# Overview of Oregon Public Health Statutes

Danna Drum
Local and Tribal Public Health Manager

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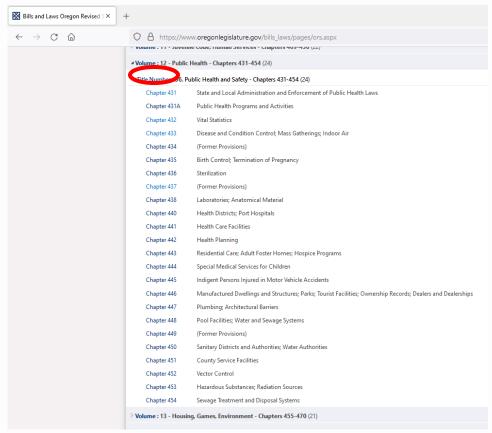
## What We'll Cover Today

- General overview of Public Health ORS Structure
- General overview of Public Health Rules
- Public Health Modernization related statutes
- Other key public health statutes
- Myths v. Facts



## Oregon Revised Statutes – Public Health ORS Volume 12

https://www.oregonlegislature.gov/bills\_laws/pages/ors.aspx





## State and Local Administration and Enforcement of PH Laws (ORS 431)

- Definitions
  - **LPHA**
  - Governing Body of LPHA
  - Local Health Officer
- OHA public health functions, powers and administrative duties
- State public health officer
- Public Health Advisory Board membership and duties
- Foundational capabilities and programs; Other public health programs
- Enforcement of public health laws OHA and LPH Administrators
- Conference of Local Health Officials



# State and Local Administration and Enforcement of PH Laws (ORS 431)

- Conference of Local Health Officials
- Funding of LPHAs and Transfer of LPHA
- LPHA powers and duties
- Governing body duties
- Local public health administrator duties and salary
- Local public health officer role
- Health district formation
- Local public health advisory boards



# Foundational Capabilities ORS 431.131

Assessment and epidemiology ORS 431.132 Emergency preparedness and response ORS 431.133

Communications ORS 431.134 Policy and planning ORS 431.135 Leadership and organizational competencies ORS 431.136 Health equity and cultural responsiveness ORS 431.137

Community Partnerships ORS 431.138

spily the principles and skilled practice of epidemiology, laboratory investigation and rogram evaluation to support planning, policy and decisionmaking for Gregor's governmental public health system.

Vision:
A healthy community is a resilient community, which is prepared and able to respond to and recover from public health threats and emergencies.

Vision:
Governmental public health is a trusted asurce of clear, consistent, accurate and timely health information.
Governmental public health consistently uses health communication strategies, interventions and tools to eliminate health disparities and actioner south.

Vision:
The public health system will implement policy, systems and environmental changes to meet the community's changing needs and align with state and federal policies. Publichealth policy, systems and environmental changes will eliminate health disporties, reduce leading causes of death and disability and improve health outcomes for all people in Community.

Visio de team-bas

Provide team-based leadership within the state or local public health submorthy that defines the strategic direction needed to achieve public health goals. This lieudership will guide stakeholders to accomplish those poals:

Vision:

Ensure equal opportunity to achieve the highest attainable level of health for all populations through policies, programs and strategies that respond to the cultural factors that affect health. Correct historic injustices borne by cartain populations. Prioritis development of strong cultural responsiveness by public health organizations.

Vision:
Relationships with diverse partners allow the governmental public health system to define and achieve collaborative publichealth goals.

Slide Last updated 10/15/2022



# Foundational Programs ORS 431.141

Communicable disease ORS 431.142

Environmental health ORS 431.143 Injury and disease and promotion of health ORS 431.144 Clinical preventive services ORS 431.145

Vision: Ensure everyone in Oregon is protected from communicable disease threats.

Slide Last updated 10/15/2022

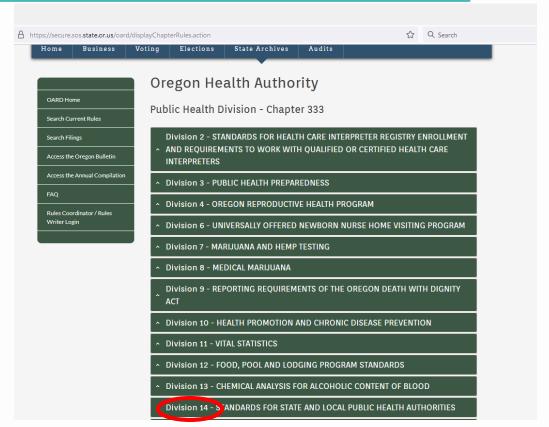
Vision: Environmental health works to prevent disease and injury, eliminate the disparate impact of environmental health risks and threats on population subgroups, and create health-supportive environments where everyone in Oregon can thrive. Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Vision: Ensure people in Oregon receive recommended clinical preventive services that are cost-effective.



