

Public Health Advisory Board (PHAB)
March 7, 2014
Portland, OR
Meeting Minutes

Attendance:

Board Members Present: Shawn Baird, Betty Bode, Jeff Luck, Pat Luedtke (by phone), Loreen Nichols, Joanne Noone (by phone), Alejandro Queral, and Liana Winett

Board Members Absent: Jim Coffee, Josie Henderson, Joe Ichter, Brooke Kyle, Priscilla Lewis, Tran Miers, Mike Plunkett

OHA Public Health Division Staff: Jayne Bailey, Cara Biddlecom, Jae Douglas, Danna Drum, Anona Gund, Katrina Hedberg, Jan Kaplan, Dave Leland, Sandra Potter-Marquardt, Alayna Nest, Brittany Sande, Jeff Scroggin (OHA), Michael Tynan

Members of the Public: Kelly Barnes

Opening:

The meeting was called to order, board members were welcomed, and introductions were made.

Changes to the Agenda & Announcements

Lillian Shirley is currently out of the office so the PHD Update will be given by Interim Deputy Public Health Director, Jayne Bailey and Policy Officer, Michael Tynan.

Alejandro Queral will need to leave this meeting by 11:30. Therefore we will be adjusting the agenda so that he can update us on both the Future of Public Health Task Force and the PHAB Funding Report prior to his dismissal.

We would like to post-pone the PHAB priorities discussion until our next meeting when we have a larger group present.

- A month before our June meeting it would be helpful for Liana to send out a reminder to PHAB to begin thinking about what our priorities should be. If this reminder could be accompanied by a list of our chartered functions that would be helpful along with the PHD table that Michael Tynan & Danna Drum will be pulling together, that way we can build our ideas off of this prior to meeting in June.

Approval of Minutes

(Handouts: PHAB Meeting Minutes, December 2013)

Betty Bode moved to approve the December 2013 meeting minutes as written; Shawn Baird seconded the motion; the Board voted all in favor with no opposition or abstentions. The December 2013 minutes will stand as written.

Public Health Division Update – Jayne Bailey and Michael Tynan

OHA Cabinet Update:

Budget Bill: During the February session, the OHA and PHD re-balance plan was worked on. This plan will include some form of a restoration of the 2% statewide holdback that occurred at the end of last session. We have not seen the detailed numbers yet but once we receive them they will be shared with this group.

'15-'17 Session: We are already working on developing our '15 - '17 legislative concepts and our budget. The Governor's priorities are to continue with Health System Transformation, to move forward with the CCO's and integration into OEBC and PEBC, and to move Cover Oregon forward. Once all the details of the upcoming budget and its impact on PHD are figured out we will send additional information out to PHAB.

Vaccine Education Module: Due to a bill that passed last session, the Immunization Program was required to create a process by which individuals who wanted a medical exemption for school entry immunizations could participate in an online module. This module launched last week on March 1st and has been successful thus far.

Marijuana Legalization Effort: Tom Burns, OHA's Pharmacy Programs Director, is the point person on issues related to the health effects of marijuana. We are working with his staff along with AMH staff on identifying each agency's role.

Grants: A grant has come out of Howard Koh's Office, the Assistant Secretary for Health, related to building partnerships. We have applied for this and expect to hear back by July 1. We expect an announcement about competitive tobacco funds to be released today and is from the \$4 million of TMSA money that was dedicated to public health.

Preventative Health Block Grant: In 2014, Congress took rolled these funds into the Prevention and Public Health fund and doubled the appropriation. Public Health is now waiting to hear exactly what these allocations will be. PHAB is

responsible for reviewing the plan that Public Health comes up with to spend these funds. Public Health leadership will solidify this plan in March and early April and get it electronically to PHAB at that time. It will need to be discussed at the June PHAB meeting and followed by a public hearing. Application must be submitted by July 1.

