



WASHINGTON STATE TRIBAL



OPIOID AND FENTANYL RESPONSE TASK FORCE

BYLAWS

Adopted: [INSERT DATE]

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ARTICLE 1. PURPOSE AND OBJECTIVES

[ESSB 5950](#) appropriated funding for the establishment of the Washington State Tribal and Opioid Fentanyl Response Task Force (hereinafter “Task Force”). In accordance with [ESSB 5950](#), the Task Force shall:

- 1.1 Convene one Tribal Opioid and Fentanyl Summit in 2025 to include state agencies identified in Section 2.6 below; federally recognized Tribes in Washington State, federally recognized Tribes in a state adjacent to Washington, Urban Indian Organizations, and Tribal organizations;
- 1.2 Review the laws and policies relating to opioid and fentanyl use, illicit sale of opioids and fentanyl, jurisdictional authority, Tribal exclusionary authority, and any related impacts affecting American Indian and Alaska Native people, including coordination across other related systems;

- 1.3** Develop recommendations including legislative and executive policy changes and budget initiatives for the purpose of addressing priority areas identified at the first annual Washington State Tribal Opioid and Fentanyl Summit in May of 2023 in the overarching topic areas of justice; prevention, treatment, harm reduction, and recovery; housing and homelessness; and community and family as well as additional topic areas included in subsequent summits; and
- 1.4** Submit a status report, with the assistance of the American Indian Health Commission, that includes any initial findings, recommendations, and progress updates to the governor and the appropriate committees of the legislature by June 30, 2025. The report shall include, but is not limited to, recommendations related to:
 - 1.4.1** proposed new statutes or amendment of current statutes;
 - 1.4.2** proposed executive branch action items or regulatory changes; and
 - 1.4.3** proposed funding and budget requests.To the extent possible, the report may include fiscal analysis related to the cost of implementing specific recommendations.

ARTICLE 2. MEMBERSHIP

In accordance with [ESSB 5950](#), the Task Force has forty-nine (49) members as provided in this section. Members may designate an alternate who may serve if the primary appointee is unable to serve. Any designated alternates, new membership appointments or changes to appointments must be submitted in writing to the American Indian Health Commission. **For Governor's Office appointees, both the Governor's Office and American Indian Health Commission should be notified.**

2.1 Legislature

- 2.1.1 Senate.** The President of the Senate shall appoint one member from each of the two largest caucuses of the Senate;
- 2.1.2 House.** The Speaker of the House of Representatives shall appoint one member from each of the two largest caucuses of the House.

2.2 Federally Recognized Tribes

Each federally recognized Tribe in Washington state may appoint one member through Tribal resolution. If a Tribe elects not to appoint a member, the seat will default to the Tribal Chair.

2.3 Governor's Office

The Governor office will appoint one representative from the Office of the Governor

2.4 Attorney General

The Attorney General shall appoint one representative from the Office of the Attorney General.

2.5 Superintendent of Public Instruction

The Superintendent of Public Instruction shall appoint one representative from the Office of the Superintendent of Public Instruction.

2.6 Urban Indian Organizations

The governor shall appoint the following members:

2.6.1 A member of the Seattle Indian health board; and

2.6.2 A member of the NATIVE project;

2.7 State Agencies

The governor shall appoint one member of the executive leadership team from each of the following state agencies:

2.7.1 Health Care Authority;

2.7.2 Department of Children, Youth, and Families;

2.7.3 Department of Commerce;

2.7.4 Department of Corrections;

2.7.5 Department of Health;

2.7.6 Department of Social and Health Services;

2.7.7 The Governor’s Office of Indian Affairs; and

2.7.8 The Washington State Patrol.

2.8 Lived Experience

The governor shall appoint two Indigenous members that have lived experience related to opioids and/or fentanyl.

2.9 Local government

The governor shall appoint two representatives of local government.

ARTICLE 3. CHAIRS

The Task Force must be cochaired by one (1) legislative member and four (4) Tribal leader members selected by members of the Task Force at the first meeting.

ARTICLE 4. SUPPORT, WORKGROUPS, AND EXPERTS

4.1 Workgroups

The Task Force may create subgroups and work with existing state or Tribal work groups to develop recommendations to the Task Force on each of the topics listed in Section 1.3 above.

