



## House Bill 33 – Biennial Budget Bill

### Testimony before the House Health and Human Services Subcommittee of the House Finance Committee

March 21, 2023

Chairwoman Carruthers, Ranking Member Liston and members of the House Health and Human Services Committee, I am Melissa Howell, Greene County Health Commissioner and President of the Association of Ohio Health Commissioners (AOHC). I am pleased to present our association's testimony regarding House Bill 33, the biennial budget bill.

AOHC **strongly supports and asks the Committee to vote affirmatively** for the following provisions of HB 33:

#### ODH GRF Line Item 440-493 - Evidence-Based Community Health Interventions

- This line item proposes new funding to local health departments (LHDs) to support evidence-based interventions to improve the health of communities around Ohio. LHDs could utilize the funds to **address local health priorities** identified in their Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP).
- CHAs and CHIPS are **developed collaboratively with community partners** like hospitals, medical providers, county sheriffs, and others so the money will be used to fund agreed-upon needs. Even though the money is flowing to health districts, it will be used to support evidence-based programs with **broad community support and buy-in**.
- A study by the Health Policy Institute of Ohio (HPIO) shows that **Ohio ranks 47<sup>th</sup> in health value** as compared to the other 49 states and the District of Columbia.<sup>2</sup> The proposed new investment could significantly advance Ohio's public health system toward closing the gap in funding needed to fully implement the Foundational Public Health Services (as identified in the Costing of Ohio's Foundational Public Health Services Report).<sup>1</sup>
- For over a decade, Ohio local health districts have engaged through AOHC in national studies to fully understand what constitutes "foundational public health services" and how to appropriately fund those services. Due to chronic underfunding for local public health in Ohio, it is not surprising that the trend data shows an **overall annual gap of approximately \$121 million to adequately fund foundational public health services in Ohio at the local level**.<sup>1</sup> The data also show a disproportionate share of current funding falling to local governments and local citizens, averaging about 75% statewide, as well as wide disparities in both funding and public health programming across Ohio communities.
- These funds are the first significant increase in state investment in local public health since the 1980s and represent an important first step in addressing the chronic under funding of the local governmental public health system. For decades, the state budget has included a small appropriation (state GRF) of **17 cents per capita for non-accredited LHDs and 34 cents for accredited LHDs**, as compared to:
  - a. IN - \$4.26 per capita
  - b. KY - \$3.93 per capita in fiscal year 2022-2023 and \$4.23 in fiscal year 2023-2024.
  - c. MI - \$5.16 per capita
  - d. PA - \$4.30 per capita

References: <sup>1</sup>[https://www.ohiopublichealth.org/files/ugd/7ddb5\\_f7bcc1c3b6a446f2bdfda6c051c78b99.pdf](https://www.ohiopublichealth.org/files/ugd/7ddb5_f7bcc1c3b6a446f2bdfda6c051c78b99.pdf)  
<sup>2</sup><https://www.healthpolicyohio.org/2021-health-value-dashboard/>  
<https://www.tfah.org/report-details/funding-report-2022/>

AOHC also supports:

### **Enhanced Tobacco Enforcement and Prevention Measures**

- Changes in Sections 2927.02 and 3701.842 set forth:
  - a. prohibitions against the sale of flavored tobacco products to youth,
  - b. regulation of the sale of vaping products, and
  - c. escalating schedule of fines for violations under this section, directing collected fines to the Tobacco Prevention Fund, for use in tobacco prevention efforts.
- Tobacco use by youth continues to be on the rise in Ohio, especially the use of flavored tobacco products via vaping. According to the HPIO Health Value Dashboard, Ohio invests 10.6% of what the CDC recommends for state tobacco prevention and control.

### **Infant Mortality Scorecard**

Sec 3701.953 establishes an online infant mortality scorecard, which shall be updated each calendar quarter and made available on the department's internet web site built and automated to refresh data in real time on a data dashboard to be made publicly available. AOHC supports the presentation of updated infant mortality data to the public.

### **Scrap Tire Incident Clean-up**

Changes to Sec. 3734.85 allow for total clean-up of a scrap tire incident, including solid waste and construction and demolition debris at the same time. This change allows for more efficient and cost-effective clean-up, allowing the OEPA to complete the clean-up in the same action.