Follow-up from PHAB December, 2013 meeting:

- Data Collection Systems: Katrina Hedberg mentioned that we are working on the Oregon Public Health Assessment Tool (OPHAT) which is an analytic tool that includes data on birth, death, reportable disease, and we are also hoping to add hospital discharge data and cancer data. The idea is that this would aid in community health assessments. Right now local health departments, public health division employees who do analysis of data for different programs, and universities have access to this. We also plan to make this available to people who are analyzing this data for their community health assessments at the CCO level. These assessments are required to be done in conjunction with local public health but we want to make this tool available so that the health assessments can be done on more of a granular basis rather than gathering secondary data that may be old and inaccurate.
 - o Environmental Public Health Tracking: This is a public portal that is available on our website right now. This includes “environmental justice indicators” which include demographics and social vulnerabilities. *Jae Douglas will send out the link to PHAB if they’d like to take a look.*
- Race, Ethnicity, Language, & Disability Demographic Data Collection Standards: There are new rules being drafted around race, ethnicity, language, and disability which state what OHA and its contractors must do in terms of collecting and presenting data. The purpose is to gather better data in some sort of a standard fashion on health disparities here in Oregon and to work toward achieving health equity. The Office of Equity and Inclusion is the driving force behind getting these rules written so it may be useful to have Tricia Tillman come and speak to PHAB about this in greater detail. It is encouraged that the PHD does some outreach to community-based organizations because this is an issue that is of incredible relevance to communities of color. It is really important to get buy-in from them in terms of what these rules are and how to implement them.
 - o *Katrina Hedberg will send these out to PHAB.*

- Out-of-hospital births & birth attendants: We collect data on birth certificates around intended places of birth and intended birth attendants. There is a committee headed by Dana Hargunani that is looking at this & how OHA reimburses these alternate care providers. We have a lot of information on this including a report on last year's data.
 - o *Katrina Hedberg will send these out to PHAB.*
- Population Health: Katrina Hedberg has been asked to speak to the Medical Directors of CCO's about population health. This is an opportunity to let the CCO's know, yes, there is a CCO enrolled population but there are also requirements of CCO's to do community health assessments that are for everyone in their region. For that reason they need to think about a slightly different definition of population health and they must work on this with their local health departments.
- Quality Health Outcomes Committee: (QHOC) Katrina Hedberg will be giving a presentation to them in April to explain what some additional incentive metrics may be for CCO's to consider. She will share some things that are of public health importance but that CCO's should consider adopting (tobacco, obesity, HPV and flu vaccinations, teen pregnancy prevention, HIV screening). CCO's have a really hard time understanding disparities and the culture of poverty so this will be a long journey. A starting point would be to acknowledge our different definitions of "populations". This does not just include the people who are enrolled, it includes all the people in the area and we need to make that clear to the CCO's.

Accreditation Update/PHAB Site Visit

(Due to the fact that you all have the same acronym as them we will refer to the Public Health Advisory Board as "Oregon PHAB" and the Public Health Accreditation Board as "PHAB").

We are at 100% of all of our documentation for accreditation. Monday, 3/10, we will have a gathering of all our staff and some partners that helped us with our prerequisites, to watch Public Health Director, Lillian Shirley "push the button". All of our accreditation documentation will officially be submitted.

PHAB will then review our documents and that will be followed by a site-visit. Currently we are in the second phase of our timeline, about to complete the "Application" portion. We have been told to expect a site visit about 4-6 months after our documents are submitted. We would like to talk today about what you all need in order to feel engaged in that part of the process.

We are trying to measure the work that we do against the national set of standards. The idea that yes, we provide a certain level of service to the state of Oregon but we also have room for improvement. These national standards are based on the ten essential services of public health plus two additional domains (administration & governance), governance being where the Oregon PHAB comes in.

We hope to have a decision from PHAB by the end of this year on whether or not we are accredited but it really depends on how often they end up meeting. Once you get accredited you are to do annual reports and keep PHAB updated on how you are doing with their identified areas of improvement and give them updates on your three pre-requisites. If we were to be accredited by January of 2015, then prior to 2020 we would need to apply for re-accreditation.

Site Visit: We potentially will have 3-4 peers come to the PHD and expect some to have state public health backgrounds. They do expect to meet with Oregon PHAB and that is why we want to ask you all what you feel you need to prepare for that. They may ask questions to gain validation on this documentation or for further details on how your relationship works with the Division. Some states have a State Board of Health that have regulatory or rule making authority, where-as we do not. We have let them know that our working relationship is based on statute and you serve as an advisory board to OHA. We also have explained to them that Oregon PHAB consists of local government, public and private health providers, and the public at large.

How do we structure ourselves and how do we feel more at ease when answering these questions?

