

Date: February 8, 2021

TO: The Honorable Deb Patterson, Chair  
The Honorable Tim Knopp, Vice Chair  
Senate Health Care Committee

FROM: Rachael Banks, Director  
Public Health Division  
Oregon Health Authority

SUBJECT: Senate Bill 64 – Public Health Housekeeping

Chair Patterson and members of the committee, I am Rachael Banks, Public Health Director at the Oregon Health Authority. I am here today to speak in support of Senate Bill 64, which is the Oregon Health Authority's public health housekeeping bill.

This bill includes procedural changes to align with federal regulations, ensure continuation of public health services and ease implementation of current laws. These minor changes also support a modern public health system by allowing the Public Health Division to more efficiently administer its programs and engage daily to eliminate health inequities.

I will briefly list the areas of the bill. Senate Bill 64:

- Removes barriers to effective enforcement of tobacco laws by clarifying that people under 21, under the direction of an authority, are allowed to enter a "21 and over only" establishment to attempt the purchase of a tobacco product or an inhalant delivery system (IDS);
- Grants authority to several agencies (Oregon Health Authority, Oregon Liquor Control Commission, local public health authorities, and city/local/state law enforcement) to direct people under age 21 to enter premises for the purpose of testing compliance with tobacco laws;
- Changes existing statutory language related to lead-based paint to align with federal regulation (Code of Federal Regulations (CFR)). OHA's Lead-based Paint Program is implemented under the authority of the Environmental Protection Agency and must be at least as stringent as the federal program. For example, updated language would require any firm performing lead-based paint activities or renovation to be certified to do this work;
- Allows Prescription Drug Monitoring Program funds to comingle with other OHA funds and allows those funds to cover shortfalls between fee transfers. These shortfalls occur occasionally because of the timing of influxes of PDMP fee revenue from health licensing boards. The PDMP, which OHA administers, has successfully operated as a tool that allows healthcare practitioners to effectively monitor and evaluate their patients' prescriptions for controlled substances. Related to this, OHA also supports the -1 amendment, which includes explicit language to ensure that money deposited into the

OHA fund are appropriated solely for the purpose of operating and maintaining the PDMP;

- Ensures continued investigations and control measures are conducted if there is a transfer of authority from a Local Public Health Authority to OHA. Regardless of funding, OHA will continue to prioritize certain diseases, for example meningococcal disease, or outbreaks of E. coli O157 infections;
- Provides that the local public health administrator serves as ex officio member on the vector control district board of trustees and allows the health administrator to delegate this duty to the health officer;
- Related to school-based health services, allows OHA to support a model that addresses community needs. SB 64 allows all School-Based Health Services planning grant sites to move forward with either a School-Based Health Center or an alternative model to best support their communities, and
- Makes clear the date of applicability regarding the changes made by SB 29 (2019) for the investigation, disclosure and exemption of investigative reports and complaints related to the Health Licensing Office.

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