King County

Meeting Agenda

Board of Health

516 Third Avenue, Council Chambers, 10th Floor, Seattle, WA 98104

Metropolitan King County Councilmembers: Teresa Mosqueda, Chair; Reagan Dunn, Rhonda Lewis, Pete von Reichbauer
Alternate: Vacant

City of Seattle Members: Dionne Foster, Vice Chair; Debora Juarez, Alexis Mercedes Rinck
Alternate: Rob Saka

Sound Cities Association Members: Amy Falcone, Victoria Schroff, Hugo Garcia;
Alternates: Pierre Blosse, Satwinder Kaur, Cheryl Paquette

Public Health, Facilities, and Providers: Butch de Castro, PhD, MSN/MPH, RN, FAAN; Lisa Chew, MD, MPH; Katherine Gudgel, MS Alternate: Karen Hartfield

Consumers of Public Health: Quiana Daniels, BS, RN, LPN, Vice Chair; Mustafa Mohammed, MD, MBCHB, MHP, LAAC, AAC Alternate: LaMont Green (Gullah), DSW

Community Stakeholders: Christopher Archiopoli, Victor Loo Alternate: Francoise Milinganyo

Muckleshoot Indian Tribe: Jaison Elkins; Alternate: Andrea N. Thomas, MHA

Snoqualmie Indian Tribe: Jolene R. Williams, MMC, or Steve de los Angeles; Alternate: Quintina Bowen

Seattle Indian Health Board: Esther Lucero; Alternate: Meriah Gille

Dr. Sandra Valenciano, Director and Health Officer, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM | **Thursday, September 17, 2026** | **Hybrid Meeting**

Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.

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Join by Telephone
Dial: US : +1 253 215 8782
Meeting ID: 836 2614 2088

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To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of July 19, 2026** pg 5
5. **Public Comments**

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6. **Chair's Report**

7. **Director's Report** pg 10

Briefings

8. BOH Briefing No. 26-B22 pg 16

Federal HR1 Updates and Impact on Public Health

Mark Ritacco, Senior Policy Advisor, Manatt, Phelps & Phillips
Daphne Pie, Regional Health Services Administrator for Access & Outreach in Community Health Services, Public Health – Seattle & King County

9. BOH Briefing No. 26-B23

Update on BOH membership plans and recruitment for 2027

Joy Carpine-Cazzanti, Board Administrator, Public Health – Seattle & King County

Discussion and Possible Action

10. Resolution No. 26-05 pg 45

A RESOLUTION identifying Lisa Chew for reappointment as the King County Board of Health's selected nonelected member candidate to represent public health, health care facilities, and providers for a three-year term to expire on December 31, 2029.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Lisa Chew, Member, King County Board of Health

11. Resolution No. 26-06 pg 48

A RESOLUTION identifying Christopher Archiopoli for reappointment as the King County Board of Health's selected nonelected member candidate to represent other community stakeholders for a three-year term to expire on December 31, 2029.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Christopher Archiopoli, Member, King County Board of Health

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12. Resolution No. 26-07 **pg 51**

A RESOLUTION identifying Francoise Milinganyo for reappointment as the King County Board of Health's selected nonelected alternate member candidate to represent other community stakeholders for a three-year term to expire on December 31, 2029.

Joy Carpine-Cazzanti, King County Board of Health Administrator, Public Health -- Seattle & King County
Francoise Milinganyo, Alternate, King County Board of Health

Briefings

13. BOH Briefing No. 26-B24 **pg 60**

Update on Implementation of BOH25-02, A RULE AND REGULATION intended to help prevent food-borne illnesses and increase compliance with the King County food code by conducting more frequent inspections based on notification of noncompliance with financial obligations resulting from employment-related enforcement actions

Dylan Orr, Director, Environmental Health Services Division, Public Health – Seattle & King County
Dr. Eyob Mazengia, Assistant Division Director, Environmental Health Division, Public Health – Seattle & King County
Martin Garfinkel, Affiliate Professor, Seattle University School of Law

14. Board Member Updates

15. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

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King County

516 Third Avenue, Council Chambers, 10th Floor, Seattle, WA 98104

Meeting Minutes

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Dr. Sandra Valenciano, Director and Health Officer, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM **Thursday, July 16, 2026** **Hybrid Meeting**

REVISED AGENDA
DRAFT MINUTES

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1. Call to Order

The meeting was called to order at 1:02 p.m.

82. Roll Call

Present: 16 - Archiopoli, Chew, Daniels, de Castro, Dunn, Lewis, Loo, Lucero, Mohammed, Mosqueda, von Reichbauer, Williams, Garcia, Kaur, Hartfield and Thomas

Excused: 8 - Elkins, Falcone, Foster, Gudgel, Juarez, Rinck, Schroff and de los Angeles

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

Boardmember Kaur served in place of Boardmember Schroff.

Boardmember Hartfield served in place of Boardmember Gudgel.

Boardmember Thomas served in place of Boardmember Elkins.

4. Approval of Minutes of June 18, 2026

Vice Chair Daniels moved to approve the minutes of the June 18, 2026, meeting as presented. Seeing no objection, the Chair so ordered.

Boardmember Williams abstained from voting on the minutes.

5. Public Comments

The following person spoke:
Alex Tsimerman

6. Chair's Report

The Chair briefed the Board on the upcoming agenda and announced that the August meeting will be cancelled. The next meeting will be on September 17, 2026.

7. Director's Report

Dr. Sandra Valenciano, Director, Public Health – Seattle & King County, made remarks and briefed the Board on cyclosporiasis.

Briefings

8. **BOH Briefing No. 26-B18**

Update on BOH membership plans and recruitment for 2027

This matter was Presented

Joy Carpine-Cazzanti, Board Administrator, briefed the Board and answered questions.

9. **BOH Briefing No. 26-B19**

Pet Businesses & Public Health - Zoonotic Disease Code and Rates

This matter was Presented

Ryan Kellogg, Assistant Director, Public Health's Environmental Health Division, briefed the Board and answered questions.

Dr. Jocyelyn Mullins, Public Health Veterinarian, briefed the Board.

Leah Helms, Manager, Solid Waste, Rodent and Zoonotic Disease Program, briefed the Board.

10. **BOH Briefing No. 26-B20**

Seattle/King County Continuum of Care

This matter was Presented

Boardmember Loo made remarks and introduced the presenters for Item 10.

Jeff Simms, Chief Program Officer, King County Regional Homelessness Authority, briefed the Board and answered questions.

Daniel Malone, Executive Director, Downtown Emergency Service Center (DESC), briefed the Board and answered questions.

Regan McBride, Union Representative, Professional and Technical Employees Local 17 (PROTEC17), briefed the Board and answered questions.

Lindsey Grad, Legislative Director, SEIU 1199NW, briefed the Board and answered questions.

11. **BOH Briefing No. 26-B21**

Impacts of the Current Political Environment on Gender Affirming Care

This matter was Presented

12. **Board Member Updates**

No updates were given.

13. Other Business

No other business was presented.

Adjournment

The meeting was adjourned at 3:15 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature

King County
King County Board of Health
Director's Report

Date: September 17, 2026
Prepared by: Dr. Sandra J. Valenciano, Director and Health Officer, Public Health – Seattle & King County

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Stay current on Public Health trends and news:
I invite King County Board of Health Members and Alternates to stay updated on important news, local health trends and funding opportunities through Public Health – Seattle & King County's blog, social media and online dashboards:

The Public Health Insider blog:
PUBLIC HEALTH INSIDER – Official insights from Public Health - Seattle & King County staff

Social media: Instagram, Facebook, YouTube, X (Twitter), LinkedIn, Condado de King en Facebook, King County en Instagram

Data dashboards:

- Public Health data - King County, Washington – Explore population-level health outcomes, communicable disease data and more
- Data dashboard: The impact of firearms in King County - King County, Washington
- Overdose data dashboards - King County, Washington
- Medical Examiner's Office data
- Climate Impacts on Health - King County, Washington
- Food inspections and safety rating system - King County, Washington
- Search restaurant safety ratings - King County, Washington
- Food establishment closures by area in King County - King County, Washington
- Unpermitted food businesses - King County, Washington
- Foodborne illness outbreaks - King County, Washington

Funding opportunities – RFPs, RFQs, RFAs and others:
Funding opportunities - King County, Washington

Please share these stories with your networks:

Executive Zahilay Announces $900,000 Investment to Strengthen Health and Wellbeing for Immigrant and Refugee Communities in South King County

On August 18, 2026, Executive Girmay Zahilay announced that King County is investing $900,000 as part of a new public-private partnership to support the health and wellbeing of immigrant and refugee communities impacted by federal immigration enforcement activities in South King County.

The South King County Immigrant and Refugee Futures Fund (SIRFF) is a new partnership that will provide funding to organizational networks to support urgent needs of community members affected by federal actions. Areas of support include funding for basic needs, rapid response training for families, safety education, and programs focused on mental health, community care, and healing.

This funding builds on the $2 million in emergency funds announced as part of Executive Zahilay's Protecting Immigrant and Refugee Communities Executive Order signed in February. That funding was distributed to

community-based organizations to support housing stabilization, legal aid, and food assistance for immigrant and refugee residents throughout the county.

Partners in immigrant and refugee health and wellbeing:

Two Best Starts for Kids initiatives based in Public Health – Seattle & King County will be leading the partnership at the county: Communities of Opportunity (COO) and the Community Well-Being Initiative (CWI). They are partnering with the Renton Regional Community Foundation (RRCF) and Sheng-Yen Lu Foundation to invest in immigrant and refugee communities in south King County. RRCF will provide a minimum match of $250,000 to the County's contribution to SIRFF, which will run through 2027.

