

Date: February 8, 2017

TO: The Honorable Mitch Greenlick, Chair
House Committee on Health Care

FROM: Lillian Shirley, Director
Office of the State Public Health Director
Public Health Division
Oregon Health Authority

SUBJECT: HB 2301, OHA Housekeeping

Chair Greenlick, Vice-Chairs Hayden and Nosse and members of the committee, I am Lillian Shirley, Public Health Director for the Oregon Health Authority. I am here to testify in support of House Bill 2301. 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.

- 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- Repeals some outdated procedural language related to Community-Based Health Care Initiatives and Managed Health Care Consortium (Sections 50-56);
- Changes qualifications to register as environmental health specialist (Sections 26-27); and
- Changes the annual date by which healthcare acquired infections (HAI) data must be made public (Sections 46-47);

We do have requests for minor changes to the bill.

Requested amendments are as follows:

Section 26 – Environmental Health Specialists

Related to the environmental public health workforce, the bill, as written would remove the 45 hours in science courses within a bachelor's degree and broaden the requirement to having a bachelor's degree to obtain an environmental health registration. Instead, we propose changing the bill language so that, for example, if someone had a Bachelor of Fine Arts and wanted to become an Environmental Health Specialist they would only need to acquire 45 hours of science classes in addition to their bachelors' degree.

Section 43 - Programs for treating allergic response, adrenal insufficiency or hypoglycemia

We suggest adding Physician Assistants to the list of providers that may conduct training on the treatment of allergic responses, hypoglycemia and adrenal insufficiency. Physician Assistants currently provide and supervise these trainings, as long as it has been delegated by their supervising physician.

Section 46 - Health Care Acquired Infections reporting

Healthcare acquired infections (HAIs) include infections caused by surgery, intravenous lines, and spread of influenza in medical facilities. The Centers for

Disease Control and Prevention estimated in 2002 that 99,000 persons were killed by HAIs (Klevens RM. *Public Health Rep* 2007; 122:160–6) and in response, in 2007 the Oregon Legislative Assembly created OHA’s HAI Program and Advisory Committee with passage of HB 2524, and its companion SB 960. The Advisory Committee was charged with specifying infections healthcare facilities are required to report to public health authorities, which were then mandated by rule. The legislation required the state to publish a summary of risk-adjusted, facility-specific infection rates by April 30th of each year. The legislation included a sunset repealing these provisions on January 2nd, 2018.

We recommend that the sunset date of January 2nd, 2018, be removed so that the HAI Program can continue to use reported data to guide prevention efforts.

We also recommend eliminating the requirement to create the annual report since the national *Hospital Compare* system has since made these reports largely duplicative. Hospital Compare is a consumer-oriented website that provides information on how well hospitals provided care. This national service began providing data on hospital acquired infections in 2015.

Finally, we would like to clarify the language in existing statute to allow rather than require adoption of rules.

I appreciate the committee’s time and would be happy to answer any questions or give additional detail on this bill.