to the end of the three year provisional term. A standardized checklist shall be used for all such interviews, but such checklist shall not constitute a grading sheet or evaluation form for use in the ultimate decision of qualification of the provisional appointee as a public health officer.

Copies of the results of each interview shall be supplied to the provisional officer within two weeks following each such interview.

Following the third such interview, the secretary shall evaluate the provisional local health officer's in-service performance and shall notify such officer by certified mail of his or her decision whether or not to qualify such officer as a local public health

officer. Such notice shall be mailed at least sixty days prior to the third anniversary date of provisional appointment. Failure to so mail such notice shall constitute a decision that such provisional officer is qualified. [1991 c 3 s 307; 1979 c 141 s 78; 1969 ex.s. c 114 s 5.]

RCW 70.05.060 Powers and duties of local board of health. Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and shall:

(1) Enforce through the local health officer or the administrative officer appointed under RCW 70.05.040, if any, the public health statutes of the state and rules promulgated by the state board of health and the secretary of health;

(2) Supervise the maintenance of all health and sanitary measures for the protection of the public health within its jurisdiction;

(3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof;

(4) Provide for the control and prevention of any dangerous, contagious or infectious disease within the jurisdiction of the local health department;

(5) Provide for the prevention, control and abatement of nuisances detrimental to the public health;

(6) Make such reports to the state board of health through the local health officer or the administrative officer as the state board of health may require; and

(7) Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the state board of health: PROVIDED, That such fees for services shall not exceed the actual cost of providing any such services. [1991 c 3 s 308; 1984 c 25 s 6; 1979 c 141 s 79; 1967 ex.s. c 51 s 10.]

RCW 70.05.070 Local health officer—Powers and duties. The local health officer, acting under the direction of the local board of health or under direction of the administrative officer appointed under RCW 70.05.040 or 70.05.035, if any, shall:

(1) Enforce the public health statutes of the state, rules of the state board of health and the secretary of health, and all local health rules, regulations and ordinances within his or her jurisdiction including imposition of penalties authorized under RCW 70A.125.030 and 70A.105.120, the confidentiality provisions in RCW 70.02.220 and rules adopted to implement those provisions, and filing of actions authorized by RCW 43.70.190;

(2) Take such action as is necessary to maintain health and sanitation supervision over the territory within his or her jurisdiction;

(3) Control and prevent the spread of any dangerous, contagious or infectious diseases that may occur within his or her jurisdiction;

(4) Inform the public as to the causes, nature, and prevention of disease and disability and the preservation, promotion and improvement of health within his or her jurisdiction;

(5) Prevent, control or abate nuisances which are detrimental to the public health;

(6) Attend all conferences called by the secretary of health or his or her authorized representative;

(7) Collect such fees as are established by the state board of health or the local board of health for the issuance or renewal of licenses or permits or such other fees as may be authorized by law or by the rules of the state board of health;

(8) Inspect, as necessary, expansion or modification of existing public water systems, and the construction of new public water systems, to assure that the expansion, modification, or construction conforms to system design and plans;

(9) Take such measures as he or she deems necessary in order to promote the public health, to participate in the establishment of health educational or training activities, and to authorize the attendance of employees of the local health department or individuals engaged in community health programs related to or part of the programs of the local health department. [2020 c 20 s 1066; 2013 c 200 s 26; 2007 c 343 s 10; 1999 c 391 s 5; 1993 c 492 s 239; 1991 c 3 s 309; 1990 c 133 s 10; 1984 c 25 s 7; 1979 c 141 s 80; 1967 ex.s. c 51 s 12.]

Effective date—2013 c 200: See note following RCW 70.02.010.

Findings—Purpose—1999 c 391: See note following RCW 70.05.180.

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

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

Findings—Severability—1990 c 133: See notes following RCW 36.94.140.

