February 26, 2015

TO: Representative Greenlick and Senator Monnes Anderson

FR: Morgan D. Cowling, Executive Director, Coalition of Local Health Officials

RE: HB 3100/ SB663 amendments needed to align with Task Force Recommendations

The Task Force on the Future of Public Health released a report, Modernizing Oregon’s Public Health System Report, in September 2014, culminating ten months of work. SB 663 and HB 3100 have been introduced to implement the recommendations of the report. The following areas are in need of further refinement to align with the recommendations set forth in the report.

Representative Greenlick indicated he would like each of these concepts in a different amendment so the House Health Care Committee could discuss each individually. This seems like a good process to mirror on the Senate side as well.

1. **Role of the Public Health Advisory Board 2.0 (Section 9)**

The Modernizing Oregon’s Public Health System Report (page 13) outlined the role and responsibilities of the Public Health Advisory Board (PHAB) 2.0, “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 skills needed to assure foundational elements at both the local and state level.”

HB 3100 and SB 663 specify a very advisory role for the PHAB2.0, which is the current role of the PHAB. The Task Force recommended an enhanced governance structure repurposing the current PHAB.

Recommendation – Follow the suggestions set forth in the report on page 37 that outline the duties/ products of the Public Health Advisory Board (PHAB) 2.0.

PHAB 2.0 should monitor the progress of both state and local transition to the new Conceptual Framework for public health. (Currently language only has monitoring of the local progress, not the state progress.)

Add – Section 9 – “Establish and monitor progress on population health outcomes”

Add – Section 9 – “Establish Committees and subcommittees as needed”

Add – Section 9 – “Approve statewide CHIP”

Amend – Section 9(8) – move to OHA duties

Amend – Section 9 (9) “ Monitor the progress of local health departments **and the Oregon Health Authority** in meeting statewide public health goals, including employing foundational capabilities and programs.

1. **Clarify Section 5 - Duties of OHA (Sections 5)**

The Modernizing Oregon’s Public Health System report (page 14) outlines that both “state and local governmental public health agencies receive direction from the governance group as to what shall be assured at the state versus local levels.” Once the governance duties are clarified (as recommended in #1) Section 5 should also be updated.

Clarity between the roles of PHAB 2.0 to set metrics, monitor progress of both the state division and local health departments transition to the Foundational capabilities and programs as established in Sections 10 - 24.

Recommendation –

Page 37 of the report outlines the products/ functions of both the Public Health Advisory Board 2.0 and the OHA. Section 5 needs to be updated with language that aligns with the report.

Add (l) OHA should report to Public Health Advisory Board 2.0 on implementing Foundational capabilities and programs.

Add Section 5 (2) (d) – establishment of the foundational capabilities and programs established under sections 10-24

1. **Foundational Programs and Capabilities Improvements (Sections 10 – 24)**

The Modernizing Oregon’s Public Health System report states, “the Task Force agreed that for Oregon’s public health system to function well, the Foundational

Capabilities and Programs need to be present broadly in Oregon’s state and local health departments.” The framework for state and local public health should remain broad in statute and not get specific about which responsibilities are state and which are local.

The Task Force also recommends (page 20) “when available, best practices should be used to provide or establish a foundational capability or program. When evidence is lacking or an evidence-based practice is not appropriate for a given community, there also needs to be room for innovation to develop new or improve upon best practices.”

Page 27 of the report outlines the role of public health in a modern public health system as “assessing access to cost-effective services”. Currently the bill outlines specific assessments that need to be done but does not get to the action of removing barriers.

The Foundational Capabilities and Programs should align with the above recommendations of the Task Force.

Recommendations –

Section 11 should be amended to be non-specific about state role in community health improvement plans as local pubic health authorities should also produce community heath improvement plans with local partners.

Section 14 should include both the state and local public health workforce.

Section 20, need to be amended to align with the broad recommendations allowing innovation and remove the specific requirement for evidenced-based programs.

Section 21, needs to be amended to align with the report “assessment access to cost-effective, preventative care services” and address barriers through partnerships with medical care delivery community.

1. **Local Public Health Authority Definition (Section 2)**

In Section 26, the Local Public Health Authority duties, outline implementation by single county, jointly with other county pursuant to an agreement between counties or as a health district. However, there may be another multi-county Local Public Health Authority structure that exists under the ORS 190 special district statutes.

The existing Public Health District in Oregon has indicated they would like an amendment to the Local public Health Authority definitions to clarify a special LPHA district set up under ORS 190 could function as the Public Health Authority.

Section 2 (3): “Governing body of a local public health authority” . . . add, OR AN INTERGOVERNMENTAL ENTITY CREATED BY INTERGOVERNMENTAL AGREEMENT UNDER ORS 190.010 TO PROVIDE PUBLIC HEALTH SERVICES UNDER ORS CHAPTER 431.

Section 2(7) (a): “Local public health authority” means . . . add new (C), OR A PUBLIC HEALTH ENTITY CREATED BY INTERGOVERNMENTAL AGREEMENT UNDER ORS 190.010.

