

Report to Tribal Leaders, Partners, and Professionals

Tribal Policy Director AI/AN Impact Legislative Report

2025-2026

Regular Session



Office of
Tribal Public Health
& Relations



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DISCLAIMER

As an executive branch state agency, DOH works directly with the Governor's Office throughout the legislative process. As such, we are bound by state guidance when it comes to advocating for legislation.

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Executive Summary

The 2025-2026 Regular Legislative Session began January 13, 2025 and ended with Sine Die on April 27, 2025. This report highlights WA-DOH lead and collaborative legislation, particularly through the lens of our engagement with Tribal governments and other Tribal partners. Preparation for the legislative session began long before session began. In April 2024, several Dear Tribal Leader Letters (DTLLs) were sent to collaborate with Tribes on the development of legislative priorities including:

- April 18, 2024
[Informative – potential agency request legislation for water recreation facilities \(PDF\)](#)
- April 18, 2024
[Informative – potential agency request legislation for cottage food operations \(PDF\)](#)
- July 15, 2024
[Collaborative – Department of Health 2025 legislative proposal webinars – save the date \(PDF\)](#)
- August 14, 2024
Webinar

All WA-DOH DTLLs can be found at [Tribal Public Health and Relations | Washington State Department of Health](#).

The Legislative calendar for WA-DOH is a delicate balance of implementing legislation from the previous session, preparing for the new session, and then once the new session finishes, beginning the process all over again. DOH is committed to engaging with Tribes throughout this cycle; this includes government-to-government collaboration through Dear Tribal Leader Letters and Tribal listening sessions, working closely with the Indian Policy Advisory Council, Governor’s Office of Indian Affairs, and Governor’s Indian Health Advisory Council, and regular informal engagement with Tribes including presentations in existing Tribal meeting spaces such as the AIHC Bi-weekly, HCA MTM, NPAIHB weekly meeting, and more.



In addition to Tribal engagement, the OPPE's Legislative Office also holds a series of trainings for DOH staff. The Tribal Policy Director participates in these trainings to focus on AI/AN Impact in bill analyses and build collaboration in coordination with the OTPHR throughout the legislative process.

OTPHR efforts toward improving coordination across the agency during this legislative session included:

Staff Trainings

- December 2025 Legislative Training Parts 1 and 2

Resources Developed for DOH Staff, available on our [OTPHR Sharepoint Site](#)

- Agency Legislative Training Tribal Impact 2024
- Tribal Impact Reference Guide 2024
- Tribal G2G Rulemaking Best Practices

Intra-Office DOH Coordination

- Participated in Agency Legislative Bill Review
- Participated in Division Bill Reviews; including EPH, OHS/DCHS, ORHS
- Participated in Daily Agency Leg Check-In
- Established optional leg office hours for staff to schedule one-on-one time for bill analysis or other legislative support

Inter-Agency External Coordination

- Indian Policy Advisory Council (IPAC), weekly
- Governor's Office of Indian Affairs, monthly (GOIA)
- Governor's Indian Health Advisory Council (GIHAC)
- Washington State Public Health Association (WSPHA) Policy Committee
- Affiliated Tribes of Northwest Indians (ATNI)

As Tribal Policy Director, my role is to support DOH divisions, offices, and leadership throughout the legislative process and ensure that our agency engages with Tribes in a good way, and upholds our government-to-government obligation to Tribal governments. In my day to day, that can include developing training and support resources for DOH staff, providing technical assistance to offices throughout their implementation of legislation and rulemaking, development of legislative priorities and agency request legislation, and support with bill analysis throughout the legislative session. And externally, that includes facilitating our government-to-government engagement with Tribes and Tribal partners, participating in legislative meetings with other agencies to coordinate our legislative efforts, and engaging in Tribal meeting spaces.

Overview of DOH Legislative Process

The WA-DOH Legislative Relations office works directly with the Governor’s office throughout the legislative session. As bills are brought to the floor, DOH will analyze those that impact our agency, coordinate with partner agencies, identify bills to be tracked by the agency, and work with the Governor’s office on legislation advocacy (bill support).

2025-2026 Legislative Summary

In the 2025-2026 legislative session, 1940 bills were brought to the floor and of those, 427 were completed. Throughout the course of session, DOH analyzed over 400 of those bills. This section provides an overview of this year’s legislation either brought forward by the WA-DOH as agency request legislation (ARL), along with legislation that includes WA-DOH in some part of the implementation of that legislation.

DOH Legislative Summary April 27, 2025 Sine Die

Date	Legislative Cutoff
1/13/25	First Day of Session
2/21/25	Policy Committee Cutoff
2/28/25	Fiscal Committee Cutoff
3/12/25	House of Origin Cutoff. Last day to consider bills in house of origin
4/2/25	Policy Committee Cutoff - Opposite House
4/8/25	Fiscal Committee Cutoff - Opposite House
4/16/25	Opposite House Cutoff
4/27/25	Sine Die. Last day allowed for regular session under the state constitution

Regular Session:

- Total number of bills: 1940 introduced; 427 completed
- DOH Bill Analyses: 457 unique bills

DOH Agency Request Legislation:

- HB1684: Water Recreation Facilities- Died
- HB1422: Safe Medication Return- Signed!
- HB1693: WIC Exemption- Signed!

