



PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services
Kate Brown, Governor

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Health
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TO: The Honorable Laurie Monnes Anderson, Chair
Senate Health Care Committee

FROM: Dave Leland, Manager, Drinking Water Services
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SUBJECT: Senate Bill 121

Chair Monnes Anderson and members of the committee, I am Dave Leland, manager of Drinking Water Services for the Public Health Division. I am here to present background on the statute that SB 121 amends, and on the Oregon Health Authority's past and current work under that statute.

SB 121 provides more opportunities for alternative plans for eliminating identified danger to public health without annexation, requires the Oregon Health Authority (OHA) to consider cost-effectiveness when considering an alternate plan, changes the minimum number of resident petitioners needed to initiate an annexation proposal, and permits a petition to be withdrawn. Our position on the bill is neutral.

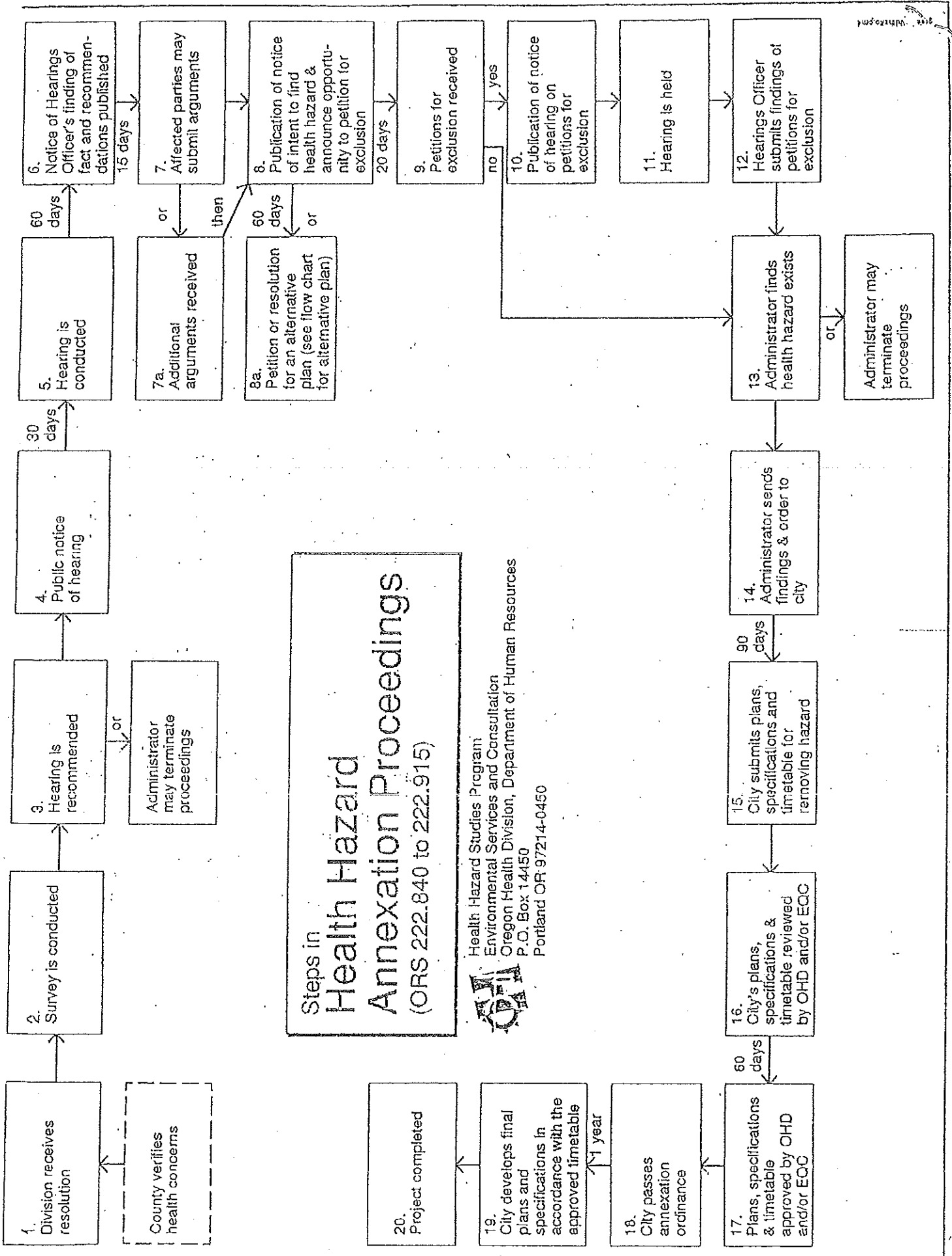
ORS 222.840 - 990 is entitled Health Hazard Abatement. The statute was first enacted in the late 1960s. Its purpose was to eliminate "danger to public health" from exposure to sewage or to contaminated drinking water in areas located near to, but outside of, established city limits. These areas were typically developed to nearly urban/suburban densities prior to modern land-use planning. Homes and businesses in these areas use on-site wastewater disposal systems for sewage and individual wells for drinking water; over time in some areas these systems failed. Failed on-site wastewater systems can directly expose the public to sewage at the ground surface, and can cause and spread communicable disease. Likewise, drinking water wells contaminated with fecal bacteria can cause and spread communicable diseases. The statute requires mandatory annexation

to the city of any such area with an identified and declared danger to public health, and requires extension of city water and/or sewer service to the impacted area to eliminate that danger.

OHA's formal health hazard abatement efforts under the statute began in 1967 but have been relatively limited since 1991. OHA declared 34 areas around the state as presenting a "danger to public health" and annexations were completed. All but one was due to failed on-site wastewater systems; the exception was due to contaminated drinking water. In addition, OHA conducted an additional 65 studies which resulted in 37 areas where services were then provided locally on a voluntary basis without any formal proceedings under the statute. Amid reductions in the General Fund in 1991, OHA determined that most of the potential health hazard areas predating land-use planning had been resolved and ongoing work by OHA was ended. Since 1991, OHA has engaged in health hazard abatement work just twice: in 2006-07 at the request of Hood River County Health Department, and currently in Milton-Freewater at the request of Umatilla County.

The health hazard abatement process is specifically described in the statute, and a flowchart is attached. Annexation can be proposed by a city, local board of health, local boundary commission, or by petition to the local board of health by any 11 residents of a territory eligible for annexation. OHA can not initiate annexation on its own. Once a city or local board of health presents OHA with a resolution containing a proposal for annexation, then OHA must investigate conditions in the affected territory. If OHA finds that a danger to public health exists, OHA holds a hearing in the affected area. If the finding is upheld, there are opportunities provided for alternate plans and petitions for exclusion. OHA then orders the city to proceed with annexation and provision of service to the area.

Thank you for the opportunity to present this information. I am available to answer questions and provide any additional information needed.



Steps in
**Health Hazard
 Annexation Proceedings**
 (ORS 222.840 to 222.915)

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