RCW 70.05.072 Local health officer—Authority to grant waiver from on-site sewage system requirements. The local health officer may grant a waiver from specific requirements adopted by the state board of health for on-site sewage systems if:

(1) The on-site sewage system for which a waiver is requested is for sewage flows under three thousand five hundred gallons per day;

(2) The waiver request is evaluated by the local health officer on an individual, site-by-site basis;

(3) The local health officer determines that the waiver is consistent with the standards in, and the intent of, the state board of health rules; and

(4) The local health officer submits quarterly reports to the department regarding any waivers approved or denied.

Based on review of the quarterly reports, if the department finds that the waivers previously granted have not been consistent with the standards in, and intent of, the state board of health rules, the department shall provide technical assistance to the local health officer to correct the inconsistency, and may notify the local and state boards of health of the department's concerns.

If upon further review of the quarterly reports, the department finds that the inconsistency between the waivers granted and the state

board of health standards has not been corrected, the department may suspend the authority of the local health officer to grant waivers under this section until such inconsistencies have been corrected. [1995 c 263 s 1.]

RCW 70.05.074 On-site sewage system permits—Application—Limitation of alternative sewage systems. (1) The local health officer must respond to the applicant for an on-site sewage system permit within thirty days after receiving a fully completed application. The local health officer must respond that the application is either approved, denied, or pending.

(2) If the local health officer denies an application to install an on-site sewage system, the denial must be for cause and based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. The local health officer must provide the applicant with a written justification for the denial, along with an explanation of the procedure for appeal.

(3) If the local health officer identifies the application as pending and subject to review beyond thirty days, the local health officer must provide the applicant with a written justification that the site-specific conditions or circumstances necessitate a longer time period for a decision on the application. The local health officer must include any specific information necessary to make a decision and the estimated time required for a decision to be made.

(4) A local health officer may not limit the number of alternative sewage systems within his or her jurisdiction without cause. Any such limitation must be based upon public health and environmental protection concerns, including concerns regarding the ability to operate and maintain the system, or conflicts with other existing laws, regulations, or ordinances. If such a limitation is established, the local health officer must justify the limitation in writing, with specific reasons, and must provide an explanation of the procedure for appealing the limitation. [1997 c 447 s 2.]

Finding—Purpose—1997 c 447: "The legislature finds that improperly designed, installed, or maintained on-site sewage disposal systems are a major contributor to water pollution in this state. The legislature also recognizes that evolving technology has produced many viable alternatives to traditional on-site septic systems. It is the purpose of this act to help facilitate the siting of new alternative on-site septic systems and to assist local governments in promoting efficient operation of on-site septic *these systems." [1997 c 447 s 1.]

***Reviser's note:** Due to a drafting error, the word "these" was not removed when this sentence was rewritten.

Construction—1997 c 447 ss 2-4: "Nothing in sections 2 through 4 of this act may be deemed to eliminate any requirements for approval from public health agencies under applicable law in connection with the siting, design, construction, and repair of on-site septic systems." [1997 c 447 s 6.]

RCW 70.05.077 Department of health—Training—On-site sewage systems—Application of the waiver authority—Topics—Availability.

(1) The department of health, in consultation and cooperation with local environmental health officers, shall develop a one-day course to train local environmental health officers, health officers, and environmental health specialists and technicians to address the application of the waiver authority granted under RCW 70.05.072 as well as other existing statutory or regulatory flexibility for siting on-site sewage systems.

(2) The training course shall include the following topics:

(a) The statutory authority to grant waivers from the state on-site sewage system rules;

(b) The regulatory framework for the application of on-site sewage treatment and disposal technologies, with an emphasis on the differences between rules, standards, and guidance. The course shall include instruction on interpreting the intent of a rule rather than the strict reading of the language of a rule, and also discuss the liability assumed by a unit of local government when local rules, policies, or practices deviate from the state administrative code;

(c) The application of site evaluation and assessment methods to match the particular site and development plans with the on-site sewage treatment and disposal technology suitable to protect public health to at least the level provided by state rule; and

(d) Instruction in the concept and application of mitigation waivers.

