SNOHOMISH COUNTY BOARD OF HEALTH
AGENDA

November 10, 2026
3:00 PM
3020 Rucker Ave, Auditorium or remote: https://us02web.zoom.us/j/87098263636

Board of Health Members:
Tim Abrahamson, Janet Anderberg, Megan Dunn, Lisa George, Summer Hammons, Dale Kaemingk, Strom Peterson, Desmond Skubi, Mindy Woods

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1. **Call to Order**
2. **Roll Call**
3. **Approval of Agenda Contents and Order**
4. **Approval of Minutes**
   a. Approval of minutes of the regular meeting of October 13, 2026
5. **Public Comment**
6. **Public Hearing**
   a. Ordinance BOH26-05 regarding reporting requirements for septic contractors and making changes to Snohomish County Board of Health Code 5.55.100(F) (SR 26-039; Ragina Gray)
   Suggested action: Move to approve Ordinance BOH26-05
7. **Health Officer's Report**
   a. Health Officer's report (SR 26-040)
8. **Briefings**
   a. Upcoming land use permitting code revisions (SR 36-041; Hailey Fagerness)
   b. Board of Health financial workgroup update (SR 26-042; Nicole Thomsen)
   c. House Resolution 1 and Health Department response (SR 26-043; Katie Curtis)
   d. Micromobility safety: e-bikes, e-scooters, and injury prevention throughout Snohomish County (SR 26-044; Cristina Ciupitu-Plath and Wendy Burchill)
9. **Old Business**

10. New Business

11. Information Items

a. Upcoming meetings

b. Communications written report

12. Adjournment

Board of Health members

The public is invited to attend. Parking and meeting rooms are accessible for persons with disabilities. Questions or additional information about the board meeting may be obtained by contacting the Board Clerk at 425.339.5210; Email SHD-BoardClerk@snoco.org. To request reasonable accommodations, please contact the Board Clerk by the Friday prior to the board meeting. It's customary at each regular meeting of the full Board to include an assigned period for public comment from individuals present at the meeting. Generally, the public comment occurs near the beginning of the meeting and comments are limited to no more than three minutes per person. The Chair of the board may, as circumstances require at each meeting, reduce the time allotted to individuals or reduce the overall time assigned for public comments.

SNOHOMISH COUNTY HEALTH DEPARTMENT

BOARD OF HEALTH STAFF REPORT
NOVEMBER 10, 2026
APPROVAL OF MINUTES

Approval of minutes of the regular meeting of October 13, 2026

ATTACHMENTS:

Description

- Draft Minutes - October 13, 2026

Snohomish County Board of Health
Board of Health Minutes
October 13, 2026

The regular meeting was held in the auditorium of the Rucker Building and via Zoom conference call/video.

Members Present
Megan Dunn, Chair
Janet Anderberg, Vice Chair
Tim Abrahamson
Lisa George
Dale Kaemingk
Desmond Skubi
Strom Peterson

Members Absent
Summer Hammons
Mindy Woods

Call to Order
The regular meeting of the Board of Health was called to order using a hybrid setting at 3:00 p.m. by Chair Megan Dunn.

Roll Call
Roll call was taken by Clerk of the Board Sarah Buker who reported there was a quorum present.

Approval of Agenda Contents and Order
It was moved by Tim Abrahamson and seconded by Desmond Skubi to approve the agenda contents and order. The motion passed unanimously.

Approval of Minutes of September 8, 2026
It was moved by Desmond Skubi and seconded by Tim Abrahamson to approve the minutes of the regular meeting of September 8, 2026. The motion passed unanimously.

Public Comment
Megan Dunn opened the floor for public comment. No one from the public volunteered to speak and Megan Dunn closed public comment.

Health Officer's Report
Director Kim Van Pelt provided an update on public health that included:

- Financial outlook for the department including reductions in Foundational Public Health Services (FPHS) due to state revenue constraints
- Plain language training and resources for staff
- New grant awards for rural health, environmental health permitting process improvement, overdose response, navigator services, food insecurity, and gun violence prevention
- Layoff impacts – positions eliminated and program adjustments

Briefings
Community violence intervention and prevention initiative (SR 26-035; Cristina Ciupitu-Plath & Carlie Deatherage)
Staff presented findings and next steps for the countywide Gun Violence Reduction Plan. Due to conflicts with federal contract language, original grant funding was returned – Commerce is replacing funding via Community Reinvestment Program (~$400k). Staff are working on finalizing a new contract and proceed with community partner grants through June 2027. Staff will also continue to develop the coalition model to sustain work long-term.

Board of Health Code 5.55.100(F): Reporting requirements for OSS repairs (SR 26-036; Ragina Gray)
Staff presented revised Section F language that replaces "separate report for each day" with "separate report for each type of work activity." The intent of this clarification maintains the intent: ensure inspection and repair activities are clearly documented with separate reports as needed. Feedback from the board was to consider adding "completed" for clarity. Staff will evaluate adding the word "completed" before final ordinance presentation. Final action is scheduled for the November meeting. Staff will also conduct contractor outreach after adoption.

Board of Health financial workgroup update (SR 26-037; Nicole Thomsen, Kelly Conley [Ascendient Public Health Advisors])
Ascendient Consultant Kelly Conley provided an overview of the development of the work done so far by the Board of Health Financial Workgroup. Key findings include fund balance depletion projected by 2031 if used to cover deficits and the need for revenue diversification, reserve policies, and sustainable grants strategy.

A draft plan is expected January 2027 and final plan with deliverables expected by March 2027. The workgroup will continue meeting monthly.

Community health assessment (CHA) (SR 26-038; Nicole Thomsen, June Robinson)
Staff outlined the upcoming CHA cycle and options for a collaborative model with hospitals, Federally Qualified Heath Centers, and human services partners. Board discussion provided several direction points:

- The CHA should become a foundational document informing strategic planning
- Desire for improved data quality (claims data, shared systems)
- Desire for Board involvement at big-picture level, not operational micromanagement
- Having the Board included as one of the focus groups for prioritization
- The Board to be provided an outline of long-term CHA/CHIP vision (5-10 year roadmap)
- Staff to return with proposed CHA framework, examples/models, and recommended board engagement touchpoints

Old Business
None

New Business
None

Information Items
Upcoming Meetings

Chair Dunn noted upcoming meeting dates.

Adjournment
The meeting was adjourned at 4:44 p.m.

DRAFT

Megan Dunn, Chair, Board of Health

Kimberly Van Pelt, Department Director

Ordinance BOH26-05 regarding reporting requirements for septic contractors and making changes to Snohomish County Board of Health Code 5.55.100(F)

Division:
Environmental Health

Background
Ordinance No. BOH26-05 proposes a minor amendment to Snohomish County Board of Health Code (SCBHC) 5.55.100 which establishes reporting requirements for certified septic contractors.

In June 2026, the Board of Health adopted Ordinance No. BOH26-04 which updated reporting requirements for septic contractors. During deliberations, the Board removed proposed language in SCBHC 5.55.100(F) that would have required contractors to "submit a separate report for each day work is performed."

Now, Ordinance No. BOH26-05 reintroduces a revised version of that provision. Rather than requiring a report for each day of work, the proposed amendment would require contractors to "submit a separate report for each completed work activity," such as an initial inspection, pumping, follow-up inspection, or limited repair. This change focuses reporting on the type of work completed rather than when the work occurred, while retaining the same exceptions adopted under Ordinance No. BOH26-04.

The Board of Health received a briefing on this topic in October 2026. Following that briefing, staff further revised the language to clarify that separate reports are required for each "completed" work activity. This clarification was made in response to Board feedback received during the briefing.

If adopted, Health Department staff will begin communicating the code change through contractor outreach efforts in late November/early December. Adoption of this ordinance will also allow staff to continue broader Health Code update work, including development of additional monitoring and maintenance ordinances that may be presented to the Board of Health for briefing and consideration beginning in 2027.

Board Authority
RCW 70.05.060 (3) Enact such local rules and regulations as are necessary in order to preserve, promote and improve the public health and provide for the enforcement thereof.

Recommended Motion
Suggested action: Move to approve Ordinance BOH26-05

ATTACHMENTS:
Description

- Ordinance BOH26-05: OSS Contractor Reporting Requirements; Establish Reporting Requirements by Type of Work Activity
- Public Hearing Notice - Ordinance BOH26-05

SNOHOMISH COUNTY BOARD OF HEALTH
Snohomish County, Washington

ORDINANCE NO. BOH26-05

RELATING TO OSS CONTRACTOR REPORTING REQUIREMENTS; AMENDING SECTION 5.55.100 OF THE SNOHOMISH COUNTY BOARD OF HEALTH CODE TO ESTABLISH REPORTING REQUIREMENTS BY TYPE OF WORK ACTIVITY

WHEREAS, under RCW 70.05.060(3), the Snohomish County Board of Health has authority to enact such local rules and regulations as necessary in order to preserve, promote, and improve the public health and provide for the enforcement thereof; and

WHEREAS, the Snohomish County Board of Health previously adopted SCBHC 5.55.100 to establish reporting requirements for on-site sewage systems (OSS) contractor activities, while reserving SCBHC 5.55.100(F) for further consideration; and

WHEREAS, the Snohomish County Board of Health directed the health department to return with an alternative approach to reporting requirements for multiple work activities performed in connection with the same OSS; and

WHEREAS, the proposed amendment to SCBHC 5.55.100(F) requires OSS contractors to submit a separate report for each type of work activity performed, while allowing some exemptions for related activities performed on the same day to be documented in a single report; and

WHEREAS, organizing reporting requirements by type of work activity provides a clear and consistent method for documenting OSS inspections, pumping, follow-up inspections, and limited repairs while avoiding a requirement to submit a separate report solely because work occurred on different days; and

WHEREAS, these amendments are intended to improve the clarity, consistency, and completeness of OSS contractor reporting and to assist the health department in maintaining accurate records of OSS monitoring, maintenance, pumping, and repair activities; and

NOW, THEREFORE, BE IT ORDAINED:

Section 1. Snohomish County Board of Health Code Section 5.55.100, last amended by Amended Ordinance No. BOH26-04 on June 9, 2026, is amended to read:

5.55.100 Reporting requirements.

A. OSS contractors performing monitoring and maintenance activities, pumping, and/or limited repairs on OSS, as described under this chapter, chapter 246-272A WAC, and/or in the applicable DOH department standards and guidance documents, shall report the activities to the health department within 30 days of completion in the manner herein described.
B. OSS contractors shall report the discovery of an OSS failure or any condition posing an immediate health or safety hazard to the health department within 24 hours upon discovery or the end of the next business day, whichever is later. The report must clearly identify the specific OSS component in failure or presenting a hazard, and if applicable, the location of any surfacing sewage.
C. The health department will maintain an electronic database for the purpose of submitting reports of monitoring and maintenance activities, pumping, as well as limited repairs.
D. The health department will maintain and distribute an electronic minimum standard report form to be completed by the OSS contractor upon servicing, monitoring and maintaining, pumping, or providing limited repairs of an OSS. This report will be given to the property owner upon completion of work and an electronic copy forwarded to the health department in accordance with subsections (A) and (B) of this section. The contents of this report will include, but not necessarily be limited to:
    1. Location of property;
    2. Date of service;
    3. Property tax number of property;
    4. Owner of property;
    5. Description of any observed discharge, sewage, or effluent to the surface of the ground or surface waters;
    6. Septage disposal location, if applicable;
    7. Name of person performing the work;
    8. Name of person submitting the report;
    9. Date of report submittal; and
    10. Summary of work performed:
        a. Inspection report requirements:
            (i). Monitoring and maintenance specialists must report:
                (A). A complete and thorough evaluation of each system component inspected;
                (B). Any adjustments or calibrations performed on the system and related components;
                (C). Any limited repairs performed, as defined under this chapter;
                (D). Replacement or repair of proprietary system components; and

(E). Description of any other services performed.

(ii). Pumpers must report:

(A). A complete and thorough evaluation of each system component inspected;

(B). Any limited repairs performed, as defined under this chapter;

(C). If pumping was conducted, the number of gallons pumped and the measured depth of the scum and sludge layers; and

(D). Description of any other services performed.

b. Limited repair report requirements:

(i). Monitoring and maintenance specialists and installers must report:

(A). Any adjustments or calibrations performed on the system and related components such as changes to timer and dose settings;

(B). A list of system components that are replaced or added including the name of the manufacturer and model number;

(C). A list of components that were repaired along with an accurate description of the work performed; and

(D). Description of any other services performed.

(ii). Pumpers must report:

(A). A list of components that were repaired along with an accurate description of the work performed;

(B). If applicable, the pump make and model;

(C) If applicable the dose setting; and

(D). Description of any other services performed.

c. Pumping report requirements:

(i). Gallons pumped;

(ii). Condition of tank, lids, risers, baffles, and effluent screens;

(iii). Depth in inches of the scum and sludge layers;

(iv). Any limited repairs performed, as defined under this chapter; and

(v). Description of any other services performed;

E. OSS contractors must submit a separate report for each OSS inspected or serviced on the property.

F. (([~~Reserved~~]))<u>OSS contractors shall submit a separate report for each type of completed work activity, including the initial inspection, pumping, follow-up inspections, and limited repairs. Exceptions to this requirement include when:
1. An OSS is pumped and inspected on the same day, a single inspection report may be submitted; or
2. Limited repairs to an OSS are completed on the same day that pumping and/or an inspection occurs, a single inspection or pumping report may be submitted, provided that all limited repairs completed are clearly documented in the inspection report or pumping report.</u>

G. Each report must be accompanied by the applicable fee, as set forth in chapter 1.40 SCBHC.

Section 2. Severability. If any provision of this ordinance or its application to any person or circumstance is held invalid, the remainder of the ordinance or the application of the provision to other persons or circumstances is not affected.

PASSED this ____ day of _____, 2026.

SNOHOMISH COUNTY BOARD OF HEALTH
Snohomish County, Washington

_____
Chairperson

ATTEST:

_____
Clerk of the Board

DATE: _____

Approved as to form only:

10/27/26
_____
Deputy Prosecuting Attorney

NOTICE OF PUBLIC HEARING

SNOHOMISH COUNTY HEALTH DEPARTMENT BOARD OF HEALTH CODE UPDATES RELATING TO OSS CONTRACTOR REPORTING REQUIREMENTS; AMENDING SECTION 5.55.100 OF THE SNOHOMISH COUNTY BOARD OF HEALTH CODE TO ESTABLISH REPORTING REQUIREMENTS BY TYPE OF WORK ACTIVITY

NOTICE IS HEREBY GIVEN that the Snohomish County Board of Health will hold a public hearing on Ordinance BOH26-05, relating to On-Site Sewage System (OSS) contractor reporting requirements; amending section 5.55.100 of the Snohomish County Board of Health Code to establish reporting requirements by type of work activity during its Board of Health regular meeting on November 10 from 3 to 5 p.m. in the auditorium of the Snohomish County Health Department building, 3020 Rucker Ave., in Everett, or virtually via Zoom video conferencing at the following web address: https://us02web.zoom.us/j/87098263636.

The purpose of the public hearing is to hear public testimony regarding the proposed changes to the Board of Health Code. Copies of the ordinance and code will be in the Board of Health packet, which will be made available by Friday, November 6, on the Health Department website: https://www.snohd.org/239/Board-of-Health. The proposed ordinance and code may also be obtained by contacting the Board clerk at shd-boardclerk@snoco.org or 425-339-8652.

Written comments can be emailed to the Board clerk or mailed to: Board Clerk, Snohomish County Health Department, 3020 Rucker Ave., Suite 306, Everett, WA 98201. Written comments must be received no later than 1 p.m. on Tuesday, November 10, 2026. Additional arrangements to reasonably accommodate special needs will be made upon receiving 24-hour advance notice. For more information, please contact the Board Clerk.

[Above notice printed in the Health Department's newspaper of record, The Everett Herald, on November 3, 2026.]

Health Officer's report

ATTACHMENTS:

Description

- Health Officer Presentation

SNOHOMISH COUNTY HEALTH DEPARTMENT

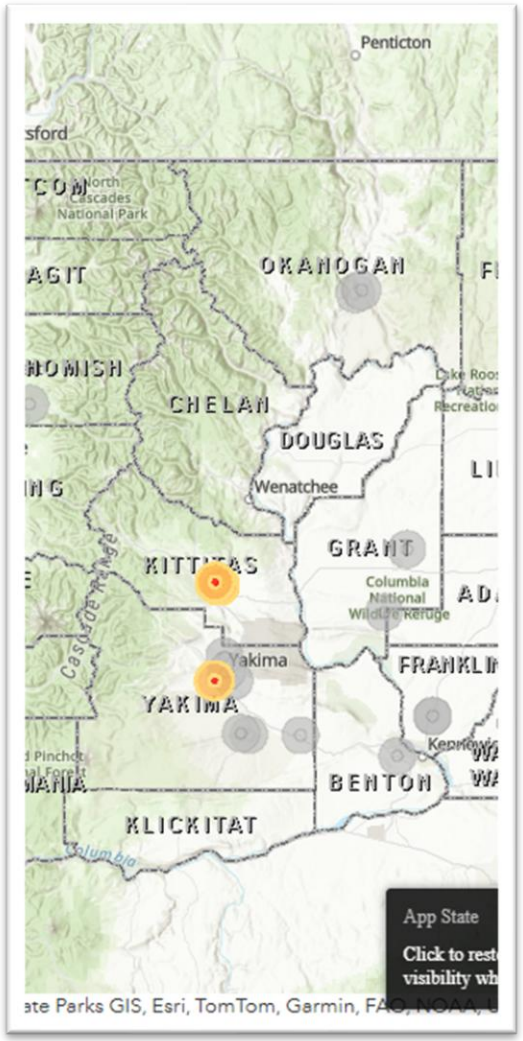
BOARD OF HEALTH

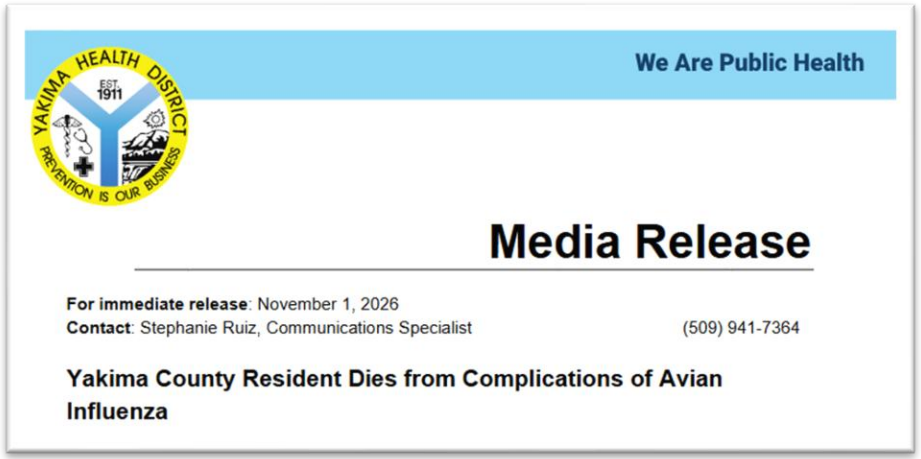
HEALTH OFFICER'S REPORT

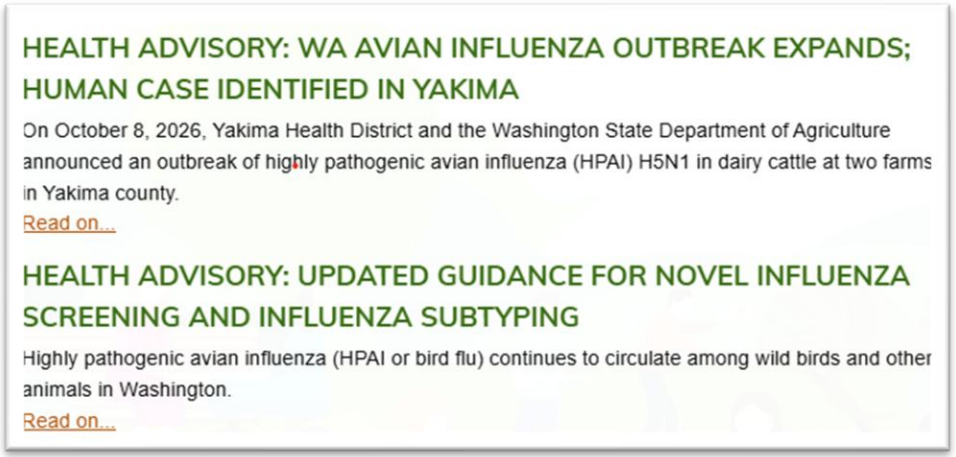
November 2026



Avian Influenza – It's Back





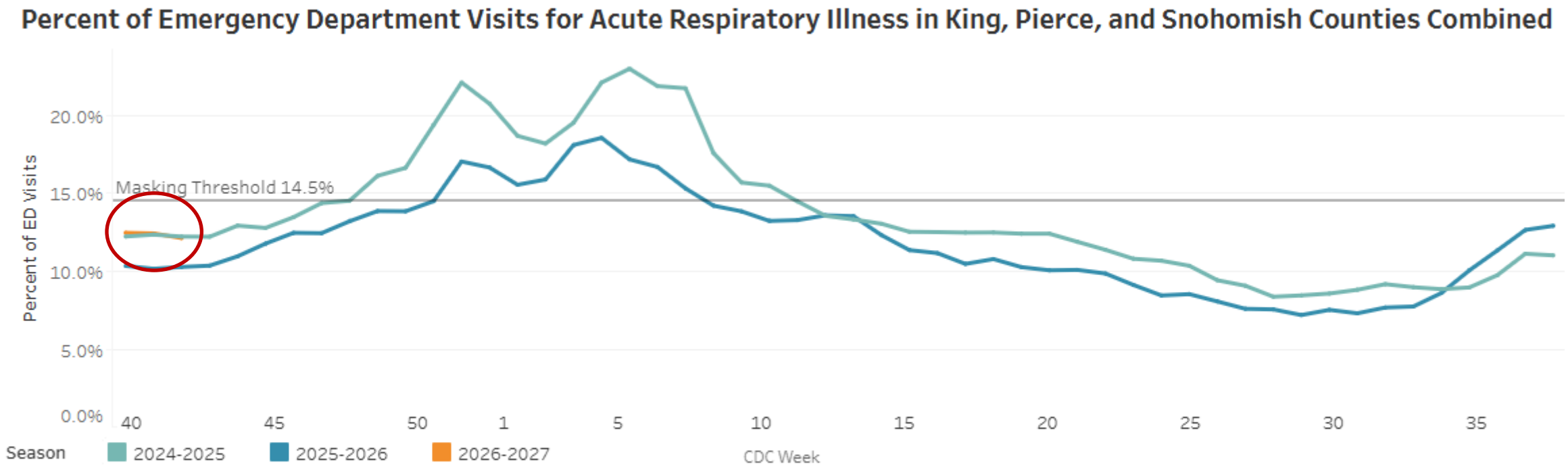


- Multiple flock outbreaks reported since October
- 34 dairy cattle herds infected in Yakima and Benton County
  - Three human cases with one death
- Mink farm outbreak in Utah is concerning
- No human-to-human transmission identified
- Risk to public remains low, but watching closely

Respiratory Virus Transmission Update

Unusual Season, but It Is Here

ARI ED visits are *BELOW* threshold



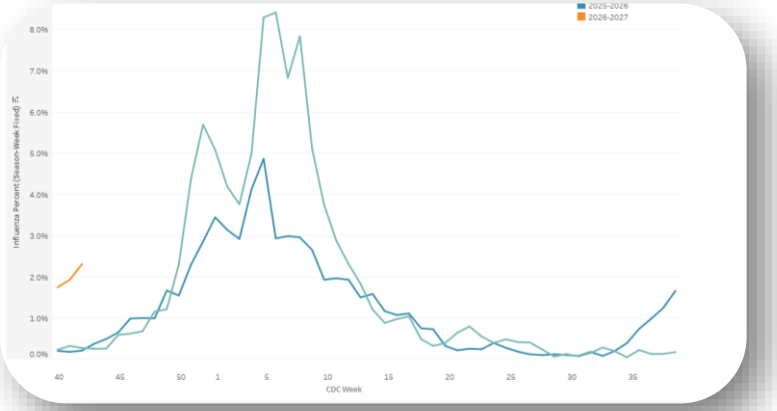
IMPORTANT NOTE: WHEN THE ARI METRIC REACHES OR EXCEEDS THE TRANSMISSION ALERT THRESHOLD (14.5%), THE SNOHOMISH COUNTY HEALTH DEPARTMENT RECOMMENDS HEALTHCARE SETTINGS IMPLEMENT UNIVERSAL MASKING. UNIVERSAL MASKING SHOULD REMAIN IN PLACE UNTIL THE ARI IS BELOW THRESHOLD FOR 2 WEEKS. THIS RECOMMENDATION SHOULD NOT BE USED BY REGULATORY AGENCIES.