### **Child Restraints Primary Enforcement**

Section 4511.81 establishes lack of child restraints as a primary offense. According to national statistics compiled by the CDC:

- Car seat use reduces the risk for injury in a crash by 71–82% for children, when compared with seat belt use alone.
- Booster seat use reduces the risk for serious injury by 45% for children ages 4–8, when compared with seat belt use alone. Also, a more recent study found that the effectiveness of booster seats may be even higher than 45%. The newer study also found that booster seats help prevent moderate and serious crash injuries among children ages 7–8.
- Seat belt use reduces the risk for death and serious injury by about half for older children and adults.

Reference: [https://www.cdc.gov/transportationsafety/child\\_passenger\\_safety/cps-factsheet.html#:~:text=3%25%20of%20children%20under%20age,old%20were%20not%20buckled%20up](https://www.cdc.gov/transportationsafety/child_passenger_safety/cps-factsheet.html#:~:text=3%25%20of%20children%20under%20age,old%20were%20not%20buckled%20up).

### **Sales Tax Exemption for Children's Personal Care Items**

The change to Ohio's tax code that proposes a state tax exemption for diapers, therapeutic or preventives creams and wipes for children, child restraint and booster seats, cribs and strollers will help families in the care and safety of their children.

### **Increase in Medicaid Dental Reimbursement Rates**

Medicaid provider reimbursement rates (GRF 651525 Medicaid Health Care Services line item) for dental services have been chronically low for many years, with no significant increase in over 20 years. Ohio ranks 42<sup>nd</sup> in reimbursement rates for child dental services, according to the American Dental Association in 2021. Thus, dentists and oral surgeons cannot afford to provide care at the current rate, resulting in reduced access to dental services for Medicaid recipients. The proposed increase is a positive first step to address this longtime barrier to dental care for Ohio's most vulnerable citizens.

## **Strengthening the Authority of the Environmental Health Specialist Advisory Board**

There are many changes in the bill that impact the recognition and scope of practice of environmental health specialists in Ohio, who are critical employees of Ohio's local health districts. AOHC supports stronger statutory language to require regular and meaningful meetings of the environmental health specialist advisory board established in 3776.02 by the 133<sup>rd</sup> General Assembly, which will ensure the involvement of practitioners in decisions made by the Ohio Department of Health related to the registration and testing of environmental health professionals. **AOHC asks that ODH work with us to add language to the budget bill to strengthen the authority of this advisory board.**

## **Changes to Home Sewage Treatment System Program related to Dry Wells**

The proposed changes to Section 3718.011, in bold and underline below:

For purposes of this chapter, a sewage treatment system is causing a public health nuisance if any of the following situations occurs and, after notice by a board of health to the applicable property owner, timely repairs are not made to that system to eliminate the situation: (1) The sewage treatment system is not operating properly due to a missing component, incorrect settings, or a mechanical or electrical failure, **or it is discharging into a dry well, cesspool, sinkhole, or other connection to groundwater.**

- This new language is problematic because:
  1. Current language already prohibits any future sewage systems from using the dry wells, cesspools, sink holes or other connections to ground water as acceptable methods of discharge.
  2. Local boards of health have current authority to address existing systems through their local operations and maintenance programs. The immediate declaration of all such systems as public health nuisances would preclude the existing plans for local health districts to progressively address this issue and require local boards of health to take immediate action to abate these nuisances.
  3. It is conservatively estimated that there are more than 50,000 of these systems statewide. Oftentimes, entire housing subdivisions are utilizing such systems. It is cost prohibitive for these property owners to immediately replace their home sewage treatment systems.

**AOHC prefers the removal of this new provision, if possible. As an alternative, the following change is proposed:**

*"For purposes of this chapter, a sewage treatment system is causing a public health nuisance if any of the following situations occurs and, after notice by a board of health to the applicable property owner, timely repairs are not made to that system to eliminate the situation: (1) The sewage treatment system is not operating properly due to a missing component, incorrect settings, or a mechanical or electrical failure, **or it is discharging into a dry well, cesspool, sinkhole, or other connection to groundwater AND THAT DISCHARGE IS NOT SUBJECT TO A CURRENT REMEDIATION PLAN OR SCHEDULE APPROVED BY THE APPLICABLE BOARD OF HEALTH.**"*

Thank you for your time and attention today. I am happy to answer any questions you make have.