**Findings.** The Legislative Assembly finds and declares that:

~~(1) Each resident of this state is entitled to the basic public health services that are necessary to preserve life and health;~~

**(1) Passage by the legislature of health care transformation coupled by the knowledge that better health outcomes are more environmentally impacted than through services delivered in a clinic lead us to the conclusion that new resources and policy directives must be provided to ensure systematic, high quality and effective delivery of public health services in Oregon.**

**(2) The public health system is a shared responsibility of the State of Oregon and its public health authorities. The state recognizes that it is in a partnership with these authorities and that its role in public health is to establish consistent standards for service delivery, verify outcomes, and leverage available resources to ensure each resident of this state may live and thrive in healthful environments.**

(3)~~(2)~~ A framework for public health services provided by the ~~government~~ **Legislature** is necessary for **developing** ~~applying the~~ foundational capabilities and **local public health authorities are willing, in the context of a partnership with the state, to assume responsibility for** implementing the foundational programs by which the **partners** ~~state or local government~~ may assess, protect or improve the health of the residents of this state; and

**(4) Under the terms of the partnership agreement, the local public health authorities agree to assume responsibility for the implementing the foundational programs established in section 17 of this 2015 Act, subject to the state agreeing to provide adequate funding to the counties for this responsibility as per Section 30 of this 2015 Act.**

(5) ~~(3)~~ The purpose of sections 10 to 24 of this 2015 Act is to provide the framework described in subsection (2) of this section.

**(6) The amendments to statutes made by sections 1(3) and section 30 are intended to acknowledge and implement the terms of the partnership between the state and the counties in a future state when the public health system is deemed transferred and when adequate funding for these services is determined.**

FUNDING OF LOCAL PUBLIC HEALTH AUTHORITIES

SECTION 29. ORS 431.380 is added to and made a part of ORS 431.405 to 431.510.

SECTION 30. ORS 431.380 is amended to read:

431.380. *[(1) From funds available to the Oregon Health Authority for local public health purposes, regardless of the source, the authority shall provide payments to the local public health authority on a per capita or other equitable formula basis to be used for public health services. Funding formulas shall be determined by the authority with the concurrence of the Conference of Local Health Officials*.]

(1) From moneys available to the Oregon Health Authority for the purpose of funding the foundational capabilities established under section 10 of this 2015 Act and the foundational programs established under section 17 of this 2015 Act, the Oregon Health Authority shall make payments to local public health authorities under this section. Payments made under this section must be made pursuant to a formula adopted by the Oregon Health Authority by rule that provides for the equitable distribution of moneys. As a part of the formula, the Oregon Health Authority shall:

(a) Establish a baseline amount to be invested in local public health activities and services by the state;

**(b) Establish a baseline percentage of funding that will be dedicated to performing evaluation services to determine evidence based practices in accordance with Section 22 and 23 of this 2015 Act.**

~~(b) Establish a baseline amount to be invested in local public health activities and services by local public health authorities;~~

~~(c) Award matching funds to local public health authorities that invest in local public health activities and services above the baseline amount established under paragraph (b) of this subsection; and~~

(d) Provide for the use of incentives as described in subsection (3) of this section.

(2) With respect to counties that have established joint public health services [*with another county, either by agreement or the formation of a district board of health*] under ORS 31.414, [*distribution of funds*] payments made [*available*] under the provisions of this section [*shall*] must be prorated to [*such*] the counties as provided by agreement or [*under*] as provided by ORS 431.510.

(3) The Oregon Health Authority shall adopt by rule incentives to encourage the effective and equitable provision of public health services by local public health authorities.

(4) Nothing in this section prohibits the Oregon Health Authority from distributing funds to a local public health authority ~~through a competitive contract or grant process or~~ on the basis of need.