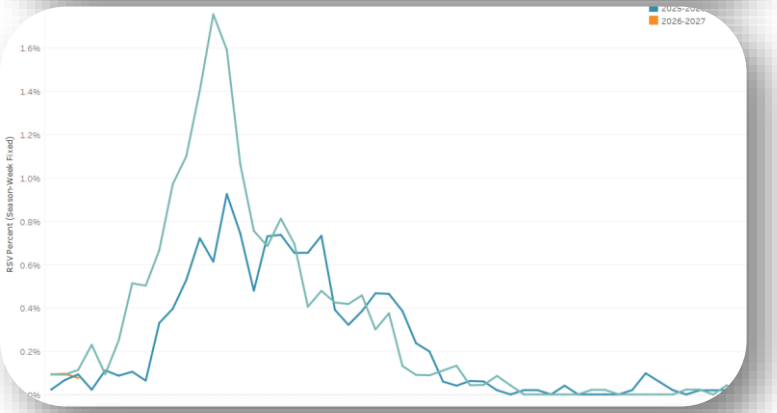
Respiratory Virus Transmission Update

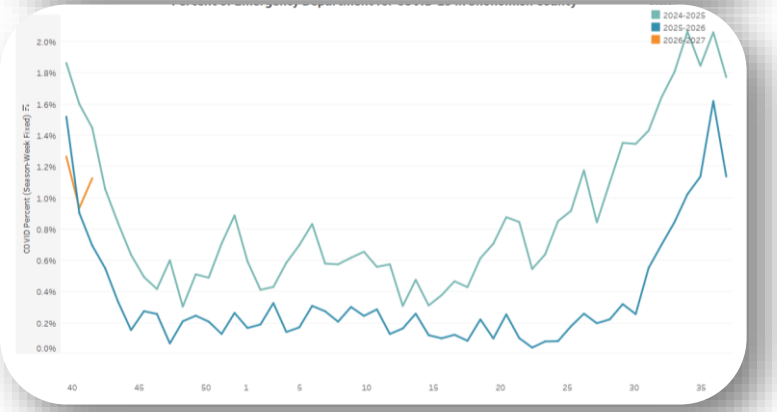
Flu at January levels

RSV looking like a late start but not unusual yet

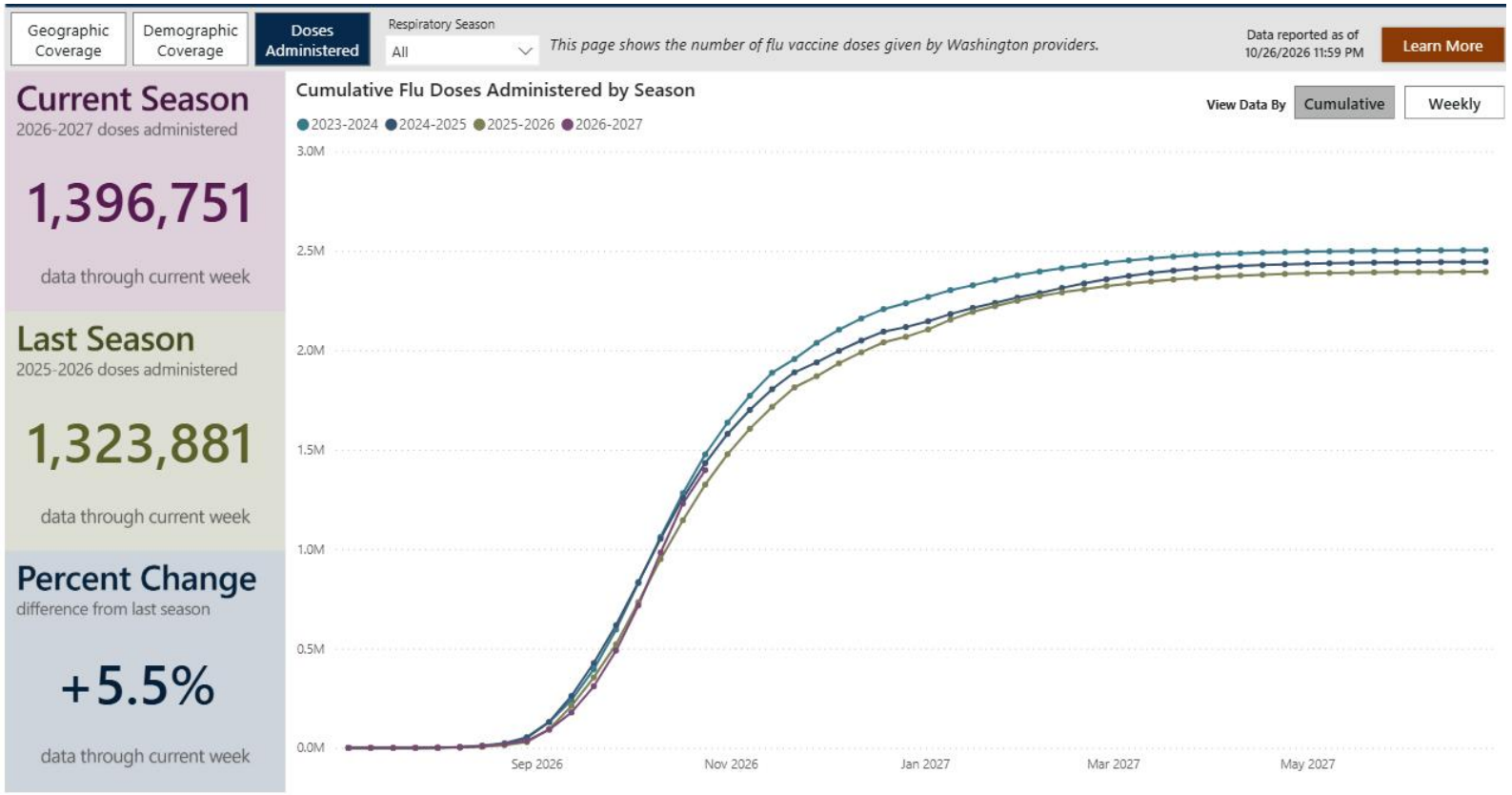
COVID had an uptick in late summer but relatively low-moderate transmission





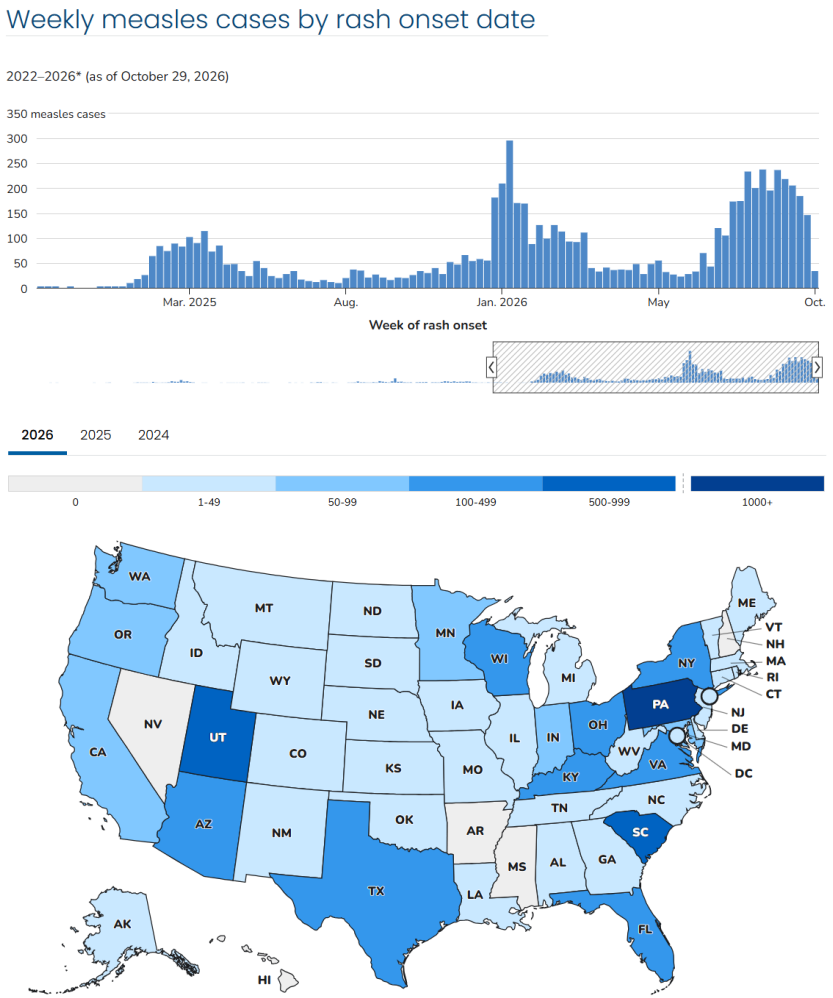


Respiratory Season Vaccine Uptake



- Flu vaccine uptake slightly better than last year
- COVID vaccine uptake similar to last year
- RSV uptake continues to improve year over year for children

National Measles Update



2024 cases: 285

2025 cases: 2,288

2026 cases: >4,852 cases to date (last meeting 3,134)

- 47 jurisdictions
- Ongoing outbreaks across the globe
- 11% hospitalization in US, 6 deaths in PA

PA – Lancaster County most active outbreak with currently >1,400 cases

Takeaway: Measles is not going away any time soon

State Measles Update

Now 58 (56 last report) cases in WA to date

- Snohomish (14), Clark (21), Stevens (3), Kittitas (7), King (3), Grant (2), Spokane (1), Walla Walla (7)

Vaccination status

- 52 vaccinated, 5 unknown, 1 vaccinated

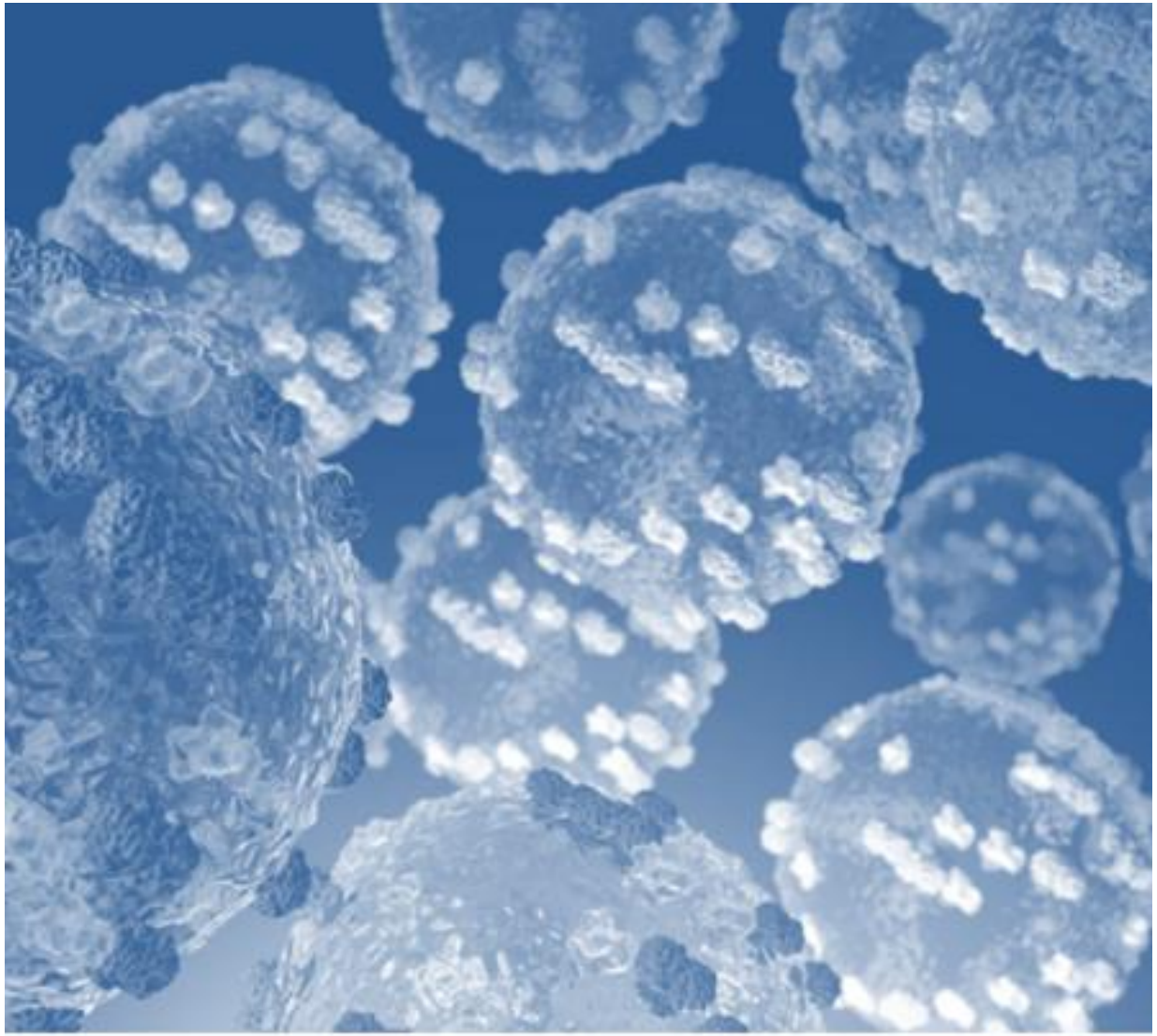
Cases by age

- Age 0-5, 15
- Age 5-17, 28
- Age 18+, 15
- 4 hospitalizations

Evaluating suspect cases weekly since January, new cases slowed recently

No active exposure locations in the state currently

- State Department of Health dashboard

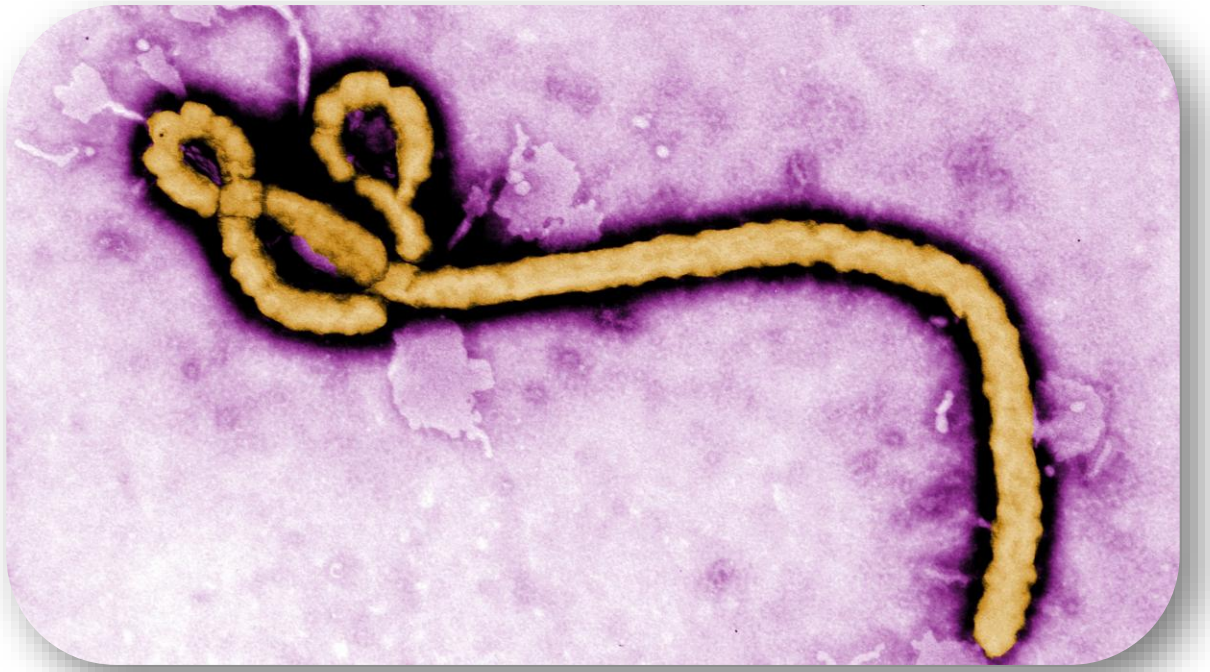


Ebola (Bundibugyo) Response

Currently monitoring a handful of individuals

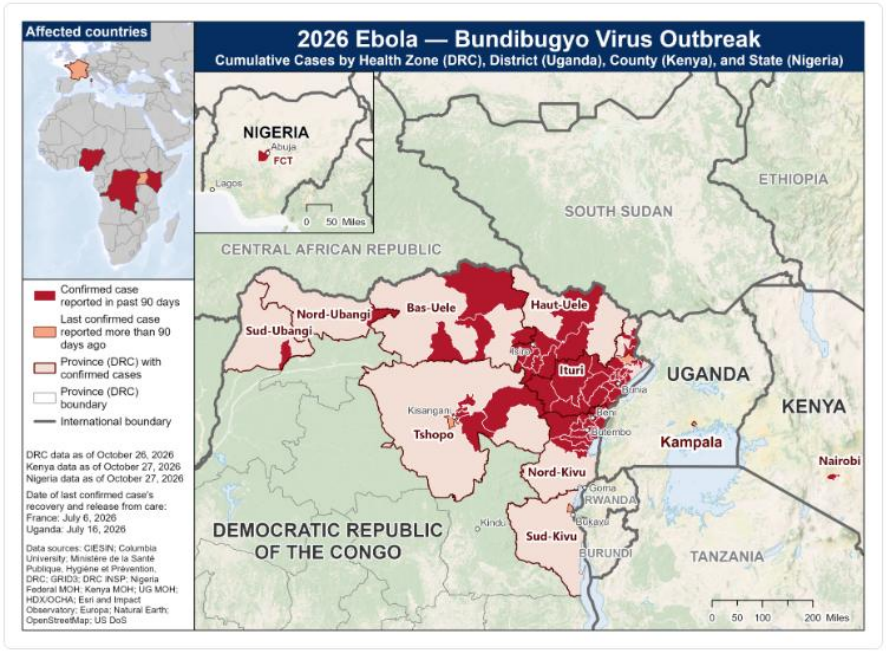
At this time all monitored returning travelers still within their incubation period are from countries without current outbreaks

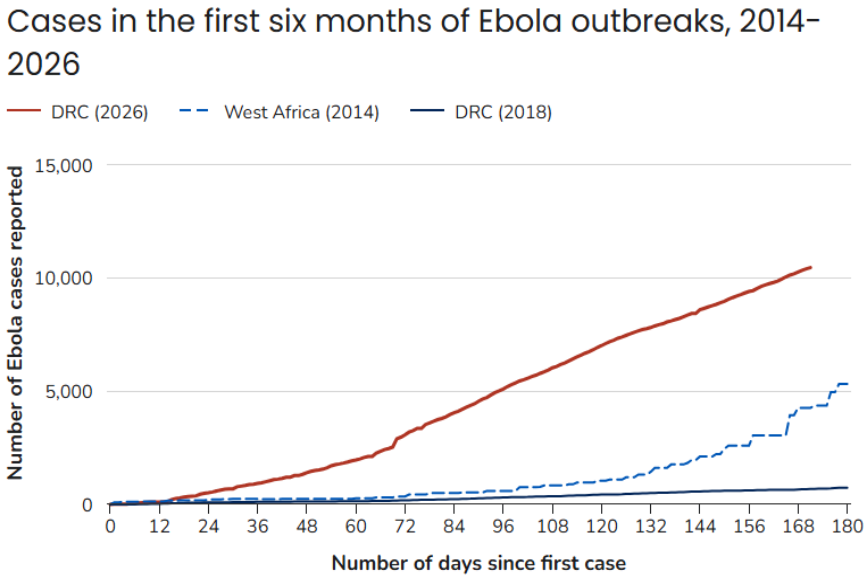
Federal policy which had rare exceptions – 21-day international quarantine before return to US for travelers to DRC



Ebola (Bundibugyo) Summary



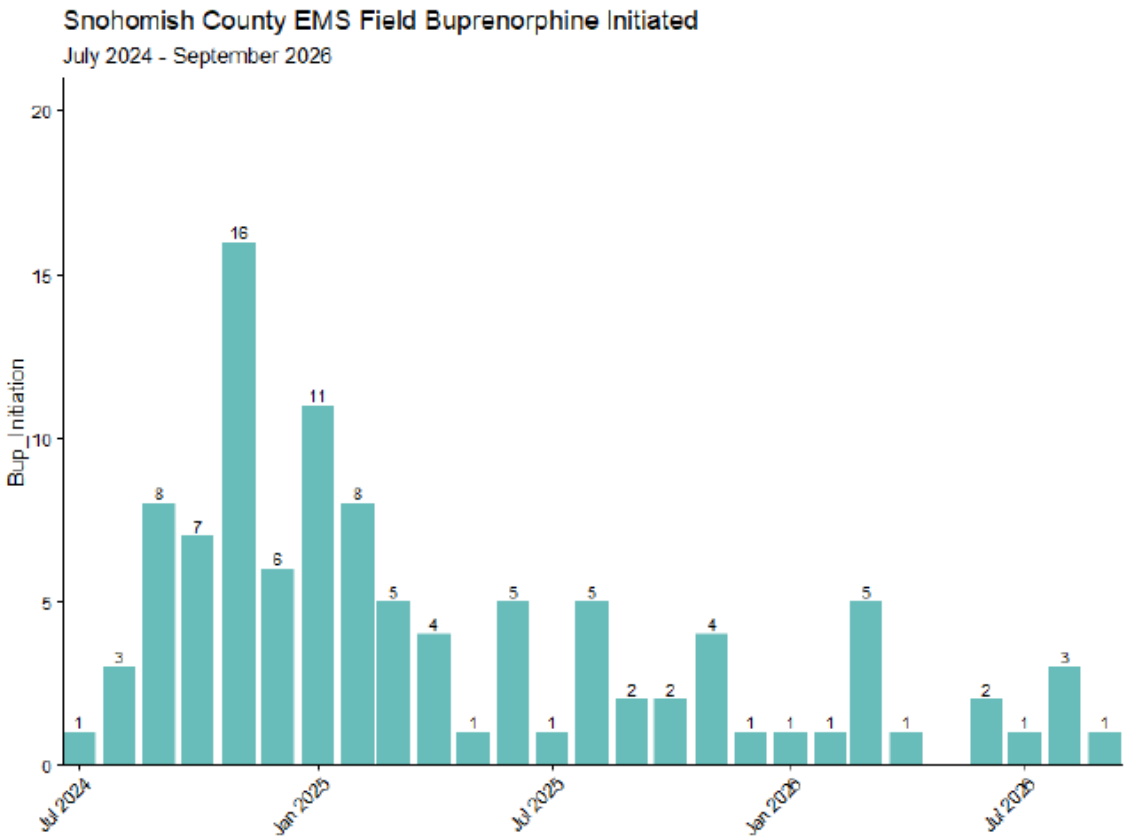




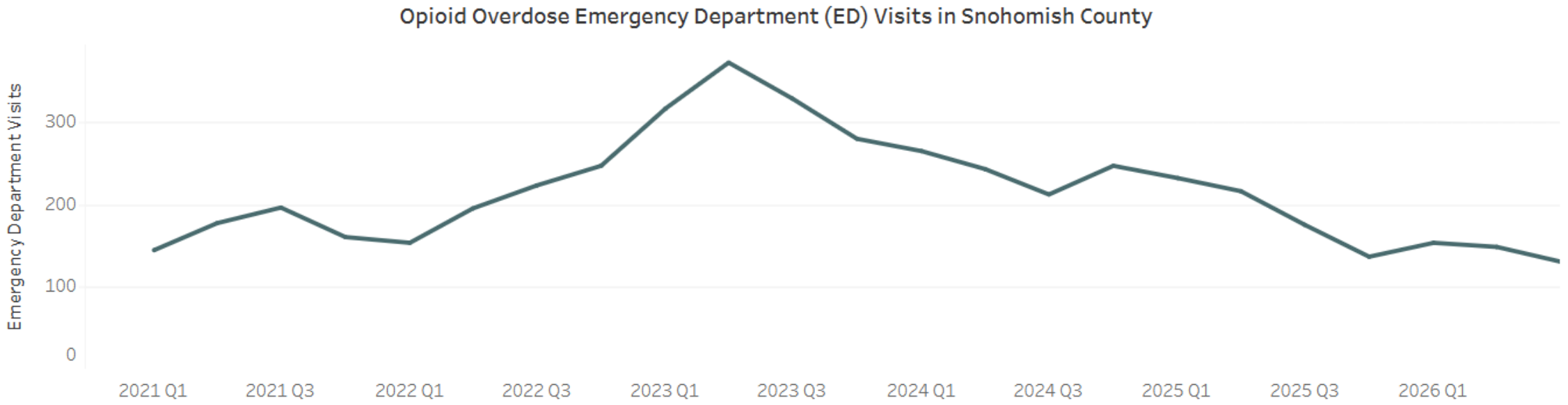
- This will almost certainly be the largest outbreak on record
  - >10,000 cases with >4928 deaths so far vs. >28k cases in 2014-16 outbreak
- Has already had terrible impact on DRC
- Impacted area is growing in DRC
- Cases reported in Nigeria and Kenya
- Warrants further investment globally to respond to and contain the outbreak
- Risk to US remains extremely low

