

**A-Engrossed**  
**Senate Bill 1554**

Ordered by the Senate February 24  
Including Senate Amendments dated February 24

Sponsored by Senator STEINER HAYWARD, Representatives REYNOLDS, HAYDEN, DEXTER; Representative PRUSAK (Pre-session filed.)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Directs Oregon Health Authority to study public health system response to COVID-19 pandemic. Requires reports to interim committee of Legislative Assembly related to public health.

Sunset April 1, 2024.

Declares emergency, effective on passage.

**A BILL FOR AN ACT**

1  
2 Relating to public health preparedness; and declaring an emergency.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1. (1) The Oregon Health Authority shall study the state's public health re-**  
5 **sponse to the COVID-19 pandemic and prepare the reports described in this section.**

6 **(2) At a minimum, the study shall initially:**

7 **(a) Focus on the public health system, including federal, state and local resources and**  
8 **how funding was coordinated between the state, counties and local governments and com-**  
9 **munity organizations;**

10 **(b) Identify efficiencies and deficiencies in the public health system response, areas for**  
11 **improvement and needed investment;**

12 **(c) Consider emergency management coordination with the public health system, includ-**  
13 **ing distribution of personal protective equipment, where vaccines and testing were provided**  
14 **and isolation and quarantine best practices and guidance;**

15 **(d) Analyze the enforcement of public health requirements by the state, local govern-**  
16 **ments and schools;**

17 **(e) Examine the efficacy of enforcement of pandemic control evidence-based practices,**  
18 **including any statewide public health mandates, at the county and local levels;**

19 **(f) Examine outcomes related to public health modernization implementation, including**  
20 **the roles that public-private partnerships played and any challenges posed by the current**  
21 **intersection of state and county public health systems;**

22 **(g) Compare the health equity outcomes related to the COVID-19 pandemic response, in-**  
23 **cluding second-hand health disparities resulting from the increased strain on hospitals,**  
24 **health systems and resources;**

25 **(h) Engage in a qualitative, in-depth analysis of utilization of resources, differing regu-**  
26 **lations and enforcement of evidence-based pandemic control practices across this state; and**

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

1 (i) Assess messaging in general, including whether best practices in public health com-  
2 munication were used during the COVID-19 pandemic.

3 (3)(a) The authority shall prepare a report that, in addition to information regarding the  
4 topics described in subsection (2) of this section, includes at least:

5 (A) A broad review of the COVID-19 pandemic;

6 (B) Identification of areas in the public health system COVID-19 response that need im-  
7 provement;

8 (C) Recommendations to improve the public health system COVID-19 response;

9 (D) A summary of key lessons learned; and

10 (E) Recommendations for improving:

11 (i) Public health system resiliency; and

12 (ii) Other deficiencies identified in the study.

13 (b) The authority shall submit, in the manner provided in ORS 192.245, the report de-  
14 scribed in paragraph (a) of this subsection to an interim committee of the Legislative As-  
15 sembly related to public health not later than November 15, 2022.

16 (4) In addition to the study described in subsection (2) of this section, the authority shall  
17 perform a study to:

18 (a) Identify any local epidemiological data and capacity issues, including those that af-  
19 fected the reporting of data to statewide data systems;

20 (b) Clarify the roles of hospitals, long-term care facilities and local public health pro-  
21 grams in response coordination;

22 (c) Compare health and health system data, including COVID-19 positivity rates, rates  
23 of COVID-19 infection, hospital capacity and other core metrics, with the efficacy of state-  
24 wide public health mandate enforcement; and

25 (d) Investigate specific public health workforce challenges.

26 (5)(a) The authority shall prepare a report that, in addition to information regarding the  
27 topics described in subsection (4) of this section, includes at least:

28 (A) An in-depth report of nongovernmental and community partner contributions to the  
29 COVID-19 response; and

30 (B) Recommendations for improving specific public health workforce challenges.

31 (b) The authority shall submit, in the manner provided in ORS 192.245, the report de-  
32 scribed in paragraph (a) of this subsection to an interim committee of the Legislative As-  
33 sembly related to public health not later than April 1, 2023.

34 (6) The authority shall submit, in the manner provided in ORS 192.245, a report that in-  
35 cludes a final evaluation and synthesis of the topics described in subsections (2) and (4) of  
36 this section and a final analysis, including the findings and recommendations described in  
37 subsections (3) and (5) of this section, to an interim committee of the Legislative Assembly  
38 related to public health not later than September 1, 2023.

39 (7) In order to perform the studies described in subsections (2) and (4) of this section and  
40 prepare the reports described in subsections (3), (5) and (6) of this section, the authority  
41 shall contract with an independent third-party consultant with experience in performing  
42 public health after-action studies and preparing reports. The consultant shall perform the  
43 studies in partnership with urban, rural, frontier, small and large counties in this state, and  
44 shall perform all assessments as a neutral party.

45 **SECTION 2.** Section 1 of this 2022 Act is repealed on April 1, 2024.

1        **SECTION 3.** Notwithstanding any other provision of law, the General Fund appropriation  
2 made to the Oregon Health Authority by section 1 (1), chapter 668, Oregon Laws 2021, for the  
3 biennium ending June 30, 2023, for health systems, health policy and analytics, and public  
4 health, is increased by \$899,573 for the purpose of carrying out section 1 of this 2022 Act.

5        **SECTION 4.** This 2022 Act being necessary for the immediate preservation of the public  
6 peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect  
7 on its passage.

8

---