**(5) Baseline funding; basis on which county can discontinue participation. The baseline funding referred to in sub-section (1) (a) of this section will become the basis for biennia beginning after June 30, 2015, as the current service level for the expenses of providing management and support services incurred by the local public health authorities for carrying out the activities to provide the foundational capabilities established under section 10 of this 2015 Act and the foundational programs established under section 17 of this 2015 Act. At a minimum, each biennium’s appropriation must be established at this baseline.**

**(6) If the total state public health authority appropriation is less than the baseline calculated under subsection (1) (a) of this section, a public health authority may discontinue participation by written notification to the director 180 days prior to implementation of the change. If a public health authority discontinues participation, the responsibility for public health provided to the public health authority, and the portion of funding made available to the public health authority under ORS 431.380 reverts to the Oregon Health Authority.**

 (3) As used in this section, “current service level” means the calculated cost of continuing current legislatively funded programs, phased in programs and increased caseloads minus one-time costs, decreased caseloads, phased out programs and pilot programs with the remainder adjusted for inflation as determined by the Legislative Assembly in its biennial appropriation to the Department of Corrections. [1995 c.423 §6; 1999 c.952 §1]

**423.486 Costs incurred by county; rules.** (1) Beginning in 2012, and every six years thereafter, the Department of Corrections shall conduct a study to determine the actual costs incurred by each county of providing management, support services, supervision and sanctions for offenders described in ORS 423.478 (2).

(2) The department may adopt rules to carry out the provisions of this section. [2009 c.168 §1]

SECTION 37. ORS 431.170 is amended to read:

431.170. (1) The Director of the Oregon Health Authority shall take direct charge of the functions that are necessary to preserve the public health in [*any county or district*] a local public health authority whenever [*any county or district official*] a local public health administrator fails [*or refuses*] to administer or enforce [*the public health laws or rules that the director or board is charged to enforce*] sections 10 to 24 of this 2015 Act and any other public health law or rule of this state as described in ORS 431.150.

(2) The director may [*call to the aid of the director such*] request assistance as [*is*] necessary

[*for the enforcement of such statutes and rules*] to fulfill the director’s duties under subsection (1) of this section, the expense of which shall be borne by the [*county or district making the use of this procedure necessary,*] governing body of the local public health authority over which the director took charge, to be paid out of the [*respective county or district*] treasury of the governing body of the local public health authority upon receipt of vouchers properly certified by the director~~.~~ **except that reimbursement is not required if:**

1. **The public health authority official is unable to administer or enforce the laws or rules because of a lack of sufficient funding from the state; or**
2. **The public health authority has relinquished public health authority to the state due to a lack of sufficient funding from the state.**

LOCAL PUBLIC HEALTH SERVICES (this is repealed by HB 3100

**431.375 Policy on local public health services; local public health authority; contracts for provision of maternal and child public health services by tribal governing council.** (1) The Legislative Assembly of the State of Oregon finds that each citizen of this state is entitled to basic public health services which promote and preserve the health of the people of Oregon. To provide for basic public health services the state, in partnership with county governments, shall maintain and improve public health services through county or district administered public health programs.

(2) County governments or health districts established under ORS 431.414 are the local public health authority responsible for management of local public health services unless the county contracts with private persons or an agency to act as the local public health authority or the county relinquishes authority to the state. If authority is relinquished, the state may then contract with private persons or an agency or perform the services, **after a process is undertaken by the Oregon Health Authority to seek interest from the Conference of Local Health Officials in providing services from an already established local public health authority.**

(3) All expenditure of public funds utilized to provide public health services on the local level must be approved by the local public health authority unless the county has relinquished authority to the state or an exception has been approved by the Oregon Health Authority with the concurrence of the Conference of Local Health Officials.

(4) The Oregon Health Authority:

(a) Shall contract for the provision of maternal and child public health services with any tribal governing council of a federally recognized Indian tribe that requests to receive funding and to deliver services under the federal Title V Maternal and Child Health Services Block Grant Program.

(b) May contract directly with any tribal governing council of a federally recognized Indian tribe for provision of public health services and programs not required under paragraph (a) of this subsection.

(5) Contracts authorized by subsection (4) of this section must specify that:

(a) Payments will be made to the tribe on a per capita or other equitable formula basis;

(b) The tribe must provide services that are comparable to the services provided by a local public health authority; and

(c) The tribe must comply with any state or federal requirements with which a local public health authority providing the same services must comply. [1983 c.398 §1; 2005 c.493 §1; 2009 c.595 §559]