OREGON COALITION OF LOCAL HEALTH OFFICIALS

February 4, 2021

To: Chair Evans Vice-Chair Lewis Members, House Veterans and Emergency Preparedness Committee

Fr: Morgan Cowling, Executive Director, Oregon CLHO

Re: HB 2891

My name is Morgan Cowling, and I am the Executive Director of the Oregon Coalition of Local Health Officials. I have the pleasure of working with and on behalf of the 33 local public health authorities who work every day to protect the health of communities and prevent the spread of disease. I am here today to testify on HB 2891.

Before getting into the specifics of the bill I'd like to provide a little bit of background on local public health's work in emergency preparedness. Local public health authorities started receiving Federal funding to engage more in preparedness in 2002, right after 9/11. At that time Federal Funds provided funding for communities to do trainings and exercises, hire full-time staff and engage with Emergency Managers and Public Safety officials to all engage on community preparedness. Over the last 20 years those funds have continued to decrease little by little, until the recent pandemic. Local public health has continued to be dedicated to that emergency preparedness philosophy, training, and incident command structures.

Once COVID-19 hit public health officials were pulled into those local Emergency Operation Centers in leadership positions because they already had the knowledge, skills and abilities to assist in this response. Local public health officials are still responding to the current emergency providing on-going case investigation, contact tracing, and now vaccine distribution so while we continue to look forward we want to acknowledge we are still in the middle of this emergency response.

So, when I brought this bill to local public health officials, they had lots of questions. We think this bill needs more work. "Essential services" that local public health authorities need to have on hand needs to be further defined and priced out. We would also be very interested in thinking through what "essential



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services" could be delivered centrally, versus regionally, and how much each local public health authority should have on hand.

In addition, local health officials had questions about how to pay for the essential services, and holding rooms. As I mentioned funding for local public health emergency preparedness has decreased prior to this emergency. For local public health to fully engage in these local partnerships local public health needs additional resources. We're working in the budget committees to fund Public Health Modernization, of which, emergency preparedness is a foundational capability to all of the work public health does.

I'm ready to work with this committee and any workgroup to ensure that Oregon is prepared for the next emergency.

Thank you.



