

KITSAP PUBLIC HEALTH BOARD - AGENDA

November 6, 2018

1:45 p.m. to 3:00 p.m.

Norm Dicks Government Center, First Floor Chambers
Bremerton, Washington

- 1:45 p.m. 1. Call to Order
Mayor Becky Erickson, Chair
- 1:46 p.m. 2. Approval of October 2, 2018 Meeting Minutes
Mayor Becky Erickson, Chair
- 1:48 p.m. 3. Approval of Consent Items and Contract Updates: See Warrant and EFT
Registers and Contracts Signed Report
Mayor Becky Erickson, Chair
- 1:50 p.m. 4. Public Comment
Mayor Becky Erickson, Chair
- 2:00 p.m. 5. Health Officer and Administrator Reports
Dr. Susan Turner and Keith Grellner

POSSIBLE ACTION ITEM

- 2:10 p.m. 6. 2019 Legislative and Rulemaking Priorities for Kitsap Public Health
District
Keith Grellner, Administrator

DISCUSSION / INFORMATION ITEMS

- 2:20 p.m. 7. Executive Session: Pursuant to RCW 42.30.140(4)(b), Discussion Related
to Collective Bargaining
Rod Younker, Summit Law Group
- 2:55 p.m. 8. Executive Session: Pursuant to RCW 42.30.110(1)(g), Discussion Related
to Performance Review of a Public Employee
Karen Holt, Human Resources Manager
- 3:00 p.m. 9. Adjourn

**KITSAP PUBLIC HEALTH BOARD
MEETING MINUTES
Regular Meeting
October 2, 2018**

The meeting was called to order by Board Chair, Mayor Becky Erickson at 1:45 p.m.

REVIEW AND APPROVE AGENDA

There were no changes to the agenda.

BOARD MEETING MINUTES

Commissioner Charlotte Garrido moved, and Mayor Rob Putaansuu seconded the motion to approve the minutes for the September 4, 2018, regular meeting. The motion was approved unanimously.

CONSENT AGENDA

The October consent agenda included the following contracts:

- 1838, *Canon Financial, Copier Equipment Lease*
- 1854, *Washington State Department of Health, Group B Water Systems*

Mayor Putaansuu moved and Commissioner Garrido seconded the motion to approve the consent agenda, including the Contracts Update and Warrant and Electronic Funds Transfer Registers. The motion was approved unanimously.

PUBLIC COMMENT

There was no public comment.

HEALTH OFFICER/ADMINISTRATOR'S REPORT

Health Officer Update:

Dr. Susan Turner, Health Officer, provided the Board with two updates. First, she reminded the Board that the second annual Opioid Summit will be held October 17th from noon to 4:30 p.m. at the Clearwater Casino. The Summit will include a review of the project's history, updates on ongoing work (including tribal work), and Medicaid transformation efforts. Dr. Turner said the event should promote fresh participation in the steering committee and work groups. She also invited all the Board members to attend.

Next, Dr. Turner said flu season has begun. She reminded the Board that there is an annual influenza epidemic in the United States, within Washington, and locally in Kitsap County. In anticipation of this year's epidemic, the Health District issued a health advisory urging the medical community to support and administer flu vaccines as soon as they become available.

Dr. Turner explained that the Health District collects influenza surveillance information year-round, and that flu activity in Washington usually peaks in mid-winter. This year, Kitsap started experiencing sporadic influenza activity in August, which is not unusual. Last year, Kitsap experienced 17 flu-related deaths and 13 long term care (LTC) facility outbreaks. In 2016, there were 13 flu-related deaths and 20 LTC facility outbreaks.

Dr. Turner said the Centers for Disease Control and Prevention (CDC) rated last year's flu season as a high severity season. It was also one of the longest seasons. She said that this year's vaccines have been updated since the last flu season. The updated components of the vaccine are H3N2 and the B Component. She said that the nasal spray vaccine was not recommended the last two years, but the formula has been updated this year and is back on CDC list. She said the American Academy of Pediatrics recommends the nasal spray for those who would not normally get vaccinated. She said the CDC promotes that all flu vaccines will be effective. Dr. Turner reminded the Board that people can avoid getting sick by avoiding sick people, encouraging others who are sick to stay home, washing hands often and covering when coughing. She added that those at most risk (and those who care for them) should get vaccinated and seek early medical evaluation if they present symptoms. At risk people include children aged six months to five years, adults aged 50 and older, anyone with chronic diseases or who is immunocompromised, pregnant women, children taking chronic aspirin therapy, long term care facility residents, American Indians and Alaska Natives, and people with very high body mass indexes.

Commissioner Ed Wolfe said he respects Dr. Turner's medical judgement and asked what, in her expertise, supports why people should be vaccinated. Dr. Turner said the CDC is the expert on the issue and states that vaccination is a better tool than washing hands and other preventative measures. She added the vaccine has a 40 to 60 percent effectiveness rate during a normal influenza year. She said the low effectiveness rate of single components the last couple of years has been unusual. She said last year's flu vaccine was 40% effective overall.

