



DATE: June 29, 2017

TO: The Honorable Elizabeth Steiner Hayward, Co-Chair
The Honorable Dan Rayfield, Co-Chair
Joint Committee on Ways and Means,
Subcommittee on Human Services

FROM: Lillian Shirley, BSN, MPH, MPA, Director
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SUBJECT: HB 2310A Public Health Modernization

Co-Chair Steiner Hayward, Co-Chair Rayfield, and members of the committee, I am Lillian Shirley, Director of the Public Health Division at the Oregon Health Authority. I am here to testify in support of HB 2310A, a bill that refines statutes related to the modernization of Oregon's public health system. These changes will strengthen the public health system's ability to meet the priorities laid out in the statewide public health modernization plan, which includes demonstrating improved population health through accountability metrics. Specifically, HB 2310A:

- Modifies the process by which foundational capabilities and foundational programs will be implemented across state and local public health authorities in accordance with recommendations made by the Public Health Advisory Board in 2016.
- Directs the Oregon Health Authority to establish accountability metrics to monitor progress toward statewide public health goals.
- Clarifies that the local public health funding formula is limited to moneys made available by the state to Oregon Health Authority for funding foundational capabilities and programs, and gives the Oregon Health Authority the ability to distribute funds through means other than the local public health funding formula in the event funds are insufficient to be distributed through the funding formula.

- Requires the Oregon Health Authority to submit a biannual report to Legislative Fiscal Office and the Public Health Advisory Board.
- Adds to the Public Health Advisory Board a member who represents Oregon's federally recognized tribes.
- Clarifies requirements for county relinquishment of public health authority.
- Clarifies requirements for local public health authority annual plans and modernization plans.

Oregon's public health system has been on its path toward public health modernization since 2013. Through recommendations from the Future of Public Health Task Force and in House Bill 3100 (2015), the Oregon legislature established a framework for the essential public health protections that must be in place for every person in Oregon. Significant progress has been made since the passage of House Bill 3100. This system-wide effort has yielded a detailed operations manual for what state and local health departments must provide for every person in Oregon; a comprehensive assessment of what public health services are provided today in every state and local health department, and what gaps exist; a statewide plan for implementing public health modernization; and a suite of accountability measures for the public health system.

As a result of the 2016 public health modernization assessment, we found that in more than one third of Oregon communities, core public health programs are limited. We also now know that more than 50% of Oregonians live in an area of the state where the local health department does not have capacity to address health disparities, leaving some communities to face a greater burden of poor health outcomes. The public health modernization assessment also found that in 25% of communities, communicable disease control programs are limited.

As a result, the Public Health Advisory Board prioritized communicable disease control for work in the 2017-19 biennium, with the intention that building a modern system to address communicable disease would also improve health equity and prepare the system for further investment in public health priorities.

Communicable diseases are a growing issue in our state. The public health system is faced with a combination of communicable disease threats through an increase in vaccine-preventable diseases like mumps and measles; new vector-borne diseases stemming from changes to our environment and an increase in

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international travel; and a growing number of diseases that are now resistant to common antibiotic treatments. During 2007, only 26 cases of infectious syphilis were reported statewide; this increased about 2000% to 571 cases reported during 2016. Since 2014, 10 infants have been born with congenital syphilis. Cases have been identified throughout the state, including rural communities. This is due to a long-term decline in public health resources to identify and treat affected partners. Without additional resources, we will expect this trend to continue.

We know that proven public health interventions offer the best chance to reduce preventable diseases; increase the population's life span; and reduce health care costs, including those to the state Medicaid system.

It is more critical than ever that Oregon has a robust public health system in order to save on health care costs and protect the health of everyone in Oregon, especially our most vulnerable.

Thank you for the opportunity to testify today. I am happy to answer questions.