



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
PO Box 47890 | Olympia, Washington 98504-7890  
360-236-4030 | 711 Washington State Relay

May 4, 2026

**Re: Informative- End of the 2026 Legislative Session Reports**

Greetings Honorable Tribal Leaders, Partners, and Professionals:

In accordance with chapter [43.376 RCW](#), the [Washington State Centennial Accord of 1989](#), and [DOH Consultation and Collaboration Procedure](#), we are providing two (2) references for you while we are wrapping up our efforts for the WA State 2026 legislative session. Please see the following attachments:

1. First, a close out report from our legislative affairs office updating you on where Washington State Department of Health (WA-DOH) has landed since the [start of session DTLL](#) called the ***WA-DOH 2026 Legislative Session Wrap Up***.
2. Second, our annual ***Tribal Policy Director AI/AN Impact Legislative Report***.

As this session closes out, we are turning our attention to priorities for next year. The Office of Tribal Public Health and Relations (OTPHR) will continue to share Tribal priorities with our legislative team – and we will continue to engage with you as we start to identify potential legislation for next session. Stay tuned as we identify dates to collaborate with you on planning for next session.

For additional information, please contact our Director of Legislative Relations Kelly Cooper at [kelly.cooper@doh.wa.gov](mailto:kelly.cooper@doh.wa.gov) or OTPHR Tribal Policy Director Amber Arndt at [amber.arndt@doh.wa.gov](mailto:amber.arndt@doh.wa.gov).

Respectfully,

Candice Wilson – Quatz'tenaut (Lummi)  
Executive Director  
Office of Tribal Public Health and Relations  
[candice.wilson@doh.wa.gov](mailto:candice.wilson@doh.wa.gov) or 360-819-7626.

cc: Dennis E. Worsham, Secretary of Health, WA-DOH  
Jessica Todorovich, Chief of Staff, Office of the Secretary, WA-DOH  
Kristin Peterson, Chief, Office of Government & Community Affairs, WA-DOH  
Kelly Cooper, Legislative Affairs Director, Office of Government & Community Affairs, WA-DOH



April 2026

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Public Health &  
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## WA-DOH 2026 Legislative Session Wrap Up

### End of the 2026 Legislative Session

The 2026 Legislature adjourned sine die on March 12 after 60 days. On the final day, lawmakers passed the Operating Budget along with the remaining outstanding bills, as well as honoring departing members.

Each legislative session has its own theme, its own identity – the 2026 session was largely defined by fiscal issues. The major themes of the 2026 legislative session were affordability and cost of living as well as addressing the state budget shortfall through spending cuts and new revenue proposals – most notably 2026 will be known for the passage of historic legislation to create a millionaires income tax.

Throughout the session, the Department of Health prioritized preserving and protecting key public health investments and priorities, including Foundational Public Health Services (FPHS) funding and the state's response to federal policy changes affecting Washington state. Despite the fact the Legislature did not restore the 21Million dollars lost last year from the change in definition of nicotine products, there are good reasons to celebrate this session.

Below is a high-level summary of the session's central themes for DOH.

Over the course of this session, DOH completed 608 bill analyses on 367 unique pieces of legislation. The Tribal Policy Director actively participated throughout the legislative session to support review of Tribal impact and DOH Tribal engagement. In addition to internal coordination, the Tribal Policy Director presented updates at Tribal meetings and participated in Tribal liaison policy meetings with the Governor's Office of Indian Affairs and sister agencies such as the HCA and DSHS.

### Agency (and Governor) Request Legislation

The Department put forward two pieces of Agency Request Legislation (ARL) this session for the legislature's consideration, one of which became Governor-request legislation. The first bill – [SB 5988](#) – establishes fee authority for DOH to provide accreditation services to opioid treatment programs (OTPs) in Washington state. Currently on the Governor's desk awaiting his signature, the bill allows HSQA to continue providing accreditation services to OTPs.

#### **SB5988 Implementation Update:**

WA-DOH will be doing rulemaking to establish the fee and process for the OTP accreditation program. OTPHR's Tribal Policy Director is working with the implementation team – stay tuned for future DTLLs

and rulemaking updates – we will hold Tribal rulemaking workshops.

