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Date: March 9, 2015

TO: The Honorable Mitch Greenlick, Chair  
House Committee on Health Care

FROM: Lillian Shirley, Director  
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SUBJECT: House Bill 3100

Chair Greenlick and members of the House Committee on Health Care, I am Lillian Shirley, Director of the Public Health Division in the Oregon Health Authority. I am here today to provide support for House Bill 3100, which establishes the foundational public health capabilities and programs that are necessary to provide effective public health protections for everyone in Oregon.

This bill establishes the capabilities and programs that are needed for the public health system to detect infectious diseases, protect people from environmental hazards, and prevent chronic diseases. Modernizing the public health system in Oregon will create the optimal conditions for health in every Oregon community.

I want to thank Chair Greenlick for his leadership on this work, including his commitment to creating the Task Force on the Future of Public Health Services, which was established by legislation he sponsored in 2013. As the Task Force met over nine months in 2014, it was Chair Greenlick who first understood and called out that the work ahead of us was “modernizing” the public health system. This concept is what led to House Bill 3100.

The work of the Task Force resulted in a truly a collaborative product. The Task Force brought together local and state public health departments, elected officials, nonprofits, labor, and academia to determine what needs to be in place everywhere so that the public health system works anywhere.

The laws that frame Oregon's public health system today span more than 100 years. Many of these laws were adopted one-by-one over time, in reaction to disease outbreaks and events as they happened in the late 1800s and early part of the 1900s. We have an opportunity today to step back and craft all of our laws in a thoughtful way that modernizes the way our public health system is structured and allows us to meet the health needs of everyone in Oregon.

Traditionally, public health has played a role as a clinical safety net, providing some health care to those most in need and without insurance. Today, 95 percent of Oregonians are insured and the health care delivery system is rewarded for better efficiency, value and health outcomes. While public health will still need to serve as a provider of last resort in some communities, in this new world where most are insured, this means that the public health system can turn its attention fully to strategies and interventions that focus on making people healthier by preventing and detecting diseases.

We have broad agreement that our current public health system is not structured to best serve the health needs of Oregonians, and that relying on unstable funding for public health is a large part of what we have to tackle. Federal funds for public health continue to decline and are often inflexible on how they are spent to meet the needs of Oregonians. The public health system has pieced together funding for major health issues such as oral health, STDs, obesity and hepatitis C; however, the scope and the scale of the response is limited because of the inconsistency and level of funding for these, and other issues.

House Bill 3100 provides the framework for local health authorities and the Oregon Public Health Division to work collectively to determine the best way to serve everyone in Oregon. Local jurisdictions will have the flexibility to operationalize the Foundational Capabilities and Programs through a system that works for them, either through a single county structure; a single county with shared services; or a multi-county jurisdiction. House Bill 3100 aims to achieve sustainable and measureable improvements in population health through a collaborative, accountable and transparent process between local and state public health.

Over the next year, we will work together as a public health system to define the roadmap to modernize Oregon's governmental public health system. First, together we will identify a common understanding of the components of each foundational capability and program. Then we will assess the current capacity both at the state and local level to identify how close we are to meeting the foundational capabilities and programs. Next, we will identify metrics for activities and measurable health outcomes to keep ourselves

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accountable to our citizens. Finally, because we will do this work collaboratively our work will identify and reflect the priorities and needs of communities across Oregon.

I look forward to being a resource for you as you continue the important conversation about the modernization of public health. Thank you for the opportunity to testify today and I am happy to answer any questions you may have.