

CHILDREN NOW



californiahealth+ advocates
ADVANCING THE MISSION OF COMMUNITY HEALTH CENTERS



UNIVERSITY OF THE
PACIFIC
Arthur A. Dugoni
School of Dentistry
Pacific Center for Special Care



February 14, 2018

TO: Senator Richard Pan, M.D.
Chair, Senate Budget Subcommittee No. 3 on Health and Human Services
Capitol Building, Room 5114
Sacramento, CA 95814

Assemblymember Joaquin Arambula, M.D.
Chair, Assembly Budget Subcommittee No. 1 on Health and Human Services
Capitol Building, Room 5155
Sacramento, CA 95814

FROM: Brianna Pittman, Legislative Director, California Dental Association
Christy Bouma, California Health+ Advocates
Kimberly Chen, Government Affairs Manager, California Pan-Ethnic Health Network
Eileen Espejo, Senior Managing Director, Media & Health Policy, Children Now
Mayra Alvarez, President, The Children's Partnership
Michelle Gibbons, Executive Director, County Health Executives Association of California
Paul Glassman, Director, Community Oral Health and Pacific Center for Special Care, UOP
Dugoni School of Dentistry Pacific Center for Special Care

RE: Tobacco Tax initiative funding for the State Oral Health Plan – Granting & Rollover Authority

Oral health stakeholders in California, represented above, respectfully request your support to grant the California Department of Public Health (CDPH) optimal authority over the distribution of Oral Health Program funds, including the authority to rollover unexpended Oral Health Program funds over three years. In particular, the attached proposed statutory language grants CDPH the flexibility to distribute funds in a timely manner and ensure the availability of these funds over a three-year period.

The successful passage of Proposition 56 in 2016, which increased the tobacco tax by \$2 per pack, helped to secure funding for implementing CDPH's State Oral Health Plan developed by the State Dental Director in collaboration with our organizations. Proposition 56, allocated \$30 million annually to the State Oral Health Program, for preventing and treating dental disease, including conditions caused by tobacco products.

The importance of this funding for California's Oral Health Program cannot be overstated, as this is the first substantial investment in oral public health in decades and comes at a time when the state is more prepared than ever to actively engage and coordinate using these funds. CDPH and key stakeholders have participated in the Oral Health Program's Advisory Partnership Committee meetings throughout the past year, where challenges around expending funding have been identified and the inability to move funding to subsequent years has been raised as a primary concern.

We have identified the funding distribution practices in other CDPH programs, such as the California Tobacco Control Program, as particularly effective, and believe that the State Oral Health Program should be allowed to utilize similar practices with local health jurisdictions for distributing Proposition 56 dollars. Without the flexibility to distribute funds in a timely manner and access these dollars in subsequent fiscal years, we are concerned that the Oral Health Program, CDPH and potentially local health jurisdictions will be dictated by restrictive policies and timelines instead of strategic disbursements, creating delays and missed opportunities to fully realize the benefit of the funding voters intended to improve the oral health of all Californians.

We appreciate all that we have been able to accomplish together as stakeholders in California and urge your support for a common sense approach to optimizing fund distribution from the State Oral Health Program to the local communities who would implement its vision.

For these reasons, we urge your support for providing CDPH the flexibility to ensure the availability of Oral Health Program funding over three years. Should you have any questions or comments on our proposed statutory language, please feel free to contact our organizations identified above.