

September 15<sup>th</sup>, 2021

To: Oregon Coalition of Local Health Officials (CLHO) Board

Fr: CLHO Legislative Committee

Re: Ballot Measure 108 Funding

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**The CLHO Legislative Committee recommends to the CLHO Board that we officially request \$10 million of the Ballot Measure 108 tobacco tax funding to support additional capacity for local public health programs for tobacco prevention.**

#### Background

In 2019 CLHO worked to negotiate and support passage of a \$2 increase in the price of a pack of cigarettes, establish a tax on e-cigarettes and increase the tax cap on cigars. During the negotiation we worked with the Governor's office, Oregon Health Authority, National tobacco partners and health care partners to negotiate language that would support passage of the tax when it became Ballot Measure (BM) 108 and went to the polls. Here is the language to allocate the ten percent of the funding:

10 percent of the moneys are continuously appropriated to the Oregon Health Authority for distribution to tribal health providers, Urban Indian Health programs, regional health equity coalitions, culturally specific and community-specific health programs and state and local public health programs that address prevention and cessation of tobacco and nicotine use by youth and adults, tobacco-related health disparities and the prevention and management of chronic disease related to tobacco and nicotine.

Oregon Health Authority's public health division has engaged community advisors to make recommendations on portions of the allocation of the ten percent and has engaged in Tribal consultation to fund tribal health providers and Urban Indian Health programs. Thus far, there has been no conversation about a portion of the BM 108 funding for to support additional capacity in local public health programs, which were specifically called out in the ballot measure.

#### Legislative Committee recommendations

In addition to advocating for \$10 million of the BM 108 funding, the legislative committee recommended that these funds be in addition to (and not taken from) funds for community and culturally specific prevention and Tribal Health prevention investments. These additional investments in local public health programs can be used to align and support community-based prevention work and provide any local technical assistance that may be requested from local partners.