



## **Testimony Regarding HB 3100**

Chair Greenlick and Members of the Committee

Good Afternoon,

I am Marni Kuyl, Director of Washington County Department of Health and Human Services. I have worked in local governmental public health for 30 years. Before coming to Washington County, Oregon, I was the deputy director of Public Health in Clark County, Washington, and I was the vice chair for Washington State Association of Local Health Officials (WSALPHO), the Washington State version of CHLO. In my leadership role for WSALPHO, I was intimately involved in the development and the fiscal impact studies associated with their adoption of Public Health Foundational capabilities and programs. In addition, I participated on a Robert Wood Johnson Foundation learning collaborative evaluating different regional or shared governance models.

First I want to commend the Task Force on the Future of Public Health. Thank you, Chair Greenlick, for your leadership. Based on the report and meeting notes, the task force clearly understands the complexity of public health, especially within the context of stagnant and shrinking resources and the changes needed for true health transformation. Their recommendations to adopt foundational capabilities and programs and the option to develop shared services or regional public health districts will strengthen public health in Oregon.

I am here today to urge you to amend HB 3100 to ensure reflection of key recommendations of the Future of Public Health Services Task Force report; especially in regards to governance, including the role of PHAB 2.0, adopting foundational capabilities and programs, and identification of sufficient and sustainable Public Health funding. I have three main concerns with HB 3100 as currently drafted.

First, Public Health is a shared responsibility between local public health jurisdictions, the Oregon Health Authority and other important stakeholders such as coordinated care organizations, early education, mental health and aging. The current bill does not reflect a shared governance model. The proposed governance in HB 3100 does not but should reflect shared decision making between state and local public health jurisdictions. In addition, the bill does not but needs to reflect the task force recommendations to use PHAB 2.0 as a neutral governance body, whose role is to represent the citizens of Oregon and ensure that the foundational capabilities and programs are available to every Oregon resident.

My second concern is the inclusion of providing direct clinical services within the foundational program reflected in section 26 g. The task force recognizes in their report that a strong governmental public health system is designed to support the population – the community – and that this happens **outside** of the clinic setting. The role of public health is to **assure** clinical preventive services are available and accessible within our jurisdictions. The health care system, including Federally Qualified Health Centers, provides direct services, including family planning services. I started my career as a family planning nurse practitioner, so I strongly believe in the importance of access to family planning. However, providing the clinical services directly is not a foundational service for public health. Assuring access to reproductive health is a core public health role. I urge you to amend the language in section 19, (3) (E) and (f) as well as section 26 g to reflect public health’s **assurance** role.

My third and final point concerns section 30. Foundational capabilities and programs can only be implemented if public health is sufficiently and consistently funded. The funds must allow public health at both the state and local level to meet the foundational capabilities and to implement foundational programs equitably throughout Oregon. Local jurisdictions must have authority and flexibility to use funds to meet the needs of their local jurisdictions. Currently, Washington County contributes approximately four million dollars of County general funds toward priority public health programs. We need to ensure counties continue to have the authority to decide how much to contribute and what our local priorities are based on our community health needs assessment. The partnership between the state and local public health jurisdictions must include shared fiscal and programmatic governance between the Oregon Health Authority and the local jurisdictions. Therefore, I urge you to amend section 30 to reflect the importance of shared financial decision making that is based on population demographics and epidemiology.

Thank you for your time and I am happy to answer questions.

**Respectfully submitted by:**  
**Marni Kuyl, MS, RN**  
**Director of Health and Human Services, Washington County**  
[Marni\\_kuyl@co.washington.or.us](mailto:Marni_kuyl@co.washington.or.us)  
**(503) 846-3141**