1. **Responsibilities of the Local Public Health Authority (Section 26)**

The recommendations of the Task Force in the report were to adopt the foundational capabilities and programs as outlined in sections 10-24 and allow different models for implementing. There weren’t other specific recommendations from the Task Force to change the duties of the Local Public Health Authority.

Also, the implementation of Sections 10-24 are largely reliant on one of the major recommendations by the Task Force “significant and sustained state funding for the governmental public health system be identified and allocated for proper operationalization of the Foundational Capabilities and Programs.” If significant and sustained state funding is never invested this new framework will never be realized. We would recommend language be added to the Local Public Health Authority Section 26 to protect against this new framework being an unfunded mandate to local communities.

Recommendations –

Section 26 should keep the enforcement language that currently exists in ORS 431.416

Add language around implementing the Foundational Capabilities and Programs. Specific language around seeking federal grants should be removed.

Add language in Section 26 (a) Administer sections 10-24 of this 2015 Act and any other public health law of this state within the local public health authority, subject to the availability of funds.

1. **Clarify Community Health Improvement Plans vs. Foundational capabilities and programs plan (Section 26)**

*Community Health Improvement Plans*

The Task Force recommends that both state and local public health complete both a Community Health Assessment and Community Health Improvement Plan. Not only are these duties outlined in the Foundational Capabilities (page 21) of the report but they are reinforced in the implementation plan on page 32.

Page 32 of the Modernizing Oregon’s Public Health System report determines that “Local governance has some tasks that parallel those of state-level governance and some that are different but mostly around monitoring implementation.” The report also explicitly requires local governance to “Adopt a Community Health Assessment” and “Approval, and both Policy and Operational-level oversight of plans to address statewide health improvement outcome priorities.”- Meaning complete a Community Health Improvement Plan and work at both the policy and operational level to implement the Community Health Improvement Plan as well.

Recommendation –

Clarify that a Community Health Improvement Plan is a product that both the state and local public health should complete. Remove language in Section 11(j)(k) that specifies Community Health Assessments and Community Health Improvement Plans are functions of the Oregon Health Authority. Add Community Health Improvement plan development into Local Public Health Authority Section 26 and the Approval of the Community Health Improvement Plan into Section 27.

*Foundational Capabilities and Programs plan*

The transition to a new model for public health will mean that an assessment of how local health departments and the Oregon Health Authority are currently able to meet the requirements will need to take place. This work is completely separate from a Community Health Assessment / Community Health Improvement Plans. Section 27 (c)(d) should be deleted. Local Public Health Authority should only submit the assessment/ plan for foundational capabilities and programs once, this should not be in statute.

Recommendation:

Delete references to local plan for applying the foundational capabilities and programs in Section 27 (c)(d). State and local public health shouldn’t have to complete so many plans.

Delete Section 5 (g) – which has the Oregon Health Authority approving the foundational capabilities plan. Add language “Review local Community Health Improvement Plans”

1. **Funding Requirements – (Section 30)**

The Task Force report acknowledges that establishing the Foundational Capabilities and Programs framework was just a first step and there would need to be an assessment of the additional state and local resources needed to implement this new framework. Pages 14 and 15 of the report clearly outlines where there is need for additional details and research including “an implementation timeline is developed within the first two years and adoption of the Conceptual Framework, and includes incentive structures for wave participation.”

This bill will not include funding for meeting the Foundational Capabilities and Programs and the incentives and financial models should be an area where more research and details are needed before adding this language into statute. Until there are funding streams attached to the new Conceptual Framework this bill should not change the funding formula statutory language.

The PHAB 2.0, once established, should further refine the funding models and incentive structures around funding for the implementation of this new Conceptual Framework.

Recommendation –

Delete Section 5 (i)

Delete Section 30

Reinstate ORS 431.380 which includes current language around how funds and funding formulas are determined (pending further work by the PHAB 2.0).

1. **Transiting to this new system – (Section 116 and Section 117)**

Two of the major recommendations from this Task Force are implementation by wave and significant and sustained funding for the Foundational Capabilities and programs. Without significant funding into this new model we will never be able to realize the vision set forth by the Task Force.

Section 117 (1) requires the Oregon Health Authority, “On or before January 1, 2017” to adopt a schedule for transition to the new Foundational Capabilities and Programs model. However, the transition is largely dependent on the state investing “significant and sustained state funding for the governmental public health system to be identified and allocated for proper operationalization of the Foundational Capabilities and Programs” as recommended by the Task Force. Therefor implementation timeline can only be set once funding is allocated.

Recommendation –

Section 117 implementation and timeline should be determined based on the “availability of funds.” Local public health authorities and the state will need resources to make the transition.

1. **Technical Fixes**

Section 7 (1) (C) – If the Public Health Director is not the State Health Officer, the State Health Officer or the State Health Officer’s designee **(who must be a physician);**

Section 7(2)(b) – Members of the board described in subsection (1)(a)(B), *and* (C) **and (D)** of this section are nonvoting ex officio members of the Board.