Mayor Erickson said she remembers a lot of people getting sick last year and encouraged others to get vaccinated.

There was no further comment.

Administrator Update:

Mr. Keith Grellner, Administrator, provided the board with two updates and a report from the Finance Committee meeting.

Mr. Grellner said the Kitsap Sun and Seattle Times recently published a story about the new respite care program run by a collaboration among Harrison Hospital, CHI Franciscan, Catholic Community Services, and Peninsula Community Health Services. Health District Director Katie Eilers is recognized in the story as one of the people who helped spur the development of this program. He said the idea for this program came out of the Kitsap Community Health Priorities plan (KCHP) that was led by the Health District in 2014. He said this is a great example of

community collaboration to solve a problem, and the Health District is proud to have been a key partner in this effort.

Next, he informed the Board that the Health District held its first syringe exchange program workgroup meeting on October 1st. The workgroup resulted from the syringe exchange program presentation Ms. Eilers gave to the Board last month. He said Mayors Erickson and Wheeler were in attendance, as well as representatives from the City of Bremerton Police and Parks departments, Kitsap County Parks and Recreation, the Health District, and People's Harm Reduction Alliance, the Health District's contractor for syringe exchange.

The purpose of the workgroup is to review the program and to look for opportunities to improve the program and reduce or eliminate the occurrence of illegally discarded syringes in the environment.

He said the workgroup's next meeting is scheduled for November 5th and all board members are welcome to attend.

Lastly, Mr. Grellner gave a report from the September 25th Finance Committee meeting. Commissioner Garrido and Mayors Erickson and Wheeler are on the Committee. He said the meeting was for information only and no decisions were made by the Committee.

During the Finance Committee meeting on September 25th, the Health District presented the following information concerning the year-to-date status for the 2018 Budget, and a summary of the Draft 2019 Budget:

For the 2018 Budget through August 31st:

- The Health District's cash and investments fund balance currently meets the Board's budget policy of having a minimum of two months operating cash, and the Health District projects that at year's-end this budget goal will still be met.
- Year-to-date revenues are currently favorable and running *above* projections (73.8% actual vs. 66.7% target).
- Year-to-date expenditures are currently favorable and running *below* projections (63.8% actual vs. 66.7% target).
- The Health District cautiously projects that it may finish out the year with our budget close to balanced, potentially eliminating (or significantly reducing) the approved use of \$216,991 of reserve funds to balance the budget.

For the Draft 2019 Budget:

- The Health District is proposing a "status quo" budget for 2019 (i.e., no new programs are being proposed).
- Total Revenues are projected to be about 2.21% higher in 2019 (\$12.35M) than 2018 (\$12.08M).

- Total Expenditures are projected to be about 2.75% higher in 2019 (\$12.63M) than 2018 (\$12.29M).
- Personnel costs are the major expense category in the Draft Budget (79%), like the last six years.
- 101.28 FTE's are proposed for 2019, almost the same as the FTE levels in 2016 – 2018.
- Non-Personnel Costs are projected to decrease by 11.25% primarily due to reductions in Professional Services, Supplies, and computer-related software and hardware.
- Under this status quo budget, the current draft projects a possible deficit of about \$288,000 which would be covered through use of reserves if the Health District is not able to obtain more revenues throughout the budget year --- like budget years 2013 – 2018. However, the Health District is optimistic that it will be able to decrease the deficit through conservative spending practices and new revenues as it has for budget years 2013 – 2017, and likely 2018 (as reported above).
- The Draft 2019 Budget does not include any increases in general public health funding from the state or local board member jurisdictions. The Health District is working diligently to seek Foundational Public Health Services funding from the state and has requested an increase in funding from each local board member jurisdiction. Any funding increases from the state or locals will be used to reduce the current projected deficit.

The Health District is on-track to bring a budget to the Board for approval in December, pending the outcome of negotiations on a new collective bargaining agreement. Additional Finance Committee meetings are scheduled for October 18th and November 8th if needed. Mr. Grellner said he would keep the Finance Committee informed about the development of the 2019 Budget in preparation for possible budget adoption at the Board's regular meeting in December.

Mayor Putaansuu commented that the budget doesn't account for funding increases from the cities and noted there hasn't been a funding adjustment for population increases. He asked if that would occur. Mr. Grellner said population-based funding adjustments would require a more in-depth discussion with the Board, and that it would be great if the Board could discuss a Board funding policy down the road. He said the board has a budget policy, but not a formal funding policy for Board member jurisdictions.

Mayor Erickson said when people need something from public health, they need it now and gave examples of rabid bats and lake issues, among others. She said that often times the Health District is the only jurisdiction that legally can handle these problems. She suggested this be discussed by finance committee after budget season.

