



February 19, 2025

Representatives Campos and Valderrama, Co-Chairs  
Joint Committee on Ways and Means  
900 Court St. NE – H 170  
Salem, Oregon 97301

Good afternoon, Co-Chairs Campos and Valderrama, and Members of the Subcommittee.

My name is Dr. Marie Boman-Davis (she/her/hers), and I am the Public Health Division Manager and the appointed Local Public Health Administrator for Washington County. I would like to thank you for the opportunity to testify in support of increased investments for Public Health Modernization within the Oregon Health Authority budget in House Bill 5025. Previous investments, successfully and equitably distributed across the state using a funding formula, supported each county with mandated workforce capabilities such as trained frontline staff for emerging health threats. New investments are critical for expanding staffing capacity for community access to base public health services, ensuring effective care coordination, and containing healthcare costs.

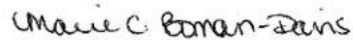
Oregon has a cross-sector healthcare system that includes medical services, community organizations and public health. Each system partner holds unique roles and responsibilities to improve health outcomes. Early this year, as [required by statute](#), a healthcare facility reported an active case of tuberculosis (TB) to our local county health department. Following [investigative guidelines](#) and state mandates, our TB nurse supervisor interviewed the patient and obtained an initial list of contacts within 72 hours. To provide some [background](#), tuberculosis (or TB) infection and disease is caused by TB bacteria. It spreads through the air when someone sick with active TB disease of the lungs coughs or speaks. It is possible for a person to be infected with TB bacteria without showing symptoms, which is known as a [latent](#) TB infection. Persons with latent TB infection cannot spread TB to others; however, TB can develop into active TB disease if not treated. In our investigation, we identified nearly 150 contacts in the local area, in other Oregon counties, and outside of the state. Contacts included healthcare workers, patients in high-risk medical settings, household/family members, and coworkers. This is one of largest TB investigations in the county's history and an example of an emerging health threat.

The response required engagement of various public health staff (e.g., public health nurses, community health workers, epidemiologists, emergency preparedness) across multiple teams and updates to the County emergency management team. Over the past several weeks, our public health team in consultation with the local Health Officer contacted people who were exposed; reviewed medical records; provided TB education; and coordinated with partners such as the Oregon Health Authority and the Oregon State Public Health Lab to screen all close contacts. Many people were identified with latent TB infections and were referred for medical treatment. So far, the team has not identified any new active cases but will conduct a second round of testing in mid-March to be certain.

This tuberculosis investigation demonstrates immense progress in ensuring everyone in Oregon is protected by foundational public health services, but we have more work to do. We are incredibly proud of our Washington County Public Health team for their response during this tuberculosis investigation, and we want this coordinated, efficient response to be the norm for all diseases and emerging health concerns. To build on and expand this work, we encourage the committee to invest \$25 million into public health modernization in the 2025-2027 biennium.

Thank you for your time and consideration of this important topic.

Sincerely,

A handwritten signature in black ink that reads "Marie C. Boman-Davis". The signature is written in a cursive, slightly slanted style.

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