The second bill – [ESHB 2242](#) – preserving access to preventive services by clarifying state authority and definitions, was jointly requested by Governor Bob Ferguson and Office of the Insurance Commissioner Patty Kuderer. Signed into law by the Governor on Monday, March 9, this bill authorizes DOH to issue immunization recommendations and guidance and replaces the requirement that health plans cover immunizations recommended by the federal Advisory Committee on Immunization Practices (ACIP) with a requirement to cover immunizations recommended by DOH.

#### **ESHB2242 Implementation Update:**

The Washington State Department of Health (DOH) has launched a new [Vaccine Recommendations webpage](#) in response to [House Bill 2242 \(PDF\)](#). The page provides current state immunization recommendations and related guidance for health care providers and local health jurisdictions. It includes PDF schedules for **childhood and adolescent and adult immunizations**, along with answers to frequently asked questions. Recommendations are based on evidence from leading medical and public health organizations and outline who should receive vaccines, when, and under what conditions. Providers and partners can access the new webpage to review current guidance and stay up to date on recommendations.

All vaccines recommended by DOH remain available at no cost for children under age 19 through Washington’s [Childhood Vaccine Program](#) (CVP) at participating providers. Uninsured adults ages 19 and older can receive recommended vaccines at no cost through the [Adult Vaccine Program](#) (AVP).

For additional information, visit the Immunizations and Vaccines page. For questions about Washington’s immunization recommendations, contact [OI@doh.wa.gov](mailto:OI@doh.wa.gov).

## **Health Regulation / Systems Oversight**

In addition to its OTP accreditation request legislation, DOH worked with legislators on a bill responding to the Joint Legislative Audit and Review Committee (JLARC) report on the Department’s hospital inspection program. [SHB 2577](#), signed into law on Wednesday, March 11, adds more clarity around hospital inspection enforcement timelines, including requiring hospital inspections take place every 18 months, rather than 18 months on average. Permit (licensing and credentialing) timelines were also a major focus of the legislative session. Another bill impacting the Department, Governor-request bill [2SSB 5968](#) – improving regulatory efficiency by integrating [Executive Order 25-03](#) on permitting and licensing processes into state statute – did not pass this session, though the issue received significant legislative attention.

In the environmental health space, three key areas of focus were the regulation of private detention centers, the Department’s shellfish program, and the regulation of lead in cookware. The Northwest ICE Processing Center (NWIPC) in Tacoma has come under increased scrutiny as its use has expanded under the current federal administration. Meanwhile, the Department’s shellfish program – whose core mission is preventing illness among people who eat Washington-grown shellfish – has faced significant budget constraints, prompting the Department and stakeholders to explore new funding options for this vital public health program. Finally, the Department has worked for several years with stakeholders, including industry, consumer groups, and advocates, to identify a better balance in limiting the amount of lead legally permitted in cookware. ESSB 5975 – providing consumer access to safe cookware and interstate and international trade certainty in the regulation

of lead in cookware – passed the Legislature and is currently awaiting the Governor’s signature.

## Public Health & Prevention

**Reproductive Health Care:** Two major bills related to abortion passed the Legislature and are awaiting the Governor’s signature: [2SSB 6182](#), which establishes an abortion services savings account at DOH, and [SSB 5917](#), which strengthens access to the state’s medication abortion stockpile. 2SSB 6182 responds to a December decision by the federal administration allowing health carriers to retain excess premiums collected under the Affordable Care Act that were originally intended to pay for abortion services. The bill requires those carriers to instead pay a tax, which will fund grants administered by DOH to organizations that provide abortion services in Washington state. SSB 5917 provides additional flexibility to the Department of Corrections (DOC) to distribute mifepristone and misoprostol from the state’s medication abortion stockpile, which Washington established in 2023 following the U.S. Supreme Court’s decision overturning Roe v. Wade.

**Regulated substances** continued to be a focal point in the legislature, with bills around the regulation of psilocybin (SB 5921), kratom (SB 6196, HB 2291, 6287), and nitrous oxide (HB 2532). The only bill that made it across the finish line this session was [ESHB 2532](#), which makes the sale, furnishment, administration, and distribution of nitrous oxide a gross misdemeanor, with specified exemptions for different business purposes.

### **Foundational Public Health Services/ Tobacco Policy/Revenue -**

Finally, the Governmental Public Health Partners spent significant time this session working with legislators and stakeholders to restore the inadvertent sweep of \$21 million in FPHS funding resulting from a definition change related to nicotine vapor products included in legislation passed last year.