Mayor Putaansuu stated the population in Port Orchard has grown and said he would be supportive of a funding policy that had a baseline with modest increases related to population. Mr. Grellner thanked Mayor Putaansuu for his support and said it would help the Health District to have a little certainty about funding going forward.

Mayor Kol Medina said he also supports a Board funding policy.

There was no further comment.

REGULATIONS AND PERMITTING OF MOBILE FOOD UNITS/FOOD TRUCKS

Mr. Grellner introduced Ms. Dayna Katula, the new Food and Living Environment program manager.

Ms. Katula provided the Board with a presentation on the Health District's permitting process for mobile food units (i.e., food trucks). The presentation included information and additional details about the following:

- Mobile food unit definitions;
- The current Health District permitting process;
- Emerging mobile food unit regulatory issues; and
- A mobile food unit cross-jurisdictional pilot project.

Ms. Katula explained that food trucks have been around for over a century, but the industry has exploded in the last 10 years. She said the food truck industry is pushing for some changes in legislature and a new bill was recently approved which no longer requires food trucks to be attached to a brick and mortar building. Another proposed change increases the allowable maximum distance between the food truck and a readily accessible employee restroom.

Ms. Katula also explained that when food trucks move from county to county or local jurisdiction to local jurisdiction, the laws and regulations change, and the food trucks must adhere to those regulations. Because of this, a mobile unit cross jurisdictional pilot program is being developed by other local health jurisdictions around Puget Sound with input and guidance from the Washington State Department of Health. The program aims to make it easier for food trucks to operate within any of the five counties participating in the program. The program is still in the beginning stages of the process and is currently working on a universal plan review application. Ms. Katula explained that two of the biggest challenges of multi-jurisdictional permitting are responding to food borne illness outbreaks and differing fee structures. She said once all these things are worked out, the program will launch.

Mayor Rob Putaansuu asked if each county will still have its own fee and review or if there will be one fee for all the jurisdictions. Ms. Katula said this is still being worked out as far as permitting. However, she said with plan review, the food truck will go through whatever local health jurisdiction their kitchen is located in for their review.

Mayor Erickson said it is her understanding that King, Pierce, and Snohomish counties have a cooperative agreement that food trucks can travel between the three counties. Ms. Katula explained that Snohomish is accepting King's plan reviews as a pilot project but was not sure if it is a permanent change and does not apply to permitting.

Mayor Erickson said it would be nice if all the jurisdictions could have one permit that can be used by the mobile units in all the jurisdictions. She asked if this is the goal. Ms. Katula said that

will be determined by the pilot project. She added that this could pose an issue if a truck is permitted in Tacoma but violated health codes while operating in another jurisdiction, such as Kitsap. That Health District may not have authority to act.

Commissioner Wolfe asked if there was 24 mobile units permitted in the pilot project. Ms. Katula clarified that there are not currently any permitted under the pilot project, but there are 24 permanently permitted units in Kitsap county.

Mayor Erickson said that in Poulsbo, mobile units are required to have a temporary use permit, which is expensive. The city is currently working to eliminate the current process. She said there is a lot of interest in the food truck industry in the north end of the county, and that it will be great to move the pilot project forward.

Mayor Medina said it has always gotten the sense that food trucks are highly regulated. He said food trucks seem like a simple concept and it has surprised him how regulated they are. He asked if they are more regulated than a regular restaurant. Ms. Katula explained that food trucks are held to the same standards as any other food establishment and are given one additional inspection because they make the food in one location and serve it in another.

Mayor Medina said perhaps the challenge for food truck operators is getting permits to operate in certain locations.

Mayor Erickson added that she had two food truck operators talk to her about the barriers of high regulation on food trucks and difficulty traveling between counties as far as fees and process.

Mr. Grellner explained that the challenge in food trucks moving between counties is that the Health District can't inspect a food truck in another county. He reiterated what Ms. Katula said, that food trucks are not regulated any more than any other restaurant, but they encounter more challenges to serve food safely because they move around. He said if the Health District can't guarantee that food will be safe, this is a problem for the public.

There was no further comment.

EXECUTIVE SESSION: PURSUANT TO RCW 42.30.140(4)(B), DISCUSSION RELATED TO COLLECTIVE BARGAINING

At 2:29 p.m., Mayor Erickson announced the Board would adjourn for approximately 30 minutes for an Executive Session for discussion related to collective bargaining. Mayor Erickson said there would be no additional business and the regular meeting would adjourn immediately following executive session.

At 3:00 p.m., Mayor Erickson announced that the Executive Session had ended and opened the meeting to regular session.

ADJOURN

There was no further business; the meeting adjourned at 3:00 p.m.