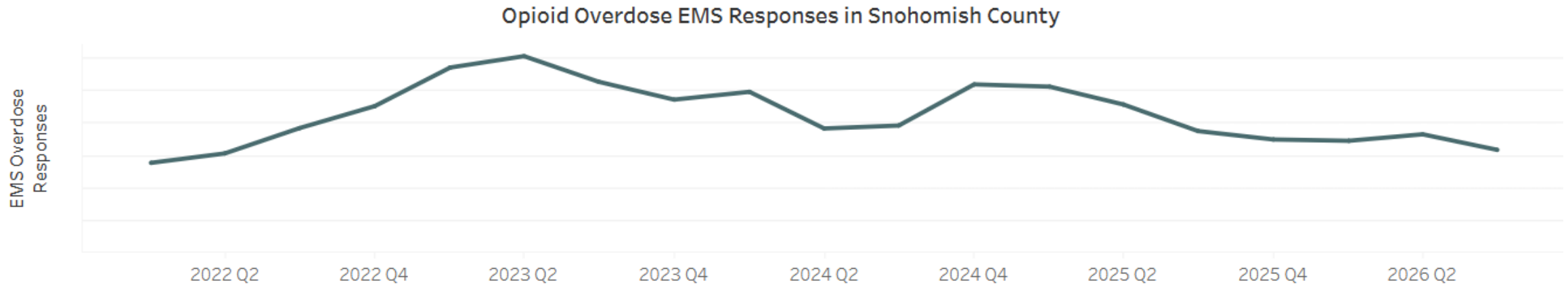
Opioid Response and Trends

Continue to see significant activity	• Some slow improvement in ED visits, EMS responses, deaths
Continue field initiation of buprenorphine; working to improve PCP prescribing	• Barriers include shortage of buprenorphine availability • Working on formal evaluation
Mobile treatment unit operating in Gold Bar	• Working toward formal evaluation

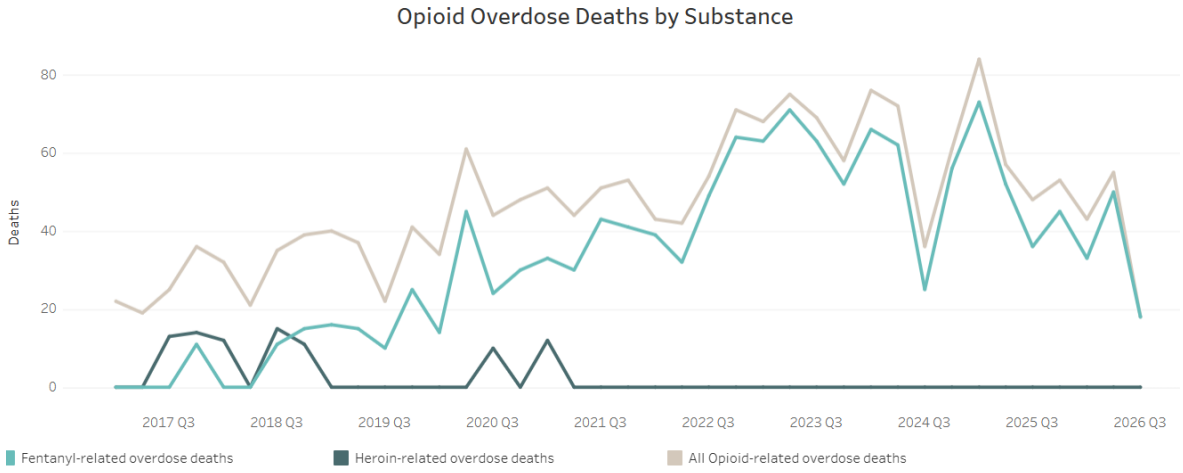


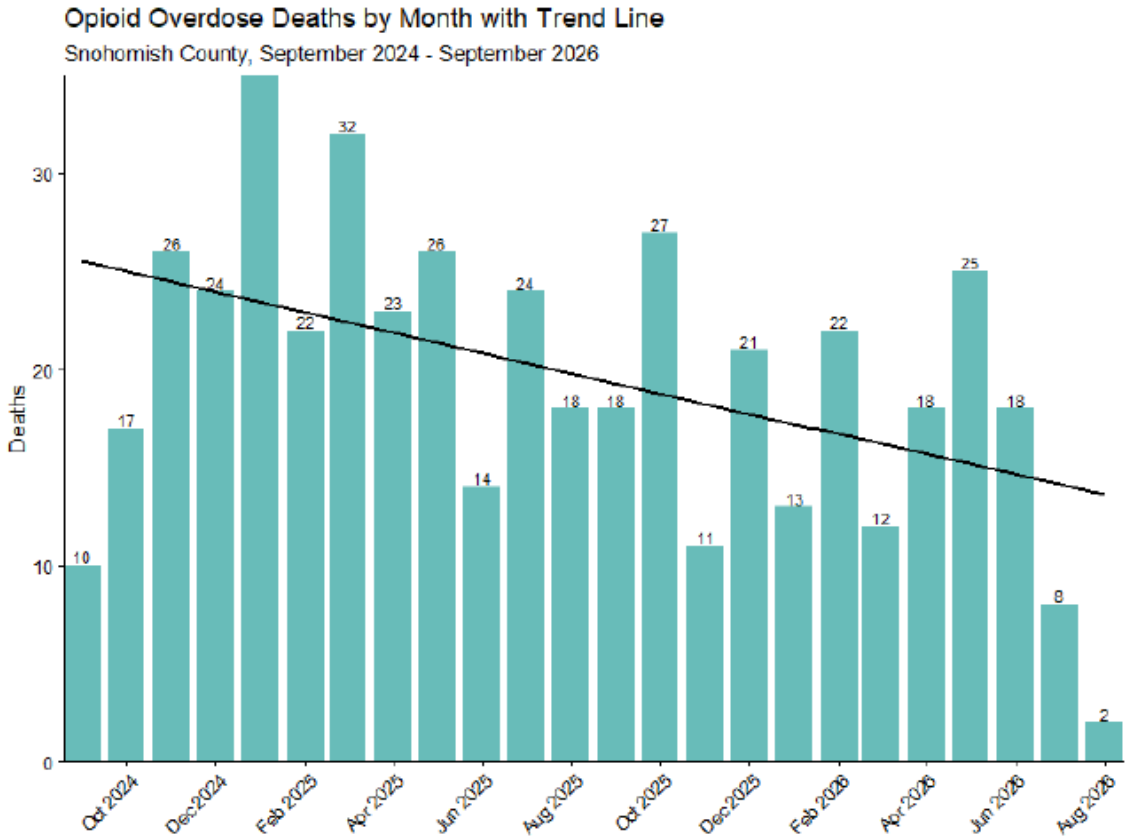
Opioid ED and EMS Related Visits: Dashboard





Opioid-Related Deaths





Haemophilus Influenza Type b (Hib) Outbreak

Invasive disease (blood, nervous system, other normally sterile area)

Affecting primarily people who use drugs and are unhoused

3 years and distinct outbreaks in:

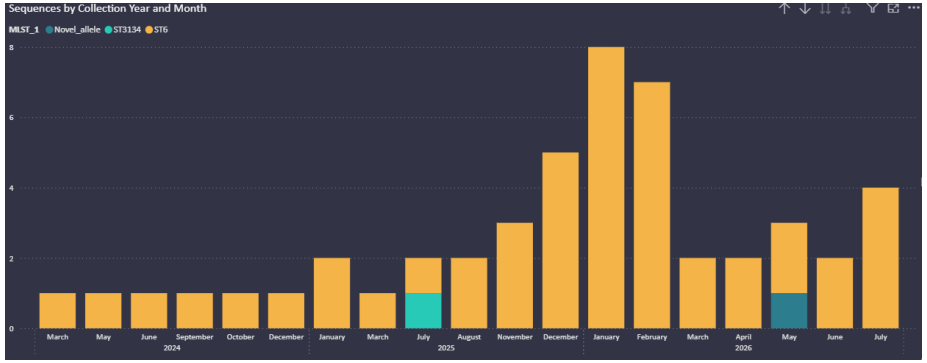
- WA/OR, CA, AK, BC

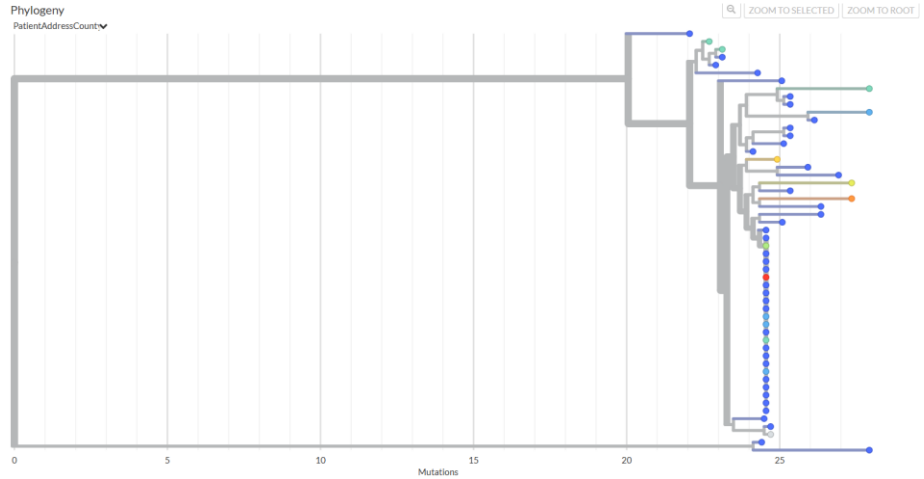
2026: 31 cases, 28 hospitalized, 3 associated deaths

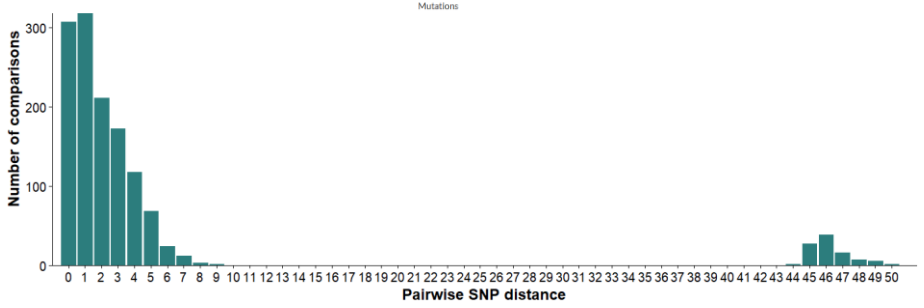
Unclear cause for increase

- COVID?
- Inhalational drug use?

Altered perspective: Is this a Hib issue or an issue of a population put at risk for all invasive bacterial infections?

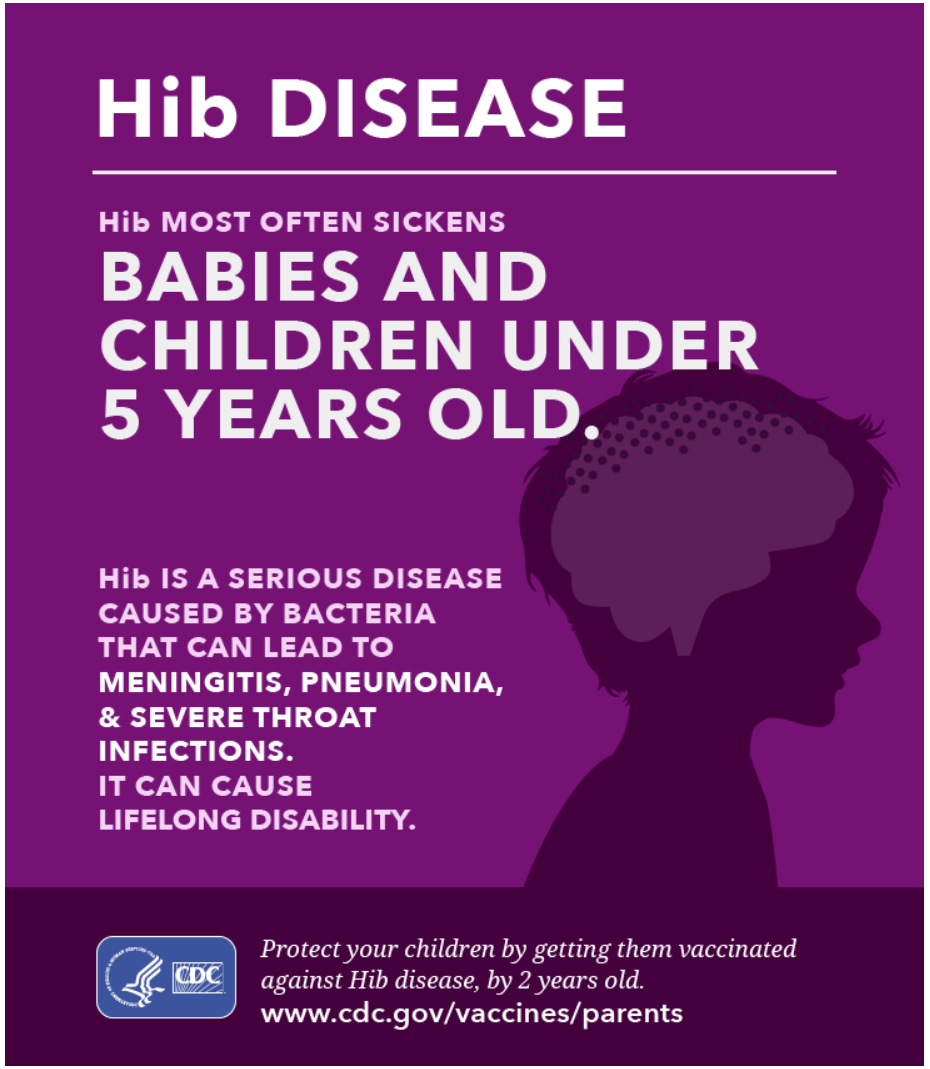






Hib Outbreak – What can we do?

- Statewide work group – last meeting 8/21
- Standing order for vaccine soon, what will the impact be?
- Will work with local partners for distribution
- Upstream issue: Healthcare access for unhoused people in general



Questions?



Upcoming land use permitting code revisions

Division:
Environmental Health

Background
Staff are providing the Snohomish County Board of Health with an overview of the Land Use Permitting program and planned updates to portions of Board of Health Code Title 5 related to septic system permitting.

Background
The Land Use Permitting program conducts environmental health reviews associated with septic systems and individual drinking water supplies. These reviews help ensure septic systems are designed and installed in accordance with applicable requirements, protect public health by preventing exposure to untreated sewage, safeguard groundwater and surface waters, and verify safe drinking water supplies.

Preview of Upcoming Ordinance
Chapters 5.10 - 5.30 of the Snohomish County Board of Health Code cover septic permitting rules. Staff have identified opportunities to improve the organization, content, and clarity of these chapters. Proposed revisions will be introduced at the next Board of Health meeting and include:

- Updating regulations across multiple permitting chapters
- Incorporating existing administrative practices into code
- Repealing two existing chapters and incorporating necessary provisions into other chapters

The changes proposed in the upcoming ordinance are intended to improve transparency by clearly reflecting current permitting practices in code and to establish a stronger foundation for future code updates. Most proposed revisions are not anticipated to significantly affect homeowners, septic professions, or other permitting partners.

Next Steps
Staff anticipate returning to the Board of Health in December 2026 to provide an ordinance briefing and are expected to seek adoption of the ordinance in January or February 2027.

Additional permitting-related ordinances involving more substantive policy changes may be presented to the Board of Health later in 2027 or early 2028.

Board Authority
RCW 70.05.060(3) Enact such local rules and regulations as are necessary in order to

preserve, promote and improve the public health and provide for the enforcement thereof.

ATTACHMENTS:

Description

- Presentation: Upcoming Land Use Permitting Code Topics

SNOHOMISH COUNTY HEALTH DEPARTMENT

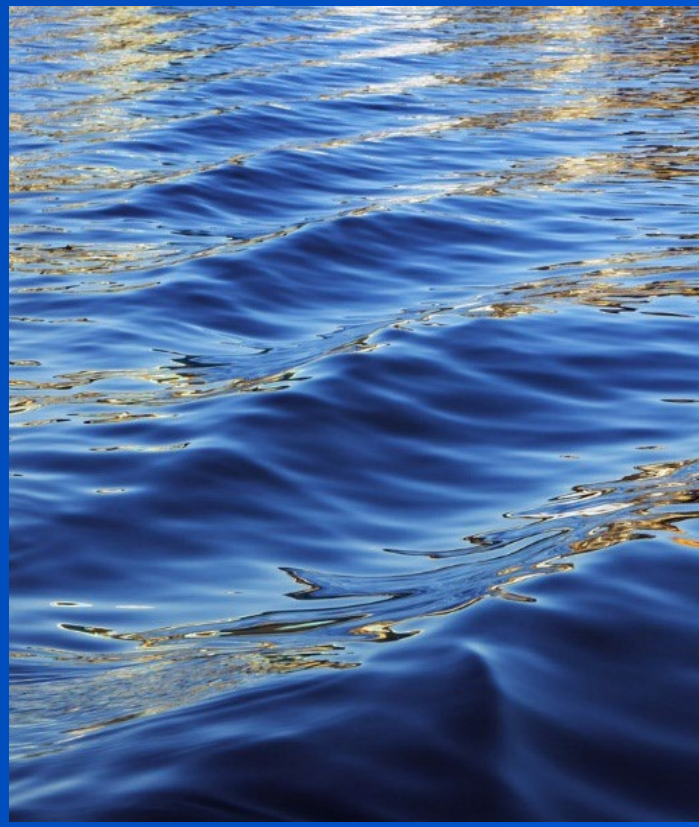
Upcoming Land Use Permitting Code Topics

Snohomish County Board of Health Briefing

November 2026







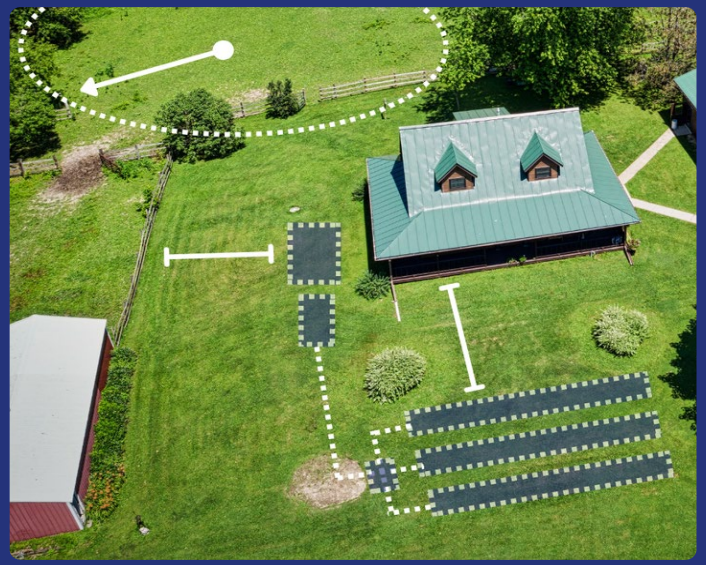
Agenda

- Land Use Permitting program
- Permitting Health Code highlights
- Upcoming ordinance overview
- Ordinance development process
- Next steps





Land Use Permitting – Septic



Reviews septic design applications

(under 3,500 gpd)



Soil and site evaluations for proposed systems



Final inspections for installed systems

Land Use Permitting – Septic



Reviews building clearances for properties with septic systems

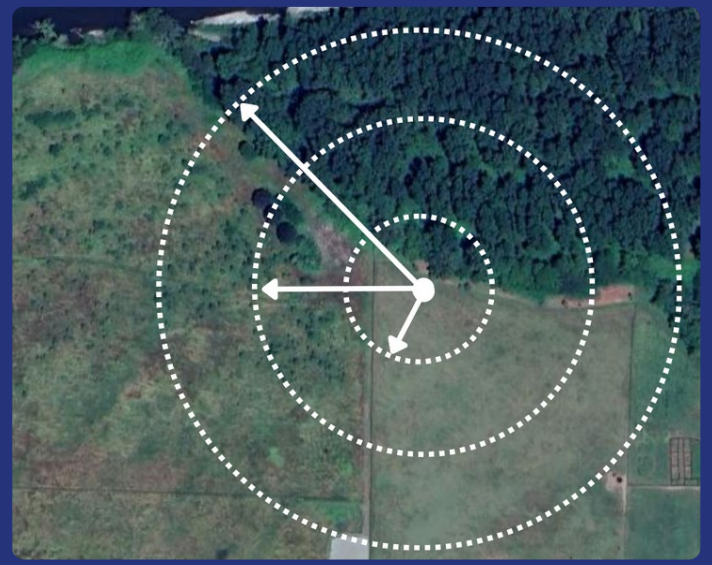


Record keeping and data management



Technical assistance to the public

Land Use Permitting – Drinking Water



Setbacks to sources of contamination



Water Well Report (well driller's log)



Bacteriological and primary inorganics

Well site review

Water supply

Review applications for individual water supplies

Land Use Permitting – Drinking Water



Verify adequate and potable water for new residences



Manage records (well site applications and water supply reviews)