We really don't participate in public health policy development; we are not involved from the beginning with the policy or its context. It is more-so brought to us as an update and we are able to then ask a few questions, but that is it. We may face some challenges when they begin asking us these questions. What is in statute is not necessarily being practiced. They may ask to see all of our minutes and in that case they may ask us to revise our statute accordingly. This may be a good opportunity for us to do some self-study, address our charter, and recognize the overlapping and confusing mandate. Ultimately, our goal is quality improvement so let's do some self-reflection, figure out what we are missing, and start putting some solutions out on the table. It is possible that PHAB will come back to us and require an action plan for Oregon PHAB prior to accrediting us. We

really need some time to run through some practice questions and learn the background of the site visitors so that we truly are prepared.

For the next PHAB meeting:

- *Danna Drum will bring forward the areas that her team already anticipates will require an action plan. It is necessary for you all to know our areas of weakness and furthermore our plans to fix them so that you can speak to those.*
- *Michael Tynan and Danna Drum will bring a crosswalk (a table) that explains the Public Health Division's layout; streams of decision making and authority. We also will indicate in our documentation that this will be available at the site visit.*
- *We will hold a mock interview in which potential questions and prompts will be discussed.*
- *We will provide Oregon PHAB with the background information on our site-visitors once we receive that information.*
- *There will be a webinar put on by the three local health departments that have already gone through accreditation, explaining their lesson's learned. This will be on March 18th and if anyone would like to participate Danna Drum & Anona Gund will get that information out to you all prior.*

Workforce Needs Assessment

We conducted this assessment last fall as it is required by PHAB. Through the 3 phases of our assessment, we quickly realized there is an overall need for coordinated workforce development planning. In our first phase, we released an electronic survey to 22 local health departments and the Division. In phase two, we held twenty key informant interviews, 13 of which were local health department folks and 7 PHD & OHA leadership. We distributed these reports in fall of 2013.

Supervisors really want better performance management for their employee's, so there is a large emphasis on quality improvement. Communication was viewed by all staff, managers, and executive leaders as the most important competency within the workforce. Mentors and mentee's alike generally believed Public Health does not place a high value on mentoring which is something we should put some thought into.

It is difficult however because even though we try to provide our employee's with trainings year-round, in order to better develop their skills, trainings cannot

replace formal education in regards to many of these listed domains. It is important that we not only focus on training our current internal workforce but we also need to figure out how to get people in the door.

We currently are in the process of putting together a Public Health Workforce Development Work Group which will consist of academic institutions, local and state public health practitioners, and other public health workforce stakeholders. CLHO executive leadership and Public Health executive leadership have identified workforce development as a strategic priority. We will be hiring a limited duration workforce development coordinator who for the next 6 months will focus on getting the work for this group happening. Initially this group will be looking at the current workforce but we want them to also make some planning recommendations for our future workforce.

The problem is that there is not a certainty of career within public health due to the “no budget” and “budget cut” noise. There has never been an invitation that public health is a phenomenal nursing career choice, we don’t hear that. If we don’t take the time to mentor nursing students and invite them into our careers, that is on us.

PHAB Funding Report

This is a high-level summary of our conversations and a proposed methodology by which the Task Force can make a series of decisions around funding. We reviewed the Oregon CLHO 2008 Assessment and the 2012 System Assessment by the Oregon PHD. The critical questions that we are facing are how will CCO’s work with Public Health to work on population level prevention and secondly is regionalization the appropriate venue for addressing efficiencies in the Public Health system and maximizing resources. These are very large questions and the hope is that the Task Force will be able to delve more deeply into them. This all revolves around what health services we believe Public Health should be providing.

We also reviewed a report by NACCHO, the Health Policy Institute of Ohio, and others to study alternative approaches to funding. It was clear from these that categorical funding continues to be one of the major barriers because it inflates the budget of public health departments and doesn’t necessarily address the needs of the community. In order to do our core functions, we are heavily dependent on the grants. This, again, is a very large issue that we hope the Task Force can later address.

It is important to recognize in this report that we need to have foundational public health capabilities that are fully funded. We also need key, basic programs. Furthermore, we need to look at what NACCHO and other public health authorities have recommended. From that approach we hope to develop what we are calling a “standard minimum package of public health services”. We believe these are the foundational pieces that absolutely must be funded if we are to have a robust conversation about the role of public health in relation to a new health care delivery structure. We are trying to address who in regards to state, local, or regional should have jurisdictional oversight over these services.

