

Senate Bill 08-194 Pro/Con Analysis

For the Health District of Northern Larimer County Board of Directors

Bill Title: Public Health Reorganization

Issue Summary: Repeals, reorganizes, and reenacts state laws concerning the establishment and operation of public health agencies. Directs each county to create or be part of a public health agency. Specifies duties of the State Board of Health, including the development of a comprehensive public health plan.

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Bill Summary

SB 194 repeals statutes concerning county and district health departments, local boards of health, and regional health departments, then reenacts the repealed sections concerning powers and responsibilities of county and district health agencies with a greater emphasis on meeting core public health standards. The bill requires each county to establish or be part of a public health agency. The bill directs the Department of Public Health and Environment to develop a statewide comprehensive public health improvement plan and requires local public health agencies to create a plan based on community needs.

How the Bill Changes Current Public Health Statutes

The bill defines, within Colorado statutes, the ten core public health services:

1. Monitoring health status to identify and solve community health problems;
2. Investigating and diagnosing health problems and health hazards in the community;
3. Informing, educating, and empowering individuals about health issues;
4. Mobilizing public and private sector collaboration and action to identify and solve health problems;
5. Developing policies, plans, and programs that support individual and community health efforts;
6. Enforcing laws and rules that protect health and promote safety;
7. Linking individuals to needed personal health services and ensuring the provision of health care;
8. Encouraging a competent public health workforce;
9. Evaluating effectiveness, accessibility, and quality of personal and population-based public health services; and
10. Contributing to research into insightful and innovative solutions to health problems.

The bill rescinds current statutes relating to the development and operation of local and regional boards of health and incorporates them into the new legislation, thus placing the enabling rules for all public health agencies within the same section and part of Colorado law. The bill requires the State Board of Health to establish minimum quality standards for all public health services within the state; to develop a comprehensive, statewide public health improvement plan, and to reevaluate the plan every five years; to develop and maintain an information infrastructure that supports the delivery of essential public health services; and to generate measurable indicators of effectiveness by which to evaluate public health delivery. County and district public health agencies are required to produce a local health plan that is not inconsistent with the state plan. The local plan must, at a minimum, identify local health risks and methods for addressing them; assess the capacity and effectiveness of their district and denote strategies for improving the health of their community; describe how the plan will be implemented and coordinated within the state's public health system; and identify financial resources to help meet the provision of public health services.

Under the new proposal, local health agencies maintain most of the responsibilities defined under current Colorado law, with the addition of some new duties. These new duties include:

- The establishment and implementation of programs designed to meet the societal threats of environmental and chronic disease.
- The creation and execution of programs to eliminate the causes of intentional and unintentional injuries.
- The provision of other public health services which are deemed important by the state board or by local public health agencies.
- For counties with a population of fewer than 100,000 people, the bill allows for the board of county commissioners to designate itself as the local board of health.

New within the bill is wording that redefines when the state may take action to help abate a local health danger. The bill uses the phrase “imminent threat to public health” to describe a situation in which the state may take control without first receiving a request from the local public health agency. Current wording refers to a community being “unable or unwilling to efficiently or promptly abate a nuisance or prevent the introduction or spread of any contagious or infectious disease” before the state may step in. Furthermore, the bill adds new language that defines the term “nuisance” with regard to the public’s health, and codifies actions and requirements for halting such nuisances.

Background

In 2003, the Institute of Medicine of the National Academies (IOM) issued a report titled *The Future of the Public’s Health in the 21st Century*. The document was a follow-up to a 1988 IOM report that decried the state of the nation’s public health system. While acknowledging advances in health care delivery during the 15 year interim, the 2003 report cited significant, lingering concerns with the condition of America’s public health infrastructure. After the events of September and October 2001, quoted the study, “policy makers and the public became aware of vulnerable and outdated health information systems and technologies, an insufficient and inadequately trained public health workforce, antiquated laboratory capacity, a lack of real-time surveillance and epidemiological systems, ineffective and fragmented communications networks, incomplete domestic preparedness and emergency response capabilities, and communities without access to essential public health services.”¹

According to the IOM report, the “statutory framework for public health in most of the nation” is in need of reform. The document touched on several areas of operational concern within the public health system:

- There is “fragmentation and a lack of coordination” between various state and local governments with “potentially dire consequences” for the public’s health.
- There is mixed progress in addressing public health agencies’ capacity to deal with environmental issues that affect health, in creating linkages with the mental health field, and in finding ways to meet the health needs of the indigent.
- Many of the statutes and rules relating to public health are antiquated and obsolete, redundant, or ineffective.
- Public health information infrastructure is not “fully capable of handling situations in which rapid, clear communication and information transfer are essential.” Furthermore, many local health agencies lack the most basic tools necessary for rapid communication and access to information.
- A need exists to improve the management and coordination of public health agencies as they strive to meet the goal of protecting and improving the public’s health.
- Performance measurement standards are necessary for “guiding quality improvement efforts and for holding organizations accountable for meeting specified responsibilities.”
- There should be an effort, on the part of state and local governments, to move their systems toward the National Public Health Performance Standards Program, initiated in 1998.
- Every community, no matter how small or remote, should have “identifiable and realistic access to the essential public health services.” It is the responsibility of the states to ensure that such access exists.

The document outlined key recommendations for transforming the nation’s public health system. Among others, these included:

¹ *The Future of the Public’s Health in the 21st Century* (2003). Committee on Assuring the Health of the Public in the 21st Century, Institute of Medicine of the National Academies. p. 3.