Technical assistance to the public

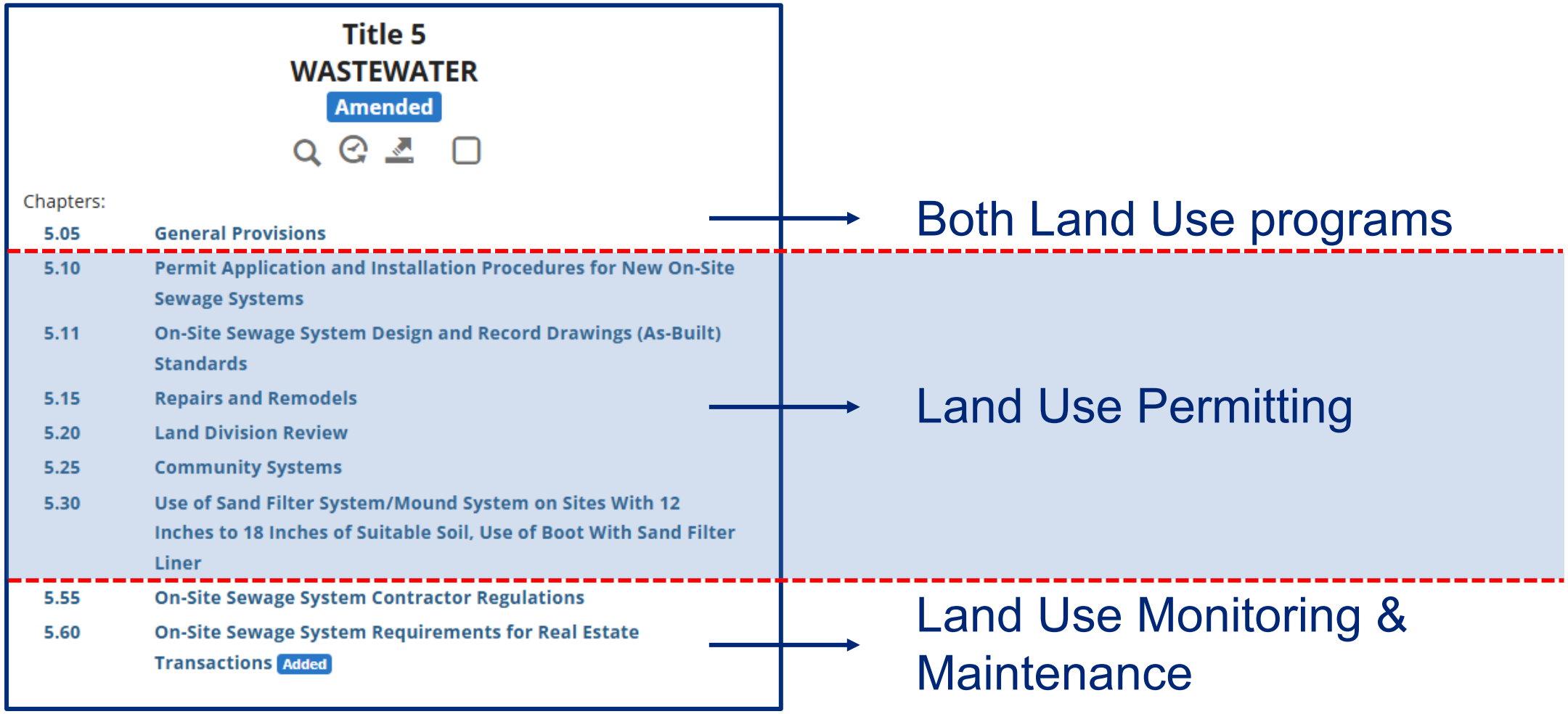
Why Permitting is Important





- Ensures systems are designed/installed to code
- Protects public health from untreated sewage
- Helps keep groundwater, rivers, lakes, and other sensitive areas clean and safe
- Ensures adequate and safe sources of drinking water
- Maintains records database

Snohomish County Board of Health Code Title 5 Tour



Permitting Health Code Highlights

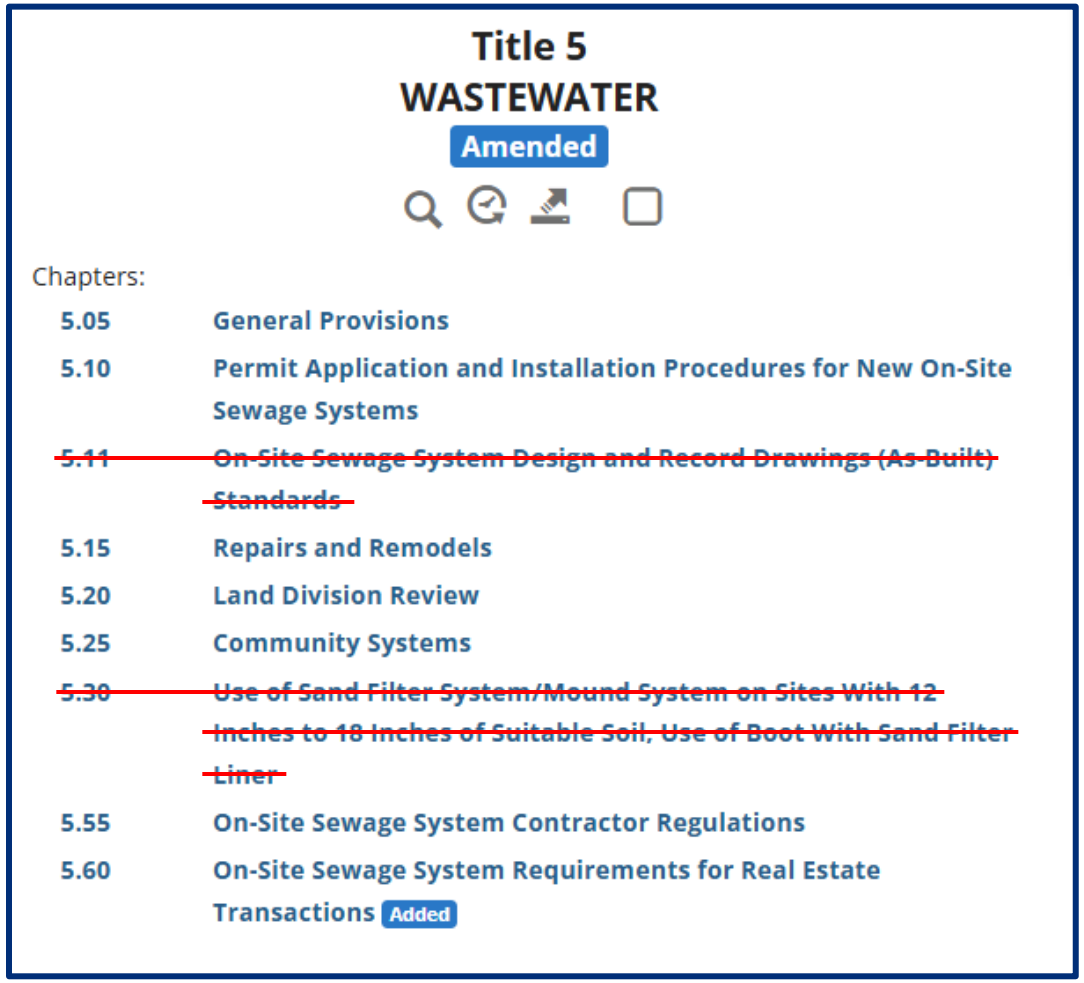
Health Code Chapter	Content
Chapter 5.10	**Permit Application and Installation Procedures** • Process for getting approval to build new septic system • Rules for how a septic system must be installed
Chapter 5.11	**On-Site Sewage System Design and Record Drawings** • Rules for planning a septic system design before permit issuance • Rules for documenting a septic system after construction is complete
Chapter 5.15	**Repairs and Remodels** • Requirements for septic system review for building remodels, additions, and other construction projects

Permitting Health Code Highlights

Health Code Chapter	Content
Chapter 5.20	**Land Division Review** • Review process for subdivisions with considerations for septic systems, reserve areas, and drinking water sources
Chapter 5.25	**Community Systems** • Rules for designing, approving, and managing community septic systems (more than one service connection on more than one parcel)
Chapter 5.30	**Use of Sand Filter Systems/Mound Systems on Sites with 12-18 Inches of Suitable Soil** • Process for permitting specific types of systems in shallow soils

Upcoming Ordinance Overview

- Updating regulations across multiple chapters
  - Most changes already standard operating practice
- Removing two chapters
  - Combining chapters 5.10 and 5.11
  - Relocating necessary content from chapter 5.30
- No edits to Monitoring & Maintenance code



Ordinance Adoption Outcomes

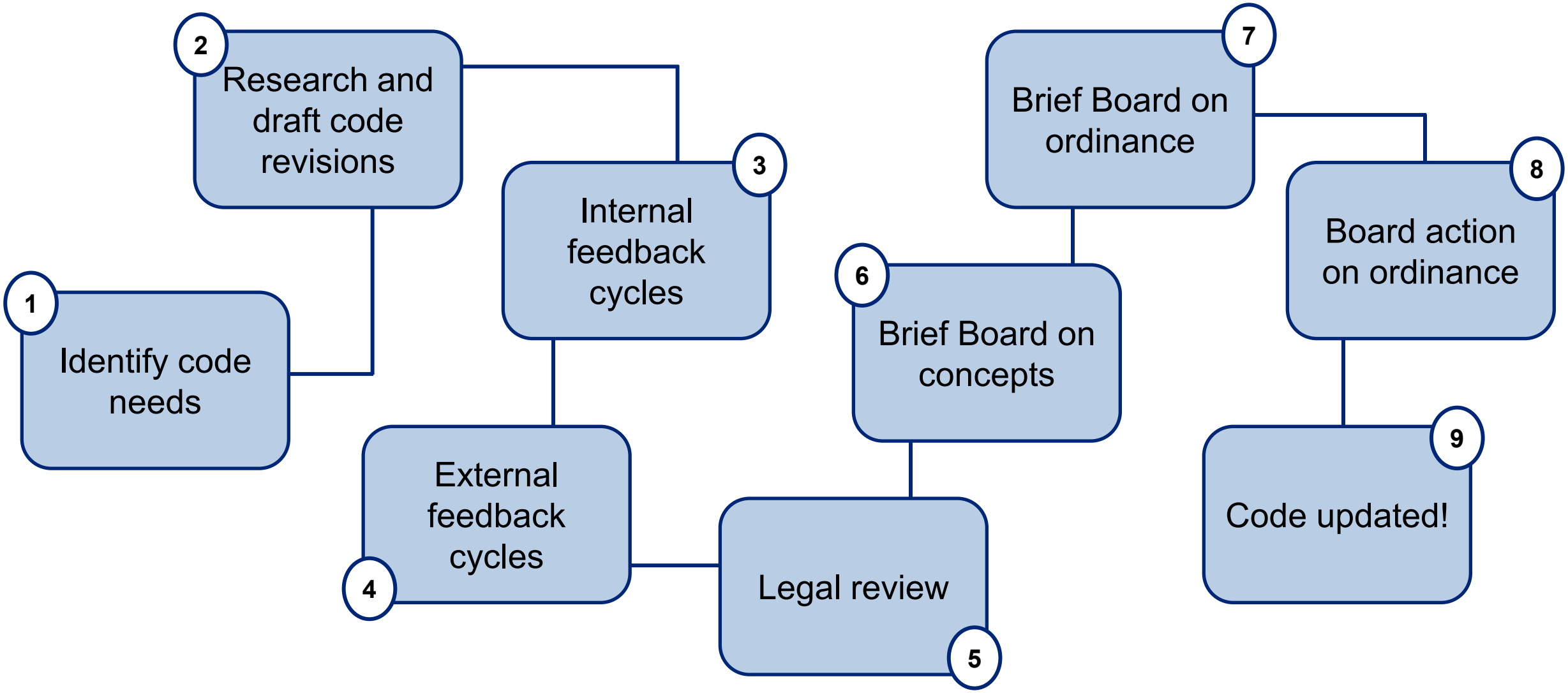
Health Code results:

- Improved transparency for permitting process
- Stronger foundation for future code edits

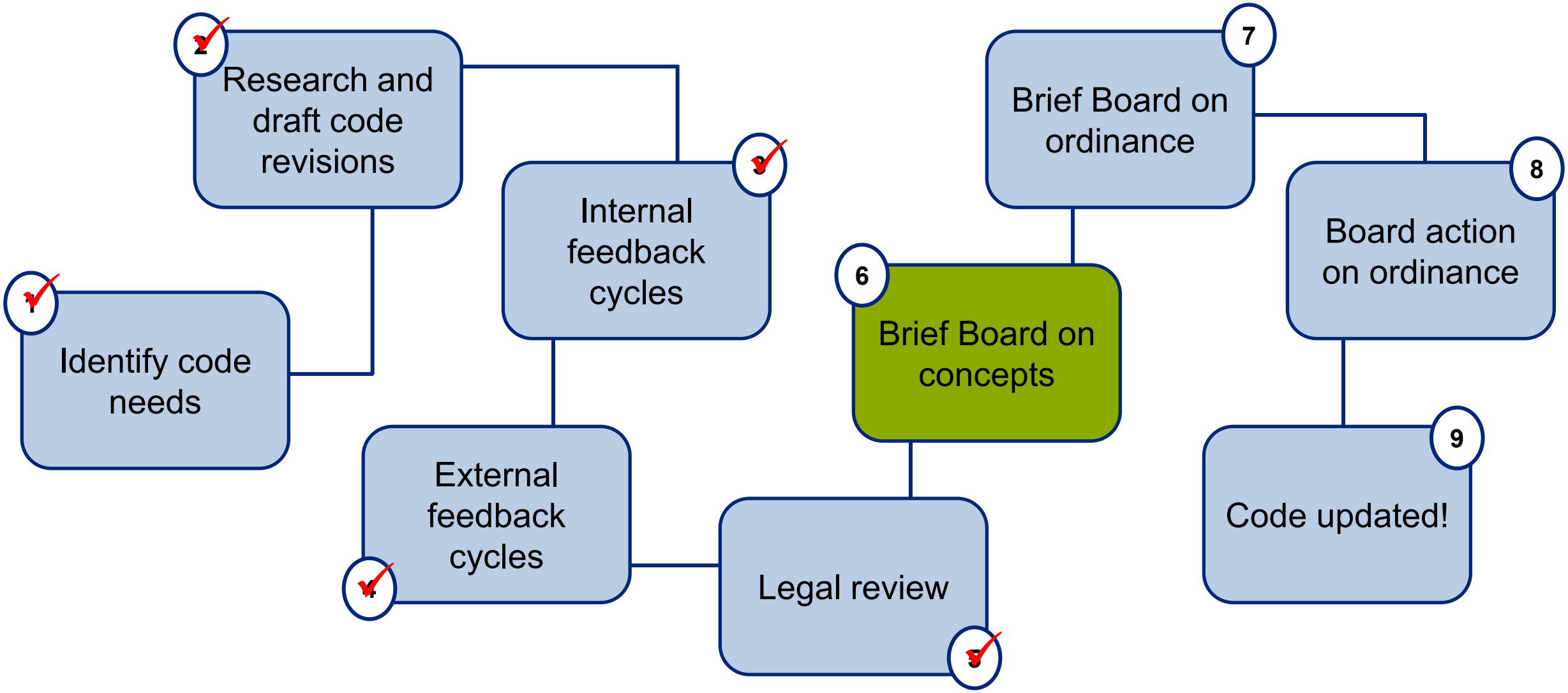
Community impacts:

Interested Parties	Potential Impact
Septic designers/contractors	**No major changes in operations** • Most changes are standard operating procedure, just not in code
Homeowners	**No major changes in interactions with Health Dept. or septic designers/contractors**
Other permitting partners	**No major changes in interactions with Health Dept.**

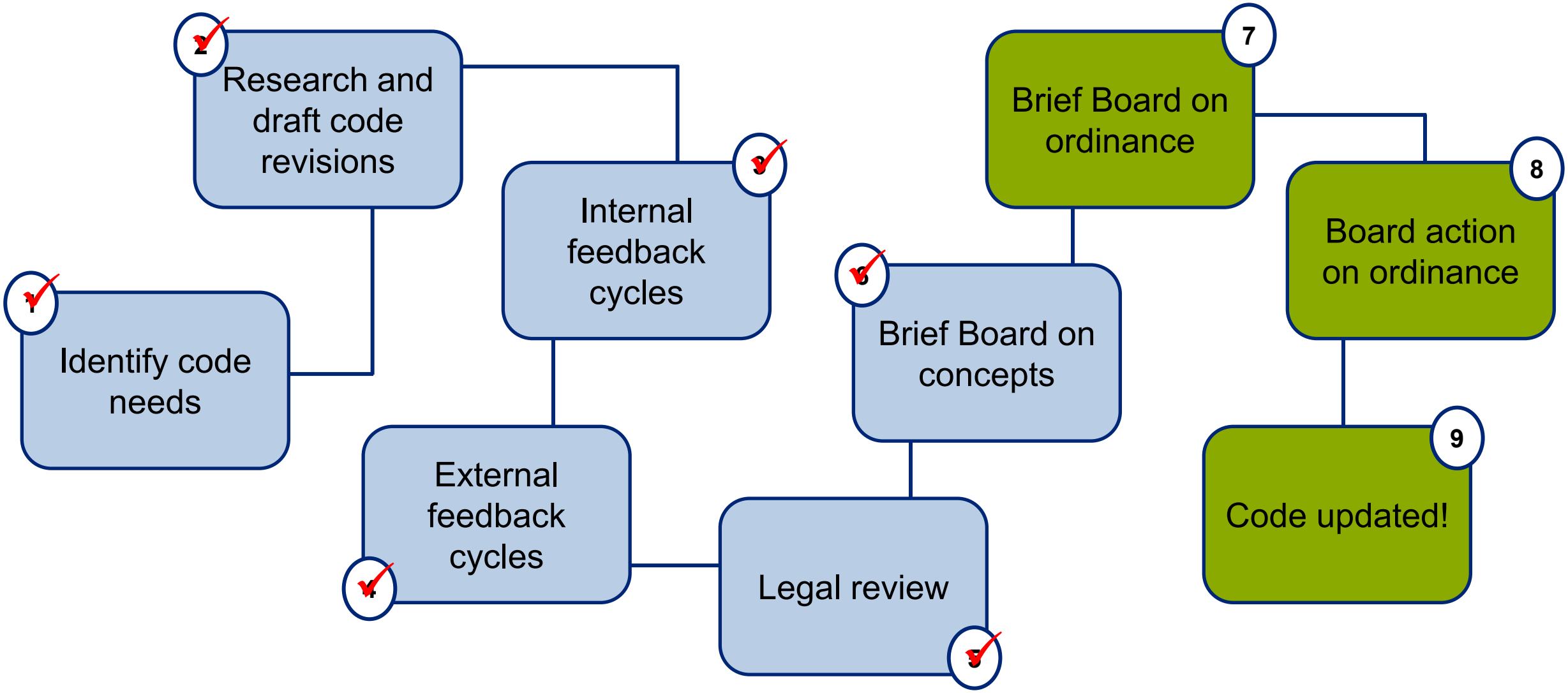
Ordinance Development Process



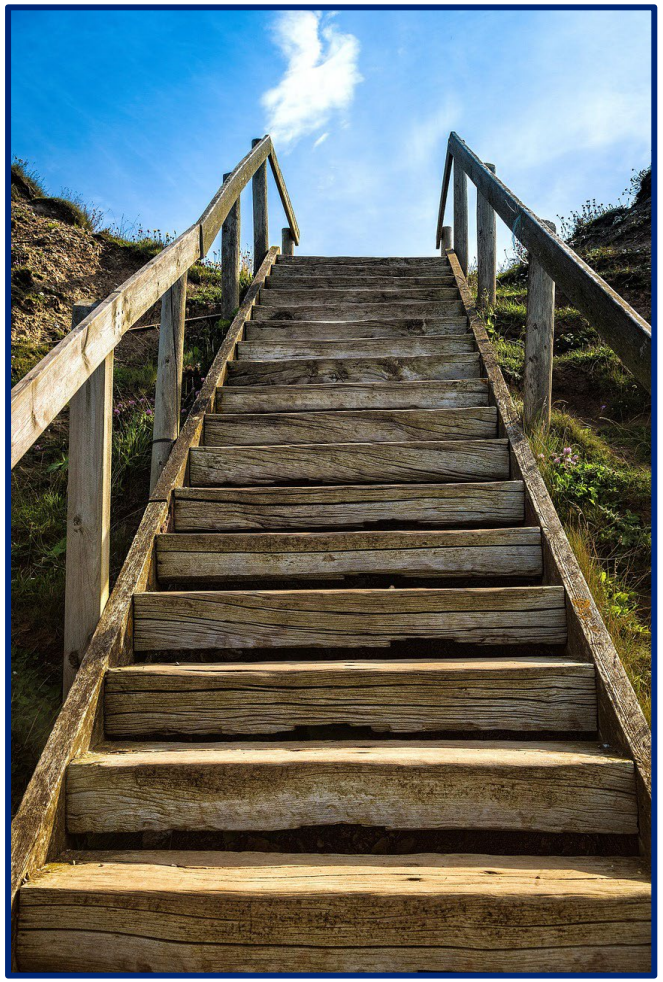
Ordinance Development Process



Next Steps


Research and draft code revisions
Internal feedback cycles
Identify code needs
External feedback cycles
Legal review
Brief Board on concepts
Brief Board on ordinance
Board action on ordinance
Code updated!
7
8
9

Next Steps



December Board Meeting

- Briefing on ordinance

January/February Board Meeting

- Anticipated action on ordinance
- Code updated 10 days after action

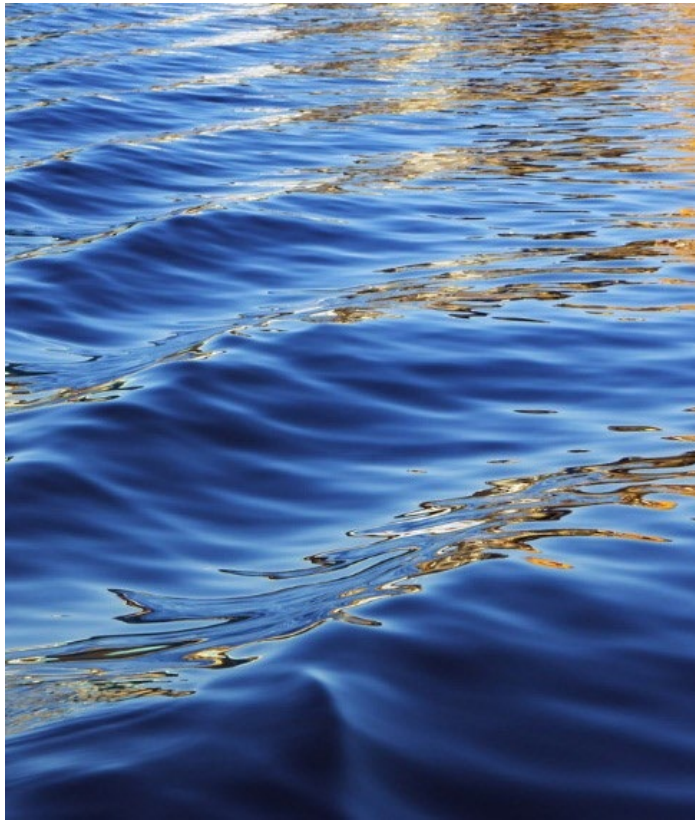
Later in 2027/2028

- Additional Land Use Permitting code revisions

PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY



Q&A and Discussion



Board of Health financial workgroup update

Division:
Office of the Director

Background
Ascendient Public Health Advisors has convened three of the estimated six meetings. Purpose of the working group is to develop a long-term strategic funding growth and diversification plan in support of the 2025-2031 Strategic Plan goal to increase and diversify revenue. Meetings are on the third Wednesday for the next several months, culminating in a recommendations report that will be presented to the full Board for approval.