- Alejandro will clarify on Table 1 of the *Committee on Public Health System Funding* report that the X’s under “state” “local” and “regional” are intended to suggest that those are who should hold oversight over the particular services.

Our intent is to try to influence the Task Force. We hope this provides them with a basis for conversation.

Betty Bode moved to approve the *Committee on Public Health System Funding* Report; the motion was seconded and the Board voted all in favor with no opposition or abstentions.

State Innovation Model Grant/Update on Prevention Grants – Cara Biddlecom

SIM Grant: In April, 2013 the Oregon Health Authority received a 42 month grant from the Center for Medicare and Medicaid Innovation for its State Innovation Models: Model Testing Initiative (SIM). We received \$45 million and \$5 million has been directed to the PHD.

Some of our funding will go to enhancements of our surveillance system as we will be fielding a Medicaid Behavioral Risk Factor Surveillance System Survey in the next couple of months. This will be our first opportunity in over a decade to dig down and get CCO level data on risk factors among Medicaid members. We also are directing the funds toward a BRFSS Race Questionnaire and our Oregon Healthy Teen Survey. These funds will also go toward our Oregon Public Health Assessment Tool (OPHAT) as we continue to roll out new versions of it.

- Pat Luedtke: Will there be questions on this Medicaid BRFSS on Medicaid patient no-shows, clinic cancelations, etc? Here in Lane County we have a 30-35% no-show rate for new patient appointments and a 20% no-show

rate for established patients. We are trying to address this and would be interested in a broader base of data around that issue.

- Kelly Barnes: We recently interviewed someone with ABCD Program in Washington around dental issues and their Medicaid implementation to new programs. They had data indicating a 10% no-show rate; lower than their private data. Their suggestion was that this was because of case managers; the success of their outreach. You may want to contact them just as a resource for data.
- Michael Tynan & Cara Biddlecom will ask Katrina Hedberg whether or not these questions are included in this BRFS however, we don't believe they are. They'd likely be included in the CAPS Survey (Consumer Assessment of Health Plans and Satisfaction). This survey is more-so about access to care, so between these two surveys we can see what might be available. As a side note, at the state level, we are going to be able to look at the expansion population vs. established Medicaid patients.

A portion of the funding is dedicated to local communities for local public health & CCO relationships; to work together to advance population health based on community health assessments and other identified community health needs. In the fall we released a competitive grant opportunity for local public health & CCO partnerships and we received 10 applications. We have enough money to award the top four scoring applicants. A summary of the four projects that we are funding is on the "SIM" handout. They range across the state and we have been able to fund 20 local public health departments and 6 CCO's with our resources available.

1. The Center for Human Development is the lead working with all 12 counties in Eastern Oregon that are part of the Eastern Oregon CCO. They have prioritized developmental screening in the first 36 months of life and home visits to pregnant women in their communities.
2. Jackson County Public Health is working through the Health Care Coalition of Southern Oregon on preconception health; they have already started by leveraging an existing perinatal task force.
3. Intercommunity Health Network CCO serves Linn, Lincoln, and Benton counties and they are working on advancing their tobacco control

strategies and looking at strengthening tobacco retail licensing & enhancing support for tobacco cessation through the CCO's contracted clinics.

4. Multnomah County Health Department is the fiscal lead for the Portland metro area, working with Health Share CCO. They are working on addressing the rise in opiate related deaths and developing opiate prescribing guidelines for Health Share's contracted providers.

These grantees are funded through September 30, 2016. They are all required to identify at least one measurable health outcome that they will be tracking overtime.

2014 Legislative Session Recap/2015 Legislative Concepts – Brittany Sande

The 2014 Legislative Session is expected to wrap up today. The PHD tracked 49 bills this session, 8 being priority 1 bills meaning they either have direct effect to our work or a fiscal impact.

Priority 1 Bills:

- **HB 4073 & HB 4115:** E-cigarette bills (a.k.a. vaping products). There was a lot of testimony at the public hearings mostly from vaping store owners.
 - o HB 4073: Defines them as "vapor products" and prevents sale to minors or providing free samples of products to minors
 - o HB 4115: Prevents sale and sampling to minors but also prohibits the use where the Indoor Clean Air Act applies; requires businesses primarily engaged in the sale of vaping products to apply for certification
 - There were amendments to remove the certification requirement and allow the use of e-cigs in shops that exclusively sell vaping products, for sampling purposes.
 - o There were not enough votes to pass, so both bills did die. Chair Tomei wants to convene a workgroup in the interim to look at this issue and come back in 2015. PHD will provide support and serve as a resource to the workgroup.
- **HB 4085:** Colorectal Cancer bill, passed.
 - o This modifies Oregon's existing private insurance mandate for colorectal cancer screening, in accordance with the Affordable Care Act. The revision specifically defines that colorectal cancer preventive screening (removal of polyps/diagnostic vs. screening) is provided without cost sharing. This also applies when an individual

is at increased risk for colorectal cancer and may receive earlier or more frequent screening compared with average risk adults.