(3) The training course shall be made available to all local health departments and districts in various locations in the state without fee. Updated guidance documents and materials shall be provided to all participants, including examples of the types of waivers and processes that other jurisdictions in the region have granted and used. The first training conducted under this section shall take place by June 30, 1999. [1998 c 34 s 3.]

Intent—1998 c 34: "(1) The 1997 legislature directed the department of health to convene a work group for the purpose of making recommendations to the legislature for the development of a certification program for occupations related to on-site septic systems, including those who pump, install, design, perform maintenance, inspect, or regulate on-site septic systems. The work group was convened and studied issues relating to certification of people employed in these occupations, bonding levels, and other standards related to these occupations. In addition, the work group examined the application of a risk analysis pertaining to the installation and maintenance of different types of septic systems in different parts of the state. A written report containing the work group's findings and recommendations was submitted to the legislature as directed.

(2) The legislature recognizes that the recommendations of the work group must be phased-in over a time period in order to develop the necessary scope of work requirements, knowledge requirements, public protection requirements, and other criteria for the upgrading of these occupations. It is the intent of the legislature to start implementing the work group's recommendations by focusing first on the occupations that are considered to be the highest priority, and to address the other occupational recommendations in subsequent sessions." [1998 c 34 s 1.]

RCW 70.05.080 Local health officer—Failure to appoint—

Procedure. If the local board of health or other official responsible for appointing a local health officer under RCW 70.05.050 refuses or neglects to appoint a local health officer after a vacancy exists, the secretary of health may appoint a local health officer and fix the compensation. The local health officer so appointed shall have the same duties, powers and authority as though appointed under RCW 70.05.050. Such local health officer shall serve until a qualified individual is appointed according to the procedures set forth in RCW 70.05.050. The board or official responsible for appointing the local health officer under RCW 70.05.050 shall also be authorized to appoint an acting health officer to serve whenever the health officer is absent or incapacitated and unable to fulfill his or her responsibilities under the provisions of chapters 70.05 and 70.46 RCW. [1993 c 492 s 240; 1991 c 3 s 310; 1983 1st ex.s. c 39 s 4; 1979 c 141 s 81; 1967 ex.s. c 51 s 13.]

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

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

RCW 70.05.090 Physicians to report diseases. Whenever any physician shall attend any person sick with any dangerous contagious or infectious disease, or with any diseases required by the state board of health to be reported, he or she shall, within twenty-four hours, give notice thereof to the local health officer within whose jurisdiction such sick person may then be or to the state department of health in Olympia. [1991 c 3 s 311; 1979 c 141 s 82; 1967 ex.s. c 51 s 14.]

RCW 70.05.100 Determination of character of disease. In case of the question arising as to whether or not any person is affected or is sick with a dangerous, contagious or infectious disease, the opinion of the local health officer shall prevail until the state department of health can be notified, and then the opinion of the executive officer of the state department of health, or any physician he or she may appoint to examine such case, shall be final. [1991 c 3 s 312; 1979 c 141 s 83; 1967 ex.s. c 51 s 15.]

RCW 70.05.110 Local health officials and physicians to report contagious diseases. It shall be the duty of the local board of health, health authorities or officials, and of physicians in localities where there are no local health authorities or officials, to report to the state board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or leprosy, and of such other contagious or infectious diseases as the state board may from time to time specify. [1967 ex.s. c 51 s 16.]

RCW 70.05.120 Violations—Remedies—Penalties. (1) Any local health officer or administrative officer appointed under RCW 70.05.040, if any, who shall refuse or neglect to obey or enforce the provisions of chapters 70.05, 70.24, and 70.46 RCW or the rules, regulations or orders of the state board of health or who shall refuse or neglect to make prompt and accurate reports to the state board of health, may be removed as local health officer or administrative officer by the state board of health and shall not again be reappointed except with the consent of the state board of health. Any person may complain to the state board of health concerning the failure of the local health officer or administrative officer to carry out the laws or the rules and regulations concerning public health, and the state board of health shall, if a preliminary investigation so warrants, call a hearing to determine whether the local health officer or administrative officer is guilty of the alleged acts. Such hearings shall be held pursuant to the provisions of chapter 34.05 RCW, and the rules and regulations of the state board of health adopted thereunder.