Many of South King County's communities are experiencing deep stress and mental health and well-being challenges. As part of the partnership, the Community Well-Being Initiative is supporting mental health supports, with resources directed to specific challenges faced by immigrants, refugees and others, such as LGBTQ+ communities.

RRCF will lead implementation of the fund, in collaboration with Sheng-Yen Lu Foundation, and other philanthropic organizations and individuals. Funds will be allocated to south King County organizations that work closely with communities impacted, with additional detail on funding processes and focus areas being developed in collaboration with community partners. Additional partners are invited to support the fund.

Learn more online: Executive Zahilay Announces $900,000 Investment to Strengthen Health and Wellbeing for Immigrant and Refugee Communities in South King County – PUBLIC HEALTH INSIDER

Changes are coming: Impacts to Apple Health/Medicaid and what you need to know

The health care coverage and access landscape is facing one of its most significant shifts in a decade, and here in King County, a mighty team of health insurance experts have been preparing for the impacts.

As King County's Lead Navigator Organization, Public Health's Access & Outreach program works with state agencies, health care providers, and community partners to help residents maintain access to health coverage and care, including finding solutions for people impacted by changes to coverage eligibility or enrollment.

Learn more online: Changes are coming: Impacts to Apple Health/Medicaid and what you need to know – PUBLIC HEALTH INSIDER

Listen to the KUOW Seattle Now interview with Daphne Pie, Regional Health Administrator at Public Health: https://www.youtube.com/watch?v=vlCbSXRVM6M

Marine Recovery Area Update to come to Board of Health in 2027 instead of 2026

You may recall from the 2026 Board of Health Workplan that Public Health intended to bring to the Board for your consideration a proposed expansion of the Marine Recovery Area on Vashon-Maury Island. This proposal will be delayed until 2027. During the community engagement phase of proposal development, Public Health has heard strong support for updating the Marine Recovery Area, and we have also heard that more work is needed before our proposal is finalized. Public Health is working hard to respond to the concerns raised during this phase, including the emails that Boardmembers received from Vashon-Maury Island residents.

Additionally, Public Health is required to update the King County On-site Sewage System (OSS) Local Management plan by early 2028. This is a plan that outlines how Public Health is helping property owners comply with state law to protect public health, prioritizing highest risks. This will include the prioritization of resources on the expanded MRA as a risk-based decision. The goal of the Marine Recovery Area Program is

to ensure that septic system maintenance protects water quality in areas where shellfish are harvested and pollution could lead to foodborne illness outbreaks. Washington state law already requires that property owners have their septic systems inspected at least every three years – this applies to all septic systems in Washington State. The goal of the MRA Program update is to provide property owners the support to ensure that these inspections take place in areas where failing septic systems are a high risk to public health.

Over the coming months, Public Health will work with partners and community members to address topics necessary to finalize the proposal and successfully implement the program, including:

- Strategies to reduce costs of inspections,
- Service provider availability and training, and
- Effective implementation of risk-based septic inspection model.

The OSS Local Management Plan update is required by April 2028 and is necessary to meet WAC 246-272A requirements. It will specify how PHSKC will support OSS maintenance across all of KC, including risk-based prioritization and implementation details.

Updated timeline:

- In 2026, Public Health will host additional community meetings on Vashon-Maury Island to include broader community in finding solutions. Public Health will propose an expanded OSS Technical Advisory Committee subcommittee to partner on the OSS Local Management Plan and MRA.
- In 2027, Public Health will start a community based outreach campaign to help VMI residents understand septic system inspections and how they benefit property owners, Puget Sound, and public health.
- In 2027, Public Health will brief the Board of Health on MRA proposal process, community input, and the OSS Local Management Plan.

More information is available at kingcounty.gov/mra.

The dangerous spread of measles stops with us

This opinion piece was originally published in The Seattle Times on August 20, 2026.

The U.S. now has more recorded cases of measles — a highly contagious but vaccine-preventable disease — than any time in the past 35 years. Over the past two years, the infection has impacted undervaccinated communities across our country. National data show that measles has re-established itself after the U.S. declared the infection eliminated in 2000.

Although this is a notable public health setback, there are several actions we can take to protect one another in King County and Washington state. We have an experienced public health system, dedicated healthcare partners and a committed community; together we have faced disease threats before. The decisions we make and actions we take now to improve vaccination rates can help us prepare and safeguard our communities from unimpeded measles circulation in our region.

Read more online: The dangerous spread of measles stops with us – PUBLIC HEALTH INSIDER

Make back-to-school vaccination appointments now

School's about more than math quizzes and book reports. It's where kids go to play, grow, and build community. But where kids thrive, so do germs. Enter: vaccinations! Vaccinations are the body's practice test for diseases like measles and whooping cough. That way, if the real thing shows up, kids' immune systems know exactly what to do.

Vaccinations required for school and child care: Children entering school, child care, or other early learning programs are required to get certain vaccinations before they can start. Check the full list of requirements in multiple languages to make sure your child is up to date.

Don't have a healthcare provider? Not to worry. Use this map to find one. And if you need help enrolling in health insurance or finding a doctor, the Community Health Access Program's got you covered. Call 800-756-5437 or email chap@kingcounty.gov.

Save your money with no-cost vaccines: Here in Washington State, all kids ages 0-18 can get vaccines at no cost, whether you have insurance or not. You might be charged an administration fee by the vaccine provider, but you don't have to pay if you can't afford it. If you're getting other services at the same time, like a sports physical or well-child check, you might be charged an office visit fee. But you'll never be charged for the cost of the vaccine.

Learn more online: Planning ahead: Make back-to-school vaccination appointments now – PUBLIC HEALTH INSIDER

Gone but not forgotten – Indigent Remains Ceremony 2026

Every few years, the King County Medical Examiner's Office (KCMEO) hosts a memorial to ensure that every King County resident is remembered. The KCMEO's Indigent Remains Program provides burial for King County residents who have died without resources or family to claim their remains for a proper burial.

The next ceremony to remember these individuals will take place on Wednesday, October 7, 2026, at 1 p.m. at Mt. Olivet Cemetery in Renton (100 Blaine Ave NE). It's open to any member of the public who wishes to pay their respects.

Learn more online: Gone but not forgotten – Indigent Remains Ceremony 2026 – PUBLIC HEALTH INSIDER

Elevated lead contamination found on 23rd Avenue W in Interbay; pedestrians advised to avoid this block

Elevated levels of lead have been found in the public right-of-way along the 4200 block of 23rd Avenue W in Seattle's Interbay neighborhood, prompting cleanup of known contamination, additional environmental testing and precautionary public health guidance.

A specialized contractor hired by the City of Seattle cleaned known areas of contamination in the roadway and a stormwater catch basin on August 27. Additional testing is underway to determine whether contamination extends to other public areas and whether further cleanup is needed.

While that work continues, Public Health – Seattle & King County recommends that pedestrians use alternate routes around the 4200 block of 23rd Avenue W, between W Commodore Way and W Elmore Street, when possible. People should also avoid the alley between 22nd Avenue W and 23rd Avenue W unless access is necessary.

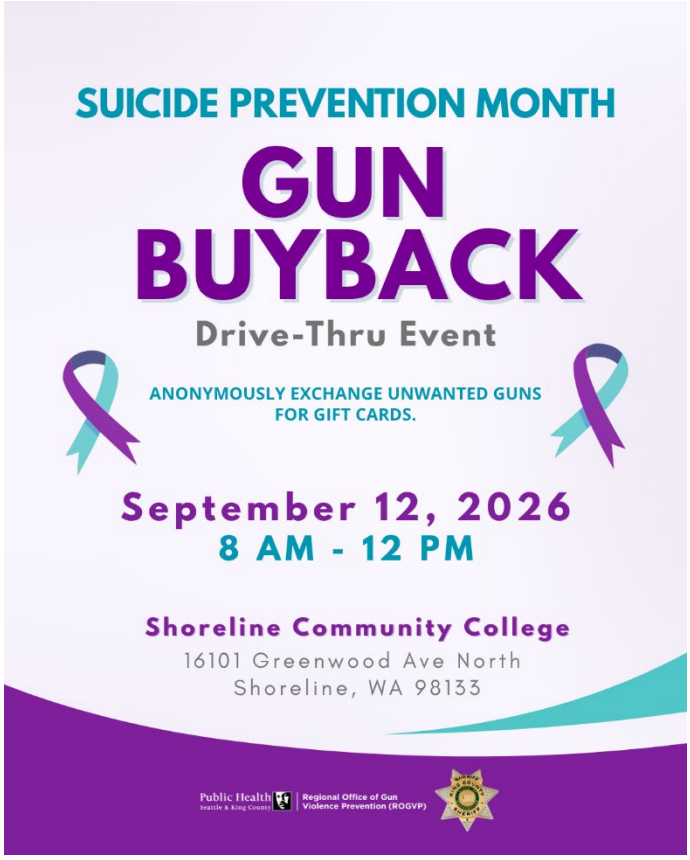
Learn more online: Elevated lead contamination found on 23rd Avenue W in Interbay; pedestrians advised to avoid this block – PUBLIC HEALTH INSIDER

Gun buyback event in Shoreline

In recognition of National Suicide Prevention Awareness Month, the Regional Office of Gun Violence Prevention and the King County Sheriff's Office are hosting a gun buyback event **Saturday, September 12, from 8 am to 12 pm at Shoreline Community College**. This event provides a safe and anonymous way for King County residents to dispose of unwanted firearms, which can help reduce the risk of them being used in a crisis or falling into the wrong hands.

The event will be a drive-thru, where participants remain in their vehicles. They will be directed to a station for firearm intake and gift card distribution.

Mental health resources will be available and distributed at the event. For more information about the event, visit Suicide Prevention Month gun buyback event - King County, Washington.



