The task force specifically recommended that: ***Improvements and changes in the governmental public health system be structured around state and local metrics, and that these metrics are established and evaluated by an enhanced PHAB 2.0, which will report to the Oregon Health Policy Board.***

In an effort to more closely align House Bill 3100 with the intent and vision of the task force we suggest clarifying both the scope and position of the Public Health Advisory Board PHAB. Below is a package of suggested amendments that work toward that end, as well as a short list of technical amendments.

**Governance**

**Duties of the Oregon Health Policy Board**

 413.011(1) The duties of the Oregon Health Policy Board are to:

 \* \* \*

 (o) Approve and monitor the Oregon Health Authority’s implementation of the foundational capabilities established under section 10 of the 2015 Act and the foundational programs established under section 17 of this 2015 Act;

(p) Oversee and approve the Oregon Health Authority’s plan for the distribution of funds to local public health authorities pursuant to Section 5(1)(d) of this 2015 Act..

**Position of PHAB**

The task force recommended that the Oregon Public Health Advisory Board report to the Oregon Health Policy Board. To clarify that reporting relationship we recommend amending Section 7(1)(a) to read:

 The Oregon Public Health Advisory Board is established ~~within the Oregon Health~~

~~Authority~~ as a standing committee of the Oregon Health Policy Board as described in ORS 413.016, consisting of:

**Duties of PHAB**

To ensure the Oregon Public Health Advisory Board is equipped to meet the governance needs identified by the task force we recommend amending Section 9. These amendments are modeled after sections of House Bill 2009 that define the duties of the Oregon Health Policy Board. Amend as follows:

SECTION 9. The duties the Oregon Public Health Advisory Board are to:

 (1) Be the policy making and oversight body for the Public Health Division;

(2) Advise the Director of the Oregon Health Authority ~~on the development of~~ and make recommendations to the Oregon Health Policy Board on the development, modification and adoption of statewide public health policies and goals;

 (3) Advise the director on how other statewide priorities, such as the provision of early learning services and the delivery of health care services, affect and are affected by statewide public health policies and goals;

 (4) ~~Advise the Oregon Health Authority on~~ Make recommendations to the Oregon Health Policy Board on the establishment of the foundational capabilities under section 10 of this 2015 Act, the foundational programs under section 17 of this 2015 Act and any other public health program or activity under section 22 of this 2015 Act;

 (5) Advise and provide feedback to the authority on the adoption and updating of the statewide community health assessment under section 5 of this 2015 Act;

 (6) ~~Advise and provide feedback to the authority on~~ Make recommendations to the Oregon Health Policy Board on the development of and any modification to the statewide community health improvement plan developed under section 5 of this 2015 Ac;

 (7) ~~Advise and provide feedback to the authority on the development of and any modification to~~ Make recommendations to the Oregon Health Policy Board on the development, modification and adoption of plans developed under section 5 of this 2015 Act for the distribution of funds to local public health authorities;

 (8) ~~Advise and provide feedback to the Oregon Health Authority on~~ Make recommendations to the Oregon Health Policy Board on the use of incentives by the authority under ORS 431.380 and section 5 of this 2015 Act to encourage the effective and equitable provision of public health services by local health departments;

 (9) Provide support to local public health authorities in developing local plans to apply the foundational capabilities established under section 10 of this 2015 Act and implement the foundational programs established under section 17 of this 2015 Act as required by ORS 431.385;

 (10) Monitor the progress of local health departments and the Public Health Division in meeting statewide public health goals, including employing the foundational capabilities established under section 10 of this 2015 Act and implementing the foundational programs established under section 17 of this 2015 Act;

 (11) Assist the Oregon Health Authority in seeking funding, including in the form of federal grants, for sections 10 to 24 of this 2015 Act; and

 (12) Assist the authority in coordinating and collaborating with federal agencies.

(13) Monitor the rule making activities relating to implementation of the foundational capabilities under section 10 of this 2015 Act, the foundational programs under section 17 of this 2015 Act, any other public health program or activity under section 22 of this 2015 Act and funding formula development as described in Section 30 of this 2015 Act;

\*Note: The bill does not grant voting privileges to the State Public Health Director and State Health Officer; however it does allow the state employee with technical expertise to vote. We suggest that none of the state employees have voting privileges, consistent with other state-level advisory boards.

**Members of PHAB**

Amend Section 7 to ensure geographic representation of the state and shared membership between the Advisory Board and Health Policy Board.