(2) Any member of a local board of health who shall violate any of the provisions of chapters 70.05, 70.24, and 70.46 RCW or refuse or neglect to obey or enforce any of the rules, regulations or orders of the state board of health made for the prevention, suppression or control of any dangerous contagious or infectious disease or for the protection of the health of the people of this state, is guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars.

(3) Any physician who shall refuse or neglect to report to the proper health officer or administrative officer within twelve hours after first attending any case of contagious or infectious disease or any diseases required by the state board of health to be reported or any case suspicious of being one of such diseases, is guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars for each case that is not reported.

(4) Any person violating any of the provisions of chapters 70.05, 70.24, and 70.46 RCW or violating or refusing or neglecting to obey any of the rules, regulations or orders made for the prevention, suppression and control of dangerous contagious and infectious diseases by the local board of health or local health officer or administrative officer or state board of health, or who shall leave any isolation hospital or quarantined house or place without the consent of the proper health officer or who evades or breaks quarantine or conceals a case of contagious or infectious disease or assists in evading or breaking any quarantine or concealing any case of contagious or infectious disease, is guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not less than twenty-five dollars nor more than one hundred dollars or to imprisonment in the county jail not to exceed ninety days or to both fine and imprisonment. [2003 c 53 s 350; 1999 c 391 s 6; 1993 c 492 s 241; 1984 c 25 s 8; 1967 ex.s. c 51 s 17.]

Intent—Effective date—2003 c 53: See notes following RCW 2.48.180.

Findings—Purpose—1999 c 391: See note following RCW 70.05.180.

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

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

RCW 70.05.130 Expenses of state, health district, or county in enforcing health laws and rules—Payment by county. All expenses incurred by the state, health district, or county in carrying out the provisions of chapters 70.05 and 70.46 RCW or any other public health law, or the rules of the department of health enacted under such laws, shall be paid by the county and such expenses shall constitute a claim against the general fund as provided in this section. [1993 c 492 s 242; 1991 c 3 s 313; 1979 c 141 s 84; 1967 ex.s. c 51 s 18.]

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

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

RCW 70.05.150 Contracts for sale or purchase of health services authorized. In addition to powers already granted them, any county, district, or local health department may contract for either the sale or purchase of any or all health services from any local health department. [2011 c 27 s 4; 1993 c 492 s 243; 1967 ex.s. c 51 s 22.]

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

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

RCW 70.05.160 Moratorium on water, sewer hookups, or septic systems—Public hearing—Limitation on length. A local board of health that adopts a moratorium affecting water hookups, sewer hookups, or septic systems without holding a public hearing on the proposed moratorium, shall hold a public hearing on the adopted moratorium within at least sixty days of its adoption. If the board does not adopt findings of fact justifying its action before this hearing, then the board shall do so immediately after this public hearing. A moratorium adopted under this section may be effective for not longer than six months, but may be effective for up to one year if a work plan is developed for related studies providing for such a longer period. A moratorium may be renewed for one or more six-month periods if a subsequent public hearing is held and findings of fact are made prior to each renewal. [1992 c 207 s 7.]

RCW 70.05.170 Child fatality review. (1)(a) The legislature finds that the mortality rate in Washington state among infants and children less than 19 years of age is unacceptably high, and that such mortality may be preventable. The legislature further finds that, through the performance of child fatality reviews, preventable causes of child mortality can be identified and addressed, thereby reducing the infant and child mortality in Washington state.

(b) It is the intent of the legislature to encourage the performance of child fatality reviews by local health departments by

providing necessary legal protections to the families of children whose deaths are studied, local health department officials and employees, and health care professionals participating in child fatality review committee activities.

(2) As used in this section, "child fatality review" means a process authorized by a local health department as such department is defined in RCW 70.05.010 for examining factors that contribute to deaths of children up to 19 years of age. The process may include a systematic review of medical, clinical, and hospital records; home interviews of parents and caretakers of children who have died; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death.