Opening doors when people are ready

It's not easy for many of us to ask for help. When it comes to substance use, feelings of shame, stigma, and past negative experiences can make asking for help even harder. For people seeking substance use treatment, the complex system of providers and options can be an overwhelming barrier, especially for people with other challenges like housing instability or other mental health conditions.

When someone does feel ready to ask for help, time is of the essence, according to Brandon Whitehead, Shelter Services Director at Chief Seattle Club. "When people say that they're ready for help, it's a very small window of opportunity for you to act," Whitehead said. "It's critical to act when people come to you and say that they need help."'

But for many service providers, acting immediately is difficult. Everyone has different needs when it comes to treatment, and finding the right program that has openings can be a complex, time-consuming process.

A new partnership for community-based services: In 2025, Chief Seattle Club and Evergreen Treatment Services (ETS) launched a pilot program to provide a solution. Supported with King County Opioid Settlement Funds, these organizations partnered to bring a substance use disorder counselor to the Native-led housing and human services agency's Pioneer Square day center. The counselor, who is an ETS employee and works at Chief Seattle Club's site, provides immediate, one-on-one support to any member who comes to the day center and asks for help. Since launching the pilot last year, the program has provided over 500 client engagements and referrals to services for Chief Seattle Club members.

Learn more online: Opening doors when people are ready – PUBLIC HEALTH INSIDER

Never touch a bat: What you need to know about bats and rabies

Public Health identified two rabid bats in July, one at a park in Renton and one in Seattle's University District. Warmer weather means bats come out of hibernation, and it's not unusual to have reports of rabid bats this time of year. We receive between 70 to 100 reports of people being exposed to bats in King County each summer, and on average for the past five years, we send 45 bats each year for rabies testing. From 2021-2025, an average of 2 bats from King County test positive for rabies each year.

If you had contact with a bat, or even woke up in a room with a bat inside, report the exposure to Public Health at: 206-296-4774. You should also call your medical provider immediately.

Learn more online: Never touch a bat: What you need to know about bats and rabies – PUBLIC HEALTH INSIDER

Federal H.R. 1 Updates and Impact on Public Health

September 17, 2026 **King County Board of Health**

Mark Ritacco, Senior Advisor, Manatt, Phelps & Phillips, LLP

Agenda

- **The Big Picture**
  - How It Passed, the National Numbers, Where Washington state fits in
- **Implementation Timing**
  - What has happened and what is next?
- **Effects on the Community**
  - What It Means for King County

The Big Picture

The Big Picture

1	H.R. 1 is the law and is being implemented and Washington state will feel its impacts. In King County, coverage starts ending on September 30
2	October 2026 is an important milestone, then January 2027, then a long implementation tail that runs to 2029.
3	The costs ripple out to clinics, jails, crisis response and other areas that the county runs and funds.

H.R. 1 Passed on Party-line Votes Through a Special Legislative Process

- Public Law 119-21, the One Big Beautiful Bill Act, signed July 4, 2025. Tax provisions increase the deficit; Medicaid, SNAP, student aid and energy changes act as offsets.
- Budget reconciliation: a majority vote with no filibuster in the senate. The House budget resolution directed Energy and Commerce to find $880 billion in savings and Agriculture $230 billion. In practice, that meant Medicaid and SNAP.
- Votes: 51–50 in the Senate with the Vice President breaking the tie, then 218–214 in the House.
- The case proponents made: Medicaid spending growing at more than twice the rate of inflation; provider taxes shifting costs to federal taxpayers; work requirements and tighter verification were needed for program integrity.
- According to CBO, H.R. 1 does not reduce the deficit; the tax provisions outweigh the spending cuts. The Congressional Budget Office (CBO) scores the enacted law as adding about $3.4 trillion to deficits over ten years because it also included tax cuts.

Nationally: $679B Out of State Medicaid Programs and 7.6 Million Fewer People Covered by 2034

Figure 2.1. Projected Change in Total State Budget, by Provision (2025–2034) (Net Change in Federal $ to States)

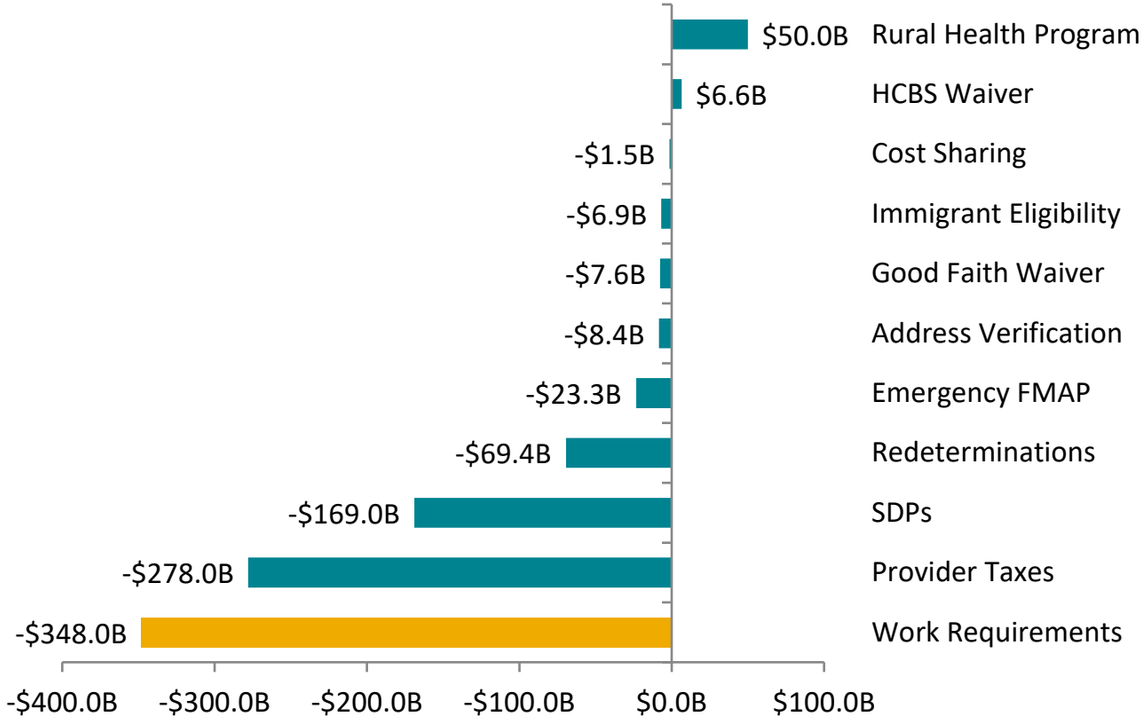
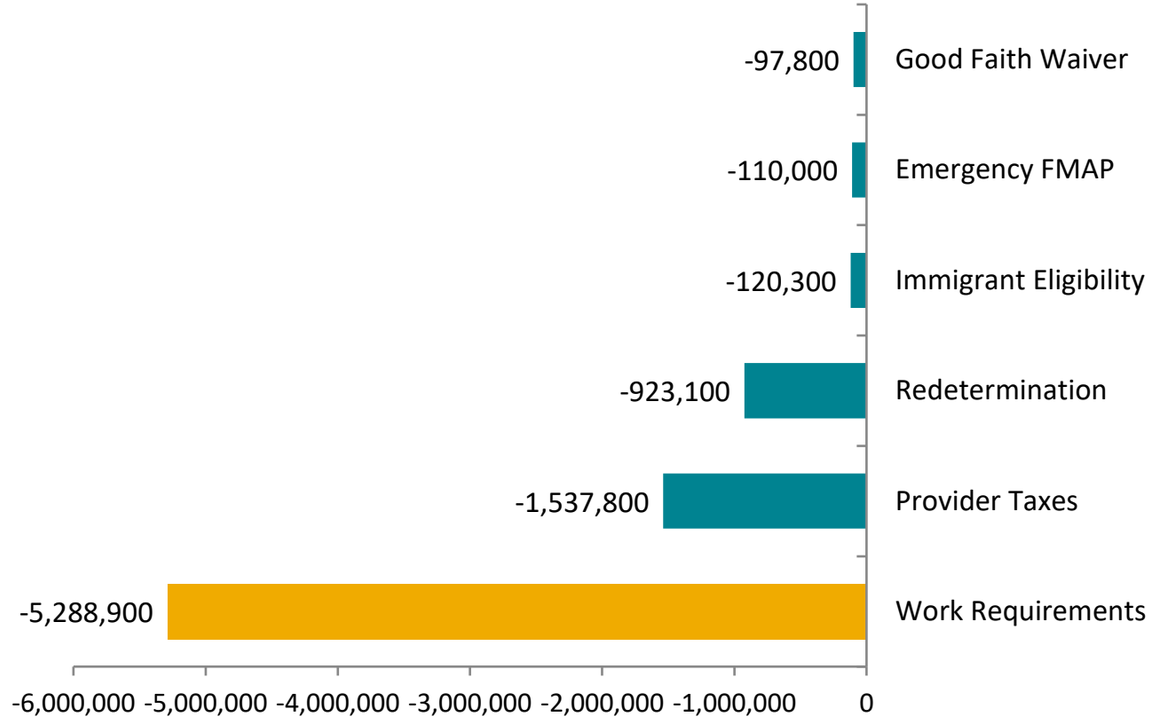


Figure 2.2. Enrollment Effects of Key Provisions (2034)