The October meeting focused on reviewing feedback from the working group related to initial timeline preferences for revenue options (Exhibit A). Options were in buckets such as fees, shared services, philanthropic funds, and social impact bonds. Questions were also gathered from members on needed information to evaluate revenue options for a deeper dive.

Board Authority
RCW 70.05.060 - Powers and duties of local board of health and Snohomish County Code Chapter 2.300

ATTACHMENTS:

Description

- Presentation Slides, October 21, 2026

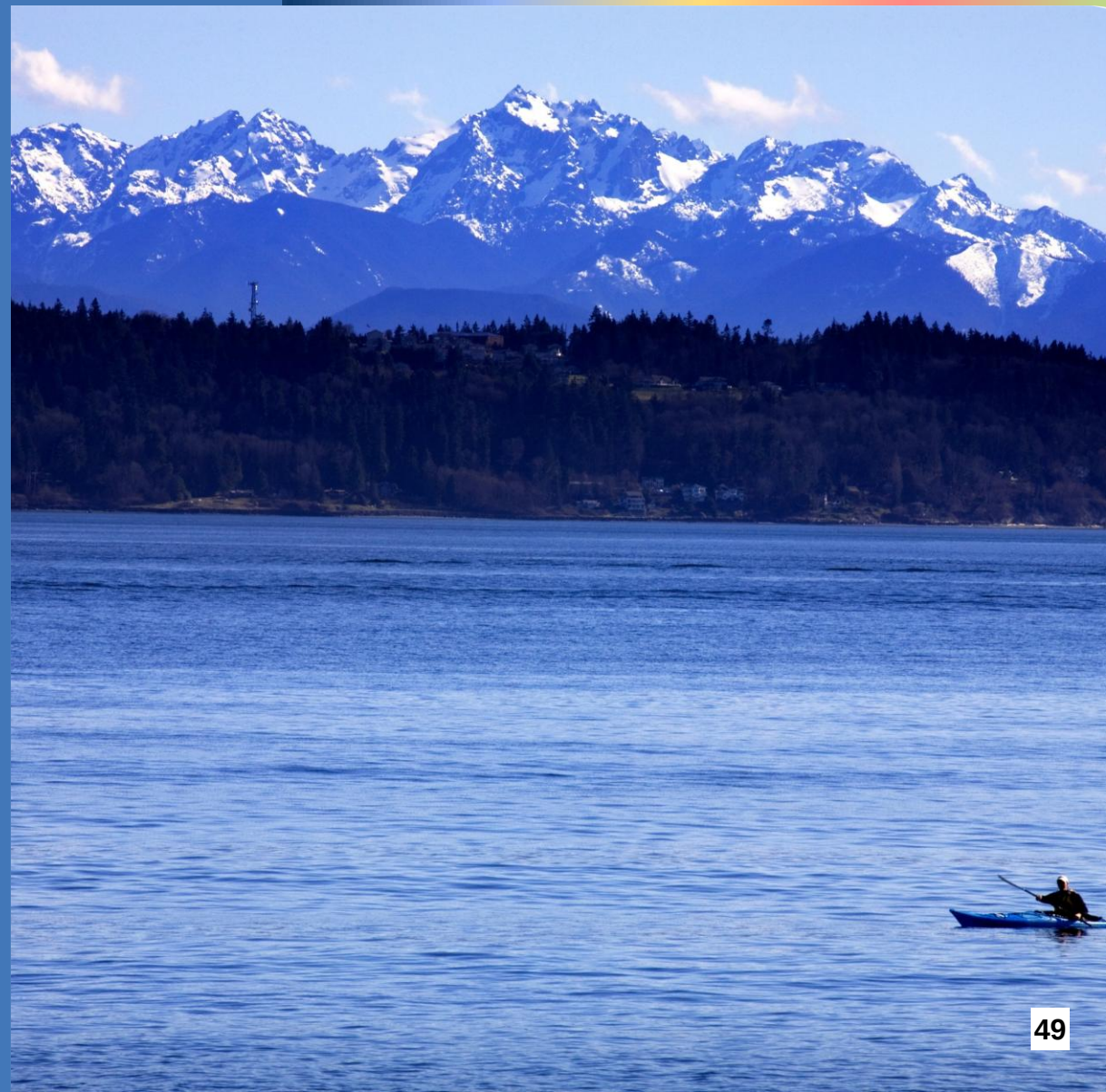
ASCENDIENT

ascendient.com

Snohomish County Health Department

Long-Term Financial Planning & Funding Strategies

Working Group Meeting #3 | October 21, 2026



DISCUSSION GUIDE

1. Where We Left Off
2. Workgroup Aim Statement
3. Survey Results
   - Priority 1: New Revenue Streams
   - Priority 2: Fund Balance & Reserves
   - Priority 3: Partnerships
   - Priority 4: Cost-Saving Opportunities
4. Moving to the Recommendation List
5. Next Steps: November to April

WHERE WE LEFT OFF

September built the list, the survey sorted it, and today we set priorities in each bucket.



SEPTEMBER

Built the list

Brainstormed funding ideas in four buckets: new revenue, fund balance and reserves, partnerships, and cost savings.



BETWEEN SESSIONS

Survey sorted it

Seven members placed 14 items as near-, mid- or long-term.



TODAY, OCTOBER 21

Set priorities

Review survey results by bucket, choose what to prioritize, and name the information needed to evaluate it.



NOV AND DEC

Deep dives

Two buckets per meeting, then the group selects options in January.

WORKGROUP AIM STATEMENT

Informed by the full workgroup, this aim statement is the standard we will use to weigh priorities and decide next steps.

To improve the health of Snohomish County residents, the Snohomish County Health Department will build a reliable, financially sustainable foundation for essential public health services in every community. By 2031, we will close the structural deficit by diversifying recurring revenue, aligning investments with priority services, and building strategic partnerships, rather than relying on one-time fixes or fund balance draws. We will hold ourselves to clear targets for recurring revenue, investment per resident, and service access.

How this statement was built



TODAY'S OBJECTIVES

For each bucket, we choose what to prioritize and the information needed to evaluate it.






New Revenue Streams	Fund Balance & Reserves	Partnerships	Cost-Saving Opportunities
We asked: Is the list of five revenue streams complete? **Today:** Which items to prioritize, starting with EHV fees and HB 2442.	**We asked:** When should SCHD use its fund balance? **Today:** Which uses to prioritize, and what you need to know first.	**We asked:** Which partners are missing? **Today:** Which partners to explore first, including an FQHC.	**We asked:** Which cost savings are missing? **Today:** Which savings to pursue first, and what you need to know.

Thank you. Seven Working Group members completed the survey, and your answers set today's agenda.

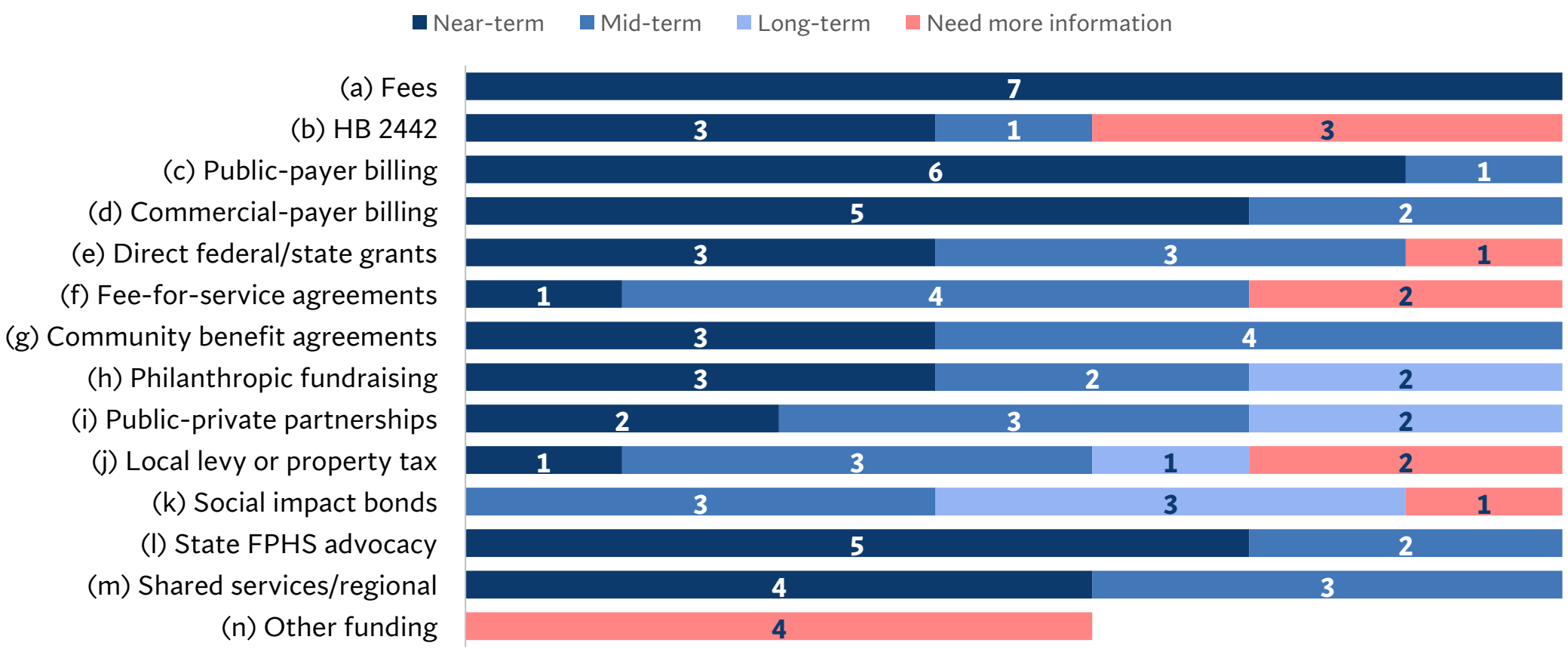
How we decide: The group recommends by consensus, without formal votes. Where views split, we report the majority view and the concerns raised.

Survey Results

Results in the four buckets the workgroup built. Final recommendations will be based on them.

SURVEY RESULTS: TIMING FOR ALL 14 ITEMS

All 7 respondents put fees in the near term; 3 need more information on HB 2442



Number of respondents choosing each timing. "Other funding" had 4 responses. Source: SCHD Working Group prioritization survey, October 2026 (n = 7).

In August and September, the group identified four potential new revenue streams

Billing and reimbursement

Medicaid, Medicare, private insurance, self-pay and other billing such as for navigator services

Policy and advocacy

HB 2442, FPHS funding, a local tax measure and removing the 1% property tax cap

Fees

Updated fee schedules and Environmental Health fee recovery

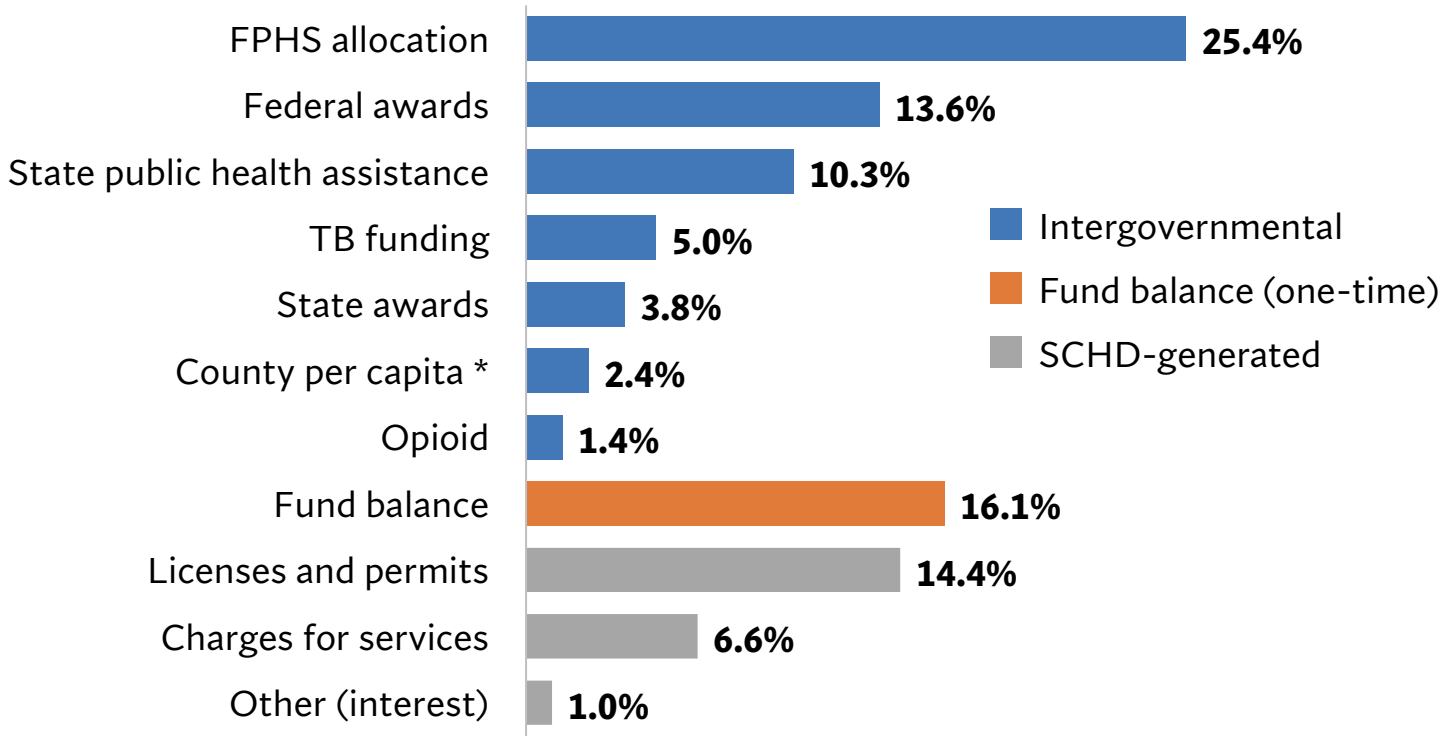
New grants or programs

Local, state, federal and philanthropic

WHAT WE ASKED

Does this list reflect the Working Group's discussion? Are any revenue streams missing that should be added?

Federal, state and county governments provide 62% of SCHD's 2026 revenue, while SCHD controls only 19%, so new revenue sources are needed to reduce that dependence



62% is intergovernmental: set by the state, federal government and County Council.

19% is set by SCHD: licenses, permits and charges. SCHD does not yet bill insurers, and fines go to the county general fund.

FPHS is shrinking: its share falls from 25.4% in 2026 to 19.5% in 2027–28 after a $33M annual cut to statewide funding.

CDMH is not realized revenue to SCHD: the $1.16M passes through Fund 124 and not Health Department (Fund 125).

Fund 124 pass-through funding (not in chart): Chemical Dependency Mental Health (CDMH), $1,161,606

Shares include one-time beginning fund balance. Source: Ascendient, SCHD Phase 1 and Phase 2 Situation Assessment, Sept 30, 2026 (Sections 2.1 and 2.4); SCHD Fund 125 Six Year Projection, 2027–28 Executive Recommended.

All 7 respondents said the revenue list is complete; fees and billing lead the near term

WHAT WE ASKED

Does this list reflect the Working Group's discussion? Are any revenue streams missing?

- Billing and reimbursement
- Policy and advocacy (HB 2442, local tax measure, 1% cap)
- Fees (fee schedules, Environmental Health fee recovery)
- Shared services and regional collaborations
- New grants (local, state, federal, philanthropic)

WHAT YOU SAID

- **List is complete:** all 7 said it reflects the group's discussion, and none added a stream.
- **Near term:** fees (7), public-payer billing (6), commercial billing and state FPHS advocacy (5 each).
- **Need more information:** HB 2442 (3), the local levy (2) and fee-for-service agreements (2).

Fund balance is a safety net for these four needs, not a way to balance ongoing costs

Health emergencies

Measles, Oso, H1N1 and COVID-19

Cash flow

Reserves to cover 2 to 4 months of expenses when payments are delayed

Short-term bridge

Covering a program until new funding starts, e.g., the STI clinic pilot

One-time investment

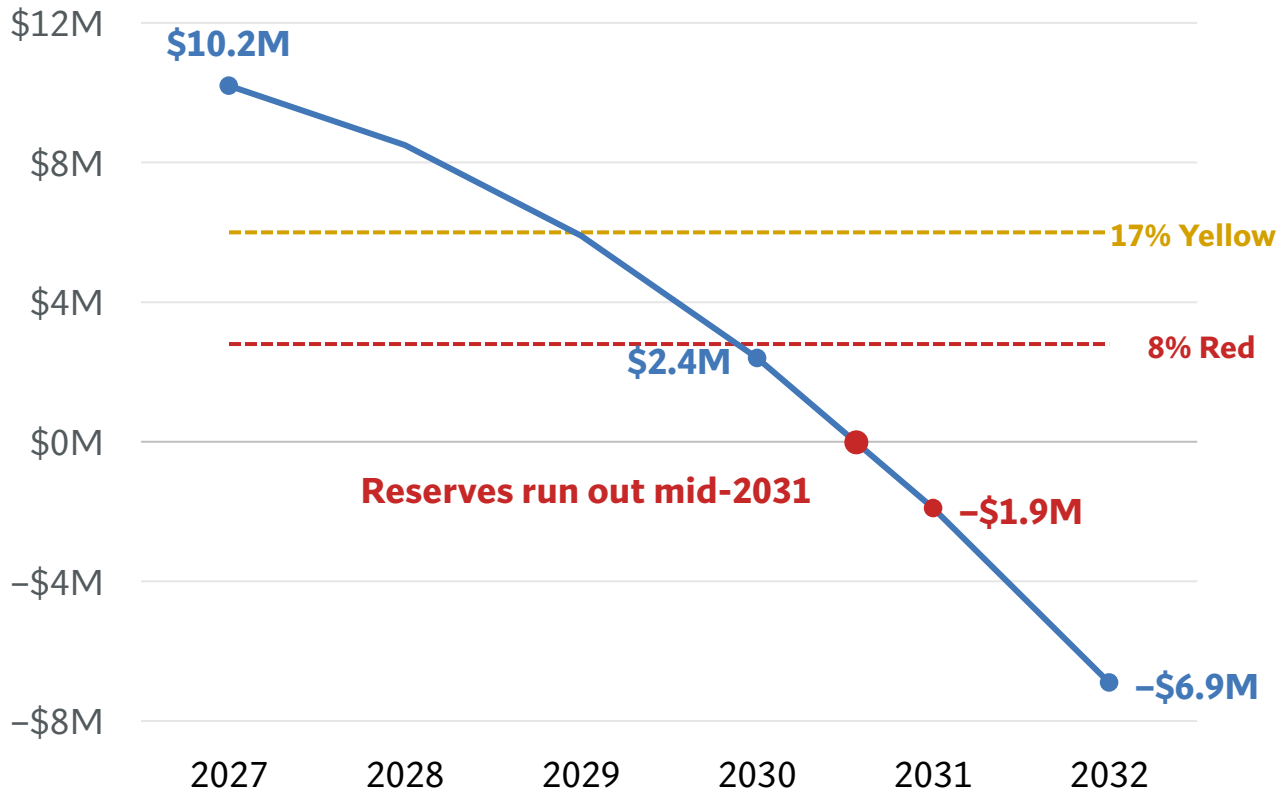
Launching new programs or projects that build long-term capacity, e.g., the Rucker remodel and Accela system

WHAT WE ASKED

Are there other situations when SCHD should use its fund balance?

Without action, reserves fall below the 8% red line in 2030 and run out in 2031

Projected Fund 125 ending fund balance, $M



Year	Reserve	Rating
2027	27.7%	**Green**
2028	25.6%	**Green**
2029	~17%	**Yellow**
2030	6–7%	**Red**
2031	Negative	**Red**

Guideline: reserves of at least 17% of annual operating expenses; under 8% is Red (GFOA).

Recurring operating margin: about –6%, also Red (below –3%).

12 Reserve = ending fund balance / projected expenditure; uses total, not unrestricted, fund balance. Ratings are indicative. Source: Ascendient, SCHD Phase 1 and Phase 2 Situation Assessment, Sept 30, 2026 (Sections 2.2 and 2.5).

Four benchmarks define healthy reserves; SCHD's operating margin is already in the red range

Measure	Green	Yellow	Red	SCHD today
Days cash on hand Basis: WA State Auditor	60+ days	30–59 days	Under 30 days	**Not yet calculated** cash data requested
Reserve (fund balance ÷ expenses) Basis: GFOA, about 2 months	17% or more	8% to 16.9%	Under 8%	**27.7% in 2027** ~17% in 2029, 6–7% in 2030
Recurring operating margin Basis: local practice	0% or better	0% to −3% for 1 year, with a recovery plan	Below −3%, or 2 deficit years in a row	**About −6%** recurring gap of ~6% of budget
One-time money funding recurring costs Basis: GFOA guidance	Under 10%, with a transition plan	10% to 20%	Over 20%, or no plan	**About 7%** numeric test only; plan not assessed

Ratings are indicative; reserve uses total, not unrestricted, fund balance. SAO = Washington State Auditor's Office; GFOA = Government Finance Officers Association. Source: Ascendient, SCHD Phase 1 and Phase 2 Situation Assessment, Sept 30, 2026 (Section 2.5 and Appendix C).

Respondents added three uses for fund balance and asked SCHD to set a minimum first

WHAT WE ASKED

Are there other situations when SCHD should use its fund balance?

- Public health emergencies (measles, Oso, H1N1, COVID-19)
- Cash flow: 2 to 4 months of expenses when payments are delayed
- Short-term bridge (STI clinic pilot to ongoing services)
- Investment in one-time projects that build long-term capacity

WHAT YOU SAID

- **Keep programs running:** fund a program at a minimum level to avoid higher restart costs later.
- **Seed new revenue:** invest to launch a revenue stream until it pays for itself, without undercutting other uses.
- **Vaccines for the uninsured:** provide free vaccinations.
- **Set a minimum first:** other uses should draw only on fund balance above an adopted minimum.
- **Define the purpose:** should reserves cover public health emergencies, or only cash flow?
- **No additions:** 2 respondents.

The group identified four types of potential partners



Health systems

Nonprofit and for-profit



FQHCs and RHCs

Federally Qualified Health Centers and Rural Health Clinics



Shared health information systems



Shared services

Community partnerships and regional collaborations

WHAT WE ASKED

Are there other partners that should be added?

Partnerships stretch public health resources nationwide; SCHD already partners with the ACH, Commerce and hospitals

Regional funders

ACTIVE TODAY

North Sound ACH: $1.75M for navigators and $75K for food insecurity.

Commerce: $70K for permitting and $480K for gun violence prevention.

Cities

TO EXPLORE

Interlocal agreements with the county's incorporated cities and towns to support program services.

Research into authority is needed related to revenue.

Hospitals and health systems

ACTIVE, TO GROW

SCHD and hospital systems are developing the CHA/CHIP together.

No statute directs hospital community benefit funds to SCHD, but shared work saves both partners money.

Philanthropy

TO ASSESS

The Sound Foundation for Public Health supports SCHD as an independent organization.

Its governance documents are needed to judge its capacity.

Not yet in the record: employer partners, and the FQHC, rural clinic and health data partners named in the survey.

Sources: Ascendient Situation Assessment, Sept 30, 2026 (Sections 2.4, 6.1, 7); WA DOH 2024 LHJ Expenditure Report; Center for Sharing Public Health Services.

Respondents suggested tribal partners and private vendors; most partnership items lean mid-term

WHAT WE ASKED

Are there other partners that should be added?

Potential partners

- Nonprofit and for-profit health systems
- FQHCs and Rural Health Clinics
- Shared health information systems

WHAT YOU SAID

- **Tribal partners:** do they count alongside FQHCs? Tribes do strong work in SUD treatment.
- **Private vendors:** partner to offer revenue-generating services, if SCHD is legally allowed to.
- **Mid-term:** community benefit and fee-for-service agreements (4 each), public-private partnerships (3).
- **Need more information:** fee-for-service agreements (2).
- **No additions:** 4 respondents; one called the listed partners the largest opportunities.

