

Public Health Advisory Board (PHAB)
March 5, 2004
Meeting Minutes

Present

Board Members: Thomas Aschenbrener, Ron Cease, Jean Cowan, Gloria English, Keith Harcourt, Candace Mueller, Phyllis Rand and David Still. James Diegel and Martin Skinner were unable to attend.

DHS Staff: Donalda Dodson, Tom Engle, Christina Hartman, Jim Kanoff, Katy King, Mel Kohn, Lynn Read, Gail Shibley and Mike Skeels.

Guests: Tom Burns, Glaxo Smith Kline; Nan Heim; and Diane Lund, Oregon Health Forum.

Meeting called to order by Gloria English at 9:11 a.m.

Budget and Legislative Issues

Budget – Jim Kanoff

The impacts caused by the failure of Measure 30 remain uncertain. Oregon Health Plan reductions may cause an increase in caseload for family planning programs within the Office of Family Health Services and the loss of Medicaid funds may lead to a reduction of services for local county health departments. Within public health, funding for the Juvenile Diabetes Data System has been eliminated and Children's Emergency Medical Services has been reduced.

Action: (1) The Office of Mental Health and Addiction Services Administrator, Bob Nikkel, will be invited to discuss the budget impacts on the mental health system. (2) Additional budget impact information will be provided to board members.

Legislation – Katy King

Handout: Possible Legislative Concepts, Health Services, February 23, 2004.

An overview of the proposed list of legislative concepts for Health Services was provided. Programs are collaborating with partners and stakeholders on their proposed concepts.

Next steps: Legislative concepts will be reviewed internally and fiscal impacts will be developed. The Cabinet members of the Department of Human Services (DHS) will review the proposed concepts and a final list will be submitted to the Department of Administrative Services (DAS). Drafting will begin once reviewed and approved by the Governor.

A special session to discuss budget issues will not be scheduled.

December 5, 2003 Meeting Minutes (Handout)

Gloria English invited corrections to the December 5, 2003 minutes. Motion was made by Jean Cowan to approve the minutes as written. Seconded by David Still. All in favor.

Oregon Health Plan – Lynn Read

Disappropriations caused by the failure of Measure 30 will become effective May 1, 2004.

The disappropriation target for the Office of Medical Assistance Programs (OMAP) includes \$141 million in General Funds plus an additional \$24 million for the loss of the ten-cent tobacco tax.

To meet the target, OMAP began an internal rebalance process to determine the need for the balance of the biennium. The decline in caseload, particularly OHP Standard, in relation to the expansion of adults who are not otherwise eligible for Medicaid, resulted in savings of \$49 million.

The following are proposed actions to meet the disappropriation target.

1. The MEDS program and Children's Health Insurance Program (CHIP) will not be expanded.
2. Coverage for clients currently enrolled in OHP Standard will be eliminated. There are approximately 45,000 clients enrolled in OHP Standard.
3. Coverage for pregnant women and newborns between 133% and 185% of the Federal Poverty Level (FPL) will be eliminated.
4. Dental, vision, therapy services such as physical and occupational therapy, outpatient mental health, and outpatient chemical dependency services for adults currently enrolled in OHP Plus will be eliminated. There are approximately 125,000 adults enrolled in OHP Plus.
5. CHIP will be eliminated.
6. Adult prescription drug coverage for clients currently enrolled in OHP Plus will be reduced.

Reductions have been priced to become effective in August and will impact other program within DHS.

The Governor held a press conference on February 4, 2004. The Governor's priority is to retain coverage for children and pregnant women under 185% of the FPL and all OHP Plus services.

To reduce the number of cuts on the OHP, DHS recommended the following actions to the DAS for the April Emergency Board's consideration.

1. Transfer Seniors and People with Disabilities (SPD) rebalance savings.
2. Utilize the \$8 million special hospital appropriation set aside to support a partial hospital benefit for the OHP Standard population.
3. Do not restore medical and long-term care coverage for levels 12 and 13 keeping benefits whole for those currently covered in long-term care services.
4. Utilize provider taxes imposed on hospitals and Medicaid Managed Care Organizations. Provider taxes were originally intended to provide a limited hospital benefit and restore retroactive eligibility for the OHP Standard population. This action may not be approved by the federal government.
5. Utilize General Purpose Emergency Funds.

Public health programs will be impacted by cuts in the OHP.

1. Former medically needy clients with HIV/AIDS and transplants will continue to be funded with General Fund only and will not be included in the MEDS program.
2. Any public health services (family planning, sexually transmitted diseases) provided to the OHP Standard population will be lost.
3. Loss of services for the OHP Plus population will have significant impacts on the local health delivery system.

OMAP will begin to implement reductions after the April Emergency Board has reached a decision. It is unlikely that a special session will be convened to reconsider the ten-cent tobacco tax increase.

Action: Diane Lund will research tobacco tax revenue.

Office of the State Public Health Officer – Tom Engle

Handouts: Oregon Public Health Law Gap Analysis in Review; Oregon Code Analysis; Oregon Code Comparison Table; and Oregon Administrative Regulations Comparison Table.

Public Health Law: Funding received from the Robert Wood Johnson Foundation was used to identify potential gaps in Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) as they relate to the Turning Point Model State Public Health Act. Health Services staff and the Oregon Public Health System Assessment Oversight Committee will review the gaps, and within the next few months begin working with stakeholders to prioritize the gaps for legislative action.

Action: Review the ORS and OAR Comparison Tables and send items of importance to Tom Engle. (Tom.R.Engle@state.or.us).

