March 1, 2021

Dear Members of the Colorado General Assembly:

The COVID-19 pandemic and the response of government at all levels has thrust "Public Health" into the national spotlight. Prior to 2020, most people's interactions with public health involved topics like retail food safety, flu vaccinations, assistance in procuring health insurance, or support groups for tobacco cessation, diabetes prevention, or heart-healthy living. Public Health generated very little controversy on the local level. All that changed in March of 2020.

It was inevitable that "politics" would infect public health during a pandemic. HB 21-1115 seeks to remedy this reality by separating locally elected leaders from local public health decision-making. This will not eliminate politics from public health but it will weaken public health functioning and response.

Local public health directors already serve two masters. They are employees of their county or public health district, serving in the capacity of a department head reporting directly to county administration and the local Board of Health, which is most often the Board of County Commissioners (BoCC). They also serve as a local extension of Colorado Department of Public Health and Environment (CDPHE), implementing the broad public health goals and priorities of the state. Funding for rural public health efforts is largely driven by state-administered grants; the programs implemented at the local level are a reflection of the statewide priorities and the associated funding that is available. Tied to that grant funding is a commitment by the local agency to also administer/support the regulatory functions of CDPHE. In other words, the current system of public health in Colorado seeks to balance the locally nuanced decision-making on budgeting, staffing, and community needs with the bigger picture expertise and direction of CDPHE.

In attempting to remove politics from local public health decisions, HB 21-1115 actually introduces a third "master" to the equation. The bill prohibits County Commissioners from serving on local Boards of Health. Public health directors will still mostly serve as employees of their county and be beholden to the BoCC for funding and staffing support. And they will be required to implement the local regulatory and policy functions of CDPHE. But they will also be directly responsive to a voluntary board of local "subject matter experts". This does not actually address the needs of local public health. It simply makes it harder for them to do their job.

The pandemic has shown a bright light on the expertise that already exists in our local public health agencies. These highly skilled professionals train for situations like COVID-19. CDPHE provides them with essential resources, both financial and informational, so that they can implement the appropriate epidemiological response. Where they need help is with integrating that response, both state mandates and best practices, into the realities of local government and local communities. This

is where local Boards of Health, comprised of locally elected county commissioners, have been of tremendous service to the pandemic response.

In the last year, Boards of Health have functioned in a full-time capacity. They have had to lead an all-hands response within their communities, integrating municipal leaders, school districts, medical providers, and local media into a unified game plan. They have had to balance county finances with pandemic needs, all in a complex landscape of public opinion and questionable information from unreliable news sources. While the idea of taking politics out of public health is laudable and well-intentioned, the fact is that a successful community response to a pandemic is fundamentally an act of political will, it is an act of community convening and leadership, and it has proven to be a test of true accountability between local government and the people.

Counties currently have the legal ability to tailor the membership of their Board of Health to the needs of the community and the director of their local agency. They can also recruit subject matter experts to serve in an advisory capacity. They have tremendous latitude to do what is needed to support their local public health effort and that is how it should be. The efforts that have been required of Boards of Health in the last year could never have been expected from a volunteer board.

We believe that HB 21-1115 does not actually address the perceived problem of politics influencing local public health response. Rather, it adds an additional layer of bureaucracy to local public health at a time when an agile and nimble stance is most needed. The time will soon come when all nations, states, and local governments will review the actions taken during the COVID-19 pandemic. There will be celebrations of great work and there will be recommendations for change. This is not yet that time. Implementing the changes described in this bill in the midst of continuing pandemic response is inappropriate and unrealistic.