The fix for the FPHS account was a part of numerous bills aiming to update the cigarette and nicotine tax structure. From a public health perspective, these bills all raised the cost of products in part to help deter purchase and use – especially by youth. On the revenue side, the bills varied in their approach and the amounts appropriated to various purposes including – FPHS, cancer research, tobacco prevention and cessation, and a new time sensitive emergencies data base.

Unfortunately, none of the policy bills passed this year. And after a rollercoaster ride of amendments and procedural moves, the Legislature did not restore the 21 Million in FPHS funding for FY 27.

We’ll have a Dear Tribal Leader Letter summarizing the FPHS budget shortly. In the meantime, know that the FPHS Steering Committee has committed to not reducing the Tribal sector allocations to address this shortfall.

Reach out to the Office of Tribal Public Health & Relations  
At [otphr@doh.wa.gov](mailto:otphr@doh.wa.gov) and Executive Director of OTPHR Candice  
Wilson at [candice.wilson@doh.wa.gov](mailto:candice.wilson@doh.wa.gov)

Report to Tribal Leaders, Partners, and Professionals

# Tribal Policy Director AI/AN Impact Legislative Report

2026

Short Session



Office of  
Tribal Public Health  
& Relations



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For more information or additional copies of this report:

Office of Tribal Public Health & Relations  
Executive Office of Policy Planning & Evaluation  
[OTPR@doh.wa.gov](mailto:OTPR@doh.wa.gov)

**Report Author**

Amber Arndt, MPH  
Tribal Policy Director  
(Nisqually Indian Tribe)  
[amber.arndt@doh.wa.gov](mailto:amber.arndt@doh.wa.gov)  
564.669.1337

**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

Washington operates on a two-year legislative cycle, with each biennium consisting of a longer regular session in the first year and a shorter supplemental session in the second. The short 2026 session, which convened on February 12 and adjourned sine die on March 12, marked the close of the biennium.

This report serves as a summary for the 2026 “short” session.

Throughout the year leading up to session, several Dear Tribal Leader Letters (DTLLs) were sent to collaborate with Tribes on the development of legislative priorities including:

- July 1, 2025  
<https://doh.wa.gov/sites/default/files/2025-07/DTLL-2025LegSessionEnd.pdf>
- July 17, 2025  
<https://doh.wa.gov/sites/default/files/2025-07/DTLL-2026LegislatureWebinar.pdf>
- February 24, 2025  
<https://doh.wa.gov/sites/default/files/2025-02/DTLL-DataSharing2026Legislature.pdf>
- February 21, 2025  
<https://doh.wa.gov/sites/default/files/2025-02/DTLL-WaterSystemDefinition2026.pdf>

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 OGCA'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 9, 2025 and December 16, 2025 DOH Legislative Training Parts 1 and 2
- December 17 DOH fiscal note training

#### Resources Developed for DOH Staff, available on our internal [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 Daily Agency Leg Check-In
- Ongoing Monthly Legislative Liaison Meeting
- 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)
- **NEW GOIA State Tribal Liaison Legislative Meeting**
- **NEW GOIA Health and Social Services Legislative Check-In**
- 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, is aware of Tribal legislative priorities, 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 sharing updates throughout the legislative process.

# 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).

## 2026-2027 Legislative Summary

In the course of this legislative session, over 1400 bills were brought to the floor- compared to 1900 during the “normal” longer session! Throughout the course of session, DOH analyzed almost 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 2026 Session Wrap Up

Date	Legislative Cutoff
2/12/26	First Day of Session
2/4/26	Policy Committee Cutoff
2/9/26	Fiscal Committee Cutoff
2/11/26	Caseload Forecast
2/17/26	House of Origin Cutoff. Last day to consider bills in house of origin
2/20/26	Revenue Forecast
2/25/26	Policy Committee Cutoff - Opposite House
3/2/26	Fiscal Committee Cutoff - Opposite House
3/6/26	Opposite House Cutoff
3/12/26	Sine Die. Last day allowed for regular session under the state constitution

#### **Sine Die:**

- Total number of bills: 1,420 bill introductions or revivals
- DOH conducted over 600 bill analyses on 367 unique pieces of legislation
- 267 bills passed the legislature

