

December 2024



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Scroll down to read the answers.

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While public hospital districts are required to post the name of the person(s) nominated by the board of commissioners ([RCW 42.12.080](#)), we find no specific legal requirement to post the names of the new nominees (i.e. a public applicant who applied after the initial nomination). But districts may want to consider doing so.

We looked at the house and senate bill reports. None of them specifically address this issue but there were several comments indicating that the purpose of the bill was to increase transparency in filling vacant positions.

Outside of [chapter 42.12 RCW](#) the only statutes that might apply are [RCW 42.30.077](#) and [RCW 42.30.080](#) which contain requirements to publish an agenda or notice of a special meeting. There is no requirement for specificity in the description of agenda items. For example, an agenda item could be “discussion and possible appointment of a commissioner to fill a vacant position.”

From a policy standpoint, each district may want to consider whether publication of all nominees promotes an equitable and transparent process. Since the initial nominee’s name is published, it might be more equitable to publish all the nominees’ names.

As for acknowledging individuals before a final vote, there is no statutory requirement to do so. The final motion would be “move to approve [name] to [vacant position number] on the district board.”

As for having fewer than a quorum “meet with applicants and discuss the position,” if there is not a quorum of the board, there is no violation of the letter of the OPMA. I would caution the members not to share that discussion with the other board members in a way that would be an illegal serial meeting.

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[RCW 70.44.171](#) states that public hospital districts must use the county treasurer as their treasurer, but it goes on to say that the commissioners “by resolution may designate some other person having experience in financial or fiscal matters as treasurer of the district. If the treasurer is not the county treasurer, the commission shall require a bond with a surety company authorized to do business in the state of Washington, in an amount and under the terms and conditions which the commission by resolution from time to time finds will protect the district against loss. The premium on any such bond shall be paid by the district.”

If the district passes a resolution to designate its own treasurer, then it would be free to select its own bank. Local governments typically will do an RFP for banking services when they select their own bank. The district would still have the option to hold its investments with the county treasurer. It could also use the Local Government Investment Pool with the State Treasurer for its investments as well.

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The board would have to determine that these services are “appropriate to the health and welfare needs of the population served.” Which facilities can be used to provide these services may be

limited by the funding source used to purchase or construct the services. It may also be limited by the district's risk pool or insurance carrier.

RCW 70.44.003 authorizes establishment of PHDs to “own and operate hospitals and other health care facilities and to provide hospital services and other health care services for the residents of such districts and other persons.” **RCW 70.44.007** defines these terms to include “such other facilities as are appropriate to the health and wellness needs of the population served” and “such other services as are appropriate to the health needs of the population served.”

We find no controlling statute, case law, or Attorney General's Office opinions specifically addressing this issue, and MRSC has not previously looked at this specific question.

We have looked at the question of whether “health care services” could be interpreted to include things like on-site childcare and providing gift cards to be used for food as part of a “food insecurity” program. In both cases we were unable to find any specific guidance. But we believe that the closer the board can tie these new services to “health needs” in its policies, the better.

We suggest coordinating with AWPMD to see what services other districts may be providing that are similar to what you've proposed. Those districts may be able to provide policy language or other hints.

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