

Public Health Advisory Board (PHAB)
September 2, 2005
Meeting Minutes

Present

Board Members: Mort Anoushiravani, Thomas Aschenbrener, James Diegel, Tom Eversole, Keith Harcourt, Candace Mueller, Sean Neilson, Bill Perry, Phyllis Rand, and Bob Shoemaker. Jean Cowan and Gloria English were unable to attend.

DHS Staff: Susan Allan, Kiley Ariail, Katherine Bradley, Christina Hartman, Katy King, Mel Kohn, Gail Shibley, and Mike Skeels.

Guests: The Honorable Mitch Greenlick, State Representative; Dr. John Jui, Chair, State EMS Committee; Dr. Long, Chair, State Trauma Advisory Board; and Diane Lund, Oregon Health News.

Meeting called to order by Dr. Harcourt at 9:05 a.m.

Announcements – Dr. Keith Harcourt

Dr. Harcourt welcomed the board members and invited introductions and announcements.

June 3, 2005 Meeting Minutes (Handouts)

Dr. Harcourt invited corrections to the June 3, 2005, PHAB meeting minutes. Minutes were approved as written.

State of the Health of Oregon Report, DHS Director Search, Public Health Block Grant Update, ADAP Funding – Dr. Susan Allan

Handout: Update on Hurricane Response.

Hurricane Response

The Association of State and Territorial Health Officials (ASTHO) and the Centers for Disease Control and Prevention (CDC) held a conference call to discuss strategies for addressing the public health needs of hurricane-damaged areas and deployment of public health response teams. The immediate need is to get people stabilized and out of the affected areas. Once this has been done, the focus will be on: health protection and disease prevention activities; communicable disease control; control of disease vectors; and other community-based health protection activities.

Through coordination with the Oregon Medical Association (OMA) and the Oregon Hospital Association (OHA), a hotline, sponsored by the OHA, has been established for potential medical volunteers. Currently, 200 Oregon volunteers are ready to respond once an area is prepared to receive them.

Emergency Preparedness

The Public Health Emergency Preparedness Program has been restructured so that it will cut across all public health programs. As part of public health's emergency planning and efforts, detailed plans have been developed using three scenarios likely to happen in Oregon: a flu outbreak, a major earthquake, and a large chemical spill. Planning involves each public health program and the local health departments.

Preventive Health and Health Services Block Grant

Although funding for the Preventive Health and Health Services Block Grant was looking very grim, two-thirds to three-fourths of the previous amount was reinstated in the House and Senate proposals. Services substantially funded by the block grant, including the Local Health Department Liaison and Multicultural Health, will receive priority funding.

Update: Funds for the block grant may still be in jeopardy especially given the Hurricane Katrina and Rita situations. The vote on the conference committee budget for the HHS appropriations measure failed on November 17. A continuing resolution is in effect until December 17.

State of the Health of Oregon Report

PHAB members were invited to attend a brainstorming session to develop a "State of the Health of Oregon" report on September 29, Noon – 4:00 p.m., at the Northwest Health Foundation. The Northwest Health Foundation donated their facility and will be providing lunch. The report will be used as a platform for public and policy discussion, outlining the major health concerns in this state in an easily understood and sensible way.

Thomas Aschenbrener, Tom Eversole, Keith Harcourt, Candace Mueller, Sean Neilson, Phyllis Rand, and Bob Shoemaker expressed interest in attending the "State of the Health of Oregon" report brainstorming session.

ACTION: A formal invitation to the "State of the Health of Oregon" brainstorming session will be sent to the interested PHAB members.

ACTION: An update of the Oregon Cancer Summit will be provided at the December PHAB meeting. The Oregon Comprehensive Cancer Plan will be sent to PHAB members.

Structure Update

Dr. Allan has opened up an internal recruitment for a Deputy position. The Deputy will manage public health's cross cutting functions, specifically: finance, technology, building management, human resources, training and workforce development, emergency preparedness and community liaison. Interviews will be held in September.

DHS Director Search

The Department has received a number of highly qualified and promising applications for the DHS Director position. An internal review of the applicants will be completed by the end of September.

