



COALITION OF LOCAL HEALTH OFFICIALS

**Joint Committee on Ways and Means Sub-Committee on Human Services  
Support for House Bill 3276  
June 14, 2017**

Good morning Co-Chairs Steiner Hayward and Rayfield and Members of the Committee:

My name is Charlie Fautin and I am the Deputy Director of Benton County Health Department. Today I am testifying on behalf of, and as chair of, the Coalition of Local Health Officials (CLHO), which represents Oregon's 34 Local Public Health jurisdictions. CLHO board members supervise the local workforce that does the ground-level work of protecting and improving the health of all Oregonians every day. CLHO urges the committee's support of HB 3276A.

Under Oregon Administrative Rule (333-019-000) Oregon's Local Public Health Authorities are responsible for tracking communicable disease data, receiving reports of infectious disease, responding to and controlling outbreaks. In outbreak or epidemic situations it is imperative that local public health and our partners at the states' colleges and universities have the resources we need to stop the spread of disease. One of those tools is the assurance that insurance companies will cover the costs of vaccines or other treatments necessary to prevent infection and disease transmission.

House bill 3276A will assure that important preventive treatments will be as widely, promptly, and equitably available as possible to exposed individuals during infectious disease outbreaks. It will do this by guaranteeing insurance coverage regardless of whether the provider is in or out of the patient's insurance network.

This bill will ensure that Oregon insurance companies, including CCO's, cannot refuse reimbursement claims by any provider organization, including Oregon college and university health clinics. These health clinics are an under-recognized, under-appreciated part of Oregon's medical delivery system. The 17 college and university health services across Oregon are the health home for over 138,000 students. Because of how they are funded they are more likely than other provider organizations to encounter out-of-network insurance reimbursement barriers.

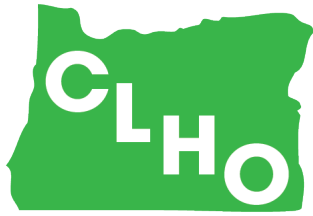
In the past five years Oregon has experienced three meningococcal disease outbreaks which have killed at least one person and permanently disabled several others. Those outbreaks have occurred in Crook County in 2012, in Lane County at University of Oregon in 2015, and the still ongoing outbreak in Benton County at Oregon State University, which started in 2016.

In both the U of O and OSU meningococcal outbreaks, barriers to insurance payments for protective vaccination were encountered and may have contributed to much lower than needed vaccination rates among the students most at risk from this disease.



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Local public health departments all across the state have also had trouble vaccinating OSU students who were home on weekends and holidays. Just like student health services', local health departments are out-of-network and unable to be reimbursed for the meningococcal vaccine even when they are dealing with an OSU undergrad for whom vaccination has been recommended by OSU, Benton County Health Department and the Oregon Health Authority.

It is important to note that this is not a problem restricted to meningococcal disease or to universities and colleges. All local health departments investigate and respond to communicable disease outbreaks on a regular basis. In fact, public health investigated 291 disease outbreaks in 2015, up from 256 in 2014 (a 14% increase). Urgent preventive treatment is not needed in every outbreak, but when it is necessary, measures should be in place beforehand to remove as many prevention and treatment barriers as possible. This bill would help ensure that everyone in Oregon who is exposed during an outbreak can receive timely preventive treatments, independent of whether their medical home is close by or if they are travelling, working, or studying away from home.

Oregonians are great travelers, and anyone could receive a public health recommendation for immediate preventive treatment or vaccination while skiing or fishing in the Cascades, attending a music festival in the Gorge, attending a rodeo in the East, or while vacationing on the coast. In those cases it is quite likely that even those with the most comprehensive private insurance coverage would find that the most accessible – and perhaps the only - provider in the area is out-of-network and that travel to an in-network provider could delay treatment and result in more severe and wider spread of the disease.

I would also like to point out that House Bill 3276A aligns with the modernization of Oregon's public health system. Communicable disease investigation & management is one of four foundational programs in Oregon's modernized public health model. We all know that transmission of disease-causing bacteria and viruses is not constrained by county lines, CCO boundaries or insurance coverage areas. This bill will help Oregon's local public health departments to work together providing more coordinated, accessible prevention services even when outbreaks spread across jurisdictional boundaries.

In addition, we support the task force created by this bill to continue to bring stakeholders together and develop strong systems and policies for vaccinations in public health emergencies or outbreaks.

The Coalition of Local Health Officials urges your support of House Bill 3276A, which will help assure that necessary preventive services can reach everyone who needs them more rapidly and more easily during declared disease outbreaks.

Respectfully,  
Charlie Fautin RN, MPH  
Chair, Oregon Coalition of Local Health Officials (CLHO)



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