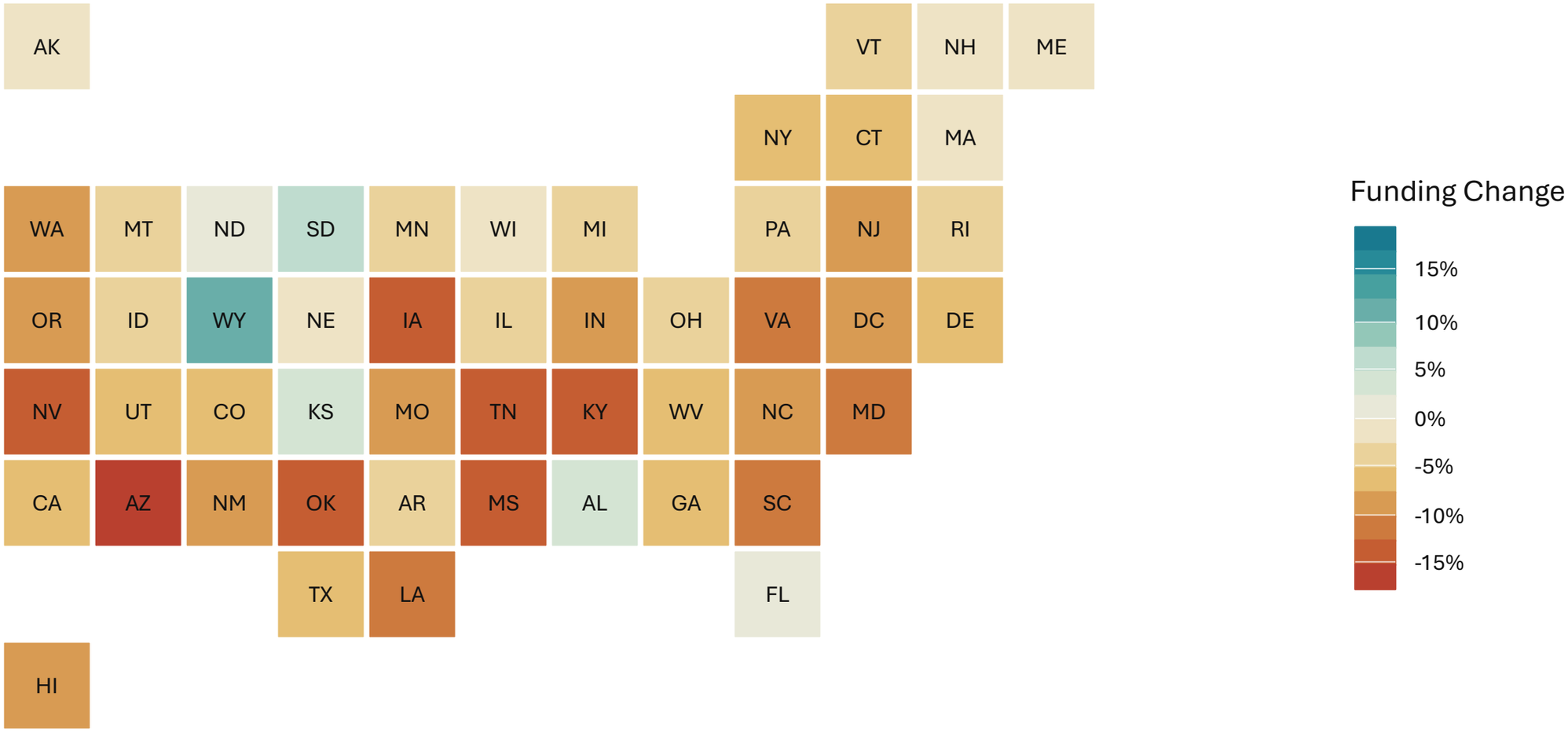
Sources: Rao, Preethi, Lawrence Baker, Federico Girosi, Elaine Li, Rose Kerber, and Christine Eibner, State-Level Impacts of Key Medicaid Provisions in the One Big Beautiful Bill Act. Santa Monica, CA: RAND Corporation, 2026, https://www.rand.org/pubs/research_reports/RRA4098-1-v2.html; Manatt Health, "CMS' Medicaid Work Requirements Rule: A 50-State Analysis of Additional Coverage Losses, FFY 2027–2034," July 16, 2026; Politico Pro; Manatt Health Highlights, August 25, 2026.

Washington Will Feel Impacts From H.R. 1

- Washington is a Medicaid expansion state that uses both state directed payments and provider taxes, so it is exposed to every major provision in the law.
- Medicaid funding: down $1.6 billion through 2028, $5.5 billion through 2030 and $17.6 billion through 2034, or 7.5% of the program. About $14 billion of that is federal money that stops flowing into Washington's health care system.
- Enrollment: 175,700 fewer Medicaid enrollees in 2034, about 10%. Washington ranks 29th of 51 on RAND's chart.
- What drives the impact: work requirements (52% of the impact), state directed payments (31%) and six-month renewals (11%). The Rural Health Transformation Program offsets about 6%.

Source: *RAND Tables 2.1, B.1, B.14 and B.15; Figures 2.3 and 2.5.*

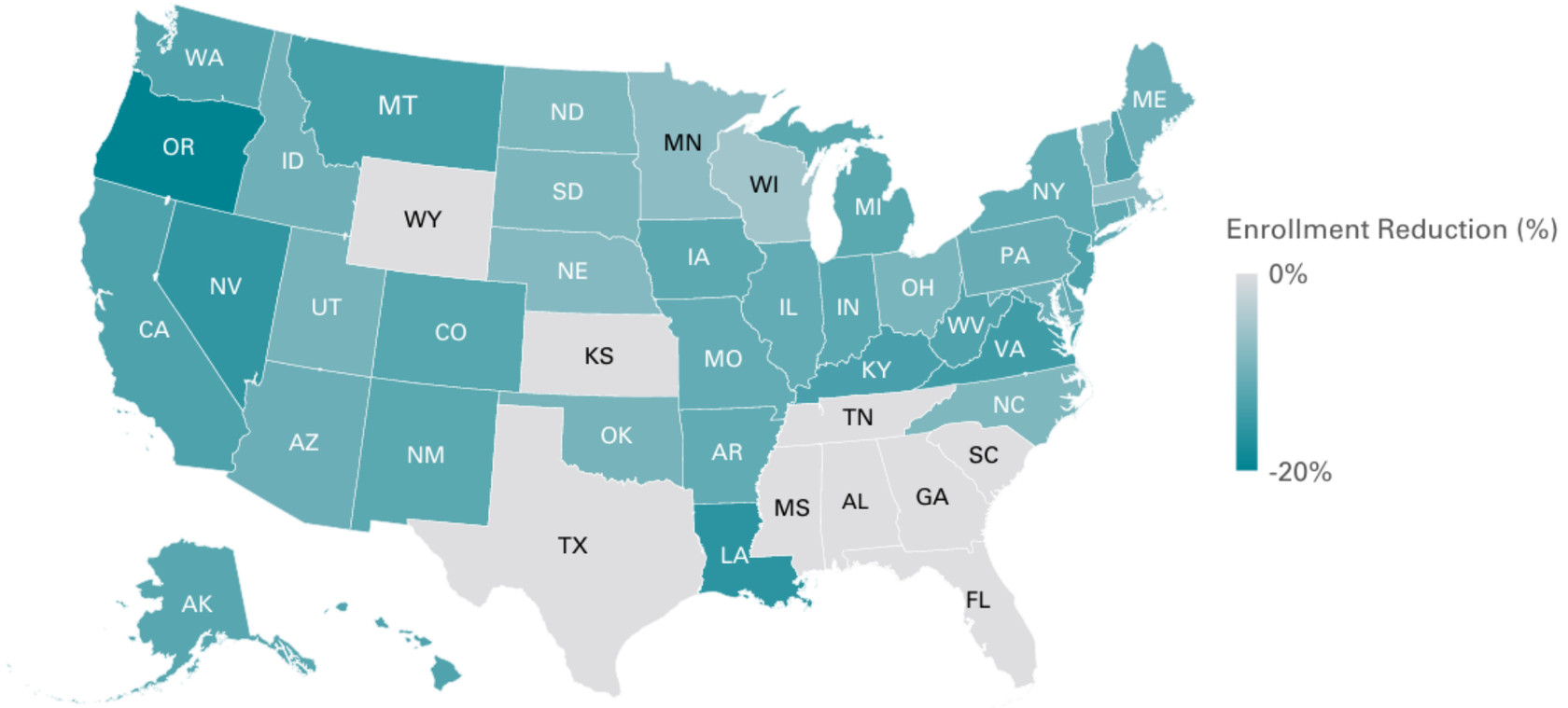
Washington Will Feel Impacts From H.R. 1 (cont'd)



Source: RAND Figure 2.3: change in Medicaid funds by state, 2025–2034.