Becky Erickson
Kitsap Public Health Board

Keith Grellner
Administrator

Board Members Present: *Mayor Becky Erickson; Commissioner Charlotte Garrido; Mayor Kol Medina; Mayor Rob Putaansuu; Mayor Greg Wheeler; Commissioner Ed Wolfe.*

Board Members Absent: *Commissioner Rob Gelder.*

Community Members Present: *Tad Sooter, Kitsap Sun; Rod Younker, Summit Law Group.*

Staff Present: *Angie Berger, Administrative Assistant, Administration; Katie Eilers, Director, Community Health Division; Piyanate Fay, Intern, Food and Living Environment; Karen Holt, Program Manager, Human Resources; Dayna Katula, Manager, Food and Living Environment; Ross Lytle, Senior Environmental Health Specialist, Food and Living Environment; Megan Moore, Community Liaison, Chronic Disease Prevention; Niels Nicolaisen, Senior Environmental Health Specialist, Food and Living Environment; Dr. Susan Turner, Health Officer, Administration; Jim Zimny, Assistant Director, Environmental Health Division.*

MEMO

To: Kitsap Public Health Board

From: Jan Brower, BA, MA, RS, Solid & Hazardous Waste Program Manager

Date: November 6, 2018

Re: Comparison of Statewide Secure Medicine Return (SMR) Law (RCW69.48) to Kitsap Public Health District's SMR Ordinance (Health Board Ordinance 2016-02)

At the Board's request, attached is a brief comparison of the [statewide SMR law](#) to the [Health District's SMR Ordinance](#) passed in late 2016 and implemented in 2017-2018. The attached table provides a more detailed comparison, showing how the various parts of the statewide law compare to the Health District's Ordinance. Differences have been highlighted and summarized below.

RCW 69.48 – The statewide SMR, was signed by the Governor on March 22, 2018 with an effective date of June 7, 2018. The new law requires the following:

- Drug manufacturers must submit a Drug Take-back Plan to the Department of Health (DOH) by July 1, 2019.
- Each city and town must have a minimum of one collection site, plus one additional collection site for every 50K residents within the population center (city or town plus 10-mile radius of unincorporated area)
- mail-back options and/or collection events for underserved areas
- education and promotion efforts
- paid for by manufacturers
- annual reporting
- review and update plan every 4 years
- enforcement authority to DOH
- our local program will operate for one year following the start of the State program.

Substantive Differences

The primary difference between our local SMR regulation and the new state law is the convenience standard. Both the local ordinance and the state law require one collection site in each city/town, but the local ordinance requires one additional collection site for every 30,000 people, whereas the state law requires one additional location for every 50,000 people. The Kitsap regulations governs SMR activities in Kitsap County until 12 months after state plan implementation.

The other difference is that the local Kitsap ordinance and program is already in effect and in use, whereas the earliest that the state law's program will take effect is April 2020.

Recommended Action

None --- for information and discussion only.

Please contact me with questions, concerns, or comments via phone at (360) 728-2310 or via email at jan.brower@kitsappublichealth.org .

Comparison of WA Secure Drug Take-Back Law (RCW 69.48) to Kitsap Secure Medicine Return Ordinance

RCW 69.48	Kitsap Secure Medicine Return Ordinance
<p>1. Local Laws (Local Preemption).</p> <p><u>No new local ordinances</u> regulating collection and disposal of drugs from residents once state law takes effect.</p> <p><u>Existing local laws grandfathered during a transition period.</u> Local Secure Medicine Return Regulations in effect when state law takes effect continue until 12 months after the start of the statewide drug take-back program.</p> <p>During the transition period, manufacturers must work to incorporate the local programs into the statewide program.</p>	<p>Not applicable.</p>
<p>2. Implementation Deadlines.</p> <p>June 7, 2018 - RCW effective date.</p> <p>September 2018 – distributors must provide a list of drug manufacturers for medicines sold in Washington State.</p> <p>March 2019 – manufacturers must notify all potential authorized collectors of opportunity to host a drop box.</p> <p>July 2019 – manufacturers submit program plan to DOH for review.</p> <p>October 2019 – DOH must approve or reject the plan.</p> <p>April 2020 – Earliest potential Start of Statewide Drug Take-back Program</p> <p>April 2021 – Earliest potential State pre-emption of Kitsap regulated Drug Take-back Program</p>	<p>Kitsap Program Start Date:</p> <p>March 22, 2018 – program initiated - Currently operational with 12 locations, 3-5 more to be added shortly.</p>
<p>3. Producer Participation Requirements.</p> <p>Every manufacturer whose “covered drugs” are sold in WA must participate in an approved drug take-back program, either individually or as a group.</p> <p>Program may be operated by the producer(s) or by an organization they hire.</p> <p>The definition of “covered manufacturer” is based on definitions used in WA State statute and used by the FDA. Manufacturer does <u>not</u> include retailers with a store brand drug or compounding pharmacists.</p>	<p>Kitsap ordinance is substantively same as state bill on producer participation and the definition of “producer” or “manufacturer”</p> <p>Kitsap Ordinance defines a standard stewardship plan that producers must participate in but allow a producer or group of producers to form an independent stewardship plan.</p>
<p>4. Medicines Accepted from Residents.</p> <p>Every collection site or method must accept:</p>	