Office of Family Health Services (OFHS) – Donaldda Dodson

Handouts: OFHS Organization Chart; and Core Public Health Services Delivered by Maternal and Child Health Agencies.

An overview of the Office of Family Health Services was provided. The OFHS provides population-based services, mainly through local health departments, to women, children and families. The majority of funding is provided through Title V Block Grant Funds; limited amounts of General Funds are used.

Services provided include:

- Women's and Reproductive Health – Family Planning, Family Planning Expansion Project, Women's Health and Domestic Violence;
- Maternal and Child Health Services Team;
- Child Health – Babies First, Nutrition Consultation, Healthy Child Care, Newborn Hearing Screening and the Genetics Program;
- Perinatal Health – MothersCare, Perinatal Health, Maternity Case Management, Smoke-Free Mothers and Babies, Newborn Handbook and Pregnancy Risk Assessment Monitoring System (PRAMS) Survey;
- Adolescent Health – School-Based Health Centers, Coordinated School Health, Teen Pregnancy Prevention, Adolescent Male Health, Physical Activity and Nutrition;
- Oral Health –Dental Health Promotion and King Fluoride School Supplement Program;
- Nutrition and Health Services – Nutrition Services, Breastfeeding Program, Women, Infants, and Children (WIC) Program, Vendor Management and Farmers Market; and
- Immunization – Child, Adolescent and Adult Immunization, Surveillance and Outbreak Control, Baby Shot Survey and Oregon Partnership to Immunize Children (OPIC).

Office of Disease Prevention & Epidemiology (ODPE) – Mel Kohn

Handout: Make Oregon Healthier: Saving Lives and Saving Dollars – Tobacco Prevention and Education in Oregon, Program Report 2001-2003

Reports: The Office of Disease Prevention and Epidemiology (ODPE) will be releasing their annual report on the Death with Dignity Act and a report on Intimate Partner Violence.

<http://www.dhs.state.or.us/publichealth/chs/pas/ar-index.cfm>

<http://www.dhs.state.or.us/publichealth/ipv/survey/survey.pdf>

Terrorism: Separate meetings were held with the Legislative Fiscal Office and the Department of Health and Human Services, Office of the Inspector General, to discuss the goals of the terrorism program and the use of funds. The visit by the

Inspector General's Office mainly focused on the funding earmarked for hospital preparedness.

Tobacco Prevention and Education Program: In 1996, Ballot Measure 44 established a \$0.30 per pack tax on cigarettes. From this, \$0.27 went to fund the Oregon Health Plan and the remaining \$0.03 established the Tobacco Prevention and Education Program. The comprehensive approach taken by the Program has been very successful. When the Program began, Oregon was at the national level of cigarette consumption, but has since dropped 30%. Funding for the last biennium was \$20 million, a third of which went to public awareness, education, county and tribal-based programs.

In the midst of the March 2003 budget crisis, the remainder of the tobacco prevention funding for the biennium (\$4 million) was removed by Legislators to fund the OHP. This action left the Program unable to operate. In August 2003, Legislators allocated \$5.6 million that is mainly used for tobacco prevention education and the Oregon Tobacco Quit Line. Small amounts of funding are sent to each county to enforce the Smokefree Workplace Law. The program continues to be successful and to date has saved the OHP approximately \$20 million due to reductions in heart disease and low birth weight.

Office of Public Health Systems (OPHS) – Gail Shibley

Handouts: OPHS Advisory Groups; Working with Lead Paint – Best Management Practices for Painters and Remodelers; Painter's "Lead-Safe" Guide; Lead-Based Paint Brochure; Mold Fact Sheet; Oregon Beach Monitoring Program Fact Sheet; An Expectant Mother's Guide to Eating Fish in Oregon; and Information Concerning Illegal Drug Labs.

The Office of Public Health Systems (OPHS) works directly with, and acts as a liaison to, 17 Advisory Groups.

OPHS Section Managers are conducting an internal review of their programs to look at what can be done to maximize efficiency in the processing pieces of their responsibility in order to maximize efforts in technical assistance, consultation, education and collaboration. There are many things that can be done administratively to improve the services provided by the OPHS and to create consistent authority standards for licensing and enforcement. The OPHS is currently reviewing the possibility of using an on-line system for registration renewal and payment.

Umatilla Chemical Depot: OPHS is the public health participant in a multi-agency effort to ensure that the incineration of the chemicals at the Umatilla Chemical

Depot occurs without endangering human or environmental health. A date has not yet been determined when the incineration will take place.

Drug Labs: HB3259 (2003 Legislation), which allows the state to notify neighbors of drug labs in their neighborhoods, has been implemented. A press conference was held on Tuesday, March 9.

An overview of the communication, training, and outreach efforts surrounding lead-based paint, fish advisories, mold, and beach monitoring was provided.

Emergency Medical Services for Children: The funding for children emergency medical services was reduced by \$116,000, leaving only \$4,000 to provide training, grants, and materials surrounding children's special health care needs.

Office of the Oregon State Public Health Laboratories – Mike Skeels

Deferred until the next advisory meeting.

Action: Oregon State Public Health Laboratory tour will be added as an agenda item.

Other Business

Membership: Thomas Aschenbrener and James Diegel were appointed to the Public Health Advisory Board.

June Agenda: Public Health Assessment Project and budget updates.

Next Meeting: Friday, June 4, 2004 at 9:00 a.m.

Meeting adjourned 1:53 p.m.

Respectfully submitted by Christina Hartman.

If you would like these minutes in an alternate format,
please contact Christina Hartman at (503) 731-4405.