For additional information, please contact Amber Arndt, Tribal Policy Director at amber.arndt@doh.wa.gov, or Candice Wilson, Executive Director, Office of Tribal Public Health and Relations (OTPHR), at candice.wilson@doh.wa.gov or 360-819-7626.

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The WA-DOH sends out regular Dear Tribal Leader Letters (DTLLs) throughout the implementation of legislation in the form of rulemaking. These letters provide an update of all DOH implementation at different stages throughout the rulemaking process.

DTLLs about a particular piece of legislation are only sent when they trigger the [DOH Consultation and Collaboration Procedure](#). This report will focus on those bills in particular.

Table 1: Agency Request Legislation (ARL)

	Name	Description	Status
HB1684	Water Recreation Facilities	This bill amends laws pertaining to water recreation facilities to align with the Center for Disease Control and Prevention (CDC) Model Aquatic Health Code (MAHC). The amendments facilitate the adoption of sections of the MAHC, update insurance requirements, and rule exemptions.	Died
HB1422	Safe Medication Return	Amends the Safe Medication Return (SMR) program. The bill changes the cap on the amount DOH can charge SMR program operators annually from 10% of the lowest reported program operator expenditures to 10% of the highest. It also adds a new requirement for program operators to fully cooperate with the department during an audit, inspection, or investigation and new requirements for program operator annual reports.	Signed
SB5244	WIC Hematological Screening	Amends RCW 18.360.090 to exempt staff in the Washington Women, Infants, and Children (WIC) Nutrition Program from the requirement that they register as medical assistants to perform heel, toe, or finger stick blood sampling for hemoglobin screening tests.	Signed

All ARL will include government-to-government engagement with Tribes and Tribal partners.

Table 2: Signed Legislation with DOH implementation requiring Tribal engagement (per [DOH Consultation and Collaboration Procedure](#).)

	Name	Description
HB1232	Private Detention Centers	This bill gives the department the ability to provide resources and transparency into health and safety standards, ability to conduct thorough investigations into allegations, and enforcement capabilities. When RCW

70.395.040 previously passed into law the department met with Tribal leadership to provide an overview. The addition of the juvenile private detention facility may include individuals who have Tribal affiliation. DOH will engage Tribes as a continuation of previous engagement through government-to-government collaboration.

SB5093	Pregnancy Loss	County Coroner's Jurisdiction Over Remains: The jurisdiction of county coroners and medical examiners over bodies of deceased persons whose death resulted from known or suspected abortions, or due to premature births or still births, is removed. Correctional Institutions and Private Detention Facilities: All correctional institutions and private detention facilities must annually report to the Department of Health on the aggregate number of people who experience miscarriage, stillbirth, or perinatal loss while confined or incarcerated in such facilities. The Department of Health must report such information to the Legislature on an annual basis. The personal identifying information of individuals who experience miscarriage, stillbirth, or perinatal loss may not be included in such annual reports. Concealing Birth: The crime of concealing birth is repealed.
HB1686	Health care entity registry	Requires the Department of Health, in consultation with others, to develop a plan and provide recommendations to the Legislature on how to create a complete and interactive registry of the health care landscape in Washington.
HB1142	In Home Care Training	Substitute House Bill (SHB) 1142 addresses updates to the terminology, replacing 'individual provider' with 'long-term care workers,' further clarifying the scope of practice and who can provide in-home care within this workforce without holding a home care aide credential. The bill removes the restriction that limited exemptions from credentialing to only long-term care workers who provide in-home care for their spouses or domestic partners who are supported by the U.S. Department of Veteran's Affairs or funded by trust programs or community-based programs. The bill adds that long-term care workers providing care only for their spouses or domestic partners who are

funded through the U.S. Department of Veteran’s Affairs and community-based programs must receive 35 hours of training after the adoption of this bill through June 30, 2026 in order to continue providing care as of July 1, 2026.

In addition to our regular Rulemaking DTLL which will show all bills throughout the rulemaking process; these bills will have government-to-government engagement with Tribes and Tribal partners.

Table 3: AI/AN Related Bills with NO DOH Implementation

These bills will not involve formal DOH Tribal engagement, however they are important to note because they do involve other partners within the state public health system such as WSBOH and LHJs.

