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TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care and Human Services

FROM: Melvin Kohn, MD, MPH, Director
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MEASURE: HB 2094
EXHIBIT: 11
S. HEALTHCARE & HUMAN SERVICES
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SUBMITTED BY: Dr. Melvin Kohn

SUBJECT: HB 2094A – Public Health Division Technical Fixes

Chair Monnes Anderson and members of the committee, my name is Mel Kohn, MD, MPH, Public Health Director at the Oregon Health Authority (OHA). I am here today to ask you to support HB 2094A . This bill makes various technical fixes that are needed to clean-up language in statute for programs including federal state health officer requirements, health acquired infections (HAI), home health and in-home care.

New federal State Health Officer Requirements
Section 1 of HB 2094A is meant to address a federal requirement imposed on the state Public Health Officer in 2009. That federal law requires the State Public Health Officer to identify a Designated Officer (DO) of each employer of emergency response employees (ERE) with preference given to individuals who are trained in the provision of health care or in the control of infectious diseases.

A Designated Officer is required to respond to requests from an ERE for an assessment of whether the ERE may have been exposed to one of the diseases that has been included on a list by CDC such as HIV, hepatitis, anthrax, and tuberculosis. (The entire list can be found at: (http://ia600709.us.archive.org/11/items/FederalRegisterVolume76Issue212wednesdayNovember22011/frn2011-28234.html#frn2)).

OR-OSHA has requirements in statute and administrative rule that address worker exposure to infectious diseases. However, the federal law says the State Health Officer has to identify these designated officers for EREs, so

relying on OR-OSHA requirements doesn't get us into compliance with federal law.

The state's role in this is simply to identify Designated Officers for employers of ERE's and the best way to do this is to adopt rules that define who qualifies as an ERE so employers of ERE's can be identified, and then to specify in rule that an employer of an ERE must have a Designated Officer that meets certain criteria.

I would anticipate that individuals that would be defined as an ERE would be an emergency medical responder, fire fighter, police officer and individuals with similar occupations. A Designated Officer would ideally be someone with infection control training.

This bill would not impose any additional requirements on employers or health care facilities because those entities are already required to comply with this federal law.

Outdated provisions
In **Section 2**, ORS 431.110 is amended to delete references to the Oregon Health Authority undertaking duties imposed under ORS chapter 690. Duties imposed under ORS chapter 690 are now undertaken by the Oregon Health Licensing Agency.

In **Section 2a** ORS 431.120(2) is deleted as the State Health Commission does not exist anymore and any books, papers, documents and property that belonged to the Commission would have been transferred to what is now the Oregon Health Authority many years ago.

Healthcare Acquired Infections (HAI)
Section 2b and 2c and Section 6, 7 and 8, the law that established the HAI program is changed to delete references to the Office of Oregon Health Policy and Research and instead references the Oregon Health Authority.

Home Health and In-Home Care
Sections 3 & 4 of HB 2094A reflect statutory changes requested by the home health participants during our administrative rules process in 2012. In 2009, SB 158 updated language in ORS 443.075. The section was renumbered causing inaccurate references in ORS 443.065. Home health

statutes use out-dated terms which community partners have requested be updated.

Section 5 of HB 2094A also reflects statutory changes requested by the in-home care participants during our administrative rules process in 2012. In-home care agency statutes reference ambiguous terms related to travel distance for geographic service areas. Specifying a certain number of miles removes ambiguity. It eliminates the need to have a separate standard for branches and subunits of in-home care agencies and to do driving time estimates which vary by weather. This aligns with our other community-based care licensing programs, hospice and home health.

Thank you for your attention and the opportunity to testify today. I'd be happy to answer any questions you might have.