#### **DOH Agency Request Legislation:**

- [HB 2242 Washington State Legislature Preventative Services – delivered to the governor 3/3](#)
- [SB 5988 Opioid Treatment Program – on it’s way to the governor](#)

PDF of Cutoff Dates: [2026-cutoff-calendar-draft.pdf](#)

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

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
<a href="#">HB2242</a>	Preventative Services	State statutes currently rely on recommendations from several national bodies( ACIP and Preventative Services Task Force) to determine coverage for preventative services including immunizations. As the uncertainty around federal recommendations grows, concerns about ongoing access to these services is also growing. The Department of Health is working with sister agencies and the Governor’s office to propose legislation that will move authority for recommending preventative services to the state. See our new <a href="#">Vaccine Recommendations webpage</a>	Signed
<a href="#">SB5988</a>	OTP Accreditation	Opioid Treatment Programs are required by SAMHSA to be accredited in order to receive Medicaid payments. In the past, the Department of Health has provided accreditation services for Opioid Treatment providers without charge. . WA-DOH held Tribal listening sessions regarding the inability to sustain the OTP accreditation program without fees; this bill would give DOH the authority to establish fees in order to keep the program going.	Signed

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

**Table 2: Bills that require DOH rulemaking** (some will include Tribal engagement per [DOH Consultation and Collaboration Procedure.](#))

	Name	Description
<a href="#">ESHB1187</a>	Delayed ambulance bills	Requires the Department of Health, in consultation with others, to develop a consumer notice regarding the different types of insurance that may cover an ambulance service bill following a motor vehicle accident.
<a href="#">SHB2088</a>	Dietitian licensure compact	Enacts the Dietician Licensure Compact.
<a href="#">ESHB2110</a>	Specialty care transports	Allows a registered nurse without emergency medical technician (EMT) certification to provide patient care during an interfacility specialty care transport by ambulance when no paramedic or nurse with EMT certification is available
<a href="#">HB2113</a>	Radiologic technologists	Modifies the level of supervision required and the types of health care providers that can supervise parenteral procedures, including intravenous contrast procedures, performed by diagnostic radiologic technologists, therapeutic radiologic technologists, and magnetic resonance imaging technologists.
<a href="#">ESHB2247</a>	Veterinarian relationship	Concerning veterinarian-client-patient relationships. Establishes requirements for creating and maintaining a veterinarian-client-patient relationship.
<a href="#">SHB2339</a>	Nursing	A comprehensive update to the state’s nursing regulation framework. At its core, the bill modernizes terminology, clarifies scopes of practice, and updates licensing processes across RCW 18.79.
<a href="#">SHB2360</a>	Albuterol access in schools	Authorizes schools to maintain a supply of <b>albuterol</b> —a fast-acting medication used to treat acute asthma symptoms—and allows trained school personnel to administer it to students experiencing respiratory distress. The bill’s intent is to improve emergency response capacity in schools, reduce delays in treatment, and support student health and safety.

<a href="#">SHB2363</a>	Music therapy exemptions	Allows applicants for a <b>music therapy license</b> to provide <b>supervised music therapy services for up to six months</b> while they await verification of their examination results. This temporary exemption applies only to applicants who have met all other licensure requirements. The bill also reaffirms that music therapists may not diagnose or treat speech, language, communication, or swallowing disorders unless separately licensed in those fields.
<a href="#">SHB2475</a>	Language access	Requires Washington state agencies to provide language-accessible communication across public programs and services, including spoken, signed, and written languages. It directs the Office of Equity to develop statewide language-access guidelines by December 2027, with agencies implementing them by December 2029. The bill aims to improve consistency and access without creating new legal rights.
<a href="#">HB2540</a>	EMT recertification	Updates Washington’s emergency medical technician (EMT) recertification requirements by establishing a three-year recertification cycle for most EMTs and a six-year cycle for those certified in the state for at least ten years. This change is intended to maintain professional competency while providing flexibility for long-serving EMTs.
<a href="#">HB2548</a>	Healthcare market standards	Strengthens Washington’s oversight of health care market consolidation by expanding which transactions count as a <b>“material change”</b> and must be reported to the Attorney General. It requires 60-day advance notice for a broader range of deals, adds a 30-day pause when the Attorney General requests more information, and imposes filing fees tied to transaction value. The bill also requires post-transaction notice and directs the Attorney General to notify the Secretary of State when a nonprofit is involved.
<a href="#">SHB2577</a>	Hospital inspections	Requires the Washington State Department of Health to conduct unannounced hospital inspections at least every 18 months, with limited exceptions during emergencies. It also allows a CMS certification survey

to substitute for a state inspection once every 36 months and requires the State Fire Marshal to perform fire-safety inspections on the same 18-month cycle.

