

**PRELIMINARY STAFF MEASURE SUMMARY****CARRIER:**

Senate Committee on Senate Health Care

**REVENUE: May have revenue impact, statement not yet issued****FISCAL: May have fiscal impact, statement not yet issued****Action:****Vote:****Yeas:****Nays:****Exc.:****Prepared By:** Zena Rockowitz, Administrator**Meeting Dates:** 2/9, 3/15, 4/13

**WHAT THE MEASURE DOES:** Alters framework for conducting public health activities and providing services. Establishes Oregon Public Health Advisory Board. Requires Oregon Health Authority (OHA) to establish foundational capabilities to achieve health outcomes, adopt a statewide community health assessment, approve local plans for applying foundational capabilities, use incentives to encourage provision of public health services by local health departments. Establishes baseline amount to be invested in local public health activities. Creates duties of local health departments and governing bodies of local public health authorities. Requires local public health authority to adopt and update plan for foundational capabilities and seek funding. Requires governing body of local public health to approve local plan for foundational capabilities and programs and monitor progress of local public health authority. Provides mechanisms by which local health departments may implement provisions separately and at different times. Creates operative date of January 1, 2016. Declares emergency, effective on passage.

**ISSUES DISCUSSED:**

**EFFECT OF COMMITTEE AMENDMENT: -2 Amendment: Gut and stuff.** Requires premises where person makes retail sales of tobacco products and inhalant delivery systems to be licensed by Oregon Liquor Control Commission (OLCC). Requires retailers to have a physical address. Prohibits retailers from being 1,000 feet from a school. Requires imposition of fees on licensees that are reasonably calculated to pay for administering provisions of Act. Prohibits certain types of retail sales of tobacco products and inhalant delivery systems, including the selling of products for free, nominal fee or reduced price and the use of coupons for tobacco products and inhalant delivery systems. Permits sampling of inhalant delivery systems at premises when business is 75 percent of revenue is from inhalant delivery systems, when no tobacco or alcohol is sold and no one under 18 may enter. Permits OLCC to work with Oregon Health Authority (OHA) to administer and enforce. Establishes Tobacco Control Fund and continuously appropriates moneys in fund to OLCC for purposes of administering provisions of Act. Permits aerosolizing or vaporizing without cannabinoids on premises with certain criteria. Becomes operative January 1, 2016. Declares emergency, effective on passage.

**BACKGROUND:** The laws of Oregon's public health system are over 100 years old. The Task Force on the Future of Public Health Services (created by House Bill 2348 in 2013) provided recommendations to modernize the public health system in Oregon. Senate Bill 663 is a result of these recommendations. Local and state public health departments, elected officials, nonprofits, labor, and academia collaborated to determine a framework for local health authorities and the Oregon Public Health Division to implement. The Task Force found that health is related to the social environment as much as medical intervention, and that it is prudent to focus on prevention and detection of disease. For example, educational opportunities, stable housing, access to healthy food, and walkable communities play a role in public health. The Task Force also emphasized a focus on responding to public health threats and emergencies.

The Task Force identified "foundational capabilities" as the critical knowledge, skills and abilities necessary to carry out public health activities. Capabilities include: assessment and epidemiology, emergency preparedness and response,

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***This summary has not been adopted or officially endorsed by action of the committee.***

communications, policy and planning, leadership and organizational competencies, health equity and cultural responsiveness, and community partnership development. The Task Force defined “foundational programs” as those essential to assess, protect, and improve the community’s health: communicable disease control, environmental public health, prevention and health promotion, and access to clinical preventive services.

The Task Force recommended that foundational capabilities and foundational programs be adopted, significant and sustained funding be identified, local public health be given the flexibility to operationalize programs through a single county structure, a singly county with shared services, or a multi-county jurisdiction and the public health system be structured around state and local metrics.