Comparison of WA Secure Drug Take-Back Law RCW 69.48 to Kitsap Secure Medicine Return Ordinance

RCW 69.48	Kitsap Secure Medicine Return Ordinance
<ul style="list-style-type: none"> • Prescription drugs, including controlled substances • Over-the-counter drugs • in all forms (pill, liquid, cream, patch), including in medical devices like prefilled injector products with covered needle • includes vet medicines from residential sources. <p>If any “covered drug” cannot be comingled in the drop box, then manufacturers must provide an “alternative collection method”.</p> <p>Not accepted:</p> <ul style="list-style-type: none"> • OTC drugs that are cosmetics, e.g. lip balm. • vitamins, supplements, herbal, homeopathic products; • pet pesticide products; • drugs for which manufacturers already provide a take-back program as part of a FDA approved REMS strategy or for a biological product; • empty medical devices; • pharmaceutical wastes from business sources. 	<p>Kitsap ordinance is substantively same as state bill in medicines that must be accepted.</p>
<p>5. Convenient Collection System.</p> <p>Must provide reasonably convenient and equitable access for all residents. Multipart “service convenience goal”:</p> <ol style="list-style-type: none"> <u>“Opt-in” for Drop Box Locations:</u> Any DEA- authorized pharmacy or clinic/hospital, or law enforcement agency, that volunteers to host drop box <u>must</u> be included. All collectors participate voluntarily. <u>Minimum Number of Drop Boxes:</u> At least 1 drop box in every city or town. Plus 1 additional drop box for every 50,000 residents. <u>Unincorporated areas:</u> In areas outside cities/towns and on islands, a drop box must be provided at every potential authorized collector (unless collector is unwilling or unqualified). <u>Other collection methods to fill in service gaps:</u> In areas where the minimum number of drop boxes cannot be arranged, periodic collection events must be provided. <u>Mail-back:</u> prepaid return mailers must be provided to any resident on request; and provided to any retail pharmacy that offers to distribute mailers. 	<ol style="list-style-type: none"> Kitsap ordinance has “opt-in” requirement pharmacies and police station. The minimum number of drop boxes: Kitsap: 1 drop box per city/town with potential collector plus 1 additional drop box per 30,000 population Kitsap ordinance requires mail-back or collection events to fill in gaps in drop boxes. Kitsap ordinance requires mailers upon request to homebound residents, to their home service providers, or anyone who requests them.

Comparison of WA Secure Drug Take-Back Law RCW 69.48 to Kitsap Secure Medicine Return Ordinance

RCW 69.48	Kitsap Secure Medicine Return Ordinance
<p>The program must service drop boxes on a schedule that meets the needs of each collection site.</p> <p>Alternative collection methods must be provided for any covered drugs that cannot be comingled with other covered drugs in drop boxes, mailers, or at collection events.</p> <p>Medicine manufacturers must propose goals for collection amounts in their stewardship plan and explain how they achieved those goals in their annual report.</p>	
<p>6. Secure and Confidential Protocols for Handling Medicines & Packaging.</p> <p>The drug take-back program must:</p> <ul style="list-style-type: none"> • Use secure drug collection and handling procedures per the DEA’s Rule and other federal & state laws. • Protect confidential patient information on packaging. • Recycle packaging to the extent feasible. 	<p>Kitsap ordinance is substantively same as state bill on secure and confidential protocols.</p>
<p>7. Environmentally Sound Drug Disposal.</p> <p>Collected medicines must be destroyed at a properly permitted hazardous waste facility.</p> <p>DOH/Ecology may approve alternative methods:</p> <ul style="list-style-type: none"> ▪ Use of a large municipal waste combustor (e.g. a Waste-to-Energy facility) because of cost or logistical barriers to using a hazardous waste facility. ▪ Use of alternative disposal technologies that provide superior environmental and human health protection to high temperature incineration. 	<p>Kitsap ordinance is same as state bill on required disposal methods and facilities.</p>
<p>8. Program Promotion & Evaluation.</p> <p>Medicine manufacturers must conduct public education and outreach to:</p> <ul style="list-style-type: none"> • promote safe storage of medicines in the home; • explain use of drug take-back program to residents, pharmacists, retailers, health professionals, etc.; • discourage disposal of drugs in the solid waste, sewer or septic systems. <p>Manufacturers education activities must include:</p>	<p>Most promotion requirements in local ordinances are substantively same as state bill.</p> <ul style="list-style-type: none"> • All local ordinances require producers to discourage disposal of drugs in solid waste and sewer systems. • Some differences in the public awareness surveys that producers are required to conduct.