	Name	Description
<u>HB1039</u>	Governmental Services from Cities to Tribal Lands	While there may be no direct impact to DOH, there could be future or unanticipated impact. This bill directly impacts Tribal sovereignty, in the identification and designation of [Tribal] land as urban or rural. This bill allows a city or town in Clark County to extend sewer services to adjacent reservation lands as an exception to the general direction that sewer systems are inappropriate outside of an urban growth area. This authority for the local government and the tribe to agree on such an extension would end on December 31, 2028.
<u>HB1946</u>	Clarifying Tribal Membership on Local Boards	This bill went through several iterations and amends language to ensure that Tribes and Urban Indian Organizations within the county have a seat at the Local Board of Health (LBOH). This bill doesn’t not directly include DOH implementation, however includes collaboration through the Public Health system.
<u>ESHB 1829</u>	Concerning Tribal Warrants	Modifications to procedures for certified and noncertified tribes under the Tribal Warrants Act
<u>HB1541</u>	Nothing About Us Without Us Act	This bill isn’t directly for AI/AN, however, it requires meaningful inclusion of underrepresented peoples. Various state entities encourage the participation of, or <i>require</i> the inclusion of, people with direct lived

experience, individuals from underrepresented communities, and those from vulnerable populations. This bill includes both membership and reporting requirements.

[SB5459](#)

Call Center
Retention

This bill adds a new chapter to Title 50 RCW creating the Washington Call Center Jobs Act and requires employers to notify the Employment Security Department at least 120 days before relocating outside of the United States of America, and if violated the employer will be listed on the Employment Security Department website and includes a civil penalty. State agency contracts with the exception of interpreter services, must have the work performed entirely within the United States of America. This bill maintains status quo of DOH's 988 work and does not impact health disparities: mental health counselors will continue to be available to Washingtonians through the 988 Suicide & Crisis Lifeline and can be located anywhere in the U.S.A.

Other Highlights from the 2025-2026 Legislative Session

There are many other bills impacting Indian Country that fall outside of WA-DOH. Each year, the Senate Democratic Caucus (SDC) publishes a Tribal Priorities Legislative Report.

Tribes also share policy priorities during the Centennial Accord and GIHAC Biennial Report developed with GIHAC Tribal Delegates, and other Tribal spaces.

- [On May 7, 2025 Governor Ferguson signed the Proclamation: Missing and Murdered Indigenous Women and Peoples Month](#)
- [Washington State Senate Res.8648 Honors the lives of missing and murdered Indigenous Women. Signed April 14, 2025.](#)

Other AI/AN Highlights in the WA state budget:

- [ESSB 5167 Section 214 \(77\) page 216. DBHR Directive for Non-Native SUD support: “the authority and the governor's Indian health advisory council must convene tribal 3 representatives to identify the actual local costs for tribes in their provision of substance use disorder services to non-American Indian/Alaska Native medicaid enrollees receiving services in tribal facilities.”](#)
- [ESSB 5167 Section 211 \(56\) page 170. FOR THE STATE HEALTH CARE AUTHORITY—MEDICAL ASSISTANCE. Traditional Indian Medicine Waiver: “\\$165,000 of the general fund—state appropriation for fiscal year 2026 and \\$165,000 of the general fund—federal](#)

appropriation are provided solely for the authority, in consultation with tribes, as required under 42 C.F.R. Sec. 431.408(b), to apply for a section 1115 33 waiver no later than December 31, 2025, to provide coverage of traditional health care practices”.

Some Federal legislation highlights:

- [US Senate Res.142](#) Recognizes the heritage, culture, and contributions of American Indian, Alaska Native, and Native Hawaiian women in the United States.
- [US Senate Res.200](#) Expresses support for the designation of May 5, 2025, as the *National Day of Awareness for Missing and Murdered Indigenous Women and Girls*
- [Policy & Advocacy : What We Do : National Center for American Indian Enterprise Development \(NCAIED\)](#)

Next Steps

As the 2025-2026 Legislative Session comes to a close, WA-DOH will soon begin the process of engaging with Tribes, the public health system, and community stakeholders to develop priorities for the 2026-2027 legislative session.

WA-DOH has already begun the process of hosting Tribal Listening Sessions on potential legislation for next session, and will continue to engage Tribes in the development of legislative priorities. We will be hosting a webinar on legislative priorities in August to engage with Tribes before finalizing.

These priorities will then be formally finalized in time to submit to the governor's office this September.

All WA-DOH DTLLs can be found at [Tribal Public Health and Relations | Washington State Department of Health](#).

Other Resources:

- All WA-DOH DTLLs can be found at [Tribal Public Health and Relations | Washington State Department of Health](#).
- [Federal Government Resources](#) – look for the Monthly newsletter here and please reach out if you would like to add anything to highlight federal impacts to the congressional district

Conclusion

The Office of Tribal Public Health & Relations would like to extend our gratitude to Tribal governments and other Tribal partners for your collaboration throughout the legislative process. And more, we are grateful for your leadership in voicing your priorities and we are committed to partnering with you in a good way.

We will continue to look for and create meaningful spaces to collaborate with you throughout the legislative process. And please don't hesitate to reach out if you have any questions, comments, thoughts, or concerns.

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Thank you

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We work cooperatively together for the good of our people. - Nisqually Traditional Ways



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