Section 7

(1)(a)The Oregon Public Health Advisory Board is established ~~within the Oregon Health~~

~~Authority~~ as a standing committee of the Oregon Health Policy Board as described in ORS 413.016, consisting of:

(A) ~~13~~ 16 members appointed by the Governor;

(B) The Public Health Director or the Public Health Director’s designee;

(C) If the Public Health Director is not the State Health Officer, the State Health Officer

or the State Health Officer’s designee; and

(D) If the Public Health Director is the State Health Officer, a representative from the

authority familiar with public health programs and public health activities in this state.

(E) A member of the Oregon Health Policy Board who also meets one of the requirements described in Section 7(1)(b)(A)-(N)

(b) The Governor shall appoint at least one of each of the following individuals to the

board:

(A) A state employee who has technical expertise in the field of public health;

(B) ~~A local public health administrator;~~ A Local Public Health Administrator representing a department that serves an urban community;

(C) A Local Public Health Administrator representing a department that serves a suburban community;

(D) A Local Public Health Administrator representing a department that serves a rural community

(E) A Local Public Health Administrator representing a department that serves a frontier community

(F) A local health officer who is not a local public health administrator;

(G) An individual who represents the Conference of Local Health Officials created under

ORS 431.330;

(H) An individual who represents coordinated care organizations;

(I) An individual who represents health care organizations that are not coordinated care

organizations;

(J) An individual who represents individuals who provide public health services directly

to the public;

(K) An expert in the field of public health who has a background in academia;

(L) An expert in population health metrics;

(M) A County Commissioner; and

(N) ~~Four~~ Two at-large members.

(2)(a) The term of office for a board member appointed under this section is four years,

but a member serves at the pleasure of the Governor. Before the expiration of the term of

a member, the Governor shall appoint a successor whose term begins on January 1 next

following. A member is eligible for reappointment. If there is a vacancy for any cause, the

Governor shall make an appointment to become immediately effective for the unexpired

term.

(b) Members of the board described in subsection (1)(a)(B) and (C) of this section are

nonvoting ex officio members of the board.

(3) A majority of the voting members of the board constitutes a quorum for the transaction

of business.

(4) Official action by the board requires the approval of a majority of the voting members

of the board.

(5) The board shall elect one of its voting members to serve as chairperson.

(6) The board shall meet at times and places specified by the call of the chairperson or

of a majority of the voting members of the board.

(7) The board may adopt rules necessary for the operation of the board.

(8) The board may establish committees and subcommittees necessary for the operation

of the board.

(9) Voting members of the board are entitled to compensation and expenses as provided

in ORS 292.495.

\*Note: If all three state employee PHAB members are non-voting, that leaves a voting body of 13 members.

**Technical Amendments**

**Funding**

The task force recognized that a modernized system depends on significant and sustained funding of governmental public health services. While this legislation establishes a framework for modernization, is does not identify a source of sustained funding. The legislation should ensure that the provision of public health services reflects fiscal realities, similar to statutes relating to the Local Mental Health Authority. This can be achieved by:

* Amending Section 26(1) to read: From funds provided by the Oregon Health Authority for public health purposes and subject to the availability of such funds, each local public health authority shall:
* Amending Section 26(2) to read: From funds provided by the Oregon Health Authority for public health purposes and subject to the availability of such funds, A local public health authority may implement a foundational program established under section 17 of this 2015 Act or a local public health program or activity described in subsection (1)(d) of this section:

**Clarify LPHA definition**

Clarify the function and role of the Local Public Health Authority (LPHA). Under current law in ORS 431, the LPHA is defined as the "county government." We believe the current definition is appropriate in the context of a modernized system and that a new, slightly different definition will only create confusion. We suggest the following changes:

* Delete subparagraph (3) of Section 2
* Delete subparagraph 7 of Section 2

**Allowing for innovation and emerging practices**

Ensure the statutory language defining foundational capabilities and programs allows for the evolution of public health practice. We suggest amending Section 20(2) to read:

Prevention of injury and disease and promotion of health programs ~~must implement~~ through evidence-based and emerging best practices to improve health outcomes for all populations.

**Assurance versus provision of public health clinical services**

To clarify that the role of public health is to assure clinical preventive services are available and accessible within our jurisdictions; we recommend amending Section 26(g) to read:

 Ensure access to preventive clinical services or any other direct clinical care duty imposed on local public health authorities by law, including offering family planning and birth control services as provided in ORS 435.205