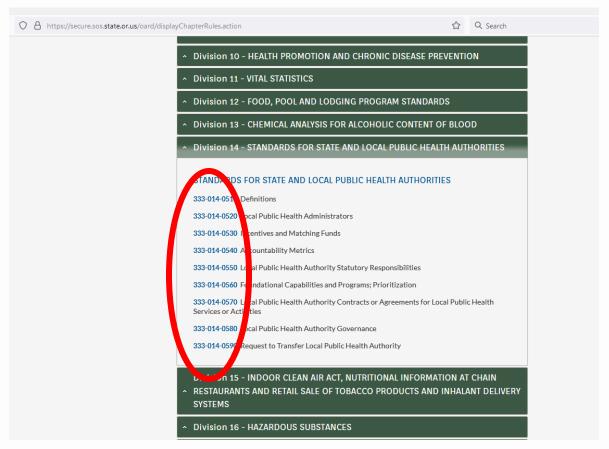
# Oregon Administrative Rules – Public Health (OAR Chapter 333)

https://secure.sos.state.or.us/oard/ruleSearch.action





# Oregon Administrative Rules – Public Health (OAR Chapter 333, Division 14)





# Myths v. Fact #1: Foundational Capabilities and Programs

LPHAs are currently required to implement all foundational calculations and programs.



## Foundational Capabilities and Programs – ORS 431.131-431.145

- ORS High level outline of what is included in each foundational capability and program
- OAR 333-014-0560 Foundational Capabilities and Programs/Prioritization
  - (1) To the extent that funding is available, a local public health authority should implement the local foundational capabilities and the local foundational programs described as the local roles and deliverables in the Public Health Modernization Manual, available on the Authority's website at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\_h ealth\_modernization\_manual.pdf.
  - (2) The FAA, or other agreements, will describe more specifically the duties and activities that are to be performed in order to carry out the local foundational programs and foundational capabilities.
  - (3) The Authority will consult with PHAB, as necessary, on priorities for foundational programs in ORS 431.141 and foundational capabilities in ORS 431.131.



# Myths v. Fact #2: CLHO Minimum Standards for Local Health Departments

There are legally binding OLHO Minimum Standards for Local Health Decurrements.





#### Standards for LPHAs

- CLHO used to have a document referred to as the "Minimum Standards" that was treated as if statute or rule but was not because the standards were not in statute or administrative rule.
- Generally speaking, from OHA's perspective, the binding "standards" are what is in ORS, OARs, and any contractual or grant agreements between OHA and an LPHA.



Myths v. Fact #3: OHA and CLHO Concurrence

OHA and the Conference of Local Health Officials legally are required to reach concurrence on governmental public health system matters.



### **OHA and CLHO – ORS 431.340**

- CLHO may submit to OHA recommendations on:
  - Establishment of the foundational capabilities under ORS 431.131, the foundational programs under ORS 431.141 and any other public health program or activity under ORS 431.147;
  - The adoption and updating of the statewide public health modernization assessment under ORS 431.115;
  - The development of and any modification to the statewide public health modernization plan under ORS 431.115; and
  - The adoption of rules under ORS 431.350.



Myths v. Fact #4: Public health authority

OHA does not delegate public health authority to LPHAs.





## **Delegation of Authority**

- Local public health authorities get their authority from statute (see ORS 431) and for most things delegation of authority from OHA is not necessary.
- OHA does delegate authority in the following instances through the Environmental Health Intergovernmental Agreement:
  - Tourist facilities
  - Pool facilities
  - Restaurants and bed and breakfast facilities
  - Commissaries, mobile units, warehouse and vending machines.



Myths v. Fact #5: Local Public Health Officers

Local public health officers have legal authority to enforce public health laws.



### **Local PH Officers and Enforcement**

- Local public health administrators hold LPHA's enforcement authority, generally speaking. ORS 431.150(2)
- A local public health officer only has enforcement authority if they
  are also the local public health administrator.
- This enforcement authority is the reason that an LPHA must have at least a part-time local public health administrator employed directly by the LPHA. Enforcement is a government function and must be performed by a government employee or official.



Myths v. Fact #6: Governing Body of the LPHA

The governing body of the LPHA is the LPHA.



## LPHAs and Governing Bodies

- The local public health authority is either:
  - A county government;
  - A health district formed under ORS 431.443; or
  - Intergovernmental entity formed to provide PH services under ORS 190.010
- The LPHA governing body is responsible for:
  - With LPH Administrator, develop PH policies and goals for the LPHA
  - Adopt ordinances/rules necessary for LPHA to administer ORS 431.001 to 431.550 and 431.990 and any other PH law in the state
  - Adopt civil penalties for violations of those ordinances/rules
  - Review and make recommendations on local PH Modernization Plan
  - Monitor progress of the LPHA in meeting statewide and local PH goals, including progress on FPs and FCs.
  - Adopting fees for PH services
- Local public health advisory boards do not take place of governing body.

## Myths v. Fact #7: Non-profits and LPHAs

Only a governmental entity can be the LPHA.



#### **LPHA**

- The local public health authority is either:
  - A county government;
  - A health district formed under ORS 431.443; or
  - Intergovernmental entity formed to provide PH services under ORS 190.010
- Governance functions cannot be subcontracted or delegated beyond the LPHA. ORS 431.413

A local public health authority may contract with a person to perform a public health service or activity, or to perform all public health services and activities, that the local public health authority is required to perform under ORS 431.001 to 431.550 and 431.990 or under any other public health law of this state, except that the person with whom the local public health authority contracts may not perform any function, duty or power of the local public health authority related to governance



### **Questions?**

