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Date March 7, 2023

TO: The Honorable Rob Nosse, Chair

House Committee on Behavioral Health and Health Care

FROM: Jennifer Woodward, State Registrar

Center for Public Health Practice

Public Health Division Oregon Health Authority

SUBJECT: House Bill 2420

Chair Nosse and members of the committee; I am Jennifer Woodward, State Registrar for the Center for Health Statistics of the Oregon Health Authority.

I am here to talk about the impact of House Bill 2420 on the Center for Health Statistics, also known as Oregon Vital Records. The bill significantly changes regulations related to issuing birth and death certificates throughout the state. It gives county vital records offices the ability to issue birth and death certificates regardless of the location of the event or timing of the event.

Under current law, county vital records offices issue birth and death certificates for events that occur in that county within six months of the date of the event. County vital records offices receive \$25 per certificate for these certificates.

Currently, any issuance of birth and death certificates **after** six months of the event is done by the Center for Health Statistics. The state receives \$25 per certificate for these certificates.

As written, the bill has an unintended fiscal impact on the Center for Health Statistics. Under House Bill 2420, certificate issuances and collection of fees would likely shift from the state to the counties. A shift of 50% to 75% of orders for vital records from the state to the counties could result in a revenue loss at the state of an estimated \$2.6 million to \$3.8 million a biennium. This amount of revenue loss would require a reduction of 17-24 staff (33% to 46%) at the state. This loss will prevent the state vital records office from being operational as required by law. It would also prevent the state from having an

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operational vital records and statistics system. Counties need an operational vital records and statistics system to issue certificates and have data to complete local level health assessment and analyze health disparities in their communities.

Amending the bill to add back the language "within six months of the date of the event" would alleviate the concerns about revenue loss at the state. However, even with the suggested amendment, implementation of the bill would require information system changes. Such changes would not be possible by the effective date of January 1, 2024. The specifications for such an information system change need to be finalized and in a contract amendment by early April 2023. There are also estimated cost of \$50,000-\$100,000 associated with making changes to the state vital records systems.

The amended bill would still have an impact on the county vital records offices revenue and workload. The extent of shift is uncertain. Time is needed to collaborate with counties and other partners to assess revenue sharing if the bill is to move forward. We suggest a January 1, 2025 or later effective date.

Thank you for this opportunity to testify. I will be happy to be a resource to the committee.