(3) Local health departments are authorized to conduct child fatality reviews. In conducting such reviews, the following provisions shall apply:

(a) All health care information collected as part of a child fatality review is confidential, subject to the restrictions on disclosure provided for in chapter 70.02 RCW. When documents are collected as part of a child fatality review, the records may be used solely by local health departments for the purposes of the review.

(b) Local health departments and the department may retain identifiable information and geographic information on each case for the purposes of determining trends, performing analysis over time, and for quality improvement efforts. Information and records prepared, owned, used, or retained by the local health departments, their respective offices, or staff that reveals the identification and location of any person or persons being the subject of review shall not be made public in accordance with RCW 42.56.365.

(c) Any witness statements or documents collected from witnesses, or summaries or analyses of those statements or records prepared exclusively for purposes of a child fatality review, are not subject to public disclosure, discovery, subpoena, or introduction into evidence in any administrative or civil proceeding related to the death of a child reviewed. This provision does not restrict or limit the discovery or subpoena from a health care provider of records or documents maintained by such health care provider in the ordinary course of business, whether or not such records or documents may have been supplied to a local health department pursuant to this section. This provision shall not restrict or limit the discovery or subpoena of documents from such witnesses simply because a copy of a document was collected as part of a child fatality review.

(d) No local health department official or employee, and no members of technical committees established to perform case reviews of selected child deaths may be examined in any administrative or civil proceeding as to the existence or contents of documents assembled, prepared, or maintained for purposes of a child fatality review.

(e) This section shall not be construed to prohibit or restrict any person from reporting suspected child abuse or neglect under chapter 26.44 RCW, nor to limit access to or use of any records, documents, information, or testimony in any civil or criminal action arising out of any report made pursuant to chapter 26.44 RCW, nor to require disclosures in conflict with state or federal law.

(f) If the team identifies a current, reportable, and unresolved concern about child abuse or neglect, it may designate one member to make a report to the child abuse hotline. This subsection does not

create a mandatory duty under RCW 26.44.030 for any review team or individual review team member.

(4) To aid in a child fatality review, the local health department may:

(a) Request and receive data for specific fatalities including, but not limited to, all medical records related to the child death, autopsy reports, medical examiner reports, coroner reports, and school, the criminal justice system, law enforcement, and social services records; and

(b) Request and receive data described in (a) of this subsection from health care providers, health care facilities, clinics, schools, the criminal justice system, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department, local health departments, the health care authority and its licensees and providers, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers.

(5) Upon request by the local health department, health care providers, health care facilities, clinics, schools, the criminal justice system, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health departments, the health care authority and its licensees and providers, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers must provide all medical records related to the child, autopsy reports, medical examiner reports, coroner reports, social services records, and other data requested for specific child fatality reviews to the local health department. Data described in certifications and informational copies of birth and death records issued from the state vital records system shall be provided at no charge.

(6) The department shall assist local health departments to collect the reports of any child fatality reviews conducted by local health departments and assist with entering the reports into a database. All information submitted to the department and local health departments pursuant to this subsection is not subject to public disclosure, discovery, subpoena, or introduction into evidence in any civil, criminal, or administrative proceeding related to the death of a child reviewed. In addition, the department shall provide technical assistance to local health departments and child death review coordinators conducting child fatality reviews and encourage communication among child fatality review teams.

(a) This subsection does not prevent any person from testifying in a civil, criminal, or administrative action concerning facts that form the basis of a child fatality review for which the person had personal knowledge acquired independently of the child fatality review or which is public information.

(b) This subsection does not prevent the introduction of evidence into any civil, criminal, or administrative proceeding of information related to a child death acquired independently of the department or a local health jurisdiction or which is public information.

(7) This section does not prevent the department or a local health department from publishing statistical compilations and reports related to the child fatality review. Any portions of such compilations and reports that identify individual cases and sources of information must be redacted. These reports may be used in the development and coordination of statewide child fatality prevention

strategies and interventions. [2025 c 123 s 1; 2010 c 128 s 1; 2009 c 134 s 1; 1993 c 41 s 1; 1992 c 179 s 1.]