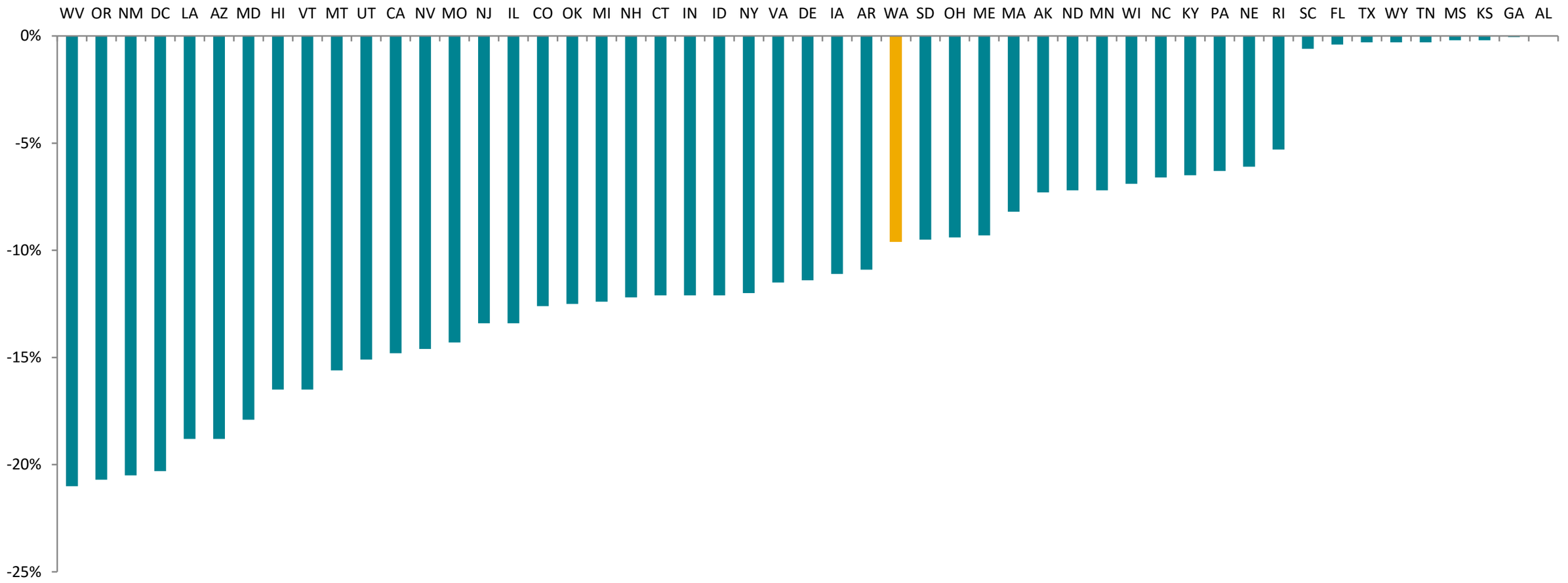
Washington Will Feel Impacts From H.R. 1 (cont'd)

Figure 3. Average Annual Percentage Reduction in Total Medicaid Enrollment from Baseline, Scenario 2, FFYs 2027–2034



Source: Manatt 50-State Medicaid Financing Model. © GeoNames, Microsoft, TomTom.

Washington Will Feel Impacts From H.R. 1: Enrollment Impacts (cont'd)



Sources: Rao, Preethi, Lawrence Baker, Federico Girosi, Elaine Li, Rose Kerber, and Christine Eibner, State-Level Impacts of Key Medicaid Provisions in the One Big Beautiful Bill Act. Santa Monica, CA: RAND Corporation, 2026, https://www.rand.org/pubs/research_reports/RRA4098-1-v2.html. RAND Tables 2.1, B.1, B.14 and B.15; Figures 2.3 and 2.5.

Implementation Timing

What Has Already Happened

- ☑July 4, 2025: SNAP work requirements extended to age 64 and exemptions narrowed for parents of teens, homeless individuals, veterans and former foster youth (137,300 Washingtonians).
- ☑October 1, 2025: SNAP-Ed eliminated, $12 million a year and about 180 jobs across 60-plus local health departments, tribes, health care organizations and WSU Extension offices in Washington.
- ☑December 2025 and January 2026: Apple Health Expansion closed to new enrollment; enhanced marketplace credits expired.
- ☑May 1, 2026: Nebraska began running Medicaid work requirements under H.R. 1. June 1: CMS interim final rule. June 29: 26 states sued. July 31: rule in effect.
- ☑September 3, 2026: Governor Ferguson's executive order. HCA renewal notices are now going to enrollees three months ahead of each renewal.

Source: Manatt Health client alert, June 5, 2026; Manatt Health, July 16, 2026; HCA; KOMO and The Spokesman-Review, September 3–4, 2026.

The Road Ahead: October, then January and Beyond

Date	What changes
September 30, 2026	11,000 lawfully present Washington residents who are asylees, refugees, and survivors of human trafficking to lose federally funded Medicaid eligibility.
October 1, 2026	Federal share of SNAP administration drops; Washington's share rises from 50% to 75%.
November 1, 2026– January 15, 2027	Marketplace open enrollment. No automatic renewal.
January 1, 2027	Work requirements for Apple Health adults: 80 hours a month of work, community service or a work program, $580 in monthly income or half-time school. Six-month renewals. Retroactive coverage cut to one month for adults and two months for everyone else. Marketplace credits and Medicare eligibility narrowed for non-citizens. Anyone disenrolled for the work requirement is barred from subsidized marketplace coverage. The state may look back one to three months before application.

Source: *Public Health – Seattle & King County, "The Road Ahead"; Manatt Health client alert, June 5, 2026; Manatt Health Highlights, August 25, 2026;*

The Road Ahead: October, then January and Beyond (cont'd)

Date	What changes
2027 versus 2028	Self-attestation allowed in 2027 when data are missing. From 2028, documentation is required wherever it is "reasonably available," and medical frailty can be attested only once per enrollment period.
October 1, 2027 (FFY 2028)	SNAP benefit cost sharing begins for states at or above a 6% error rate. Washington's anticipated share is 5%, or $100–300 million a year
October 1, 2028	Co-pays up to $35 per service for Apple Health adults above 100% of poverty (78,000 Washingtonians). December 31, 2028: last day any good-faith extension can run.
October 1, 2029	Address verification for adult Apple Health. Full effect of the law by 2034.

Source: *Public Health – Seattle & King County, "The Road Ahead"; Manatt Health client alert, June 5, 2026; Manatt Health Highlights, August 25, 2026; Politico Pro.*

CMS's June Rule Makes Situation More Difficult

- Medical frailty narrowed at federal level (WA State still developing its approach): a diagnosis is no longer enough. The condition must "significantly impair" the ability to comply, which claims data can't show. States will lean on provider attestations and paper.
- Self-attestation allowed in 2027, restricted from 2028.
- Community service counts only if a public agency or nonprofit supervises it and tracks the hours; many food pantries and faith-based groups can't do that.
- Excluded from the requirement: American Indians and Alaska Natives (who also keep 12-month renewals), pregnant and postpartum individuals, parents and caregivers of children under 14 or of disabled family members, the medically frail, SNAP household members subject to SNAP work rules, veterans rated totally disabled, former foster youth under 26 and people in substance use treatment.
- Exclusions have to be found and verified. RAND assumes 10% of compliant or exempt people lose coverage each year to process. Manatt assumes a 40% loss rate among people subject to the requirement, based on New Hampshire's experience.
- Good-faith waivers: CMS assumes ten states apply and two get relief, six months at a time, nothing past December 31, 2028.

Source: *Manatt Health client alert, "CMS Releases Interim Final Rule on Medicaid Work Requirements," June 5, 2026; Manatt Health, July 16, 2026; RAND.*

Effects on the Community

The Cascade: Coverage Loss Becomes Uncompensated Care, Sicker Patients and Fuller Jails

1 **First order.** People lose Apple Health, SNAP or marketplace coverage, and hospitals lose directed payment revenue.

2 **Second order.** Uncompensated care at Harborview, the community health centers and Public Health clinics (at International Community Health Services, nearly 55% of patients are on Apple Health). Delayed care and higher acuity when people do come in. Behavioral health and substance use treatment interrupted, which shows up as crisis calls and overdoses. Food bank demand rising as SNAP shrinks.

3 **Third order, the county's own budgets.** Jail Health Services carries the cost (with narrow exceptions) of people who cycle in with untreated conditions, because Medicaid doesn't pay inside the jail. Six-month renewals mean churn twice a year, and other counties have seen enrollment screening time increasing. Hospital finances weaken as directed payments phase down from 2028.

Public Health's own projections show an operating gap beginning in 2028, before H.R. 1. is fully implemented.

King County and Other Local Governments Absorb HR 1 Impacts

WHAT THE COUNTY CAN DO

- About one in five adults subject to the new Medicaid work requirements also receives SNAP. Match Apple Health and SNAP caseloads to find people who are excluded
- Increase coordination in the enrollment workforce for SNAP and Medicaid.
- Plan the county's own systems for demand: jail health, crisis response, the clinics and Harborview.
- Use the tools the Legislature provided this spring.
- Track leading indicators and report them here.

WHAT IT CAN'T DO

- **Backfill.** The Governor says the state can't backfill the costs ($3.2 billion a biennium).
- **Spend its way out.** Every case takes longer under the new rules, and the navigators and eligibility workers who do that work are already scarce. Second and third order effects would carry costs that don't show up in any budget line.
- **Treat it as a trade-off.** The state general fund "saves" about $3.3 billion over the decade by covering fewer people and paying providers less. But people become sicker.

Source: *Manatt Health Highlights, "One Law, Two Programs: Coordinating Medicaid and SNAP Implementation," August 25, 2026; Manatt Health client alert, June 5, 2026; RAND Table B.1;*

Speaker

Senior Advisor

T: 202.585.6610

E: MRitacco@manatt.com

HR-1 | Helping clients maintain coverage:
Losing coverage doesn't mean a client doesn't have options

September 2026 King County Board of Health

Daphne Pie, Access & Outreach Program

Public Health's focus

When the HR-1 changes were approved in July of 2025, we developed our Road Map in response to the changes.

* **Road Map includes three different Phases.**
* **We are now in Phase 2.**
* **Goal: Keep Washington residents covered!!**

Roadmap aligns with and supports the leadership of our state partners, including the **Health Care Authority, the Department of Social and Health Services, and the Washington Health Benefit Exchange.**

Focus on:

* **collaboration, coordination, and education** across agencies and organizations
* ensure a **consistent and effective response**

Recognize and acknowledge:

* **Many organizations have long served as champions for the individuals and families most affected by these changes.**
* **Many of these organizations will experience direct impacts themselves**

By working collectively, sharing information, and coordinating our efforts, we all have an opportunity to **build a stronger, more effective response that helps protect access to coverage for the communities we serve.**

Phase 2:
Capacity Building| Mobilization | Enrollment

Capacity

- Support organizations with resources, strengthen community coalitions, and expand the Health Insurance Navigator network across King County.