Comparison of WA Secure Drug Take-Back Law RCW 69.48 to Kitsap Secure Medicine Return Ordinance

RCW 69.48	Kitsap Secure Medicine Return Ordinance
<ul style="list-style-type: none"> ✓ website & toll-free telephone number ✓ materials for pharmacies, health-care facilities, etc. ✓ easily recognizable drop box design & clear instructions ✓ plain language and images, understandable to all residents. <p>If multiple stewardship plans are approved, the plans must coordinate their promotional activities.</p> <p>Manufacturers must annually evaluate the effectiveness of program promotion.</p> <p>Department of Health must conduct a public awareness survey after the first program year, and biennially. Result may require modification of the programs promotion and outreach to better achieve widespread awareness.</p> <p>Pharmacies are encouraged to promote the program.</p> <p>Pharmacies must provide the manufacturer’s materials to customers upon request.</p> <p>State agencies must promote safe medicine storage and use of drug take-back program through their normal communication methods.</p> <p>Local health jurisdictions and governments are encouraged to promote the drug take-back program.</p>	<ul style="list-style-type: none"> • The Kitsap ordinance requires that pharmacies distribute the manufacturers’ materials to customers upon request.
<p>9. Producer Financing & Shared Stakeholder Responsibilities.</p> <p>Drug manufacturers are primarily responsible for financing and providing the stewardship program.</p> <ul style="list-style-type: none"> • Manufacturers may not charge a specific fee to consumers at point-of-sale or at point-of-collection. • Manufacturers must apportion costs based on their sales revenue in WA. Sec. 5. • Collection supplies for drop-off sites including drop boxes, prepaid mailers, and any collection events. • Transportation and final disposal of collected drugs. • Program promotion and evaluation. • Law enforcement staff time for any collection events. • Administrative costs. • Payment of fees to DOH to reimburse agency oversight costs. 	<p>Kitsap ordinance is substantively same as state bill on producer financing responsibilities.</p> <p>Kitsap ordinance is silent on how producers apportion costs amongst themselves.</p>

Comparison of WA Secure Drug Take-Back Law RCW 69.48 to Kitsap Secure Medicine Return Ordinance

RCW 69.48	Kitsap Secure Medicine Return Ordinance
<p>10. Annual Reporting.</p> <p>Drug manufacturers must report annually on program results, including:</p> <ul style="list-style-type: none"> • pounds of medicines collected, by each collection method; • program operations and activities; • annual evaluation of how goals were met, and effectiveness of program promotion; • total expenditures for the program. 	<p>Kitsap ordinance is substantively same as state bill for annual reporting.</p>
<p>11. Oversight & Enforcement by Govt. Agency.</p> <p>Oversight by the Department of Health.</p> <ul style="list-style-type: none"> • Review/approve program plan. Review any plan changes. • Ensure compliance • Investigate complaints. • Review annual reports. <p>DOH shall report to the Legislature after a drug take-back program has been approved, after the 1st year of program operation, and biennially after that.</p> <p>DOH will contract with WA Poison Center to conduct a public survey prior to start of the program, and 4 years after the program has been operating to assess impacts on resident’s attitudes and behaviors.</p>	<p>Kitsap ordinance is substantively like state bill in government’s role in oversight and compliance. Local enforcement processes are utilized.</p> <p>Kitsap ordinance includes an annual report by the Health District to their Health Board on the program’s status and impact.</p>

MEMO

To: Kitsap Public Health Board
From: Keith Grellner
Date: November 6, 2018
Re: Response to Tami Mathisen Complaint Against Health District Food Program

Please find attached for your information: 1) A letter from Assistant Director of Environmental Health, Jim Zimny, to Ms. Tami Mathisen concerning a complaint she emailed to Commissioner Gelder on September 17, 2018; and 2) A copy of the emailed complaint from Ms. Mathisen.

If you have any questions or concerns, please let me know.

Attachments (2)

October 31, 2018

Ms. Tami Mathisen
P.O. Box 2025
Poulsbo, WA 98370

RE: Food Safety Concerns

Dear Ms. Mathisen,

The Kitsap Public Health District (Health District) is writing to summarize our October 1st, 2018 conversation about your food safety concerns and how the Health District responds to food establishment issues. In your email to Kitsap County Commissioner Robert Gelder, you reported concerns regarding restaurants opening without Health District approval; food code violations not being enforced by the Health District; a few nonspecific concerns regarding sanitation and hand wash sinks; and an allegation that a former Health District Food Program inspector was “corrupt and was accepting bribes and gifts”.

During our telephone conversation I explained our policies and procedures regarding both critical and non-critical food code violations, the reinspection and associated fee process, and how to interpret the food inspection reports found on our website. My impression of our conversation was that you now generally understand how our policies and procedures are used to protect public health through training and behavior change as well as how fees are set for necessary food establishment reinspections.