RCW 70.05.180 Infectious disease testing—Good samaritans—Rules.

A person rendering emergency care or transportation, commonly known as a "Good Samaritan," as described in RCW 4.24.300 and 4.24.310, may request and receive appropriate infectious disease testing free of charge from the local health department of the county of her or his residence, if: (1) While rendering emergency care she or he came into contact with bodily fluids; and (2) she or he does not have health insurance that covers the testing. Nothing in this section requires a local health department to provide health care services beyond testing. The department shall adopt rules implementing this section.

The information obtained from infectious disease testing is subject to statutory confidentiality provisions, including those of chapters 70.24 and 70.05 RCW. [1999 c 391 s 2.]

Findings—Purpose—1999 c 391: "The legislature finds that citizens who assist individuals in emergency situations perform a needed and valuable role that deserves recognition and support. The legislature further finds that emergency assistance in the form of mouth to mouth resuscitation or other emergency medical procedures resulting in the exchange of bodily fluids significantly increases the odds of being exposed to a deadly infectious disease. Some of the more life-threatening diseases that can be transferred during an emergency procedure where bodily fluids are exchanged include hepatitis A, B, and C, and human immunodeficiency virus (HIV). Individuals infected by these diseases value confidentiality regarding this information. A number of good samaritans who perform lifesaving emergency procedures such as cardiopulmonary resuscitation are unable to pay for the tests necessary for detecting infectious diseases that could have been transmitted during the emergency procedure. It is the purpose of this act to provide infectious disease testing at no cost to good samaritans who request testing for infectious diseases after rendering emergency assistance that has brought them into contact with a bodily fluid and to further protect the testing information once obtained through confidentiality provisions." [1999 c 391 s 1.]

Effective date—1999 c 391 ss 1 and 2: "Sections 1 and 2 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and take effect immediately [May 18, 1999]." [1999 c 391 s 7.]

RCW 70.05.190 On-site sewage program management plans—Authority of certain boards of health. (1) A local board of health in the twelve counties bordering Puget Sound implementing an on-site sewage program management plan may:

(a) Impose and collect reasonable rates or charges in an amount sufficient to pay for the actual costs of administration and operation of the on-site sewage program management plan; and

(b) Contract with the county treasurer to collect the rates or charges imposed under this section in accordance with RCW 84.56.035.

(2) In executing the provisions in subsection (1) of this section, a local board of health does not have the authority to impose a lien on real property for failure to pay rates and charges imposed by this section.

(3) Nothing in this section provides a local board of health with the ability to impose and collect rates and charges related to the implementation of an on-site sewage program management plan beyond those powers currently designated under RCW 70.05.060(7). [2012 c 175 s 1.]

RCW 70.05.200 On-site sewage system self-inspection. Nothing in this chapter prohibits a county from relying on self-inspection of on-site sewage systems consistent with RCW 36.70A.690 or eliminates the requirement that counties protect water quality consistent with RCW 36.70A.070 (1) and (5). [2017 c 105 s 3.]

RCW 70.05.210 Fatality review teams. (1) The legislature finds that the mortality rate in Washington state due to overdose, withdrawal related to substance abuse such as opiates, benzodiazepines, and alcohol, and suicide is unacceptably high and that such mortality may be preventable. The legislature further finds that, through the performance of overdose, withdrawal, and suicide fatality reviews, preventable causes of mortality can be identified and addressed, thereby reducing the number of overdose, withdrawal, and suicide fatalities in Washington state.

(2)(a) A local health department may establish multidisciplinary overdose, withdrawal, and suicide fatality review teams to review overdose, withdrawal, and suicide deaths and to develop strategies for the prevention of overdose, withdrawal, and suicide fatalities.

