

Chair Monnes Anderson and Members of the Senate Health Care Committee:

My name is Morgan Cowling and I am the Executive Director of the Oregon Coalition of Local Health Officials. The Coalition of Local Health Officials (CLHO) represents the 34 local public health departments in Oregon who work tirelessly to protect the public and prevent death and the spread of disease throughout Oregon. I am here today to support SB 663 with amendments.

CLHO worked with the Task Force on the Future of Public Health during the interim and we are in strong support of the final recommendations of the Task Force. The Task Force put together recommendations that make the public health system more accountable, move public health in the right direction acknowledging local needs and ensure foundational programs and capabilities are available in health departments serving all Oregonians.

CLHO supports the idea of modernizing our public health system to better align with other reform efforts and we are supportive of the new conceptual framework developed by the Task Force. However, we believe that the bill still needs revisions to acknowledge the relationship between state and local public health, align with the Task Force recommendations and ensure that local health departments aren't held responsible for implementing this new conceptual framework without additional state investments.

Here is a high level overview of changes that we are suggesting. I'm happy to discuss these in more details.

### 1. Role of the Public Health Advisory Board (Section 9)

This new Conceptual Framework for Foundational Capabilities and Programs should be a model for modernization of the entire public health system at both the state and county level, not just local public health departments. As the whole public health system is transforming the role of an enhanced Public Health Advisory Board 2.0 should monitor the progress of both the state and local public health through the process.

As the report outlines "a repurposed PHAB 2.0 would serve an essential governance role by providing oversight, policy direction and guidance for implementation and continued delivery of the Foundational Capabilities and Programs. Prior to implementation by wave population health outcome measures would need to be established by the PHAB 2.0 governance group. PHAB 2.0 established the activities, personnel and skill levels to assure foundational elements at both the state and local

level” (page 13 of the Modernizing Oregon’s Public Health System Report, September 2014).

CLHO would recommend that SB 663 be updated to align with the Task Force recommendation giving an enhanced PHAB 2.0 more responsibilities and oversight over both the state and local implementation. Currently the bill only monitors the local public health system.

## 2. Improvements to Conceptual Framework (Sections 10-24)

Sections 10-24 of SB 663 create the statutory structure for the new conceptual framework for state and local public health. These statutes creating the new framework should not be specific as to duties of each as that should be determined later. In addition, there are two sections (Section 20 and 21) that still need additional revisions.

Section 20 establishes that all public health prevention programs be based on evidenced-based guidelines. Evidenced-based programs should be emphasized and encouraged however, we have significant concern if we do not allow innovation in our public health system. Oregon has been a leader in allowing innovation in our medical care transformation and public health should follow that lead and be a leader in establishing new evidenced-based practices and allow and encourage transformation.

Section 21 should better align with the Task Force report that the role of public health is assurance. Public health’s role in a modern system is to work with partners in the medical care delivery system to remove barriers to accessing cost-effective clinical services.

## 3. Local Public Health Authority Definitions (Section 2)

We currently have one public health district in Oregon and they have formed under the ORS 190 special district statute. We would like to align the statutory definition of Local Public Health Authority to include this structure.

## 4. Community Health Improvement Plans and Foundational Capabilities Plans (Sections 26)

SB 663 still needs revision to clarify the difference between a Community Health Improvement Plan and a Foundational Capabilities Plan. CLHO would recommend that the Community Health Improvement Plan for state and local public health remain in statute and be an ongoing duty. The plan to adopt the Foundational Capabilities and Programs should be a one-time plan to move to the new conceptual framework, and should not replace the Community Health Improvement Plan.

## 5. Funding Requirements and Changes (Section 30)

The Task Force had significant discussion about the need for additional investments into state and local public health to implement this new framework. This bill establishes the framework for public health and there will need to be additional conversation by the enhanced PHAB 2.0 to determine the minimum requirements, and assess the readiness of communities and financial resources needed to implement.

Section 30 gives the Oregon Health Authority the authority to determine funding formulas and require baseline investments from local public health authorities. Since this bill does not require the actual implementation of this new model. We strongly recommend that Section 30 be deleted and current language around funding formulas (reinstate ORS 431.380) be included until new funding for this framework is allocated.

Also, CLHO recommends language included to Section 26 that says Local Public Health Authorities will implement this new framework “subject to the availability of funds.”

## 6. Transitioning to the new system

Sections 116 and 117 require the Oregon Health Authority to adopt a schedule for transition to the new Foundational Capabilities and Programs model on or before January 1, 2016. This transition and the ability of local public health authorities to transition to this new model depends on investment by the legislature for new public health funding. Again, we would recommend the timeline be changed or “based on the availability of funds” language added to the bill.

Thank you for the opportunity to testify about this exciting new conceptual framework for the state and local public health system. CLHO is very committed to working to make this modernization a success and we look forward to working with the committee on these improvements.

Thank you,  
Morgan Cowling