

Date: April 25, 2017

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

FROM: Cara Biddlecom, Director of Policy and Partnerships
Office of the State Public Health Director
Public Health Division
Oregon Health Authority

SUBJECT: HB 2301A, OHA Housekeeping

Chair Monnes Anderson, Vice-Chair Kruse and members of the committee, I am Cara Biddlecom, Director of Policy and Partnerships for the Oregon Health Authority, Public Health Division. I am here to testify in support of House Bill 2301A. This is a housekeeping bill for OHA, for which I will speak to the components that impact the Public Health Division.

The majority of this bill makes simple procedural changes that will align reporting and investigations for boards maintained by the Public Health Division's Health Licensing Office.

Several of the boards under the Office jurisdiction have mixed statutory authority regarding investigations, in disclosure and confidentiality. The measure streamlines those authorities and allows conformity with administration where necessary. The measure also takes into consideration keeping certain information confidential which is consistent with other confidentiality laws (ORS 676.175) and allows discretion if disclosure of information could be used to identify the complainant to the person who is subject to the investigation.

I will briefly list the remaining areas of the bill.

- Changes qualifications to register as environmental health specialist (Sections 26-27) and environmental health specialist trainee (Section 26a);
- Modifies membership composition of State Trauma Advisory Board, area trauma advisory boards, and State Emergency Medical Service Committee (Sections 28-32); it also repeals the Oregon POLST Registry Advisory

Committee (Section 49);

- Makes a series of changes that would bring Oregon's cancer registry, OSCaR, into alignment with national standards while also increasing OHA's ability to efficiently provide high quality data on Oregon's leading cause of death (Sections 35-42);
- Provides clarification for the oversight required for the provision of educational trainings on the treatments for life threatening allergies adrenal insufficiency, hypoglycemia (Sections 43-45);
- Aligns state youth marijuana curriculum requirements with local control of curriculum adoption (Section 48);
- Repeals some outdated procedural language related to Community-Based Health Care Initiatives and Managed Health Care Consortium (Sections 50-56); and
- Repeals the requirement for an annual health care acquired infections report that is now duplicative of federal efforts, repeals the sunset on mandatory reporting on health care acquired infections to the National Health Safety Network, and makes a minor change to the composition of the Health Care Acquired Infection Advisory Committee (Sections 46-47).

I appreciate the committee's time and would be happy to answer any questions.