4.2 Experts

Where feasible, the Task Force may invite and consult with representatives of:

- 4.2.1 The Federal Bureau of Investigation;
- 4.2.2 The Offices of the United States Attorneys;
- 4.2.3 Federally recognized Tribes in a state adjacent to Washington;
- 4.2.4 Tribal organizations with specific expertise including but not limited to Tribal sovereignty, jurisdiction, cultural practices, and data; and
- 4.2.5 Any experts or professionals having expertise in the topics of prevention, treatment, harm reduction, and recovery support related to opioids and or fentanyl in federal, Tribal, and/or state jurisdiction, including Native serving organizations.

4.3 Support

The American Indian Health Commission, as defined in RCW 43.71B.010, will:

- 4.3.1 provide support for the Task Force, committees, and work groups;
- 4.3.2 organize the annual summit;
- 4.3.3 oversee and assist with the development and submission of Task Force reports; and
- 4.3.4 when deemed necessary by the Task Force, retain consultants to provide data analysis, research, recommendations, and other services to the Task Force for the purposes provided in Section 1.2 above.

ARTICLE 5. MEETINGS

5.1 Initial Meeting

The legislative members must convene the initial meeting of the Task Force no later than August 1, 2024.

5.2 Regular Meetings

The Task Force shall meet at least quarterly and be facilitated by the American Indian Health Commission. In each meeting, the Task Force shall establish the date, time, and place of the next two meetings.

5.3 Meeting by Remote Communication

All members of the Task Force may participate in a meeting by, or conduct the meeting through the use of, one or more means of remote communication through which all of the members may simultaneously participate with each other during the meeting. A member participating in a meeting by this means is considered present in person at the meeting.

5.4 Meeting Procedures

During Task Force meetings, the following protocols will be adhered to:

- 5.4.1 Only the person recognized by the meeting co-chairs or meeting facilitator may speak at any given time;
- 5.4.2 All comments will be made through the meeting chair or meeting facilitator;
- 5.4.3 All comments will be confined to the current issue;
- 5.4.4 Members will not engage in conversations that disrupt the meeting;

- 5.4.5 Meetings will be attended by the members and the American Indian Health Commission Executive Director.
- 5.4.6 Members will respect one another, the sovereignty of Tribal governments and the federal and state governments, and cultural differences; and
- 5.4.7 All questions on rules of order in conducting Task Force meetings shall be determined in accordance with Robert's Rules of Order (11th edition).

5.5 Quorum

Twelve (12) of the Tribal and urban Indian organization members entitled to vote and six (6) members of the rest of the Taskforce represented in person, including online participation, shall constitute a quorum at a meeting of the members. If less than a quorum of the members entitled to vote is represented at a meeting, a majority of the members so represented may adjourn the meeting from time to time without further notice.

5.6 Manner of Acting

5.6.1 Voting Rights

Each voting member of this Task Force shall, at every meeting of the members, be entitled to one vote in person, including online attendance, upon each subject properly submitted to vote.

5.6.2 Consensus and Voting

5.6.2.1 Consensus Preferred. Whenever possible, decisions will be made by group consensus.

5.6.2.2 Majority Vote. When consensus cannot be achieved, the vote of a majority of the votes entitled to be cast by the members represented in person, including online participation, at a meeting at which a quorum is present shall be necessary for the adoption of any matter voted upon by the members, unless a greater proportion is required by applicable provisions of these Bylaws. Dissenting opinions will be noted.

5.6.2.3 Manner of Voting. All votes, including those for elections, motions, and resolutions will be by voice vote. A Task Force member may request a roll call, or show-of-hands vote.

5.6.2.4 Voting rights of the members may be exercised by their designated alternate.

5.6.2.5 Each member or their alternate entitled to vote with respect to the subject matter of an issue submitted to the members shall be entitled to one vote upon each such issue.

5.6.3 Actions Regarding Sovereign Rights of Tribes

All matters regarding the sovereign rights of Tribes must be determined by consensus among the member Tribes in Section 2.2.

5.7 Minutes

The American Indian Health Commission will be responsible for preparing the minutes of each meeting and distributing such minutes to members of the Task Force no later than one (1) week prior to the next Task Force meeting.

ARTICLE 6. AMENDMENTS

Task Force Bylaws may be amended with a majority vote of the Task Force.