The group identified three ways to reduce costs

Centralizing services

Regional collaborations

With other health departments or clinics

Reducing duplicate services

WHAT WE ASKED

Are there other cost-saving opportunities that should be added?

Needed staffing cuts saved about $2M and cost some services; cuts alone cannot close SCHD's structural gap

17.4
net positions reduced in 2027–28, 8.4 of them vacant

~$2M
estimated 2027–28 savings; not a lasting fix

27% → 19%
indirect cost rate, already lowered for 2027–28

Rules SCHD follows for staffing decisions

These rules have and will continue to guide future decisions to protect programs and communities.

1. **Core services first:** fund mandated and essential services before anything else.
2. **Ongoing costs need ongoing revenue:** no one-time money for salaries.
3. **New non-core program services need a funding source:** new revenue, a partner or an offsetting cut.
4. **Act early on deficits:** monthly reviews flag gaps so leaders can manage costs or raise revenue.

Source: Ascendient, SCHD Phase 1 and Phase 2 Situation Assessment, Sept 30, 2026 (Sections 2.2, 4.1 and 4.3); SCHD 2027–28 Biennial Budget Proposal, June 23, 2026; SCHD Budget Procedure (draft).

No new cost-saving ideas were added; one respondent asked for each to be defined with an example

WHAT WE ASKED

Are there other cost-saving opportunities that should be added?

Cost-saving opportunities

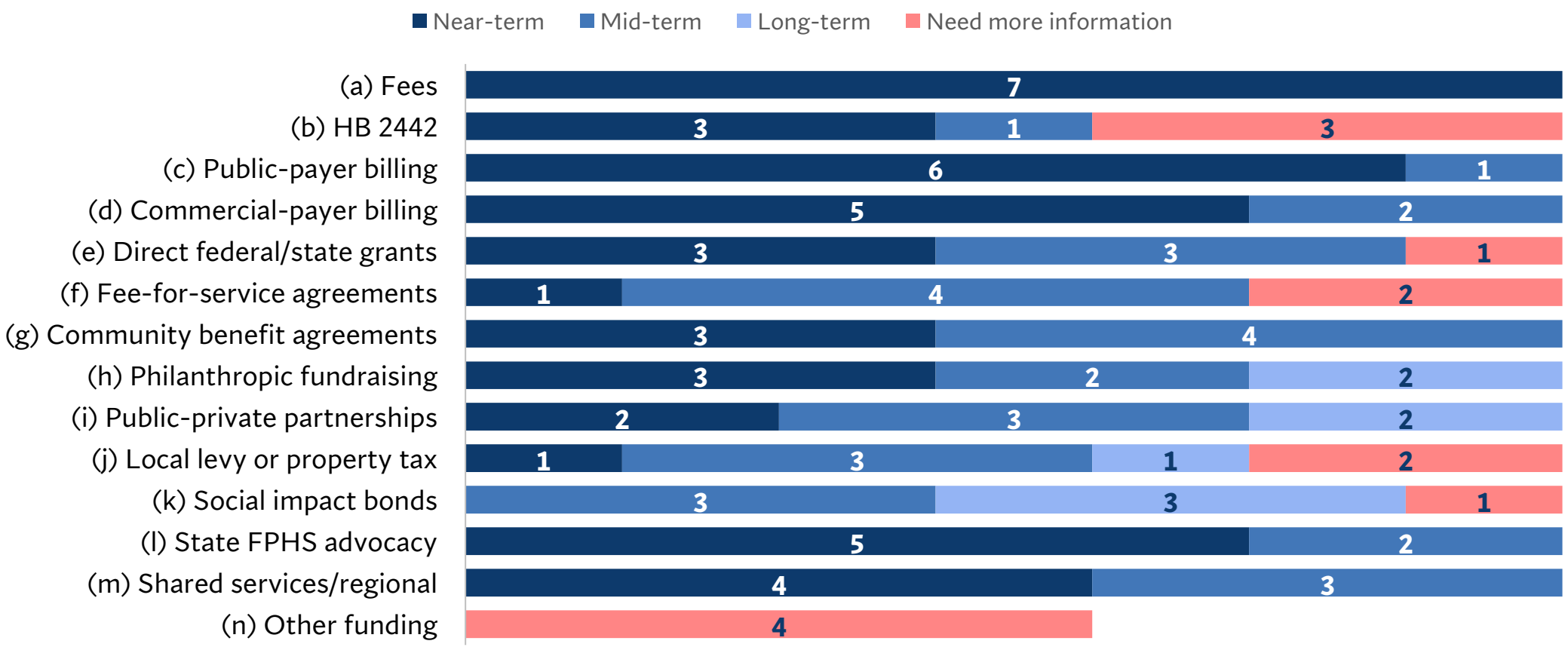
- Centralizing services
- Regional collaborations with other health departments or clinics
- Reducing duplicate services

WHAT YOU SAID

- **Define the options:** one respondent found them hard to evaluate and asked for a description and a sample collaboration for each.
- **Cost accounting:** price Environmental Health and vital records so fees, not fund balance, sustain them.
- **Shared services timing:** 4 near-term, 3 mid-term; no one needs more information.
- **No additions:** 4 respondents.

SURVEY RESULTS: TIMING FOR ALL 14 ITEMS

All 7 respondents put fees in the near term; 3 need more information on HB 2442



Number of respondents choosing each timing. "Other funding" had 4 responses. Source: SCHD Working Group prioritization survey, October 2026 (n = 7).

Fees and four core items go on the recommendation list now

AGREED TODAY

Moving straight to the recommendation list:

Fees: short-term

7 of 7 respondents chose near term, so fees move straight to the recommendation list.

WHO SETS FEES

The group recommends; the Board of Health sets the fees.

CARRIED INTO THE DEEP DIVES

Why each stays on the list:

Onsite septic fees

7 of 7 chose near term, as part of fees

Medicaid billing

6 of 7 chose near term

Shared services

4 of 7 chose near term; no one chose long term

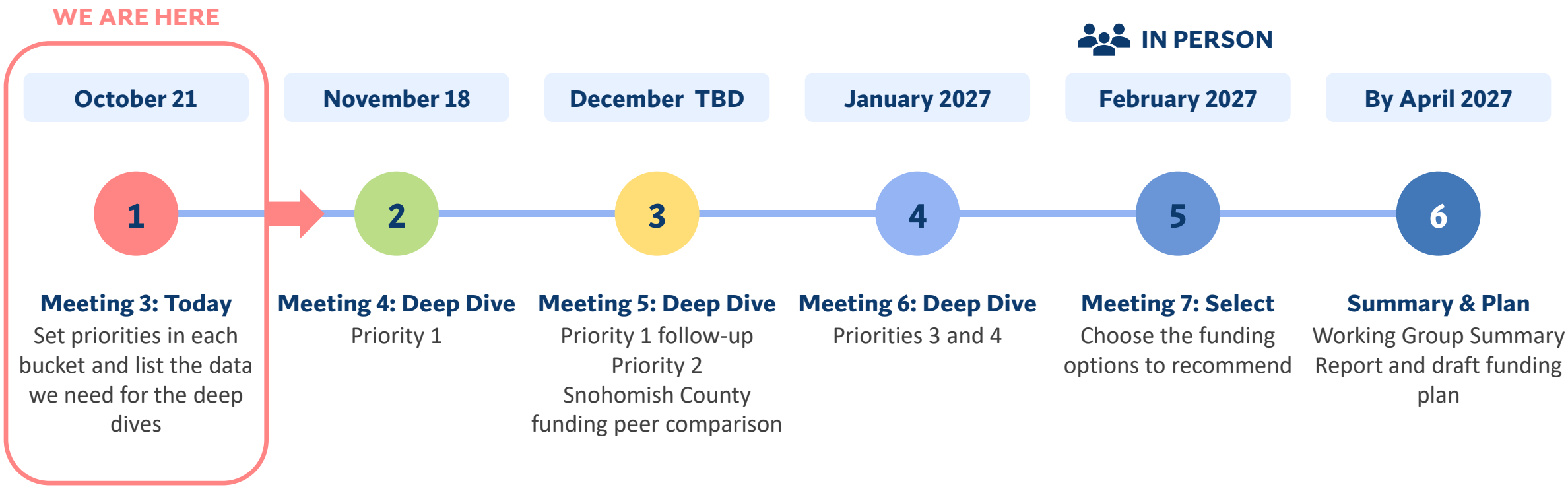
HB 2442

Moving forward; 3 of 7 want more detail

Each gets a short review: what it is, 5-year return, pros, cons and a recommendation.

NEXT STEPS: NOVEMBER TO APRIL

After today, three deep-dive meetings lead to choosing options in February



FINAL DELIVERABLE

The Strategic Funding Growth and Diversification Plan: prioritized recommendations and an action plan for the Board of Health.

Other Discussion or Questions ?

ASCENDIENT

BOARD OF HEALTH STAFF REPORT
(SR 26-043; Katie Curtis)
NOVEMBER 10, 2026
BRIEFINGS

House Resolution 1 and Health Department response

Division:
Prevention Services

Background
The Health Department had the opportunity to apply for funding from the North Sound Accountable Communities of Health to work on two projects. Both of these projects work to address the changes that are being implemented under the House Resolution 1 (HR1) bill.

The first project is helping Snohomish County residents understand the changes coming to the Supplemental Nutrition Assistance Program (SNAP). This project will include helping residents keep SNAP benefits, or understand how to enroll for SNAP benefits. Under this project the Health Department will also help convene community organizations to determine pathways for residents to meet work and/or volunteer requirements that are coming as a part of the HR1 changes.

The second project is helping Snohomish County residents understand the changes coming to Medicaid. This project will be done in coordination with five contracted community-based organizations. The Health Department will release a request for proposal later this year to identify up to five community-based organizations who will be able to hire/fund up to three community health workers to assist community members with navigating applying for and keeping Medicaid benefits.

Board Authority
RCW 70.05.060 – Powers and duties of local board of health

ATTACHMENTS:
Description
- Presention on HR1 and SCHD Response

SNOHOMISH COUNTY HEALTH DEPARTMENT



HOUSE RESOLUTION 1 & SCHD RESPONSE

November 10, 2026



Federal Changes Affecting Access to Care

- House Resolution One (H.R.1) was signed into law on July 1, 2025, and contains numerous provisions that impact public benefits in Washington
- Hundreds of thousands of Medicaid-eligible Washington residents will be impacted
- Changes likely to decrease access to care, increase medical debt, and increase uncompensated care for health care providers



Federal Changes Affecting Access to Care

Apple Health (Medicaid) eligibility provisions changes for Apple Health for Adults recipients include:

- Increased redeterminations (every six months)
- New work requirements
- Cost-sharing
- Changes in eligibility for non-U.S. citizens
- Changes in retroactive periods
- Verifications of death and address changes

Federal Changes Affecting Access to Care



Work Requirements

- Beginning January 1, 2027, new eligibility criteria for all individuals applying for or renewing Apple Health for Adults will be required
- Individuals will need to either meet work requirements or qualify for an exemption
- Work requirements do not apply to any other Apple Health programs

Federal Changes Affecting Access to Care

Work requirements are met when an individual meets one of the following:

- Has at least $580 in average monthly income
- Enrolls in an educational program at least half-time
- Participates in a work program at least 80 hours per month
- Completes at least 80 hours of community service
- Has a combination of hours of work, community service, work program, or educational program totaling at least 80 hours per month
- Other exemptions exist





Federal Changes Affecting Access to Care

Changes to SNAP benefits

- Increased work requirements and reduced work exemptions
- No more exemptions for people experiencing homelessness, veterans, and those 25 and younger who aged out of foster care
- More stringent work requirements for families with children (must be under age 14 instead of age 18)

Federal Changes Affecting Access to Care

Snohomish County Health Department's Response

- Two new grants from North Sound ACH will help the Department connect individuals to enrollment assistance for Medicaid or SNAP
- Will be identifying opportunities for individuals to fulfill the work requirements for Medicaid through volunteerism opportunities
- Will fund five community-based organizations to hire community health workers to conduct hypertension, cancer, and diabetes screenings, and connect individuals to community supports around housing, Medicaid enrollment, and food assistance

Community Navigator Grant



Project will fund five community-based organizations to hire up to three community health workers each who will focus on connecting residents to community supports and public health resources

- Focus on:
  - Hypertension, cancer, and diabetes screenings
  - Connection to supports around housing, Medicaid enrollment, and food assistance

Project Timeline

November 2026

Releasing RFP

December 2026

Awarding RFP and working on contracts

January 2027

Starting onboarding process with selected organizations

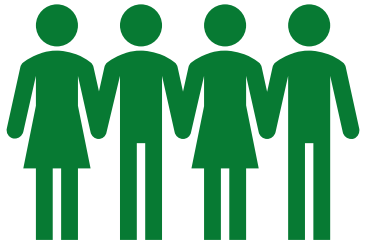


Current Activities



- Contract approval by County Council
- RFP being drafted with approval by Central Purchasing
- Staff identifying partner agencies to share RFP with

Future Activities



Collaborate with contracted organizations to train community health workers



Host monthly collaboration meetings and monthly one-on-one meetings with contracted organizations

Food Security Grant

- Convene partners to explore ways we can help community members keep or apply for SNAP benefits
  - HR1 implements new work requirements starting January 1, 2027
    - Explore ways community members can use volunteer hours to meet this requirement
- Create educational materials to help community members understand SNAP benefits and the application process



Timeline

October 2027

Review SNAP changes and Requirements

November – December 2027

Design toolkits, messaging, resources

Ongoing: Convene food security coalition on the 3rd Wednesday of each month

November 2027

Convene meeting regarding volunteer opportunities

December 2027

Ongoing present to community members in a variety of methods to educate regarding changes



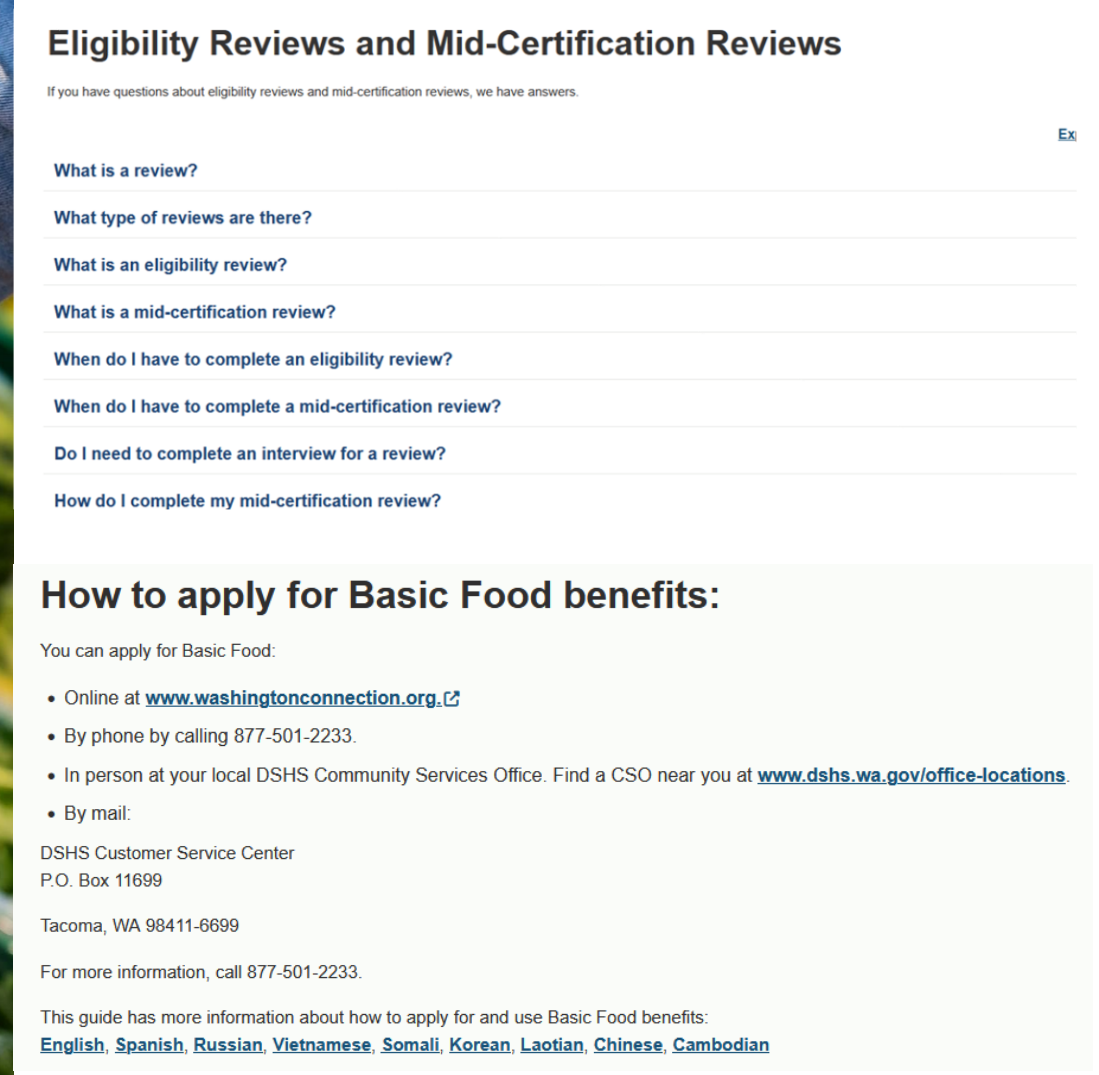
Current Activities



- Food security coalition monthly meetings
- Starting on design of workshops and trainings
- Starting on design for SNAP navigation map

Future Activities

- Deliver workshops to community-based organizations and SNAP recipients
- Display SNAP materials at authorized retailers
- Publish SNAP resource map



Eligibility Reviews and Mid-Certification Reviews

If you have questions about eligibility reviews and mid-certification reviews, we have answers.

Ex

- What is a review?
- What type of reviews are there?
- What is an eligibility review?
- What is a mid-certification review?
- When do I have to complete an eligibility review?
- When do I have to complete a mid-certification review?
- Do I need to complete an interview for a review?
- How do I complete my mid-certification review?

How to apply for Basic Food benefits:

You can apply for Basic Food:

- Online at www.washingtonconnection.org.
- By phone by calling 877-501-2233.
- In person at your local DSHS Community Services Office. Find a CSO near you at www.dshs.wa.gov/office-locations.
- By mail:

DSHS Customer Service Center
P.O. Box 11699

Tacoma, WA 98411-6699

For more information, call 877-501-2233.

This guide has more information about how to apply for and use Basic Food benefits:
English, Spanish, Russian, Vietnamese, Somali, Korean, Laotian, Chinese, Cambodian


PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY

Questions?



BOARD OF HEALTH STAFF REPORT
(SR 26-044; Cristina Ciupitu-Plath and Wendy Burchill)
NOVEMBER 10, 2026
BRIEFINGS

Micromobility safety: e-bikes, e-scooters, and injury prevention throughout Snohomish County

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Division:
Prevention Services

Background
Micromobility, including e-scooters and e-bikes, is often leveraged as a last-mile solution connecting transit users to their end destination. With increasing use of electric-powered personal vehicles, the number of associated deaths in Washington State has increased by 300% between 2019 and 2025, while remaining at overall low levels below 10 fatalities per year. Most hospitalizations due to micromobility-related injuries in Washington State have been observed among adults aged 25 to 64 years old and male residents.

Several agencies in Snohomish County run programs focusing on reducing traffic-related mortality and morbidity. Snohomish County Public Works (PW) has created a countywide Road Safety Plan and leverages data for road engineering designed to reduce traffic injuries and fatalities. The Target Zero program operated by Snohomish County Sheriff's Office has taken steps toward educating the public on legal uses for different types of electric-powered personal vehicles.

Snohomish County Health Department does not currently offer micromobility-related programming. However, the Healthy Communities Program routinely engages and collaborates with the community and partner agencies on micromobility-related concerns through established transportation-focused committees, encouragement of safe active transportation, and the child fatality review process. To date, two child fatalities related to e-bikes occurred in Snohomish County between 2025 and 2026. Their analysis led to the recommendation for more consistent documentation of device type, speed, helmet use, and crash circumstances to improve injury surveillance and guide prevention efforts.

Board Authority

RCW 70.05.060 – Powers and duties of local board of health

ATTACHMENTS:
Description
- E-Mobility Presentation

SNOHOMISH COUNTY HEALTH DEPARTMENT

MICROMOBILITY SAFETY: E-BIKES, E-SCOOTERS, AND INJURY PREVENTION THROUGHOUT SNOHOMISH COUNTY

11/10/26



Image by Unknown Author is licensed under CC BY-NC

Big Picture

E-BIKE (Electronic-Assisted Bicycle)	E-SCOOTER (Motorized Foot Scooter)	ELECTRIC MOTORCYCLE (Motorcycle or Moped)
		
Has pedals, saddle & electric motor. Must meet Class 1, 2 or 3 e-bike rules and motor ≤ 750 watts.	Has handlebars, floorboard to stand on & electric motor. Max speed on level ground ≤ 20 mph.	If it doesn't meet e-bike rules—especially if motor alone can go > 20 mph—it may be a motorcycle or moped.

