



Testimony before the
**House Finance Subcommittee on
Health and Human Services Subcommittee**

Senate Bill 110
March 3, 2021

Chairman Roemer, ranking member West and members of the Health and Human Services Subcommittee. My name is Joe Mazzola. I currently serve as Health Commissioner with Franklin County Public Health (FCPH), and President of the Association of Ohio Health Commissioners (AOHC), the state association representing Ohio's 113 local health departments. Thank you for the opportunity to provide this testimony, regarding House Bill 110, the state biennial budget bill.

Before I speak to the bill, I would like to make a few comments about our public health system. Ohio's governmental public health system is composed of the state health department and our local health departments. The Ohio Department of Health administers state public health programs through rules, guidance and technical support, including the administration of federal and state funds designated for public health programs. The local health departments implement many of the state authorized programs, rules and services. While the state health department is 75% funded by our federal partners, local health departments are 75% funded from local revenue such as levies, property tax or general revenue. Collectively, state and local public health work collaboratively every day to improve the health and welfare of Ohio's citizens. Our public health system is aligned towards common priorities to address issues such as communicable disease, emergency preparedness, infant and maternal mortality, immunizations, chronic disease, mental health addiction and access to care. I want to personally thank the public health professionals at ODH and all of our local health departments who have worked tirelessly in response to

COVID-19 while also maintaining core public health services. They deserve our gratitude and respect.

Our state public health system is based on being nationally accredited. At its core, accreditation is focused on quality improvement and ensuring to the public our departments meet nationally recognized capabilities and standards. 44 local health departments (38%) have achieved national accreditation, while 67 more have already applied and are actively in the process of receiving accreditation. To that end, AOHC is pleased to see a significant investment in public health in House Bill 110. The Covid-19 pandemic has demonstrated that a well-funded and well devised public health system is vital to responding to public health emergencies but also addressing long-standing public health issues. Here are the many provisions we support:

1. Addition of language allowing for donations, grants, other private sources of income to the Public Health Priorities Fund to fully maximize the vision of public-private partnership for the advancement of public health initiatives.
2. Addition of vaping products to definition of nicotine products, with consideration of meaningful enforcement.
3. Expanding allowance for pharmacists to provide tobacco cessation products.
4. Removal of the requirement to use state texting contractor for WIC program, in recognition of current technologic options for local program participants.
5. Expansion of Help Me Grow to age 5, with additional funds for home visiting.
6. Addition of \$2 million in the ODH budget for health equity initiatives, in support of agency and administration-wide implementation of foundational health equity principles.
7. Addition of \$6 million in ODH budget for local implementation of state health improvement and community health improvement plans and priorities, All local health departments establish local public health priorities based on community assessment and collaboration; those plans are aligned with the State Health Improvement Plan.
8. Additional investment in lead abatement and prevention initiatives. Ohio's older communities especially need continued effort to put this issue behind us.

9. \$25 million in data systems investments for public health – disease and immunization registries, environmental health program management, epidemiologic and lab systems improvement, just to name a few.
10. Increase in investment in harm reduction programs and other initiatives targeting opioid use, a very important aspect of the comprehensive state strategy to combat substance abuse.

There are two policy changes in House Bill 110 that AOHC would ask the committee to consider for improvement:

1. Health district multi-county levy authority: AOHC has consistently expressed its longstanding support of this option for local mergers and consolidations. We would ask the General Assembly to adopt an amendment to the current proposal to allow for the placement of the initial levy on the ballot prior to the finalization of any multi-county merger, in order to assure there is a mechanism to fund the newly created district. This is the same mechanism that exists for multi-county ADAMHs boards.
2. Plumbing inspection and inspector certification: The bill proposes that the certification requirements for inspectors working for local health departments fall under the Board of Building Standards and its existing requirements. We ask that the current inspectors certified under the previous standards be accepted, without further requirements, should this new proposal be approved.

For both of these requests, we look forward to working with the committee to draft and finalize any amendments to resolve our concerns.

Finally, I would like to thank the Ohio Legislature for their support of local health departments during the past year. The funding that has been made available to our local communities has enabled us to scale our response in the areas of disease investigation and contact tracing, communications, vaccination and testing. Thank you for that support.

And thank you for your time. I look forward to answering your questions.