(b) The department shall assist local health departments to collect the reports of any overdose, withdrawal, and suicide fatality reviews conducted by local health departments and assist with entering the reports into a database to the extent that the data is not protected under subsection (3) of this section. Notwithstanding subsection (3) of this section, the department shall respond to any requests for data from the database to the extent permitted for health care information under chapters 70.02 and 70.225 RCW. In addition, the department shall provide technical assistance to local health departments and overdose, withdrawal, and suicide fatality review teams conducting overdose, withdrawal, and suicide fatality reviews and encourage communication among overdose, withdrawal, and suicide fatality review teams.

(c) All overdose, withdrawal, or suicide fatality reviews undertaken under this section shall be shared with the department, subject to the same confidentiality restrictions described in this section.

(3)(a) All health care information collected as part of an overdose, withdrawal, and suicide fatality review is confidential, subject to the restrictions on disclosure provided for in chapter 70.02 RCW. When documents are collected as part of an overdose, withdrawal, and suicide fatality review, the records may be used solely by local health departments for the purposes of the review.

(b) Information, documents, proceedings, records, and opinions created, collected, or maintained by the overdose, withdrawal, and suicide fatality review team or the local health department in support

of the review team are confidential and are not subject to public inspection or copying under chapter 42.56 RCW and are not subject to discovery or introduction into evidence in any civil or criminal action.

(c) Any person who was in attendance at a meeting of the review team or who participated in the creation, collection, or maintenance of the review team's information, documents, proceedings, records, or opinions may not be permitted or required to testify in any civil or criminal action as to the content of such proceedings, or the review team's information, documents, records, or opinions. This subsection does not prevent a member of the review team from testifying in a civil or criminal action concerning facts which form the basis for the overdose, withdrawal, and suicide fatality review team's proceedings of which the review team member had personal knowledge acquired independently of the overdose, withdrawal, and suicide fatality review team or which is public information.

(d) Any person who, in substantial good faith, participates as a member of the review team or provides information to further the purposes of the review team may not be subject to an action for civil damages or other relief as a result of the activity or its consequences.

(e) All meetings, proceedings, and deliberations of the overdose, withdrawal, and suicide fatality review team must be confidential and may be conducted in executive session.

(4) This section does not prevent a local health department from publishing statistical compilations and reports related to the overdose, withdrawal, and suicide fatality review. Any portions of such compilations and reports that identify individual cases and sources of information must be redacted.

(5) To aid in an overdose, withdrawal, and suicide fatality review, the local health department has the authority to:

(a) Request and receive data for specific overdose, withdrawal, and suicide fatalities including, but not limited to, all medical records related to the overdose, withdrawal, and suicide, autopsy reports, medical examiner reports, coroner reports, schools, criminal justice, law enforcement, and social services records; and

(b) Request and receive data as described in (a) of this subsection from health care providers, health care facilities, clinics, schools, criminal justice, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, the department of health and its licensees, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers.

(6) Upon request by the local health department, health care providers, health care facilities, clinics, schools, criminal justice, law enforcement, laboratories, medical examiners, coroners, professions and facilities licensed by the department of health, local health jurisdictions, the health care authority and its licensees and providers, the department of health and its licensees, the department of social and health services and its licensees and providers, and the department of children, youth, and families and its licensees and providers must provide all medical records related to the overdose, withdrawal, and suicide, autopsy reports, medical examiner reports, coroner reports, social services records, and other data requested for specific overdose, withdrawal, and suicide fatalities to perform an

overdose, withdrawal, and suicide fatality review to the local health department.

(7) For the purposes of this section, "overdose, withdrawal, and suicide fatality review" means a confidential process to review minor or adult overdose, withdrawal, and suicide deaths as identified through a death certificate; by a medical examiner or coroner; or by a process defined by the local department of health. The process may include a systematic review of medical, clinical, and hospital records related to the overdose, withdrawal, and suicide; confidential interviews conducted with the protections established in subsection (3) of this section; analysis of individual case information; and review of this information by a team of professionals in order to identify modifiable medical, socioeconomic, public health, behavioral, administrative, educational, and environmental factors associated with each death. [2022 c 190 s 1.]