Mobilization

- Community-based organizations & partners – train and inform about alternative health insurance coverage options.
- Support state partners to implement new policies and program changes. Communicate with community partners and stakeholders.

Key Message

- "Losing your current coverage doesn't mean you're without options."

Enrollment

- **For Oct. 1, 2026, changes**: Expand enrollment assistance through organizations that do not currently have Health Insurance Navigators but serve clients who may be impacted. Increase individualized access through virtual platforms (Teams/Zoom) and in-person community events.

Key Dates

- **October 31, 2026:** Phase 2 concludes.
- **November 1, 2026:** Health Insurance Open Enrollment begins (WA Health Benefits Exchange).
- **January 1, 2027:** The implementation process for Apple Health work requirements begins.

Capacity Building examples

Strengthen & Expand Navigator Capacity Internally

Health Insurance Navigators within Public Health's direct services, such as **Dental Clinics** and the **Downtown Public Health Pathway Program**.

Expanded Navigator Capacity Externally

Navigator Network organizations have increased from **38 to 42**, representing more than **390 Navigators** across the network.

Request for Proposals

The **Washington Health Benefit Exchange** provided an additional **$100,000** to support small grants for community-based organizations.

- Intended to assist organizations with **HR-1 messaging and outreach**, as well as the coordination and implementation of community enrollment events.
- PH received **46 funding proposals**, with total requests estimated at approximately **$400,000**, demonstrating significant community demand for additional outreach and enrollment resources.

Mobilization examples

Public Health External Website and Internal SharePoint/Blogs

Updated and leveraged the Public Health external website and internal SharePoint to provide resources

Community Meetings

Hosted two community meetings to train and support stakeholders, community-based organizations, Navigators re. upcoming changes and ways to assist clients.

Presenters included the WA Health Care Authority, Department of Social and Health Services, Office of the Insurance Commissioner (Statewide Advisory Board), and Social Security Administration.

Community-Based Trainings

Phase 1 of the Road Map included **43 community-based trainings**. In September alone, **51 additional trainings are scheduled**,

Ensuring community partners have information and resources to support clients effectively.

Materials Development

Developed and distributed outreach and marketing materials in **18 languages** focused on the non-citizen policy changes taking effect **October 1, 2026**.

Enrollments Events & Activities

Examples Supporting Non-Citizens Impacted by Oct. 1 Coverage Changes

Long-Term Care Agency Collaborations:

Collaborating with agencies that serve long-term care clients to identify available enrollment options and explore potential **premium sponsorship opportunities** for individuals.

Coordinating with the **City of Seattle Aging & Disability** team regarding long-term care clients who may be impacted, including exploring potential **City of Seattle premium sponsorship assistance** to enroll into a QHP.

Healthier Here Community Hub Partnership: Partnering with the **Healthier Here Community Hub** to provide enrollment assistance, technical support, and training to community partners serving individuals affected by coverage changes.

KC Department of Community and Human Services – Behavioral Health and Recovery Services Div. (BHRD): Supporting BHRD clients who have been identified by the Healthy Options plan as potentially impacted by the non-citizen eligibility changes – to connect them with coverage and enrollment resources.

State List of Impacted Clients: Received lists of impacted clients from the **Washington Health Benefit Exchange** and **Health Care Authority** who are losing their coverage as of 9/30/26. Our Health Insurance Navigators are actively working these list.

Non-citizens lose coverage 10/1/26

What's happening

- **(New)** Refugee/Asylees & other non-citizens must meet a 5-year residency requirement and income limits to enroll into Apple Health (Medicaid).
- There are exceptions
- Cancellation notices sent this summer, effective 09/30/2026.
- State estimates that 10,000 letters were sent to clients: 40% live in King County, 15% in Snohomish & 13% Spokane, 12% Clark and 11% Pierce.

How can we assist clients?

- Request **a training** from Public Health regarding health insurance options.
- Place materials at your office explaining the changes and provide materials at the time of their appointment.
- Ask for a **health insurance enrollment event** at your agency.

Example: Ask clients – do they now have a Green Card?

- Depending on answers, and their immigration status, they may be eligible for another Apple Health Program, or they may need to meet the five-year residency requirement.
- Immigration status and Green card information must be updated in their account either through Wahealthplanfinder.org or by sending the card (front/back) to the Department of Social & Health Services (DSHS).

Apple Health (Medicaid) Work Requirements & Exemptions, effective Jan. 2027

Who is impacted

HCA starts sending **advance notifications to impacted Apple Health clients on September 8th, 15th and 22nd.**

Only clients identified in HCA database (ProviderOne or OneHealthPort) with Coverage Group of "N05" will be impacted. No other Apple Health programs will be included. **Overall, estimate ~215,000 KC enrollees impacted.**

Exemptions and alternatives: Individuals do not need to complete work requirement activities if they are:

- Under age 19; enrolled in Medicare part A or part B; enrolled in another Apple Health Program; have a short-term hardship; already working.
- Work requirements can be met by enrollment in school or college at least half-time or more; or volunteer work.

Timeline and Actions

Client response needed at the **time of renewal** (HCA will inform each client if they need to meet work requirements).

Renewal date is based on client's original enrollment date.

Health-care organizations are currently identifying their N05 clients to assist in coverage renewals.

For 2027, clients can "self attest" that they meet a work exemption. If client is working income will be verified by HCA.

For 2028, Washington state will first use their available data sources to verify work requirements, exclusions and exemptions. If they are unable to verify information with the data sources, additional documentation will be requested from the client.

More direction on what is needed for exemptions will be provided soon from Health Care Authority.

Medically frail

Individuals whose disability or condition significantly impairs their ability to work do not need to meet work requirements. Individuals are considered medically frail when they have one of the following health issues.

- A substance use disorder (SUD)
- A disabling mental disorder
- A physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living
- A serious or complex medical condition
- Blindness or disability (as defined in section 1614 of the Social Security Act)

For 2027, clients can self-attest to their medically frail status. If so, HCA will exempt the client for one year.

Challenges going forward:

New Federal guidelines prohibit States from exempting a client from work requirements based on a medical diagnosis only. States must use additional data sources or pathways to prove that individuals who meet the definition of medical frailty are not able to work.

To implement this complex rule, Washington is taking an innovative, member-and provider centered approach to implementation.

Rather than relying entirely on a process that requires clinicians to independently assess and document functional work requirements, **the state is developing an automated approach that will leverage existing claims and utilization data over a defined period** to identify individuals who meet the criteria for medical frailty.

The finalized medical codes have been released.

Questions?

Contact: KCBOHAdmin@kingcounty.gov

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Resolution

Proposed No. 26-05.1 **Sponsors**

A RESOLUTION identifying Lisa Chew for reappointment as the King County Board of Health's selected nonelected member candidate to represent public health, health care facilities, and providers for a three-year term to expire on December 31, 2029.

WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C. chapter 2.35, the King County Board of Health shall have an equal number of elected to nonelected members, with one regular and one alternate nonelected member each to be selected by the Snoqualmie Indian Tribe, the Muckleshoot Indian Tribe, and the Seattle Indian Health Board, and the remaining regular and alternate members selected by the King County Board of Health from the three categories of: public health, health care facilities, and providers; consumers of public health; and other community stakeholders, and

WHEREAS, as a result of a vacancy, the King County Board of Health has conducted a recruitment, selection, and appointment process in accordance with chapter 246-90 WAC, BOH chapter 2.04, and K.C.C. chapter 2.35, and

WHEREAS, the King County Board of Health has selected an applicant to serve as member representing public health, health care facilities, and providers to enhance the board’s efforts to preserve and protect the public's health, subject to confirmation by the King County council in accordance with K.C.C. chapter 2.35;

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

A. The Board of Health recommends Lisa Chew for reappointment as the King County Board of Health's selected nonelected member candidate representing public health, health care facilities, and providers, for a three-year term to expire on December 31, 2029.

B. The candidate was recruited and selected in accordance with chapter 246-90 WAC pertaining to local board of health membership and meets the qualifications and requirements of RCW 70.05.035(1)(a).

C. In accordance with K.C.C. 2.35.024, the board will transmit to the King County council this resolution along with the biography and application materials for the

member selected by the board, and the board's nonelected member profile for consideration and confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

_____

Teresa Mosqueda, Chair

ATTEST:

_____

Melani Hay, Clerk of the Board

Attachments: None

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Resolution

Proposed No. 26-06.1 **Sponsors**

A RESOLUTION identifying Christopher Archiopoli for reappointment as the King County Board of Health's selected nonelected member candidate to represent other community stakeholders for a three-year term to expire on December 31, 2029.

WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C. chapter 2.35, the King County Board of Health shall have an equal number of elected to nonelected members, with one regular and one alternate nonelected member each to be selected by the Snoqualmie Indian Tribe, the Muckleshoot Indian Tribe, and the Seattle Indian Health Board, and the remaining regular and alternate members selected by the King County Board of Health from the three categories of: public health, health care facilities, and providers; consumers of public health; and other community stakeholders, and

WHEREAS, as a result of an expiring term, the King County Board of Health has conducted a recruitment, selection, and appointment process in accordance with chapter 246-90 WAC, BOH chapter 2.04, and K.C.C. chapter 2.35, and

WHEREAS, the King County Board of Health has selected an applicant to serve as other community stakeholders to enhance the board's efforts to preserve and protect the public's health, subject to confirmation by the King County council in accordance with K.C.C. chapter 2.35;

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

A. The Board of Health recommends Christopher Archiopoli, for reappointment as the King County Board of Health's selected nonelected member candidate representing other community stakeholders, for a three-year term to expire on December 31, 2029.