Image: Richland Schools

KNOW THE DIFFERENCE

E-BIKES RCW 46.04.169

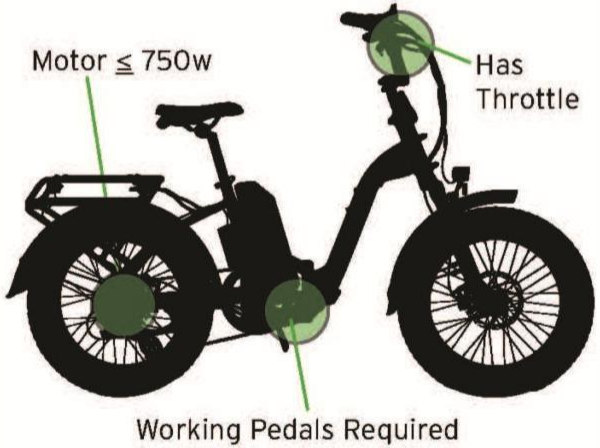
E-MOTOS

Class 1 - 20 mph



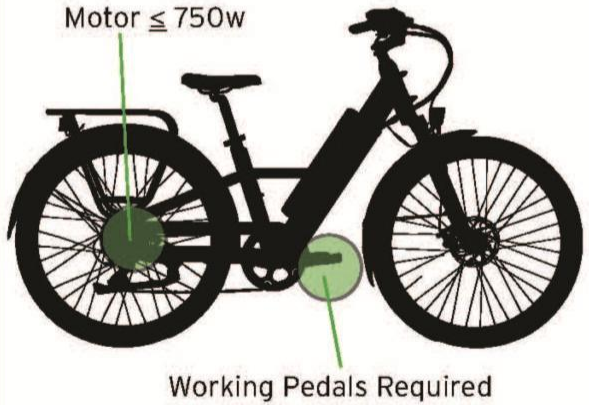
- **Assistance:** Pedal-assist only
- **Max assisted speed:** 20 mph
- **Power:** up to 750 watts

Class 2 - 20 mph



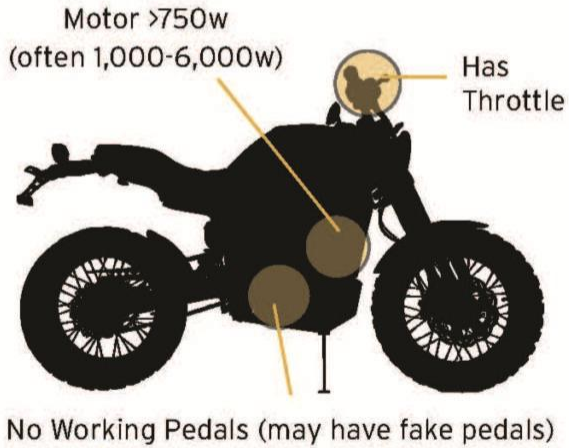
- **Assistance:** Pedal-assist or throttle
- **Max assisted speed:** 20 mph
- **Power:** up to 750 watts

Class 3 - 28 mph



- **Assistance:** Pedal-assist only
- **Max assisted speed:** 28 mph
- **Power:** up to 750 watts

30-65+ mph



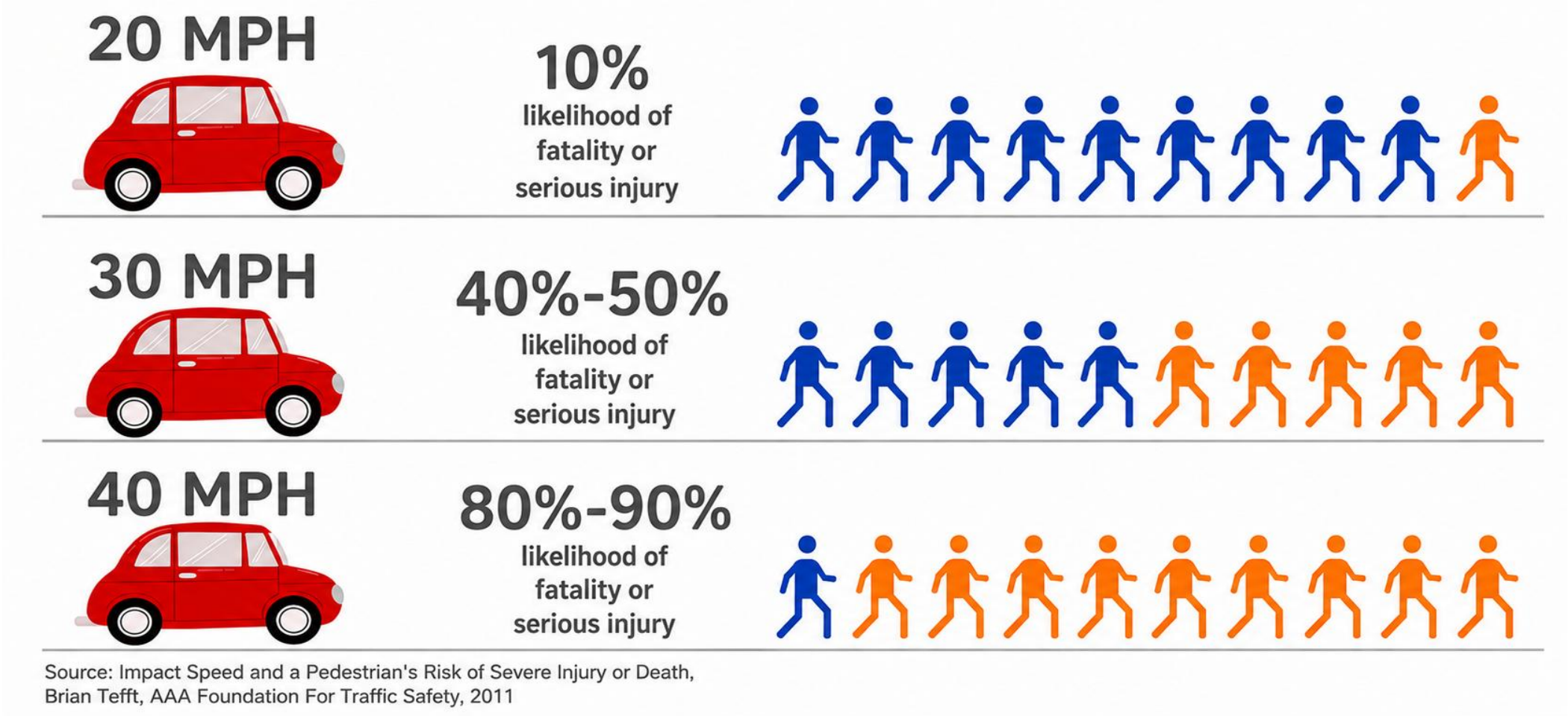
- **Assistance:** Throttle only
- **Max speed:** Models vary; up to 65 mph
- **Power:** over 750 watts (often much higher)

Image: https://wabikes.org/

Crash Survivability Speed Thresholds

Pedestrian/bicyclist survivability thresholds

- Pedestrian/bicyclist **IS NOT** seriously or fatally injured
- Pedestrian/bicyclist **IS** seriously or fatally injured



Source: Impact Speed and a Pedestrian's Risk of Severe Injury or Death, Brian Tefft, AAA Foundation For Traffic Safety, 2011

RCW 46.61.710

Where You Can Ride

	E-Bikes			E-Scooters
	CLASS 1	CLASS 2	CLASS 3	
On Streets & Roads (Same as a bicycle)	✓	✓	✓	✓
In Bike Lanes	✓	✓	✓	✓
Shared-Use Paths (Check local rules)	✓	✓	Local Rules	Local Rules
Sidewalks (Local rules may restrict)	Local Rules	Local Rules	✗	✗
State Lands & Trails (Check agency rules)	✓	✓	✓	✓

Image: https://WSDOT.wa.go

Arlington
Brier
Edmonds
Everett
Gold Bar
Granite Falls
Index
Lake Stevens
Lynnwood
Marysville
Mill Creek
Monroe
Mountlake Terrace
Mukilteo
Snohomish
Snohomish County
Stanwood
Sultan
Woodway

Local Rules

E-Bikes

- 15 use RCW
- 6 have a municipal code

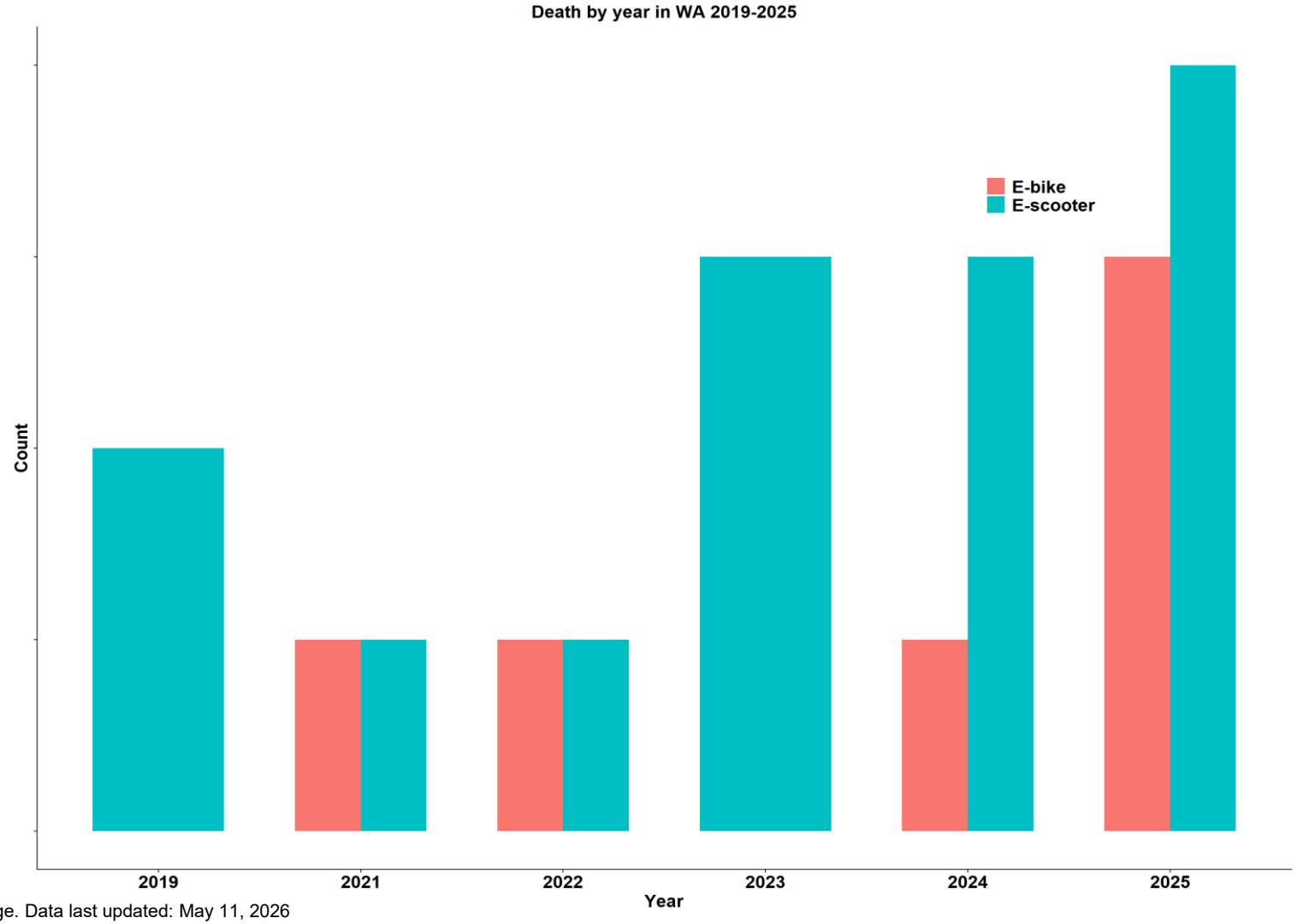
E-Scooters

- 2 use RCW
- 19 have a municipal code

Themes of Local Codes

- Age criteria
- Allowed motorized scooter usage on shared use paths and sidewalks with restrictions
- Require helmet usage
- Restrictions on nighttime use

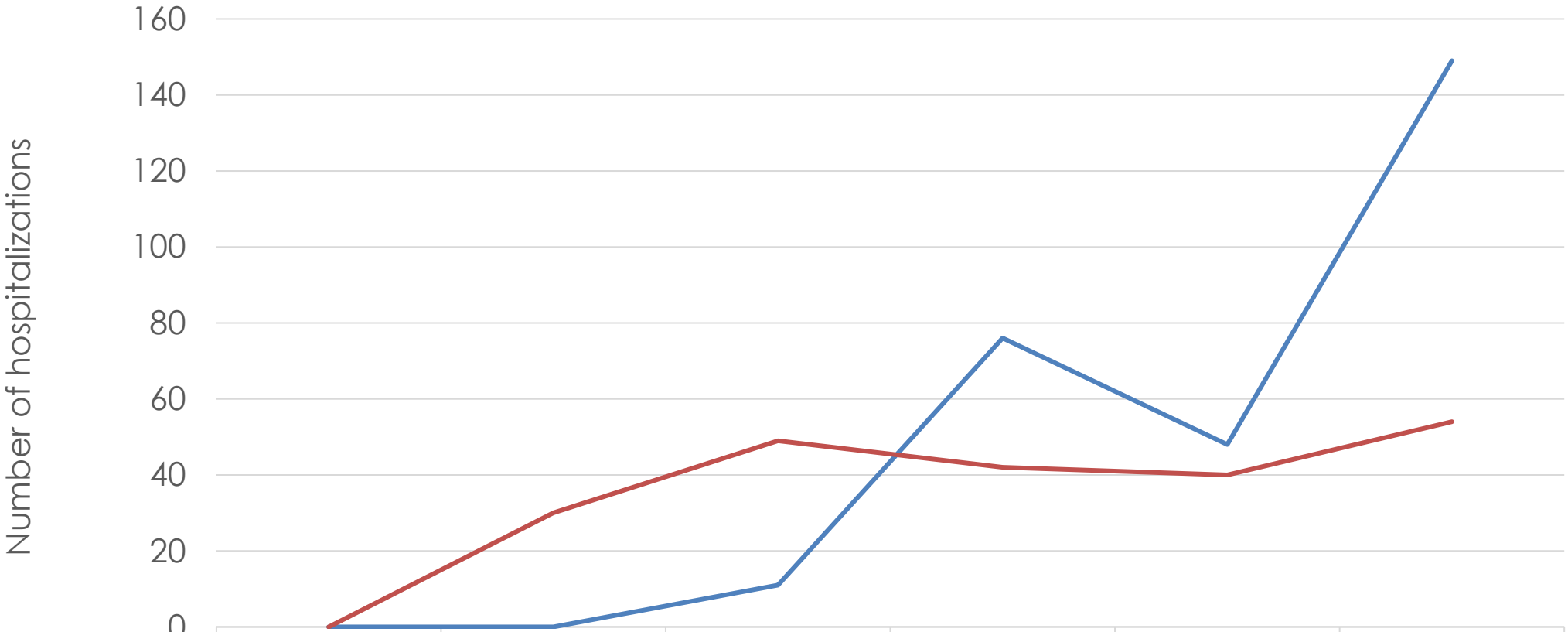
Electronic Bike (E-Bike) and Electronic Scooter (E-Scooter) Injury Related Deaths in Washington State (2010-2025*)



*2025 data is preliminary and expected to change. Data last updated: May 11, 2026

Source: Substance Use Surveillance and Injury Epidemiology (SUSIE) Team, Washington State Department of Health. Washington State Department of Health, Center for Health Statistics, Death Certificate Data.

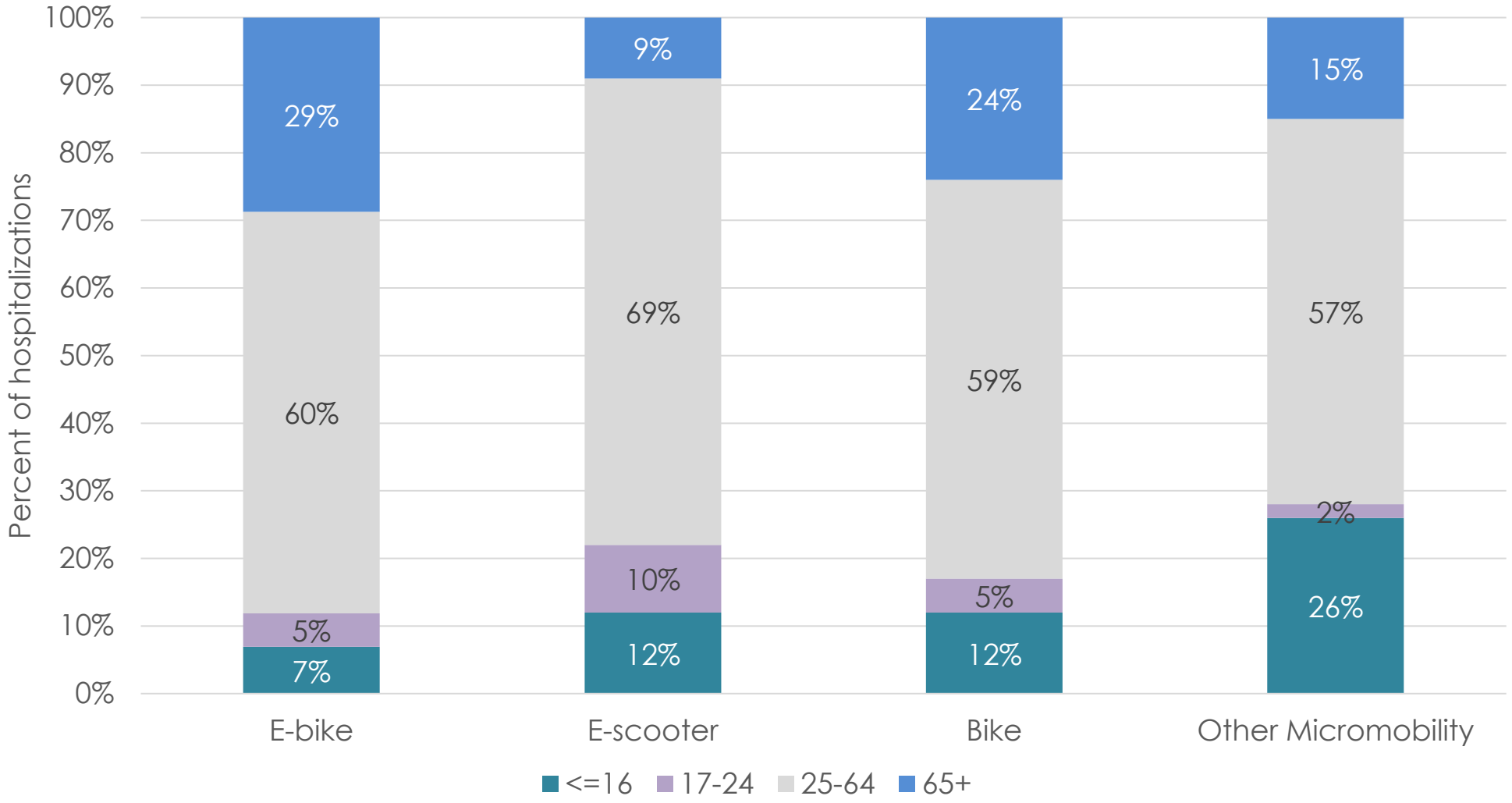
E-Bike and E-Scooter Injury-Related Hospitalizations in Washington State (2020-2025)



	2020	2021	2022	2023	2024	2025
E-bike	0	0	11	76	48	149
E-scooter	<10	30	49	42	40	54

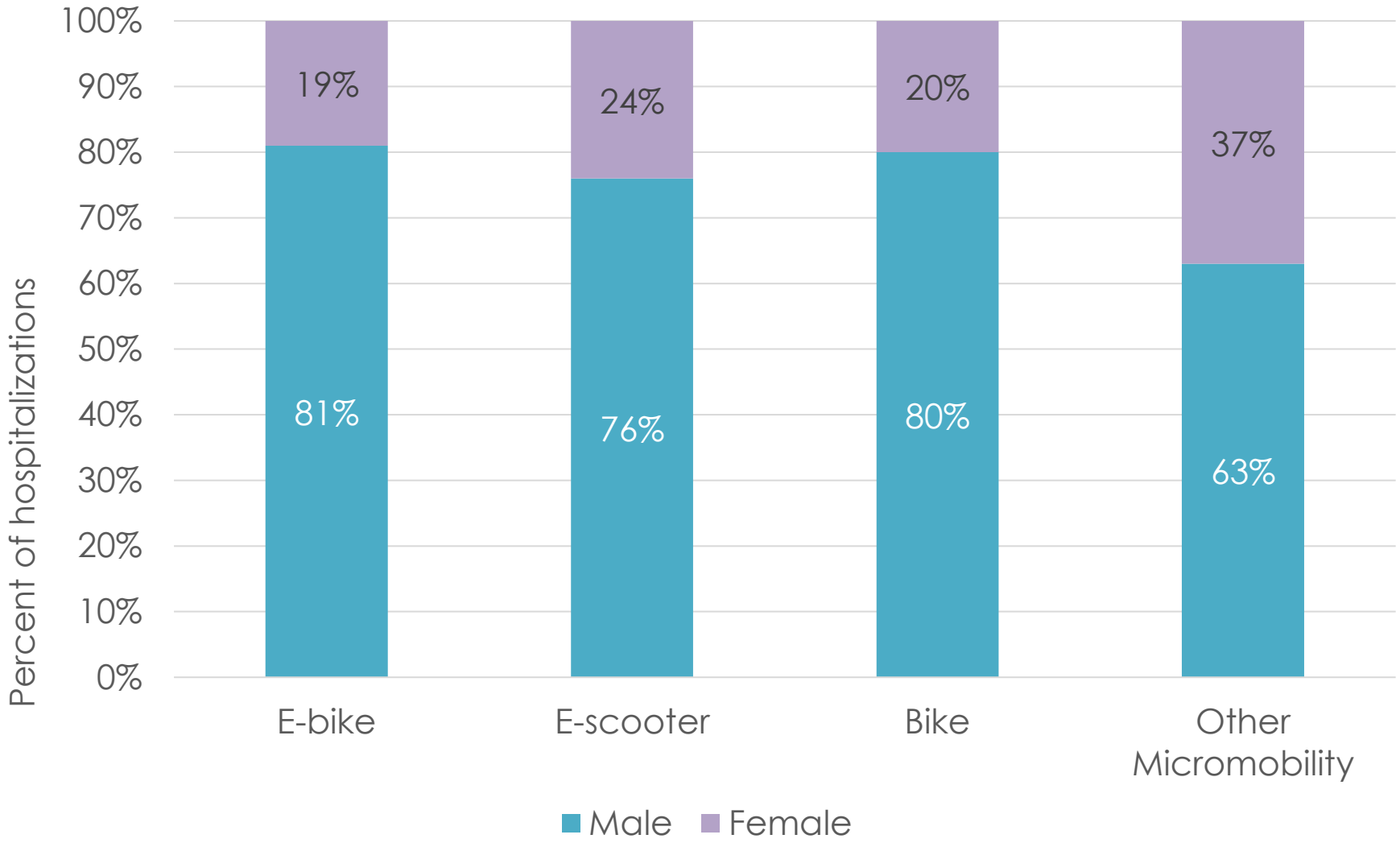
Source: Substance Use Surveillance and Injury Epidemiology (SUSIE) Team, Washington State Department of Health. Washington Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)

Micromobility Injury Hospitalizations by Age Group and Mode Type (2020-2025)



Source: Substance Use Surveillance and Injury Epidemiology (SUSIE) Team, Washington State Department of Health. Washington Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)

Micromobility Injury Hospitalizations by Sex and Mode Type (2020-2025)



Source: Substance Use Surveillance and Injury Epidemiology (SUSIE) Team, Washington State Department of Health. Washington Department of Health, Comprehensive Hospital Abstract Reporting System (CHARS)

Collaborative Work with County Departments

- Snohomish County Sheriff's Office / Target Zero
- Public Works



Snohomish County
Public Works

SC Sheriff's Office / Target Zero

Get the Right E-Ride

There are many options when it comes to electric-powered personal vehicles. Only some of them are legal to ride on public roads and paths.

You want to be sure that you can use your e-ride, the way you want to use it. If that includes riding on roads, shared paths, or sidewalks, here are some things you need to know to get the right e-ride.

3 Main Categories

1 E-Bikes

Two or three wheels with fully operative pedals for human propulsion and an electric motor of no more than 750 watts. E-bikes come in three classes.

2 Motorized Foot Scooters

Two or three wheels with handlebars and a floorboard, powered by a motor with a top speed of 20 mph.

3 EPAMD

Electric Personal Assistive Mobility Device: A self-balancing device with one wheel or two wheels not in tandem. This includes Segways, Hoverboards, Onewheels, and electric unicycles.





E-LEGAL

Find out more with the interactive E-ride guide

wtsc.wa.gov/erideguide

TARGET ZERO

An introduction to electric micromobility laws in Washington

SC Sheriff's Office / Target Zero

Each e-micromobility vehicle has different rules. Check the chart below to ride legally and safely.







	Class 1 E-bike	Class 2 E-bike	Class 3 E-bike	Motorized Scooter	EPAMD
E-bike power input	Pedal-assist only	Pedal-assist or throttle	Pedal-assist only	N/A	N/A
Max motor-assisted speed	20 mph	20 mph	28 mph	20 mph	Less than 20 mph
Minimum age to operate	None	None	16	16*	None
CAN I RIDE ON A: Public road?	✓	✓	✓	✓ Max speed 15 mph	✓ *
Sidewalk?	✓ *	✓ *	✗	✗ *	✓ *
Shared use path?	✓	✓	✗	✓ *	✓
Non-motorized trail?	✗	✗	✗	✗ *	✓ *
Freeway?	✓	✓	✓	✗	✗

*This chart represents Washington State law. Where noted, local jurisdictions may establish rules that differ from state laws.

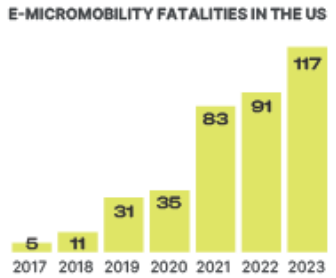
If your bike, scooter, or EPAMD exceeds the limits of these categories, it's a motor vehicle.