Of course, the most troubling aspect of your concerns were regarding a corrupt inspector. I inquired about this statement and you stated you had his business card and a voicemail from him that was threatening. You stated that you would provide the inspector’s name and forward a copy of the voicemail, to date, I have not received any information from you.

Our office, as well as our attorney’s office are very interested in any additional information you may have regarding this claim. As I stated in our conversation on October 22nd, 2018 it is in our best interest to investigate this thoroughly. Please forward any additional information to me.

Thank you,



Jim Zimny, RS | Assistant Director
Environmental Health Division
(360) 728-2300 Office
jim.zimny@kitsappublichealth.org

cc: Kitsap Public Health Board

Keith Grellner

From: Keith Grellner
Sent: Monday, September 17, 2018 4:00 PM
To: 'Robert Gelder'
Subject: RE: Contact from the Website

Thanks, Rob.

I will see what I can find out from my end and let you know.

I have not had any calls or contact from Ms. Mathisen.

-----Original Message-----

From: Robert Gelder <rgelder@co.kitsap.wa.us>
Sent: Monday, September 17, 2018 3:46 PM
To: Keith Grellner <keith.grellner@kitsappublichealth.org>
Subject: FW: Contact from the Website
Importance: High

FYI - looking to find a time to meet with Tami. Don't know the details.

Rob

Robert Gelder
Commissioner, District 1
Kitsap County
(360) 337-7080
rgelder@co.kitsap.wa.us
www.kitsapgov.com

General inquiries to:
kitsapcommissioners@co.kitsap.wa.us (360) 337-7080

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-----Original Message-----

From: Gmail Tami <tamimathisen@gmail.com>
Sent: Monday, September 17, 2018 1:09 PM
To: Robert Gelder <rgelder@co.kitsap.wa.us>
Subject: Re: Contact from the Website

Well, I'll let you decide, how about gross negligence and fraud in the health department food safety inspections. Over long periods of time, in many many many locations. On the North End.

Tami Mathisen

> On Sep 17, 2018, at 12:11 PM, Robert Gelder <rgelder@co.kitsap.wa.us> wrote:

>

> Tami,

>

> Thanks for reaching out. How urgent might it be? I'm booked all week and then heading out for vacation... given being away, I'm looking at the end of October for availability..

>

> Rob

>

> Robert Gelder

> Commissioner, District 1

> Kitsap County

> (360) 337-7080

> rgelder@co.kitsap.wa.us

> [https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.kitsapgov.com&c=E,1,eoV-FKqWPcKCTaa0Zc3t59UK02zAUrVjvEQI_QMeOqpu5c7KCr-9u6_HiyJQVTej](https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.kitsapgov.com&c=E,1,eoV-FKqWPcKCTaa0Zc3t59UK02zAUrVjvEQI_QMeOqpu5c7KCr-9u6_HiyJQVTejRQcZHF2OMnDpYsyyALgpRbsp-G3Rv8UF0IqZnaCE8JcCNkQEoycY&typo=1)

> [RQcZHF2OMnDpYsyyALgpRbsp-G3Rv8UF0IqZnaCE8JcCNkQEoycY&typo=1](https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.kitsapgov.com&c=E,1,eoV-FKqWPcKCTaa0Zc3t59UK02zAUrVjvEQI_QMeOqpu5c7KCr-9u6_HiyJQVTejRQcZHF2OMnDpYsyyALgpRbsp-G3Rv8UF0IqZnaCE8JcCNkQEoycY&typo=1)

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> General inquiries to:

> kitsapcommissioners@co.kitsap.wa.us (360) 337-7080

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>

> -----Original Message-----

> From: Gmail Tami <tamimathisen@gmail.com>

> Sent: Monday, September 17, 2018 12:04 PM

> To: Robert Gelder <rgelder@co.kitsap.wa.us>

> Subject: Contact from the Website

>

> Hello,

> I would like to make an appointment to talk with you.

> Thank you.

>

> Tami Mathisen

> 360-271-8924

MEMO

To: Kitsap Public Health Board

From: Keith Grellner, Administrator

Date: November 6, 2018

Re: 2019 Kitsap Public Health District Legislative and Rulemaking Priorities

Please find below for your review and approval the 2019 Kitsap Public Health District Legislative and Rule Making Priorities for the upcoming 2019 state legislative session. Health Board approval of these legislative priorities allows the Health District's Executive Leadership Team to advocate for (or against) priority legislation/rules as described herein.

