LOS ANGELES COUNTY
PUBLIC HEALTH COMMISSION

313 N. Figueroa St., Suite 807, Los Angeles CA 90012
(213) 288-7752 - Office

Meeting Notice of Regular Meeting

DATE: **Thursday, April 10, 2025**

TIME: **10:30 a.m.**

LOCATION: **313 N. Figueroa St., CR 804 or Conference Call:** 844-291-6364
Los Angeles, CA 90012 **Access:** 3699012

TEAMS: Join the meeting now

All Public Health Commission Meetings are open to the public. Please sign in at the Registration desk (not mandatory). Public comments are limited to two minutes each. Agenda reports to the Commission must be accompanied by a one-page summary/abstract and submitted to the Commission two weeks prior to the Public Health Commission meeting.

Agenda

I. CALL TO ORDER

II. INTRODUCTION OF COMMISSIONERS, ADVISORS, AND GUESTS

III. LAND ACKNOWLEDGEMENT

IV. ACTION TO EXCUSE EMERGENCY CIRCUMSTANCES

V. ACTION FOR APPROVAL OF MINUTES

VI. PUBLIC HEALTH REPORT

- Public Health and COVID-19 Updates – Dr. Barbara Ferrer, Director, Public Health

VII. PRESENTATION

- Behavioral Health Updates – Gary Tsai, MD

VIII. NEW BUSINESS

- Action: Letter of Support – Joshua Bobrowsky, JD, MPH
  - AB 1037 (Elhawary) – SUD Modernization Act
  - AB 1129 (Rodriguez) – Healthy Communities: Local Reporting for Community Public Health Data

IX. UNFINISHED BUSINESS

- Action: 2024 PHC Annual Report

X. THE OPPORTUNITY FOR MEMBER(S) OF THE PUBLIC TO ADDRESS THE PUBLIC HEALTH COMMISSION ON ITEMS OF INTEREST THAT IS WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMISSION IS LIMITED FOR TWO MINUTES

XI. ADJOURNMENT

Public Health Commissioners: Chairperson Commissioner, Patrick T. Dowling, M.D., M.P.H.; Vice-Chairperson Commissioner Kenny Green; Commissioner Alina Dorian, Ph.D. Commissioner, Diego H. Rodrigues, LMFT, MA; Commissioner, Crystal Crawford, J.D.

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DEPARTMENT OF PUBLIC HEALTH
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TEL (213) 288-7752
FAX (213) 975-1273

April 10, 2024

The Honorable Celeste Rodriguez
Assembly Member, District 43
State Capitol
Sacramento, CA 94249

RE: Support AB 1129 (Rodriguez) – Healthy Communities: Local Reporting for Community Public Health Data

The Los Angeles County Public Health Commission (Public Health Commission), the advisory commission to the Los Angeles County Board of Supervisors on matters related to public health, population health, and community wellbeing, writes in support of AB 1129. This bill will allow a Local Health Officer (LHO) to decide to make birth anomalies reportable, allowing their jurisdiction to implement a local birth anomalies reporting program.

Existing statute enables the California Department of Public Health (CDPH) Birth Defects Monitoring Program (CBDMP) to monitor fourteen birth defect conditions in California. Due to funding constraints, this reporting only occurs in 10 counties, and not in Los Angeles County. Los Angeles County seeks to include birth anomalies reporting as part of their public health efforts. However, current law only allows the CBDMP to carry out this type of reporting and does not allow them to delegate that authority to local health jurisdictions.

AB 1129 can help address this gap for county public health departments by allowing local health jurisdictions to develop their own birth anomalies monitoring systems, without interfering with or duplicating the work of the CBDMP.

Monitoring this data can be a critical tool for county public health departments to identify newborns and infants with certain health conditions and connect them with needed care (a.k.a case finding); determine the best prevention strategies and allocate resources effectively; point the direction for further research and assessment; and respond to environmental or public health emergencies that may increase risks to health.

In Los Angeles County, this authority could enable our local public health department to monitor the effects of the recent Los Angeles fires on births in the coming years to identify possible impacts of exposure to post-fire hazards in the environment. They could also follow birth-related incidents of cerebral palsy and of Sickle Cell Disease (SCD) to ensure that families of infants diagnosed are enrolled in specialty care.

Monitoring birth anomalies is critically important to healthcare decision-making because it can help identify families who might need extra help accessing care, guide healthcare needs, ascertain impact of environmental toxins, and uncover challenges affecting the health of newborns and infants.

We join the bill's sponsor, Los Angeles County, in advancing this legislation to empower local health jurisdictions to implement critical health condition reporting.

Respectfully,

Patrick Dowling, MD, MPH
Chair, Los Angeles County Public Health Commission

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April 10, 2024

The Honorable Sade Elhawary
Assembly Member, District 57
1021 O Street, Room 6320
Sacramento, CA 95814

RE: Support AB 1037 (Elhawary) – Substance Use Disorder Modernization

The Los Angeles County Public Health Commission (Public Health Commission), the advisory commission to the Los Angeles County Board of Supervisors on matters related to public health, population health, and community wellbeing, writes in support of AB 1037. This bill will update requirements in existing statute related to substance use disorder (SUD) care to reflect current evidence-based best practices and ensure access to appropriate treatment and services.

Specifically, AB 1037 will:

- Modernize risk reduction language in statute to conform to best practices. Current law restricts responsible use messaging and does not allow for a range of options that support and keep individuals in SUD recovery.
- Eliminate the 24-hour sobriety barrier to SUD service admission and treatment. Current regulation requires an individual to have abstained from drugs and alcohol for 24 hours prior to receiving care, which is incompatible with law, including the Behavioral Health Services Act and the Lanterman-Petris-Short Act.
- Streamline treatment facility licensure and certification. This means addressing the overlap in licensure between SUD Residential Facilities and Medication for Addiction Treatment.
- Permanently remove the sunset on syringe services programs (SSPs). SSPs have been an important public health intervention for the last 30 years. They prevent the transmission of HIV/AIDS, viral hepatitis, other blood borne diseases, infection of sexual partners, infection of in utero and newborn children, and more. The data shows that SSPs are a successful public health intervention.

- Ensure the availability of naloxone over the counter by amending the statute to eliminate the need for "a prescription or standing order" for opioid overdose reversal medication (OORM). This minor change corrects an oversight in laws addressing the availability of OORMs and eliminates any lingering confusion.

The SUD Care Modernization Act would help address historical stigmas, outdated policies, and significant statutory barriers to more successfully engage and treat people with SUDs, and ultimately save lives. This bill aligns statutes with the overarching policies of California around SUD treatment, recently enacted laws, and best practices throughout an individual's recovery journey and no matter their readiness for change. Whether someone is ready for complete abstinence from substances or not, they should benefit from SUD treatment. California statutes can facilitate greater and more streamlined approaches to accessing care with the SUD Care Modernization Act.

We join the bill's sponsor, Los Angeles County, in advancing these necessary changes, ensuring alignment with California's evolving approach to SUD treatment and integrated care.

Respectfully,

Patrick Dowling, MD, MPH
Chair, Los Angeles County Public Health Commission