<a href="#"><u>SSB5185</u></a>	International med pathways	Establishes a pilot “clinical experience graduate” program that creates a new pathway to full physician licensure for international medical graduates (IMGs) in Washington. Eligible IMGs who hold a clinical experience license and complete additional supervised practice, competency assessment, and licensing exams can obtain a primary care license through the program. The medical commission must adopt rules, oversee the pilot, and report on outcomes before the program’s scheduled expiration in 2035.
<a href="#"><u>SB5923</u></a>	Hospitals in Skagit county	Updates Washington law to ensure that certain rural hospitals in Skagit County—specifically those located on islands and operating within a public hospital district—qualify for medical-assistance reimbursement as critical access hospitals. It clarifies eligibility rules, including continued eligibility for hospitals that applied for certification before 2005, and aligns these provisions with the state’s rural health access preservation pilot program
<a href="#"><u>SSB5981</u></a>	340B drug pricing	Strengthens Washington’s oversight of the <b>340B drug pricing program</b> by preventing drug manufacturers from restricting safety-net providers’ access to discounted medications when they use contract pharmacies. It also requires manufacturers and covered entities to report detailed participation data to the state and establishes penalties and filing fees to support enforcement and data collection
<a href="#"><u>SB5988</u></a>	OTP Fees	See above Agency Request Legislation

You can track all rules through the rulemaking process in our biweekly rules DTLL.

### 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
<a href="#">SB6034</a>	GOIA	Formally establishes the <b>Governor’s Office of Indian Affairs in state law</b> , creating a cabinet-level agency responsible for strengthening relationships between Washington and tribal governments. The office is tasked with advising the Governor and state agencies on tribal policy, supporting implementation of the Centennial Accords, and improving communication and collaboration with tribes.
<a href="#">SB6035</a>	Voting Services	Expands access to voting services for <b>military, overseas, Native American, and disabled voters</b> by requiring counties to work directly with tribal nations to plan voting centers and ballot drop boxes on reservations. It also mandates regular meetings between the Secretary of State and tribes to address barriers such as ballot delivery and registration tools, and it authorizes a secure electronic ballot-return system with strict cybersecurity and audit requirements. These measures aim to ensure reliable, accessible voting options for groups that face persistent logistical challenges.
<a href="#">HB2496</a>	Tribal Consultation energy facility site eval council	Requires Washington’s Energy Facility Site Evaluation Council (EFSEC) to conduct direct, government-to-government tribal consultation whenever an energy facility project may affect tribal rights, resources, or culturally significant sites. It mandates early notification to tribes and requires EFSEC to document consultation outcomes and allow tribes time to review and request corrections. The bill strengthens tribal involvement in energy-project reviews without changing project-approval standards.

### **Other Highlights from 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.

## Governor's Proclamations:

- [Native American Heritage Month Proclamation](#)
  - Celebrates tribal nations' cultural, economic, and governmental contributions.
  - Reaffirms the state's commitment to respectful, collaborative relationships.
- [EO 25-10 A New Foundation for WA Governmental Relations with Sovereign Tribal Nations](#)
  - Establishes a strengthened statewide framework for Washington's government-to-government relationships with sovereign tribal nations. It directs all cabinet agencies to proactively engage tribes, consult early on actions that may affect tribal rights or lands, and incorporate principles of **free, prior, and informed consent** into decision-making. The order also requires agencies to improve communication, visit tribal communities, and integrate Indigenous Knowledge into relevant state work.**Executive support for tribal broadband, public health, and climate resilience initiatives**

## Next Steps

As the 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 will begin 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.

Office: [otphr@doh.wa.gov](mailto:otphr@doh.wa.gov)

Tribal Policy Director: [amber.arndt@doh.wa.gov](mailto:amber.arndt@doh.wa.gov)

Hawətubš

Thank you

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