A motor vehicle must meet all federal safety requirements, must be registered, and the operator must have a driver license. Operating a motor vehicle without a valid license and, if required, endorsement can result in the impoundment of the vehicle.

WHY IT MATTERS

E-micromobility fatalities in the US have increased, on average, over 50 percent a year since 2017.

Emergency room visits have increased from 34,000 in 2017 to 87,800 in 2023.



E-RIDE SAFETY

PROTECT YOURSELF
Faster speeds mean bigger impacts compared to human-powered vehicles. Wear a good quality helmet.

BE PREDICTABLE
Follow traffic laws. Use hand signals to communicate your intentions while riding.

THINK AHEAD
Watch for hazards and anticipate what other road users will do next. Be ready to stop to avoid a crash.

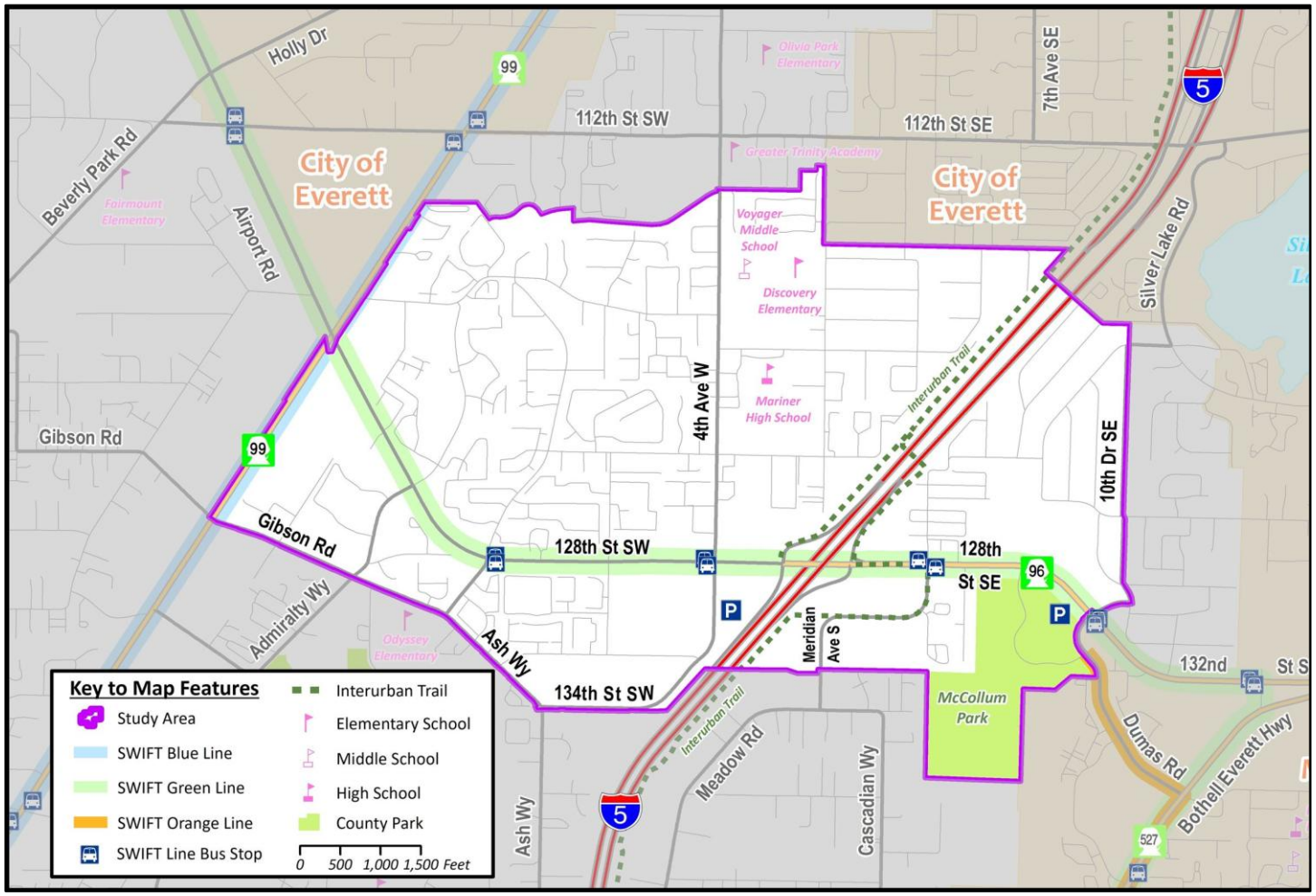
Public Works

- First **objective and data-driven Road Safety Plan (RSP)** published in April 2022; update currently in process
- Prioritized project list and implementation timeline that is actionable and specific
- Aim: move the county toward a future with zero fatal and serious injury crashes



Public Works Multimodal Safety Projects

- Multimodal planning
  - 128th St SW active transportation and transit access
  - Interurban Trail I-5 overcrossing in Lynnwood
  - Bicycle Level of Traffic Stress design evaluation



Snohomish County
Public Works

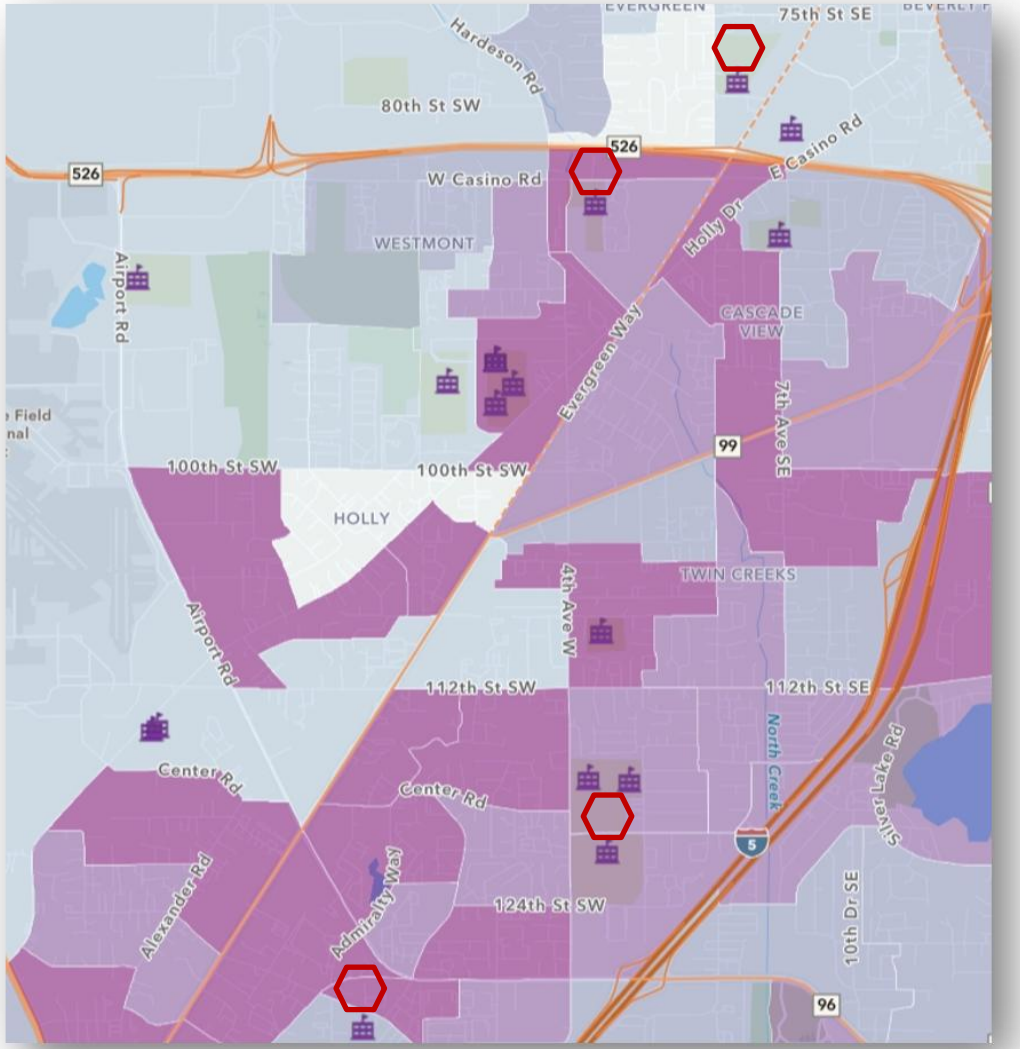
Health Department

SNOHOMISH COUNTY HEALTH DEPARTMENT

- No direct work related to e-mobility at this time
- Committees
  - Target Zero
  - Snohomish County Transportation Coalition (Snotrac)
  - Infrastructure Coordinating Committee
  - Active transportation
  - Child Fatality Review

Safe Routes to School Grant

- Educational campaign in four schools located on Casino Road and Mariner
- Objective is to promote safer speeds and safer road users
- Proposed activities
  - Walk or bike to school day
  - Parent Engagement Night
  - Safety education classes
  - Community listening sessions



Child Fatality Review

Two child fatalities in Snohomish County related to e-mobility devices (2025, 2026)

Recommendations from child fatality review

- ✓ Educate communities about HB 2374, effective June 11, 2026, and its requirements for electric motorcycles and bicycles
- ✓ Promote the Washington Traffic Safety Commission's E-Ride Guide to parents, youth, schools, and retailers (see previous slide)



Question to consider:

How do emergency departments identify and document injuries involving e-bikes, electric scooters, and similar devices?

- ➢ Consistent documentation of device type, speed, helmet use, and crash circumstances could improve injury surveillance and guide prevention efforts

Child fatality review and prevention | Snohomish County Health Department, WA

Useful Links

- Washington Traffic Safety Commission: https://wtsc.wa.gov/road-users/pedestrians-bicycles/erides/
- Safe Kids Washington: https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/safe-kids-washington
- Safe Kids Snohomish County: Safe Kids Snohomish County | Child Safety & Injury Prevention
- Target Zero: https://snocotargetzero.org/index.html
- Road Safety Program: https://snohomishcountywa.gov/6851/Road-Safety-Program
- Snotrac: https://www.snotrac.org/bike-library

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SNOHOMISH COUNTY

Thank you



PUBLIC HEALTH
always working for a safer & healthier
SNOHOMISH COUNTY

Additional information



Data Overview

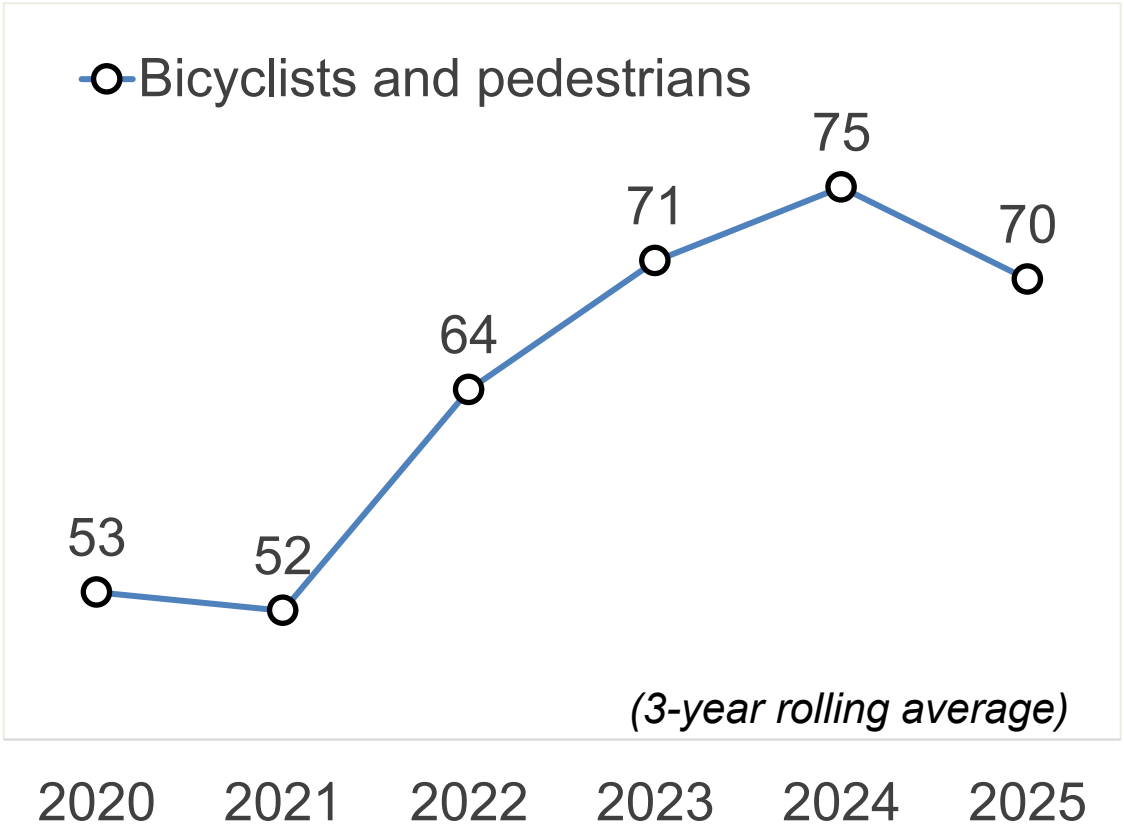
Strengths

- Integrates multiple statewide data sources
- Includes hospitalizations, deaths, and trauma registry data
- Provides statewide trends and comparisons
- Offers an established framework for monitoring health outcomes

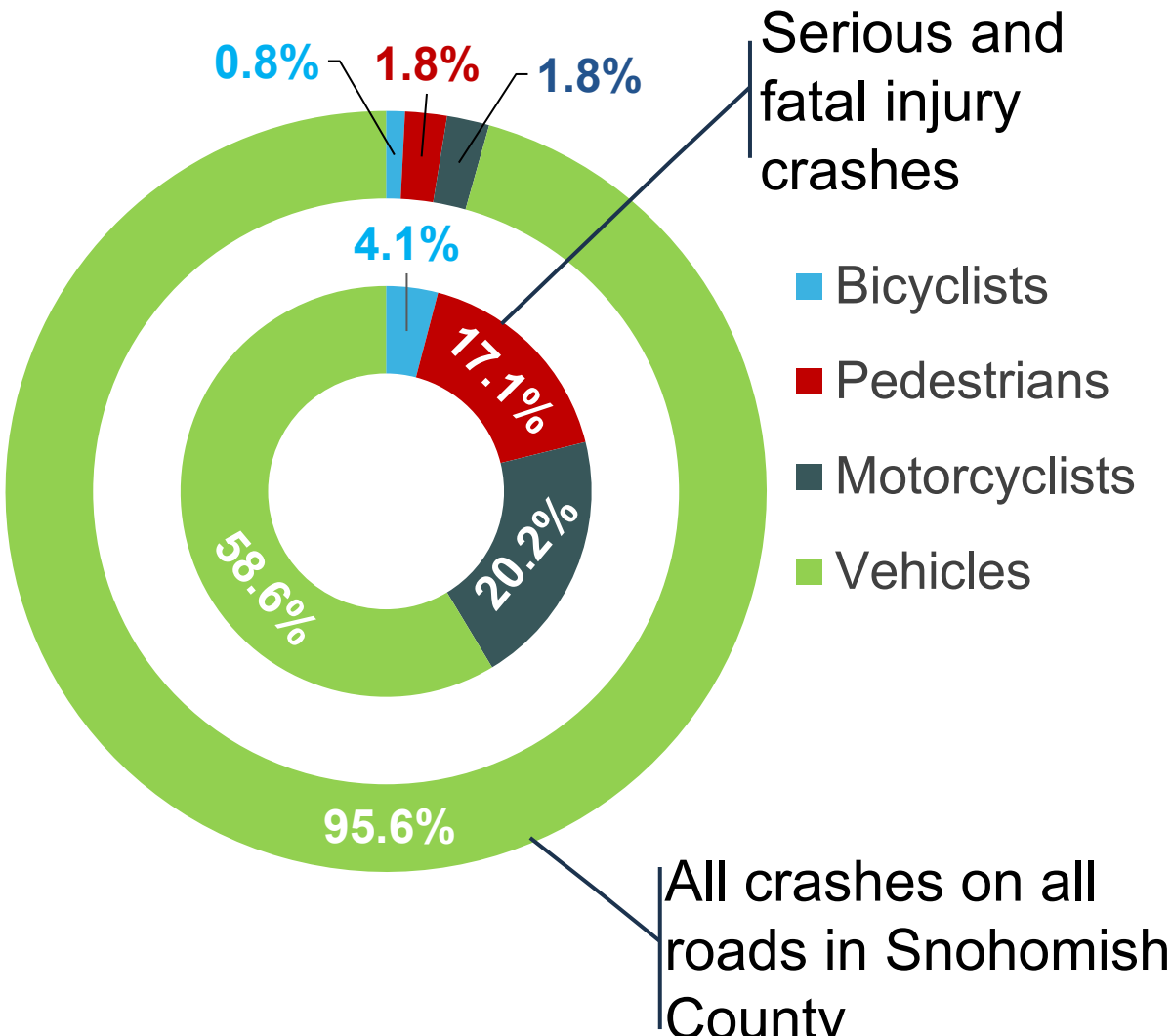
Limitations

- Subject to small-number reporting and suppression requirements
- Counts below 10 are not explicitly displayed
- Limited availability of Snohomish County-specific data
- May not support detailed local-level analyses

Crash Trends by Road User



Serious and fatal injuries on all roads in Snohomish County



Upcoming meetings

Background

Snohomish County Board of Health regular meetings are held on the second Tuesday of each month at 3:00 p.m.

Upcoming meeting dates are:

December 8, 2026
January 12, 2027
February 9, 2027

Communications written report

ATTACHMENTS:

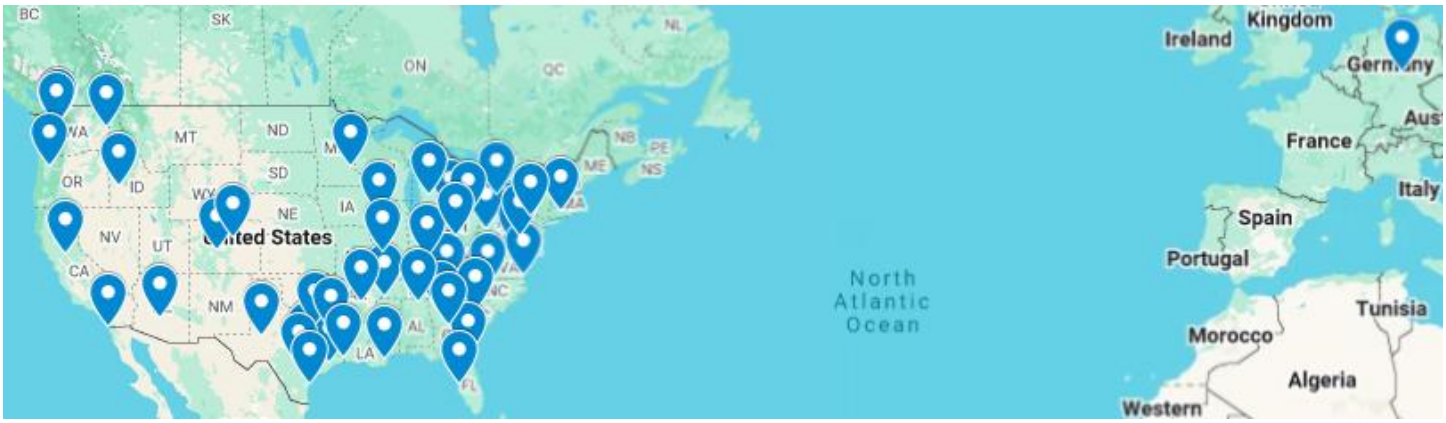
Description

- October 2026 Media Impact Report

October 2026 Media Impact Report

Print, Digital, Radio and Television (via Critical Mention)

- Overview
  - Total Mentions: 141
  - Total Audience: 46,435,774
  - Total Publicity: **$** 968,439
  - Markets Reached (blue pins indicate a market where the Snohomish County Health Department was mentioned)
    - U.S. Cities / Metropolitan Areas: 50
      - Washington State: 7
    - U.S. National Coverage Outlets: 4
    - International Coverage Outlets: 1



- News by Topic (selected stories)
  - Wastewater testing reveals sharp increase in COVID levels (Arlington, Lynnwood)
    - 10/05/26, Seattle News Tonight (Fox 13), live TV interview with **Katie Curtis, director of prevention services**
  - Snohomish apartment septic violations
    - 10/07/26, Snohomish County Tribune – Snohomish apartment owner written up for septic violations
  - First flu death of fall & early flu season
    - 10/09/26, KIRO 7 News via Yahoo! News – Snohomish County records first flu death of the season during early surge
    - 10/09/26, The Daily Herald – County reports first flu death of the fall, early start to flu season
    - 10/15/26, Fox 13 Seattle; **featuring Dr. James Lewis** – Early start to flu season in Washington
    - 10/15/26, Yahoo! News - 'It's already here': Western WA faces unusually early flu surge
    - 10/23/26, KOMO 4 News – "Flu season starts early, especially on West Coast," live TV interview with **Katie Curtis**
  - Arlington Kratom ban

        - 10/20/26, The Herald – Arlington bans the sale and distribution of kratom
    - New septic inspection rules
        - 10/28/26, Snohomish County Tribune – Septic inspections to be required as part of home sale rules in Snohomish County

October 2026 Key Communications Metrics

Unless otherwise indicated, the numbers below are for October 1 to October 31, 2026.

Website

- Total views (all pages): **56,681**
- Top pages:
    - Snohomish County Health Department, WA Official Website: **7,612 views**
    - Search • Snohomish County Health Department, WA: **3,580 views**
    - News Flash • Snohomish County Health Department, WA: **3,515 views**
    - As-Built Records, Snohomish County Health Department, WA: **2,351 views**
    - Property Transfer, Snohomish County Health Department, WA: **2,076 views**
- Media releases published on Snohomish County Health Department platform: **3**
    - Current subscribers to media releases: **408**
    - 10/09/26 – Snohomish County Records First Flu Death of Fall; Flu Season off to Early Start
    - 10/27/26 – Nov. 1 Marks Start of New Property Sale Requirements for Septic Systems
- Newsletters published on Snohomish County Health Department platform: **5**
    - Emails opened: **2,493**
    - Emails delivered: **1,249**
- Blog posts published on Snohomish County Health Department platform: **2**
    - 10/01/26 – Commerce Grant to Help Health Department Speed Up Permit Reviews
    - 10/28/26 – Keep Kids Safe from Lead – National Lead Poisoning Prevention Week, October 25 to 31, 2026

Social Media

- Total views across social channels*: **25,577**
    - **Because metrics and definitions are not identical across platforms (for instance, Facebook reach is not the same metric as Twitter post impressions), this is not a perfect number. However, it gives an idea of overall reach and a trend we are able to track over time as we will use the same numbers to factor into our total.*
- Facebook
    - Followers: **15,365**
    - Total views: **19.4K**
    - Top posts:
        - Influenza press release 2.9K views, 38 interactions, 23 likes/reactions
        - Boo to the flu: 1.6K views, 8 interactions, 8 likes/reactions
        - Orange Shirt Day reel: 1.1K views, 44 interactions, 36 likes/reactions
- Instagram
    - Followers: **2,398**
    - Total views: **5.2K**

    - Top posts:
        - Boo to the flu: 530 views, 7 likes/reactions
        - Breast Cancer Mammogram toolkit: 449 views, 4 likes/reactions
        - Orange Shirt Day reel 283 views, 6 likes/reactions
- YouTube
    - Subscribers: **450**
    - Views and total watch time: **977 views, 20 hrs**
- TikTok
    - Followers: **333**
    - Views: **N/A**