- **HB 4124:** Youth Suicide Prevention bill, passed.
 - o This moves the Youth Suicide Prevention Coordinator position from the PHD to the Addictions and Mental Health Division within the Oregon Health Authority. It also changes the position name to “Youth Suicide Prevention and Intervention Coordinator”. The Coordinator will develop plans and report on effective interventions for youth suicide and youth self-inflicted injury, and develop strategies for intervention with suicidal, depressed and at risk youth.
 - o Funding has been identified for both positions. We will keep the prevention position in PHD and further create the intervention position in AMH.
- **HB 4129:** Tobacco tax bill, died.
 - o This would increase the tax on cigarettes and other tobacco products, to be distributed to CCOs, of which 15% would be used for mental health services or treatment for substance abuse.
 - o Expanded definition of tobacco products to include “vapor products” encompassing electronic cigarettes and the nicotine solution used in them (currently not taxed).
 - o There was a public hearing in which Sen. Steiner-Hayward and Rep. Keny-Guyer testified, urging that part of the tax be dedicated to public health’s tobacco prevention activities (specifically 15 cents, which essentially would fully fund us at the CDC recommended level).
 - o CLHO also testified in support of the bill but with amendments that would dedicate a percentage of the tax increase revenues to local public health tobacco prevention programs.
 - o Tax measures require 3/5 vote so they are very difficult to get through in a shorter session.
- **SB 1511:** Radon bill, died.
 - o The introduced version required state certification for persons engaged in the business of radon measurement and mitigation services (currently there is no training or certification requirements in Oregon); required that child care facilities include radon testing data when applying for certification or registration; required radon testing in new construction and basement remodels before structures could be occupied.

- The amended version of the bill would have required radon testing in schools and certain child care facilities when renovations of \$50,000 or greater are undertaken, or when changes to the HVAC system were made (this would apply to schools not tested within the last 5 years).
- It would have required the OHA to provide testing kits to schools and school personnel to administer the tests themselves.
- The fiscal of this bill was high due to the fact that it was too difficult to estimate how many schools would fall under the requirements. There was also concern from the School Board Association about what would need to be done if in fact high levels of radon were found.
- Rep. Keny-Guyer decided to pull this bill before it reached Ways and Means due to the high fiscal on it. There will be a workgroup in the interim and they will come back with a bill in 2015.
- **SB 1569:** Toxics bill, died.
 - The introduced version required OHA to maintain a list of chemicals of priority health concern in children's products; required OHA to post chemicals to their website with information about health impacts of exposure; required manufacturers of children's products to submit information about chemicals from the list and their products that contain these chemicals to OHA; gave manufacturers 5 years from the time a priority chemical enters the list to either remove it from their product or seek a waiver from OHA.
 - The amended version was similar to law that was passed in WA state. This would have made it "disclosure only" without the requirement of phasing out the chemicals. OHA would then have to post the disclosure information on its website.
 - There were not enough votes to pass and this bill will likely come back in 2015.
- **Medical marijuana reduced fees for disabled veterans** (without a bill).
 - We agreed to reduce fees for disabled veterans in rule, to the lowest available (\$20 for those with SSI benefits).
- **Dental Pilot Projects**

- SB 738 passed in 2011 directing the OHA to approve dental pilot projects that encourage the development of innovative practices in oral health care delivery systems.
- The OHA formally requested the release of \$100,000 that was included in the 2013 budget report. It is now included in the rebalance budget bill.
- Funding for the pilots is expected to come from foundations and private funders, but the agency needs resources to manage the additional workload (creating and administering applications for pilots; review, approval and monitoring; termination and conclusion of pilots).

We did pay attention to SB 1531, the medical marijuana dispensaries bill however, Tom Burns, Director of OHA's Pharmacy Programs, took the lead on this bill. SB 1531C did pass and the dispensary program was officially up and running on Monday the 3rd; they received 289 applications.