B. The candidate was selected by the board was recruited and selected in accordance with chapter 246-90 WAC pertaining to local board of health membership and meets the qualifications and requirements of RCW 70.05.035(1)(a).

C. In accordance with K.C.C. 2.35.024, the board will transmit to the King County council this resolution along with the biography and application materials for the

member selected by the board, and the board's nonelected member profile for consideration and confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

_____

Teresa Mosqueda, Chair

ATTEST:

_____

Melani Hay, Clerk of the Board

Attachments: None

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

Resolution

Proposed No. 26-07.1 **Sponsors**

A RESOLUTION identifying Francoise Milinganyo for reappointment as the King County Board of Health's selected nonelected alternate member candidate to represent other community stakeholders for a three-year term to expire on December 31, 2029.

WHEREAS, in accordance with RCW 70.05.035, BOH 2.04.020, and K.C.C. chapter 2.35, the King County Board of Health shall have an equal number of elected to nonelected members, with one regular and one alternate nonelected member each to be selected by the Snoqualmie Indian Tribe, the Muckleshoot Indian Tribe, and the Seattle Indian Health Board, and the remaining regular and alternate members selected by the King County Board of Health from the three categories of: public health, health care facilities, and providers; consumers of public health; and other community stakeholders, and

WHEREAS, as a result of an expiring term, the King County Board of Health has conducted a recruitment, selection, and appointment process in accordance with chapter 246-90 WAC, BOH chapter 2.04, and K.C.C. chapter 2.35, and

WHEREAS, the King County Board of Health has selected an applicant to serve as member representing other community stakeholders to enhance the board's efforts to preserve and protect the public's health, subject to confirmation by the King County council in accordance with K.C.C. chapter 2.35;

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

A. The Board of Health recommends Francoise Milinganyo for reappointment as the King County Board's selected nonelected alternate member candidate representing other community stakeholders, for a three-year term to expire on December 31, 2029.

B. The candidate was selected by the board was recruited and selected in accordance with chapter 246-90 WAC pertaining to local board of health membership and meets the qualifications and requirements of RCW 70.05.035(1)(a).

C. In accordance with K.C.C. 2.35.024, the board will transmit to the King County council this resolution along with the biography and application materials for the

member selected by the board, and the board's nonelected member profile for consideration and confirmation.

KING COUNTY BOARD OF HEALTH
KING COUNTY, WASHINGTON

_____

Teresa Mosqueda, Chair

ATTEST:

_____

Melani Hay, Clerk of the Board

Attachments: None

King County

King County Board of Health

Staff Report

Agenda item No: 10 - 12	Date: September 17, 2026
Resolution No: BOH26-05, BOH 26-06, BOH26-07	Prepared by: Joy Carpine-Cazzanti

Subject

A set of three proposed resolutions regarding the reappointment of non-elected candidates to the King County Board of Health.

Summary

Proposed Resolutions identifying the King County Board of Health's selected nonelected regular and alternate member candidates to serve three-year terms beginning in January 2027, as follows:

- Resolution BOH 26-05 would identify Dr. Lisa Chew to be reappointed to serve as the regular nonelected member representing public health, health care facilities and providers,
- Resolution BOH 26-06 would identify Christopher Archiopoli to be reappointed to serve as the regular nonelected member representing other community stakeholders, and
- Resolution BOH 26-07 would identify Francoise Milinganyo to be reappointed to the alternate seat representing other community stakeholders.

Background

In accordance with state law, Ordinance 11178 designated the King County Council as the original King County Board of Health in 1993. In 1995, Ordinance 12098 added councilmembers from the City of Seattle, suburban cities, and three health professionals. Subsequent changes to state law,[1]

[1] Engrossed Second Substitute House Bill 1946
https://app.leg.wa.gov/billsummary/?BillNumber=1946&Year=2025&Initiative=false

King County Code,[2] and Board of Health Code[3] have resulted in the current 20-member Board, as shown in Table 1. The Board consists of King County Councilmembers, City of Seattle Councilmembers, elected members selected by the Sound Cities Association (SCA), representatives from the Snoqualmie Indian Tribe, the Muckleshoot Indian Tribe, and the Seattle Indian Health Board (SIHB), and nonelected members. The nonelected members represent the following three categories, as defined by state law: public health, health care facilities, and providers; consumers of public health; and other community stakeholders.[4]

Table 1. Membership of the Board of Health

	Elected Members	Nonelected Members
Primary Members	(1) King County	Snoqualmie Indian Tribe
	(2) King County	Muckleshoot Indian Tribe
	(3) King County	Seattle Indian Health Board (SIHB)
	(4) King County	(1) Nonelected category in RCW 70.05.035(1)(a)
	(1) City of Seattle	(2) Nonelected category in RCW 70.05.035(1)(a)
	(2) City of Seattle	(3) Nonelected category in RCW 70.05.035(1)(a)
	(3) City of Seattle	(4) Nonelected category in RCW 70.05.035(1)(a)
	(1) Sound Cities Association (SCA)	(5) Nonelected category in RCW 70.05.035(1)(a)
	(2) SCA	(6) Nonelected category in RCW 70.05.035(1)(a)
	(3) SCA	(7) Nonelected category in RCW 70.05.035(1)(a)
Alternate Members	King County alternate	Nonelected alternate - public health, health care facilities, and providers
	City of Seattle alternate	Nonelected alternate - public health consumers
	SCA alternate	Nonelected alternate - community stakeholders
	SCA alternate	Snoqualmie Indian Tribe alternate
	SCA alternate	Muckleshoot Indian Tribe alternate
		SIHB alternate

Candidates selected by the board shall be recruited and chosen in accordance with chapter 246-90 WAC,[5] pertaining to Local Board of Health Membership, and each candidate shall meet the qualifications and requirements of RCW 70.05.035(1)(a).

Expiring Positions

Two nonelected board member positions and one alternate position are set to expire in December 2026:

[2] Ordinance 20019 https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7663049&GUID=1AA6C7F3-23F4-4F71-99A1-06BC1A6D6266&Options=Advanced&Search=
[3] BOH25-03 https://mkcclegisearch.kingcounty.gov/LegislationDetail.aspx?ID=7716310&GUID=5A39A89A-2A35-490B-BE0F-0A7F0C1E4BFC&Options=Advanced&Search=
[4] RCW 70.05.035(1)(a) https://app.leg.wa.gov/rcw/default.aspx?cite=70.05.035
[5] Chapter 246-90 WAC

- Position 2, representing public health, health care facilities and providers;
- Position 6, representing other community stakeholders; and
- The alternate representing other community stakeholders.

New terms begin on January 1, 2027, and end December 31, 2029.

Board members Lisa Chew (representing public health, health care facilities and providers in Position 2), Christopher Archiopoli (representing other community stakeholders in position 6), and Francoise Milinganyo (an alternate representing other community stakeholders), all indicated they are willing to serve another term, so the Board did not recruit for these positions.

Analysis

Dr. Lisa Chew. Resolution 26-05 would identify Lisa Chew for reappointment as a member representing consumers of public health to a three-year term expiring on December 31, 2029. This would be Lisa Chew's third and final term.

Per her biography, Dr. Lisa Chew is a professor of medicine and a nationally recognized physician-leader focused on improving health for vulnerable populations. She trained in internal medicine at the University of Washington, served as chief resident, and completed fellowships through the Robert Wood Johnson Clinical Scholars Program and VA Puget Sound. Dr. Chew has served on the King County Board of Health since 2023, representing public health, health care facilities, and providers.

Christopher Achiopoli. Resolution 26-06 would identify Christopher Archiopoli for reappointment as a member representing other community stakeholders to a three-year term expiring on December 31, 2029. This would be Christopher Archiopoli's second term.

Per their biography, Christopher Archiopoli has lived in the Seattle area since 2006 and holds a Bachelor of Science in Marketing from Arizona State University, a Certificate in Project Management from the University of Washington, and their Master of Business Administration and a graduate Certificate in Marketing from Washington State University. They are currently enrolled in the University of Rhode Island's Doctor of Business Administration program with a projected graduation of December 2028. Christopher Archiopoli has served on the King County Board of Health since 2024, representing other community stakeholders.

Francoise Milinganyo. Resolution 26-07 would identify Francoise Milinganyo for reappointment as the alternate member representing other community stakeholders to a three-year term expiring on December 31, 2029. This would be Francoise Milinganyo's second term.

Per her biography, Francoise Milinganyo is the Executive Director and HR at the Congolese Integration Network or CIN. CIN provides wraparound services to improve the health outcomes of Congolese immigrants and refugees through a multi-pronged approach. At CIN, she has

served the community, offering culturally responsive programs to promote health literacy and collaborating with King County to facilitate vaccination events for diverse community members. Through personal and professional experience, Milinganyo is a strong advocate for mental health support in underserved communities. Milinganyo has been an alternate member of the King County Board of Health since 2024 representing community stakeholders.

Next steps

In accordance with the recommendations for the Board of Health, the resolutions naming the nonelected regular and alternate members will be transmitted to the King County Council for confirmation. The Board of Health Administrator will transmit the necessary documents to the Clerk of the King County Council in accordance with the requirements of King County Code.

Attachment:

1. Biographies for 2027 Board of Health Nonelected Member Candidates

Attachment 1: Biographies for 2027 Board of Health Nonelected Member Candidates

Lisa Chew

Dr. Lisa Chew completed her internal medicine training at the University of Washington in 1996, followed by a year as chief resident. She was a research fellow in the Robert Wood Johnson Clinical Scholars Program, and an ambulatory care research fellow in the Health Services Research and Development program at the VA Puget Sound Healthcare System.

