

OREGON COALITION OF LOCAL HEALTH OFFICIALS

To: Senator Patterson, Chair Senate Health Care Committee
Members of the Senate Health Care Committee
Fr: Morgan Cowling, Executive Director, Oregon CLHO
Re: HB 2965- Public Health Modernization implementation

What does HB 2965 do?

HB 2965 moves the date that local public health authorities are required to submit local plans implementing the public health modernization model from 2023 to 2025.

Why do we need HB 2965?

HB 2965 is needed because the Oregon Legislature and Federal agencies have not yet provided significant investments into the public health system to implement the full model as outlined in law. More time is needed.

Background

In 2015, the Oregon Legislature passed HB 3100 which created a new framework for governmental public health in Oregon, known as Public Health Modernization. HB 3100 adopted the entire model into Oregon Revised Statutes but didn't provide any funding for implementation. The bill outlined processes and timelines for a public health modernization assessment to define gaps and needs between the old public health system and a modernized public health system. HB 3100 required a phased-in approach for implementing public health modernization across the public health system with all local public health authorities implementing the model by December 31, 2023.

HB 2965 moves that date for implementing public health modernization from December 31st, 2023 to December 31st, 2025 to give Oregon more time to fund the public health system and implement the model.

A 2016 assessment found that Oregon's current public health system (including state and local public health) needed to fill a gap of \$210 million (per biennia) to achieve the Public Health Modernization model that HB 3100 made law. In 2017, the Oregon Legislature invested \$5 million in that model and in 2019, the Legislature invested an additional \$10 million for a total biennial investment of \$15 million for the Public Health Division, Local Public Health Authorities and Tribes. This leaves a \$195 million gap per biennia to fully implement the Modernization model.



For more information please contact Morgan Cowling, Executive Director
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Planned phase-in of Public Health Modernization¹

Proposed phases for foundational programs



Public Health Modernization Assessment, 2016

Estimated cost of full implementation	Total estimated cost of full implementation	Current spending	Additional increment of cost	Per capita ¹ annual additional increment of cost
Foundational programs	\$184,714,000	\$129,616,000	\$55,098,000	\$14.13
Environmental public health	\$59,647,000	\$45,214,000	\$14,433,000	\$3.70
Prevention and health promotion	\$58,351,000	\$40,908,000	\$17,443,000	\$4.47
Communicable disease control	\$38,322,000	\$25,404,000	\$12,918,000	\$3.31
Access to clinical preventive services	\$28,394,000	\$18,090,000	\$10,304,000	\$2.64
Foundational capabilities	\$129,068,000	\$79,602,000	\$49,466,000	\$12.68
Leadership and org competencies	\$47,860,000	\$34,959,000	\$12,901,000	\$3.31
Assessment and epidemiology	\$31,984,000	\$17,504,000	\$14,479,000	\$3.71
Emergency preparedness and response	\$12,214,000	\$8,966,000	\$3,247,000	\$0.83
Community partnership development	\$9,941,000	\$5,974,000	\$3,967,000	\$1.02
Policy and planning	\$9,617,000	\$4,415,000	\$5,202,000	\$1.33
Health equity and cultural responsiveness	\$9,396,000	\$4,411,000	\$4,985,000	\$1.28
Communications	\$8,056,000	\$3,373,000	\$4,683,000	\$1.20
Total	\$313,782,000	\$209,218,000	\$104,562,000	\$26.81

1. Oregon's population based on U.S. Census Bureau, American Community Survey estimates, 2009–14. Oregon's estimated population was 3,900,243.

¹ Oregon Health Authority. (2020). *Public health modernization: Funding report to Legislative Fiscal Office*. Retrieved from <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/2020-Report-to-LFO.pdf>



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