

OHA/PUBLIC HEALTH

Public Health provides a diversity of services to improve and protect the health of all Oregonians. The program manages more than 100 prevention-related programs that halt the spread of disease, protect against environmental hazards, and promote healthy behaviors. Much of the work is carried out by local county health departments which are supported in their work by Public Health staff.

OHA/PUBLIC HEALTH	2009-11 Actuals	2011-13 Leg. Approved	2013-15 Current Service Level	2013-15 Governor's Budget	2013-15 Co-Chairs' Budget (1.0)	% Change 2013-15 CSL to 2013-15 GBB
General Fund	46,018,826	34,410,315	39,210,011	38,791,511		-1.1%
Other Funds	75,050,816	77,503,193	82,039,976	80,987,756		-1.3%
Other Funds - NonLimited	33,312,480	40,000,000	40,000,000	40,000,000		0.0%
Federal Funds	229,732,241	255,979,822	260,312,432	269,362,135		3.5%
Federal Funds - NonLimited	98,526,066	102,729,051	102,729,051	102,729,051		0.0%
TOTAL FUNDS	\$482,640,429	\$510,622,381	\$524,291,470	\$531,870,453		1.4%
Positions	733	706	699	707		1.1%
FTE	682.08	686.82	685.32	688.21		0.4%

Major Revenues	Budget Environment	Comparison by Fund Type																								
<ul style="list-style-type: none"> Other Funds come from licenses and fees (e.g., health records and statistics or the Medical Marijuana program), and charges for services (e.g., newborn screening fees or public health laboratory receipts. It also includes tobacco taxes and provider taxes used for school-based health centers. Federal Funds includes grants for family planning, the Maternal and Child Health Block grant, immunizations, emergency preparedness, Ryan White HIV/AIDs grants, and numerous others. The Nonlimited Other Funds and Federal Funds support the Women, Infants, and Children (WIC) program. 	<ul style="list-style-type: none"> Health care transformation, including the role of Public Health in working with Coordinated Care Organizations (CCO's). Large number of federal grants that must be coordinated to achieve program goals. Over time, the amount of General Fund in the budget has decreased relatively, while fees have become increasingly important. 	<div style="text-align: center;"> <p>OHA/PUBLIC HEALTH</p> <table border="1" style="margin-top: 10px;"> <caption>OHA/PUBLIC HEALTH Revenue by Fund Type (Millions of Dollars)</caption> <thead> <tr> <th>Year</th> <th>General Fund/Lottery</th> <th>Other Funds</th> <th>Federal Funds</th> </tr> </thead> <tbody> <tr> <td>2009-11</td> <td>\$46</td> <td>\$108</td> <td>\$328</td> </tr> <tr> <td>2011-13</td> <td>\$34</td> <td>\$118</td> <td>\$359</td> </tr> <tr> <td>2013-15</td> <td>\$39</td> <td>\$122</td> <td>\$363</td> </tr> <tr> <td>2013-15 GB</td> <td>\$39</td> <td>\$121</td> <td>\$372</td> </tr> <tr> <td>2013-15 CSL</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> </tbody> </table> </div>	Year	General Fund/Lottery	Other Funds	Federal Funds	2009-11	\$46	\$108	\$328	2011-13	\$34	\$118	\$359	2013-15	\$39	\$122	\$363	2013-15 GB	\$39	\$121	\$372	2013-15 CSL	\$0	\$0	\$0
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MAJOR CHALLENGES AND DECISION POINTS

<ol style="list-style-type: none"> 1. The Public Health program is comprised of 70% federal funds, consisting of many different federal grants. Numerous other programs are funded with revenues from fees. General Fund makes up less than 7% of the total budget, and is concentrated in just a few areas. These include state support of county public health departments, administration, immunizations, HIV/STD/TB prevention, family planning, and the Babies First program. Consequently, any General Fund budget reductions also fall into these few areas. 2. In July 2012, the Centers for Medicare and Medicaid Services (CMS) approved Oregon’s Medicaid waiver allowing implementation of health system transformation, including CCO’s. CMS agreed to invest \$1.9 billion in Oregon’s system over five years, through a program called the Designated State Health Programs (DSHP). Resources expected during the 2013-15 biennium total \$910 million for the agency. The Governor’s budget for 2013-15 includes \$9.0 million of this revenue that will flow through Public Health, although the increased resources ultimately end up in Medical Assistance Programs. 3. The Governor’s budget funds Public Health at the current service level except for the statewide PERS adjustments and an increase in federal fund limitation for DSHP. The budget assumes that the insurer tax will sunset September 30, 2013, and \$1 million of General Fund is added to fund School Based Health Centers in lieu of insurer tax. 4. During the 2011-13 biennium, medical marijuana fees were increased and used to replace \$6.7 million General Fund in various other programs in Public Health. These programs include the Emergency Medical Services and Trauma Systems, Drinking Water, School Based Health Centers, and CCare (family planning). This funding arrangement is continued in the Governor’s budget 	
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