2015: Michael Tynan started working with programs toward the end of 2013 to gather a list of potential legislative concepts. He & Brittany Sande then met with Public Health leadership to narrow the list down. We have about 10 concepts that have been put forward to the OHA Legislative Director who will now talk to Cabinet about our ideas. We then will have a better idea of what we can actually start working on. Likely, we will be able to discuss our concepts with you at our June meeting.

- Pat Luedtke mentioned the "Healthiest State" competition with Iowa. He was wondering what OHA has heard about this, if anything. Michael Tynan believes it is a business-led effort (OHSU, Nike, Cambia) focusing on physical activity and obesity issues. Michael will touch base with Pat about this offline.

Public Comment Period

(Letter attached)

Betty Bode read the letter that was sent in as public comment by Susan Boyd from Union, Oregon.

- We have sent this forward to OHA Acting Director, Tina Edlund.
- Betty Bode did call her and let her know that it would be read into public record.
- Michael Tynan will bring back to PHAB what Tina Edlund's response is.

Closing:

The next Public Health Advisory Board meeting is:

Friday, June 6, 2014

9:00 a.m. – 12:15 p.m.

Portland State Office Building

800 NE Oregon St., Room 1A

Portland, OR 97232

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Alayna Nest at (971) 673-1291 or alayna.n.nest@state.or.us.

SANDE Brittany A

From: Nest Alayna N
Sent: Friday, August 29, 2014 11:05 AM
To: SANDE Brittany A
Subject: FW: Copy of letter to Dr. Betty Bode

From: Susan Boyd [mailto:boyd@eoni.com]
Sent: Saturday, March 01, 2014 4:25 PM
To: PHD.Communications@state.or.us; alayna.n.nest@state.or.us; OHA.DirectorsOffice@state.or.us
Subject: Copy of letter to Dr. Betty Bode



Susan Isabel Boyd, Manager

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(541) 562-5465 manager@dorasgarden.com

March 1, 2014

Betty A. Bode, PhD, RN

Chair of Public Health Advisory Board

Office of State Public Health Director

800 NE Oregon Street, Suite 930

Portland, OR 97232

Re: **March 7, 2014**

Public Testimony

Public Health Advisory Board Meeting

Dear Dr. Bode:

Please accept my written public testimony before the Public Health Advisory Board (“PHAB”) at its meeting on March 7, 2014. I am a significant distance from Portland.

Cover Oregon has been a wonderful improvement in providing health care to residents of our state. However, it is not a perfect system. Looking at the Massachusetts system similar to Cover Oregon, we see no improvement in public health and medical bankruptcies have risen 30%.

With bipartisan support House Bill 3260 was passed by the Oregon House of Representatives, passed by the Oregon Senate, signed by the governor and filed with the Oregon Secretary of State in July 2013. It states the Oregon Health Authority shall contract with a third party to conduct a comprehensive study of at least four options for financing health care delivery in Oregon and present the study no later than November 1, 2014.

While employers in Oregon are collecting funds to pay for the comprehensive study, we see no evidence that the Oregon Health Authority (“OHA”) acknowledges its obligation defined by House Bill 3260.

Pursuant to the bylaws posted on the PHAB website, I respectfully request that PHAB do the following as soon as practicable after the March 7 meeting:

(1) **Advise** the Director of the OHA that House Bill 3260 is a significant public health policy matter related to the operation of the OHA; and

(2) **Recommend** to the Director of the OHA:

(a) The OHA publish a news release about House Bill 3260, describing the bipartisan comprehensive nature of the study and supporting the voluntary funding of the study by Oregon citizens and employers;

(b) The OHA prepare for submitting a request for proposals to conduct the study as soon as a threshold sum is raised for the study; and

(c) The OHA construct a page on its website describing the bipartisan comprehensive nature of the study, linking to the official language of House Bill 3260, supporting the voluntary funding of the study by Oregon citizens and employers, and describing in detail OHA's request for proposals and additional plans for completing the study.

I thank you and your board for reading my written testimony.

With very best regards,

Susan Isabel Boyd

Cc: Jonathan Modie PHD.Communications@state.or.us

Alayna Nest alayna.n.nest@state.or.us

Tina Edlund OHA.DirectorsOffice@state.or.us