The District's proposed 2019 legislative/rulemaking priorities are:

1. Support Foundational Public Health Services (FPHS) Legislation and Funding.

Description: Statutorily-directed revenues are needed to ensure that mandated and critical public health services --- such as disease and illness investigations --- are sufficient now and in the future. The state public health system (the state Department of Health, state Board of Health, local health jurisdictions, and tribal nations of Washington state) has developed an agreed upon set of core services (Foundational Public Health Services) that the state should financially support so that all Washingtonians have equal access to core public health programs and services. Many of these core services are required by statute. Although Washington's population has grown by more than one million residents since 2000, public health funding has decreased by 40% during that same period when adjusted for inflation and population growth. As a result, public health services have been reduced or eliminated due to insufficient funding, and there is more pressure on counties to make up the shortfalls in funding from the state.

The Board adopted Resolution 2016-17, Calling on the State Legislature to Recognize that Public Health is Essential and to Allocate Funding to Support Core Public Health Services. Commissioner Gelder is an active members of the state FPHS Policy Advisory Committee, Keith Grellner is on Steering Committee, Susan Turner is on the Technical Advisory Committee, and Katie Eilers is on the Communicable Disease Committee.

2. Oppose Reductions or Limitations in Funding or Service Fees for Existing Local Public Health Services and Oppose the Promulgation of New Unfunded Mandates to Local Health Jurisdictions.

Description: During the past few sessions, the Legislature has considered or enacted cuts to existing programs that fund public health work or has considered bills which would add new/additional work to local health jurisdictions without funding to cover the costs of implementing the new duties. The Legislature should account for negative financial impacts to local health jurisdictions before considering funding cuts or adding unfunded mandates.

3. Increase the Legal Age to Use or Purchase Tobacco and Vapor Products from 18 to 21 (“Tobacco 21”).

Description: It is our understanding State Attorney General, working with the Washington State Department of Health and a coalition of health groups, may again work to raise the age of purchase of tobacco statewide, which is intended to curb youth access. Raising the age is also important because we know that almost all regular smokers in our state begin using tobacco products before they are 21. The Health Board adopted Resolution 2016-12, Calling Upon the Washington State Legislature to Pass Legislation Raising the Sales Age for Tobacco and Vapor Products to 21 Years, in September 2016.

4. Eliminate or Increase Property Tax Cap Restrictions Imposed on Counties

Description: Since 2002, the state Legislature has capped annual county property tax increases to one percent, even though inflation and other costs to counties generally have been larger than one percent per year. Since Washington is a local-control state, the Legislature should remove the property tax cap and allow counties to determine their own property tax increase policies to account for factors like population growth and inflation.

5. Support State Opioid Response Plan.

Description: Support efforts to fund and implement the state Opioid Response Plan to effectively combat the opioid epidemic. Goals of the plan are to prevent misuse and abuse; treat abuse and dependence; prevent deaths from overdose; and use data to detect misuse and abuse, monitor morbidity and mortality, and evaluate interventions. This priority is a companion to the prescription drug monitoring and safe medicine return priorities.

6. Oppose Propositions to Allow Potentially Hazardous Foods to be Prepared and Sold Out of Residential Kitchens

Description: Home based food businesses --- where a residential kitchen is used to prepare foodstuffs for commercial sale --- have increased in popularity, especially those that market their goods through the internet. Existing state law and rules allow home based food businesses to prepare and sell non-potentially hazardous food (foods that do not depend on strict time or temperature controls to keep them safe for human consumption) in a residential kitchen. However, state rules prohibit the use of residential kitchens to prepare and sell potentially hazardous foods (PHF); PHF must be prepared in approved commercial kitchens that meet state regulations for sanitation and time-temperature controls.

There is increasing pressure from home based food organizations to weaken food safety rules to allow home kitchens to prepare and sell PHF even when they cannot meet state food safety rules for sanitation and time-temperature control.

With about 48 million cases of foodborne illnesses annually, including an estimated 128,000 hospitalizations and 3,000 deaths (according to USFDA), food rules should not be weakened to allow the commercial preparation of PHF in home kitchens.

7. Support Washington State Department of Health Agency Request for Legislation to update and modernize Washington's laws related to HIV/AIDS

Description: The End AIDS Washington report (PDF) recommends that we modernize Washington's HIV laws to reflect current science and reduce HIV-related stigma. Washington's laws related to HIV/AIDS primarily sit within Chapter 70.24 RCW, Control and Treatment of Sexually Transmitted Disease.

Many parts of the statute have not been updated, since they were enacted in 1988. The law is outdated and inconsistent with current state and national best practices. The Department of Health has developed proposed agency request legislation to update and modernize Washington's laws, while reducing HIV/AIDS exceptionalism and HIV stigma.

The Department of Health's web page for this agency request is here:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIV/EndAIDSWashington/AgencyRequestLegislation>.

Recommended Action

The Health Board may wish to make the following motion:

The Board moves to approve the Health District's 2019 Legislative and Rulemaking Priorities.

If you have any comments or questions, please contact me at keith.grellner@kitsappublichealth.org or (360) 728-2284.