

TO: House Health Care Committee

DATE: April 7, 2017

SUBJECT: Support of HB 2310

Chair Greenlick, Members of the Committee:

First, I want to thank you for your attention to public health these past few years. The conversation that has developed around Public Health Modernization is the most robust discussion of the public health system and its funding that I can recall in my time as a commissioner. And it is an exciting conversation indeed.

As you are aware, Oregon has ranked among the lowest states in terms of our per-capita General Fund investment in public health. At the county level, we make our own financial contributions to public health, working with our public health directors to determine the best use of federal, state, and local dollars. There are challenges with this work given the prescriptive nature of many federal funds.

As a result, our county public health directors have had to work very frugally and very creatively to ensure we are still meeting our obligations as the local public health authority, for which we have statutory responsibility. In extreme cases, we have seen counties determine it is simply not workable for them to do this work given the funds available, and they relinquish the majority of work back to the state. This is not our preference as we generally believe that such authority should remain with the local government in order to be most responsive to the needs of the community. In order to best leverage our resources, various counties have implemented cross-jurisdictional agreements for service delivery. For example, own county shares an epidemiologist with two other counties.

We there see the conversation around Public Health Modernization as an opportunity to really look at the work we're doing and where there is opportunity for improvement or increased efficiency. This is a particularly timely discussion as we see coordinated care organizations providing some of the clinical care that used to be primary role of our local public health departments. The time is ripe to be revising and refining the role of local public health in our evolving health care landscape.

To that end, the Public Health Advisory Board has put a great deal of time into continuing this conversation and considering the best implementation plan for the modernization framework laid out in HB 3100 in 2015. The bill before you, HB 2310, makes some necessary modifications to language in HB 3100 by modifying the implementation plan to a statewide process that iteratively rolls out foundational capabilities and programs, rather than a process by which individual counties implement all of the foundational capabilities and programs in the bill. Additionally, the bill provides some language clarification around the funding formula to more accurately capture the intent of stakeholders and agency staff who worked on HB 3100 in 2015.

For these reasons, I urge your support of HB 2310. This bill gives us an opportunity to continuing down the path of implementing a new model of public health in Oregon and to have the discussion about the resources necessary to do so.

Thank you.

Bill Hall

Lincoln County Commissioner

AOC President