Chew is a nationally recognized physician-leader whose career focuses on improving the health of vulnerable populations. First and foremost, Chew has a steadfast commitment to patient-centered care, serving clinically as a physician in Harborview's Adult Medicine Clinic and as an attending on the inpatient medicine service.

In 2005, she became the medical director for adult medicine, leading Harborview's largest clinic for nearly a decade. She subsequently expanded her hospital leadership role by becoming HMC's medical director for quality improvement and then HMC associate medical director for ambulatory care. Chew's leadership engaged many to the mission: she chaired multiple committees and initiatives. In particular, she founded of the Harborview Equity, Diversity, and Inclusion Council, the first within UW Medicine, to collectively develop strategic priorities that could address health equity.

Throughout her career, Chew has undertaken impactful research and forged a host of innovative programs designed to improve care and access. She conducted ground-breaking research in health literacy--developing and validating a practical health literacy screening tool which has been translated in multiple languages and cited in nearly 4000 articles.

She led the development and dissemination of nationally-recognized models of care for vulnerable populations to include integrated team-based health delivery and use of e-consults. Her leadership during the COVID-19 pandemic brought together a remarkable collection of stakeholders to engage King County communities most challenged by the pandemic. The COVID Mobile Program brought education, prevention, and treatment to communities that too often have been underserved.

Chew's efforts are well-recognized: she was the recipient of the prestigious University of Washington David Thorud Leadership Award, the highest leadership honor at the University of Washington. Her innovative pandemic programs to increase access to COVID-19 testing and vaccination was recognized by the prestigious Gage Award from America's Essential Hospitals, a national organization comprised of over 300 safety net hospitals**.**

In 2023, Chew transitioned to become the Director of Clinical Innovations at the Association of American Medical Colleges (AAMC) – an organization she's been involved with in multiple capacities since 2016. The role provides the opportunity to make policy and program impacts on an even larger scale.

Dr. Chew has served on the King County Board of Health since 2023, representing public health, health care facilities, and providers.

Source: https://mednews.uw.edu/news/faculty-spotlight-lisa-chew

Christopher Archiopoli

Christopher Archiopoli has lived in the Seattle area since 2006; they were born in Connecticut and raised in Phoenix, Arizona. They hold a Bachelor of Science in Marketing from Arizona State University, a Certificate in Project Management from the University of Washington, and their Master of Business Administration and a graduate Certificate in Marketing from Washington State University. They are currently enrolled in the University of Rhode Island's Doctor of Business Administration program with a projected graduation of December 2028.

Following their undergraduate studies, they worked for over twenty years in the beauty industry as a manager, educator and service provider. Marking a desire for career change and personal growth, Christopher pivoted to social services in 2022, where they've focused on advocating for the unhoused community, people living with HIV/AIDS and individuals experiencing substance use disorder. They work with the Washington Recovery Alliance on their Public Policy Committee, with UW Positive Research as co-chair of the Community Advisory Board and volunteer as a facilitator/peer coach with Peer Seattle. Christopher serves as a board member on the King County Board of Health and Chair of the Governance Council for Public Health-Seattle & King County's Healthcare for the Homeless Network.

Source: Christopher Archiopoli

Francoise Milinganyo

Francoise Milinganyo is the Executive Director and HR at the Congolese Integration Network or CIN. CIN provides wraparound services to improve the health outcomes of Congolese immigrants and refugees through a multi-pronged approach. She joined the organization in 2017 as a board member and later became a staff member in 2019. At CIN, she has served the community, offering culturally responsive programs to promote health literacy and collaborating with King County to facilitate vaccination events for diverse community members. Through personal and professional experience, Milinganyo is a strong advocate for mental health support in underserved communities. Milinganyo has been an alternate member of the King County Board of Health since 2024 representing community stakeholders.

Source: Previous appointment

PHSKC UPDATE ON BOH25-2

DYLAN ORR, DIVISION DIRECTOR, ENVIRONMENTAL HEALTH DIVISION (EHS)

EYOB MAZENGIA, ASSISTANT DIVISION DIRECTOR, FOOD SAFETY PROGRAM, EHS

Public Health
Seattle & King County

KING COUNTY BOARD OF HEALTH
SEPTEMBER 17, 2026

Public Health
Seattle & King County

SUMMARY OF R&R BOH25-2

- Passed by BOH on September 18, 2025. Effective August 15, 2026.
- Businesses with unresolved labor violations could also have unsafe food practices: this rule is intended to help prevent foodborne illnesses and increase compliance with the King County Food Code.

Public Health
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SUMMARY OF R&R BOH25-2

- Food businesses that have failed to pay the money owed to workers after receiving a final order requiring payment for labor standard violations (such as paid sick leave, minimum wage, or wage theft, are subject to additional requirements.
- For these businesses, Public Health will:
  - Place a Labor Compliance Notice within 5 feet of the main entrance of the business, near the food safety rating sign.
  - Conduct an additional food safety inspection within 30 days of receiving information about the business's failure to pay the money owed after receiving a final order.
- For all businesses, Public Health will:
  - Provide information about the rule during routine inspections.

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PHSKC ACTIVITIES TO DATE

- Provided ongoing notifications to permitted businesses via newsletter.
- Finalized placard (translated into Spanish, Amharic, Traditional & Simplified Chinese, Korean, Somali and Vietnamese).
- Created a website dedicated to rule information.
- Added notice about the rule to routine and educational inspection reports that every permitted business receives.
- Signed data sharing agreement with the City of Seattle Office of Labor Standards (OLS). Draft agreements pending with WA Dept of Labor and Industries (WA L&I) and WA State Attorney General (WA AG).

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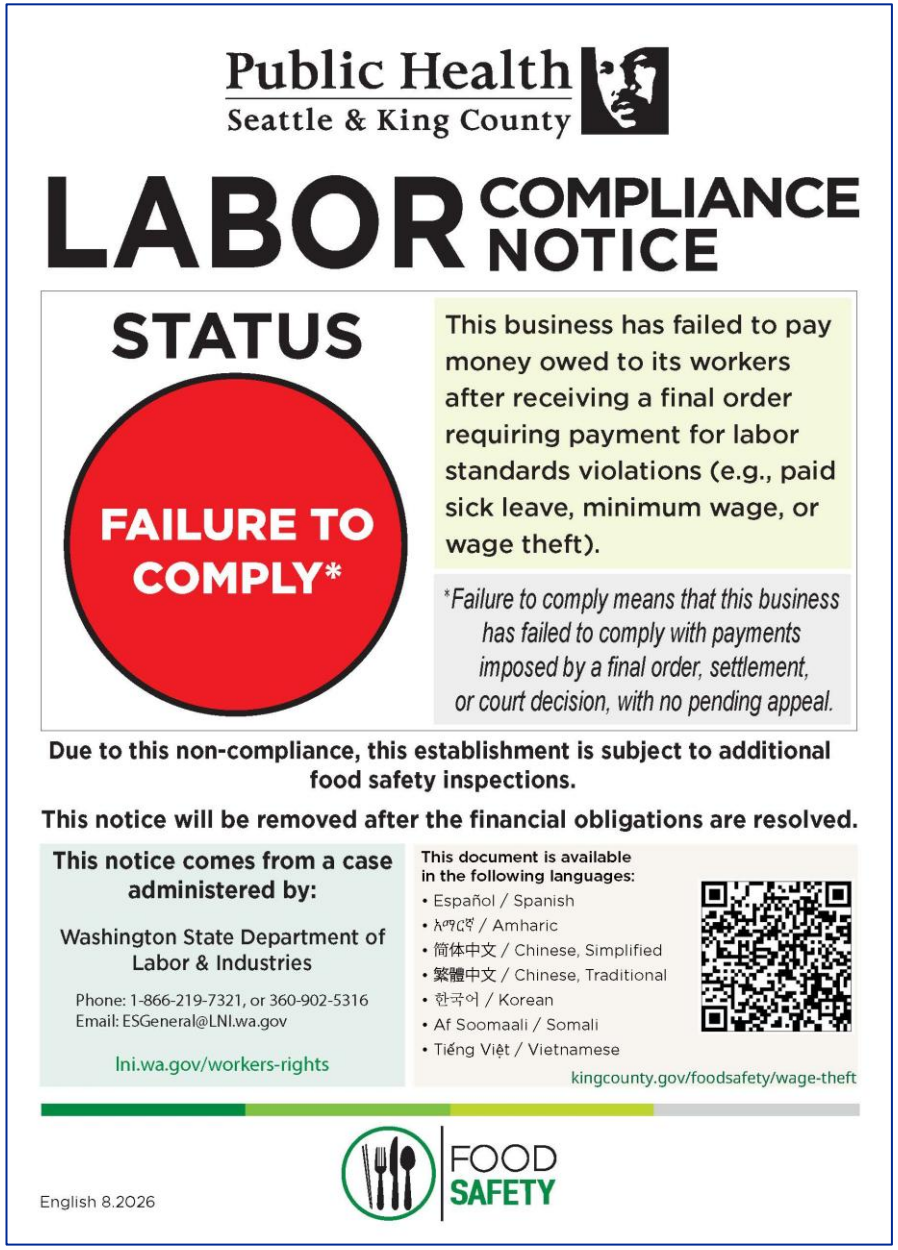

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NEXT STEPS

- Receive initial data and initiate food safety inspections and placard placement based on data received from OLS and WA L&I.
- Finalize remaining data agreements and continue to coordinate with partners on implementation and future data.
- Continue to notify permitted businesses about the rule.

Public Health
Seattle & King County

Thank you!

Follow up questions?
KCBOHAdmin@kingcounty.gov