AIDS Drug Assistance Program (ADAP) Funding

At the request of board members at the June PHAB meeting, Dr. Allan provided an update on the status of ADAP funds. The Department has committed to trying to ensure that no one is disadvantaged in the event there are future needs because the funds that might have addressed these needs were removed.

ADAP funding has been further decreased by the allocation of 50% of their money, generated by their drug rebates, to the Oregon Medical Insurance Pool (OMIP), which provides insurance coverage for a significant number of ADAP's HIV clients.

Tobacco Prevention and Education Program Funding – Dr. Mel Kohn

Handout: Tobacco Prevention and Education Program, Proposed 2005-2007 Service Level.

Tobacco Prevention and Education Program (TPEP) funding for FY 2001-2003 was \$20 million. In the midst of the March 2003 budget crisis, the remainder of the tobacco prevention funding for the biennium was removed by Legislators to fund the Oregon Health Plan; at the end of the session some funding was restored. For FY 2003-2005, Legislators allocated \$6.9 million, approximately 30% of the previously budgeted amount. Funds were mainly used for tobacco prevention education and the Oregon Tobacco Quit Line. For FY 2005-2007, \$6.9 million has been allocated.

Dr. Kohn distributed to PHAB members, the proposed TPEP funding for FY 2005-2007. The Tobacco Reduction Advisory Committee and Tobacco Evaluation Advisory Committee met on August 24, 2005 to discuss the proposed allocations and endorsed the proposed 2005-2007 service level with some small modifications.

MOTION:

Motion made by Thomas Aschenbrener to endorse and support the proposed 2005-2007 service level for the TPEP. Report meets the highest of professional standards, consistent with science and the evolving needs of the program.

Seconded by Sean Neilson.

All in favor: Mort Anoushiravani, Thomas Aschenbrener, James Diegel, Tom Eversole, Keith Harcourt, Candace Mueller, Sean Neilson, Phyllis Rand, and Bob Shoemaker. Opposed: Bill Perry.

Discussion: Bill Perry stated that he felt funding for community-based programs was used to lobby local governments and that more money should be spent on the public education and Quit Line components, which are statewide. Tom Eversole and Thomas Aschenbrener spoke to the importance of community-based programs.

Dr. Kohn clarified that monies for local coalitions were sent to the counties. Generally, county employees staff the coalitions, which also include a variety of people from the community. TPEP allowed the counties to choose which activities to undertake among those determined to be best practices. The counties submit a work plan to the Department, which ensures counties stay within best practice. Funding cannot be used for lobbying.

ACTION: PHAB will draft a letter in support of the TPEP program.

Cystic Fibrosis Screening – Dr. Mike Skeels

Handout: Newborn Screening for Cystic Fibrosis: Report and Recommendations, Oregon Cystic Fibrosis Newborn Screening Task Force, May 2005.

At the December 2003 PHAB meeting, interest in adding Cystic Fibrosis (CF) to the list of the 26 disorders tested through newborn screening was discussed. Last September, Oregon State Public Health Laboratories (OSHPL) in collaboration with the Office of Family Health (OFH), convened the Oregon CF Newborn Screening Task Force to recommend whether or not CF screening should be adopted. PHAB member, James Diegel, was a participant on the Task Force. Dr. Skeels provided an informational presentation and distributed the Task Force report to PHAB members for their review.

The Department has legislative approval to charge \$60/per child for newborn screening. The fee is currently \$54/per child. CF screening, including medical and genetic consultation services, will cost the Department approximately \$8/per specimen. To immediately implement CF screening, the Department would have to raise the newborn screening fees to \$60 and find another source of funding for the

balance; or wait and ask the Legislature for a fee increase in 2007. Funding options will continue to be discussed.

ACTION: Additional information about the National Newborn Screening and Genetic Testing Symposium, co-hosted by the OSPHL, will be distributed to PHAB members.

Conference information can be found at:

http://www.aphl.org/conferences/2005_NBSG_Symposium.cfm

ACTION: PHAB meeting to be held at the new laboratory once OSPHL has moved to their new facility.

Update from Public Health Systems Advisory Boards – Dr. Long

Handouts: Rationalization of Emergency Surgery on Nights and Weekends; State Emergency Medical Services Committee – Member list and March 4, 2005 Meeting Minutes; and State Trauma Advisory Board – Member list, Patient Management Recommendations, April 28, 2005 Meeting Minutes, and January 28, 2005 Meeting Minutes.

