

Testimony to the Little Hoover Commission
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Good morning. My name is Peter Abbott, MD, MPH and it is my pleasure to be able to testify to you today concerning the government reform proposal (GRP1) submitted to you recently by Governor Schwarzenegger.

Besides representing the organizations described above, I also have the experience of a 30- year career working for the California Department of Health Services (CDHS) and the School of Medicine of the University of California, San Francisco (UCSF). My responsibilities included several senior positions administering State and local public and environmental health programs, medical programs for indigents, and health manpower training and development. I retired from active employment in 2003, but remain involved in statewide health policy and advocacy issues.

Before embarking on the substance of my testimony, let me express agreement with the goal expressed by the Governor in his transmittal letter—an integrated, efficient and responsive state government. Another goal that I have is a healthy California. Health is important to the stated goals of a robust economy and sustainable prosperity. I worry, however, that the proposals may not lead to the desired goals, and in fact, may obstruct them.

My testimony today will present some general concerns and reservations about the entire GRP1 proposal, as well as comments directed to specific health-related boards, commissions, or other entities being proposed for elimination or transfer.

There are several general concerns with the GRP 1 proposal:

- First, the Governor indicates that this is the first in a series of reorganization proposals and points out the report of the California Performance Review (CPR) contained over 1200 recommendations. However, GRP 1 provides no overall plan or strategy to reform State government. Why were only some of the CPR recommendations for eliminating or transferring boards or commissions included in GRP 1 while others were not? Will the recommendation to establish a separate Department of Public Health, made both by CPR and your Commission (also advocated by many public health organizations), be forthcoming? How do the proposals of GRP 1 impact a separate department, if proposed? What other State agencies might be included in a separate department? These and similar questions and unknown factors confound the situation and make a full understanding of the implications of the GRP 1 proposal impossible.
- Second, it is clear that GRP 1 is targeting for elimination many statutorily constituted, semi-independent boards, commissions, and advisory committees. However, statutorily based, semi-independent entities frequently serve the public's best interests by allowing both public and professional expertise to be added to the considerations of public health policy discussions, at relatively little expense. More importantly, allowing shared appointing authority with the Legislature offers an opportunity for more balanced perspectives that may be available if appointments were solely under the purview and control of the executive branch. Many public health and environmental management and protection issues must be based upon science, long term management, and principles of public protection. Having some insulation from partisan politics coupled with a visible and publicly accessible process are critical. Having statutory requirements for membership, credentials and expertise, and/or due process for public participation and decision-making also are absolutely essential. For these reasons, California Public Health organizations are advocating that a broad-based, representative State Board be established in statute with specified responsibilities and authorities, as part of forming a separate Department of Public Health. A statutorily mandated and protected public health officer also is recommended.

- Third, the claims of the GRP 1 proposal, that statutory requirements guaranteeing public participation and access to decision-making are somehow ineffective, are completely unpersuasive. Instead, GRP 1 offers the less accessible and administratively obtuse Administrative Procedures Act governing promulgation of State rules and regulations, which already apply to State agencies. GRP 1 also advocates increased use of a “public workshop” process and the seeking of professional advice,” when necessary”. Assuring independent scientific and professional expertise, as well as specific statutory protections for public access and involvement, should not be sacrificed for administrative simplicity and control. Being able to identify and then utilize the “best” experts on an ad hoc, time-sensitive basis does NOT guarantee the State the opportunity to tap who might be the most up-to-date and/or far-seeing experts, who would have been identified through a more deliberative process and would have been sensitized to State issues by participating on a board or commission for a four-year term. In addition, it is not clear why the Commissions that are most costly to the State, in terms of compensation to Commissioners are NOT the ones currently targeted for elimination, consolidation or redesign—CMAC or MRMIB, for example. Further, all State agencies, irrespective of the reorganization proposal, should adopt methods of becoming more “user friendly”, holding workshops and other public events, and adopting internet-based technologies and services.
- Fourth, the proposal contains only minimal information on how GPR 1 would be implemented. There are no proposed changes in statutes. There is no timetable, no fiscal or staffing analyses, and no definition of the implications of being “transferred” or “eliminated”. Only the most general assurances are offered concerning leadership, functional and logistical transitions, and public participation. Especially when dealing with boards and commissions that regulate sensitive environmental protection and licensing/enforcement matters, statutory and transitional issues may be expensive and take years to resolve.
- The last general concern and reservation is that many of the State agencies receiving functions “transferred” under GRP 1 are understaffed and unable to perform current duties and

responsibilities. While saving money, several years of hiring freezes, restrictions on training and travel, and other budget cuts appear to have reduced the capacity and performance. What assurances are there under GRP 1 that the transferred workload can be done, especially since no changes in existing statutes or funding levels have been proposed?

The proposal to eliminate the Rural Health Policy Council (RHPC) and to transfer its functions from the California Health and Human Services Agency (CHHSA) to its Department of Health Services is of special concern, in addition to the ones mentioned above. The RHPC was created statutorily specifically within CHHSA in order to promote interagency coordination and communication between key departments providing health services in rural California. The Council is made up of the directors of six key agency departments (CDHS, OSHPD, ADP, EMSA, DMH, and MRMIB). It provides an excellent point of access for rural health providers and communities by holding its meetings in rural locations. Rural issues can be discussed and actions initiated through this unique and effective mechanism. The small staff to the RHPC utilizes internet technology and facilitates public participation. Transferring the RHPC functions to a small federally funded program within a branch of CDHS obviously will compromise its role and effectiveness as an interagency force. It represents a significant reduction in the State's capabilities to address comprehensively the health needs of rural California. The RHPC should be maintained at the Agency level.

The proposal to eliminate the Heart Disease and Stroke Prevention and Treatment Task Force and to transfer its functions to CDHS also deserves special mention. As you know, heart diseases and strokes remain significant causes of preventable mortality and disability in California. While the Task Force has not been funded and established, the signing of legislation forming this special Task Force in 2003 was recognition of their importance. CDHS resources for chronic disease prevention and injury control are very limited. Chronic disease and injury control programs need to be developed and strengthened at the State level, either through retention of the Task Force and its statutory mandates with adequate resources, or by adequately funding chronic disease prevention and injury control in CDHS

The proposals to eliminate environmental protection boards such as the State Water Commission or the Integrated Waste Management Board do not include mechanisms to assure that needed environmental protection occurs. Similar concerns also are true with the proposals to bring independent licensing boards under Consumer Affairs. How will the public and the involved disciplines be protected? Also, inadequate staffing to pursue investigations in a timely fashion will hamper the functioning of these boards, whether they remain as currently constituted or moved.

I appreciate this opportunity to present my testimony and hope that it will be of use to you. I would be happy to respond to any questions.