



Interested Party Testimony
Association of Ohio Health Commissioners
House Bill 110

Chairman Oelslager, Vice Chair Plummer, Ranking Member Crawley and members of the House Finance Committee:

My name is Joe Mazzola, Health Commissioner with Franklin County Public Health and President of the Association of Ohio Health Commissioners (AOHC). On behalf of our membership, I would like to draw your attention to and urge removal of a provision added in the Substitute version of HB 110 that impacts local boards of health. The provision is listed in the comp doc as DOHCD40.

Under the amendment, cities with populations of less than 50,000 residents who have a city health board would be required to abolish that board and have those services transferred to the county health board. This is not the first time the legislature has contemplated such language. In anticipation of such an amendment, I presented and respond to questions from the Health and Human Services Subcommittee testimony describing our public health system in Ohio and lack of necessity for such language. I will summarize that testimony for you here.

Lack of necessity

Assuming that the legislature's interest in this provision lies in efficiencies gained by mergers and consolidations, AOHC agrees that, *under certain circumstances*, efficiencies can be gained through mergers and consolidations. That is why the number of health districts

has consistently been reduced, organically, over the years. Prior to the pandemic of 1918, Ohio had over 1000 local health districts. By the 1980's there were around 160 local health districts. By 2005 there were around 135. Today there are 113. As you can see, local communities are finding the political will to merge and consolidate, *when it makes sense and in the interest of public health*. I will explain this further in my next comments.

One size does not fit all

The provision of HB 110 that forces consolidations uses 50,000 to abolish city health districts. Though there is some literature to suggest a 50,000 population increases shared services opportunities, the number does not take into account any of the numerous factors that must be considered when consolidations occur. Board governance, continuation of services, funding, and efficiencies are just a few of the issues that must be resolved through careful analysis of data.

Discussions must also be held amongst numerous local and state stakeholders including local businesses, hospitals, schools, social service agencies, health care providers, and elected officials. Community support must be sought and earned through public education. And none of this can or should be forced onto our local communities. As these discussions take place, it may be discovered that small health districts can offer better and more cost-effective public health services as a stand-alone board, rather than a merged board.

Alternative Language to Require Further Analysis

As a mutual interest with the intent of this language, AOHC is supportive of an amendment to require cities of less than 50,000 that have a health department to enter into a study with the county health district to determine the feasibility of a merger. To support this effort, we suggest earmarking a portion of the \$6 million appropriation that is already in the Ohio Department of Health budget for these purposes. We believe this directive accomplishes the laudable goal of seeking

efficiencies through mergers, but allows a thoughtful, data driven, local decision to be made.

Multi-County Levy Authority

Finally, we would urge the House to reconsider an amendment to a provision of the as-introduced version of HB 110 that would allow county health jurisdictions to place a multi-county health district levy on the ballot before the merger of multiple individual county health districts. Currently state law allows multiple counties to form a health district but does not provide a way to fund that consolidated district. The language that was included in the Governor's proposal was consistent with the legislature's desire to see local health districts merge when appropriate and should be put back into the bill to further this goal, with the clarification that the levy may be placed on the ballot prior to the final decision to merge, so that funding of the merged district can be assured as part of the local planning.

Strengthen Ohio's Public Health System

As we continue to respond to the COVID-19 pandemic local health departments are also carrying out our work to improve the health of our communities by preventing disease, promoting healthy living and protecting against public health threats. Now is the time to strengthen our public health system with the tools and resources it needs. We ask the legislature to work with local health departments and the communities we serve to fund public health and advance policy that will help us meet that mission.

Thank you for your consideration.