State Trauma Advisory Board (STAB) Chair, Dr. Long, provided a presentation on the problems of Emergency Department coverage by surgeons and proposed regionalization of emergency surgery services.

Non-trauma patients would continue to go directly to their local hospital to be evaluated by an emergency physician, who would then determine if the patient needed emergency surgery. If the need for emergency surgery existed, the patient would then be transferred to a regional emergency surgery center. Dr. Long estimates approximately 5% of the surgical population presented to the Emergency Department would actually need to be transferred to the regional emergency center as opposed to staying at their local hospital to receive treatment.

For implementation of regional emergency surgery centers, consensus would need to be reached by hospital administration, surgeons, insurers, payers, and would also need approval by the Legislature.

Dr. Allan expressed concern with the proposal and will continue to have further discussions with Dr. Long.

Lunch with a Leader – The Honorable Mitch Greenlick, State Representative

Representative Greenlick provided details on the bills he proposed or sponsored that have an affect on the public's health.

- HB 2507 reduces the risk of exposure to the chemical, sodium azide, by requiring auto-wrecking businesses to take certain precautions with air bags containing sodium azide. HB 2507 also restricts individuals' possession to no more than two undeployed air bags or canisters containing sodium azide.
- HB 2706 changes the consent process to HIV testing for pregnant women. Currently, Oregon uses an "opt-in" system having pregnant women specifically consent to an HIV test. HB 2706 changes the HIV testing of pregnant women to an "opt-out" system where women would be notified that an HIV test will be included in their standard set of prenatal tests and although they can refuse, the default option is to test.

Representative Greenlick has been collecting signatures to add Measure 40, the "Hope for Oregon Families Initiative," to the November 2006 ballot. Measure 40 is a proposed amendment to the Oregon constitution that would require Oregon to ensure access to health care as a fundamental right, and for the legislature to adopt a plan expanding health care coverage for Oregon residents.

In the interim, Representative Greenlick will also continue to look at the structure of DHS.

MOTION:

Motion made by Candace Mueller for the PHAB to write a letter to Representative Greenlick in support of "Hope for Oregon Families." Seconded by Mort Anoushiravani. All in Favor.

2005 Legislative Session Update and Preparations for 2007 – Katy King

Handout: PHAB Legislative Update, September 2005; and Department of Human Services, Comparison of House and Senate Budgets for DHS, Prepared by John Britton and Sheila Baker, July 6, 2005.

Health Services tracked over 700 bills during the 2005 Legislative Session. The Governor signed into law five of the seven bills introduced by Health Services.

Highlights include:

- SB 1076B modifies the terms of office for members of Oregon Health Policy Commission (OHPC) and removes two OHPC representatives from

the PHAB. As part of the agreement, DHS and the OHPC will work jointly on a youth obesity study and report back to the Legislature.

- SB 189 would have clarified the circumstances under which DHS may purchase or distribute vaccines containing thimerosal preservative for use in persons under 18 years of age. Legislators determined that the Department already has the ability to administer pediatric vaccine with thimerosal. In terms of policy, the Department will continue to favor thimerosal-free pediatric vaccines unless it causes an undue burden on providers.
- HB 2171 would have allowed DHS to impose a fee on water suppliers for costs of conducting sanitary surveys for the purposes of recovering the costs of the survey. Additional work will be done to identify potential funding sources for the Safe Drinking Water Program.
- SB 1080 requires labs to report to both DHS and the water supplier the results of any water tests from public water systems that show contamination in excess of standards established by the Department.

ACTION: Distribute Health Services Legislative Report to PHAB members once completed.

Emerging Issues

Handouts: Draft Bylaws, Public Health Advisory Board.

Thomas Aschenbrener and Bob Shoemaker will work with Department staff to create bylaws for the PHAB.

PHAB Meeting adjourned 1:50 p.m.

The next Public Health Advisory Board meeting will be held on:

**Friday, December 2, 2005
Portland State Office Building
800 NE Oregon Street
Room 918
Portland, Oregon**

If you would like these minutes in an alternate format, please contact Christina Hartman at (971) 673-1291.