- Strengthening the governmental public health infrastructure, which “forms the backbone of the public health system.”
- Developing systems of accountability to assure the quality and availability of public health services.
- Making evidence the foundation of decision making and the measure of success.
- Enhancing communication infrastructure within the public health system.

A year later, in 2004, the Colorado Department of Public Health and Environment (CDPHE) sanctioned the Public Health Performance Improvement Collaborative as a means to help coordinate the National Public Health Performance Standards (NPHPS) among its various public health agencies. The Collaborative identified several obstacles to optimum public health performance. Findings suggested the need to develop a uniform set of public health indicators, the need to cultivate strategies for addressing consistently low public health performance attainment levels, and the need to enhance information processing and data analysis capabilities throughout the state. These findings were set forth in the Public Health Improvement Plan of 2004, a non-binding, strategic guide for improving the state’s public health delivery methods. To date, only minor aspects of the plan have been incorporated into Colorado law.²

Why is this issue important?

In an era when pandemic influenza and bioterrorism are plausible threats, when environmental issues are being more directly related to health outcomes, and when evidence points to the social and economic benefits of preventive health practices it is prudent to reevaluate aspects of the current public health care system. “Health,” according to the IOM, “is a primary public good because many aspects of human potential such as employment, social relationships, and political participation are contingent on it. In view of the value of health to employers, business, communities, and society in general, creating the conditions for people to be healthy should also be a shared social goal.”³

For Colorado, the data suggest disparities in public health care delivery among citizens from one county to the next. According to the Colorado Rural Health Center, less than 25% of Colorado’s rural counties are served by an organized public health department and, for the years 2006/2007, CDPHE noted that less than half of Colorado’s local public health agencies have the capacity to meet National Health Performance Standards for all 10 essential public health services.⁴

Reasons to support bill:

- In Colorado, especially in rural areas, there is a pressing need to establish a baseline of public health program delivery to assure that all the state’s citizens have access to information and services that will help them live healthier lives and make healthier choices. Therefore, it is imperative that the state act to address shortcomings in local public health policies. The creation of a standardized, statewide plan is a significant step toward accomplishing this goal.
- According to the Colorado Public Health Improvement Collaborative, much of Colorado has fallen significantly short of attainment goals with regards to the National Public Health Performance Standards.⁵ It is necessary to institute baseline standards of public health performance for the entire state and to establish identifiable means for measuring improvement toward those standards.
- Colorado law provides for the establishment of and delineates the duties of county, district, and local public health agencies through a variety of disparate statutes. However, present C.R.S. wording does not necessitate the creation of public health agencies for all constituencies across the state. Rural counties are disproportionately affected by enabling statutes that carry no requirement to create a public health system.

² SB07-242 (signed into law 5/15/07), for example, addresses health disparities across the state and references the need to build capacity among Colorado’s various public health organizations.

³ *The Future of the Public’s Health in the 21st Century* (2003). Committee on Assuring the Health of the Public in the 21st Century, Institute of Medicine of the National Academies. p. 2.

⁴ CDPHE Strategic Plan, 2007-2008. p. 8.

⁵ *Colorado Public Health Improvement Plan: A Progress Report for the Fourth Quarter of 2004*. p. 5; pp. 17-19.

Currently, only 11 of Colorado's 47 rural counties are served by an organized public health department; and while 36 of these counties have public nursing services, 13 have only one nurse for the entire county. Furthermore, some 53% of Colorado's counties are partially designated as Mental Health HPSAs (Health Professional Shortage Areas) and almost 40% are partially designated as Dental HPSAs; seven of Colorado's counties, in fact, have no dentist at all.⁶ This bill would put a public health infrastructure in place that might bring needed public health services to many Colorado citizens.

- This bill acts to address the information processing needs of public health agencies by requiring the development of an information infrastructure to support essential public health services and functions. There is growing awareness of the importance of information processing and sharing to the mission of healthcare delivery, and the proposed legislation will act to insure that current technologies are brought to bear in Colorado's public health arena.
- The bill would eliminate obsolete portions of the existing statute, while codifying practices and policies that are congruent with current needs. By broadening the definition of public health, the bill gives the state the flexibility to meet future challenges as they arise.

Reasons to oppose bill:

- There might be concerns that the bill could create unfunded mandates for local public health agencies. It is not clear in the bill where funding will come from to help local agencies generate their local public health improvement plans and then implement strategies to meet local goals. Public health agencies may need to reallocate funding or reprioritize goals—or both—to meet the requirements of this bill. It is important to note, however, that the bill has been supported by the Public Health Directors of Colorado, the group that would be most concerned with the possibility of implementing unfunded mandates for local health agencies.
- The bill only directs the creation of a statewide plan and enforcement of minimum standards for public health. It does not clarify standards or the plan—it simply establishes the framework for creating them.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. Analyses are based on bills or issues at the time of their consideration by the Board and are accurate to the best of staff knowledge. It is suggested that people check to see that a bill has not changed during the course of a legislative session by visiting the Colorado General Assembly web page at www.state.co.us/gov_dir/stateleg.html. To see whether the Health District Board of Directors took a position on this or other policy issues, please visit www.healthdistrict.org/policy.

About the Health District

The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves.

For more information about this analysis or the Health District, please contact Carrie Cortiglio, Policy Coordinator, at (970) 224-5209, or e-mail at ccortiglio@healthdistrict.org

⁶ *Snapshot of Rural Health in Colorado*. Colorado Rural Health Center. www.coruralhealth.org