

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 05/09/22

Name: Nicholas V Cascarelli

Are you representing: Yourself Organization

Organization (If Applicable): Wayne County Health Department

Position/Title: Health Commissioner

Address: 203 S Walnut St

City: Wooster State: Oh Zip: 44691

Best Contact Telephone: (330) 264-9590 Email: ncascarelli@wayne-health.org

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 463

Specific Issue: Eliminating the District Health Advisory Council

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? NA

Please provide a brief statement on your position:

This bill proposes to eliminate the District Health Advisory Council and replace it with the County Commissioners as the sole body to determine Board of Health membership. The current format works in most communities and Health departments receive their inside millage from townships, villages and cities. This bill will take away these subdivisions' opportunity to determine Board of Health membership.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.