



House Bill 33 – Biennial Budget Bill

Testimony before the Senate Health Committee

April 20, 2023

Chairman Huffman, Ranking Member Antonio and members of the Senate Health Committee, I am Melissa Howell, Greene County Health Commissioner and President of the Association of Ohio Health Commissioners (AOHC). AOHC represents the 111 local health districts across Ohio. I am pleased to present our association's testimony regarding Substitute House Bill 33, the biennial budget bill.

AOHC is very concerned about the decision to remove **ODH GRF Line Item 440-493 - Evidence-Based Community Health Interventions**.

- This line item proposed new funding to flow through local health departments (LHDs) to implement 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).
- These community assessments and improvement plans 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 funding is flowing to health districts, it will be used to support evidence-based programs with **broad community support and buy-in**.
- This funding would be used at the local level to tackle pressing health issues such as infant and mother mortality, drug addiction and suicide, and food insecurity.
- The current state GRF investment in Ohio is only 17 cents per capita for unaccredited health departments and 34 cents per capita for accredited health departments. This appropriation has not increased since the mid-1980s.
- The additional state investment proposed in HB 33 (\$1.68 per capita) is quite modest compared to our neighboring states:
 - IN - \$4.26 per capita – just last week the Indiana Legislature added \$220 million over the next two years for public health modernization.
 - KY - \$3.93 per capita in fiscal year 2022-2023 and \$4.23 in fiscal year 2023-2024.
 - MI - \$5.16 per capita
 - PA - \$4.30 per capita

Secondly, we would like to take this opportunity to clarify AOHC's position on the proposed changes to the statewide sewage program statute in the introduced version of House Bill 33. As we testified in the Health and Human Services subcommittee, we believed this new language to be problematic because:

- 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.
- 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, thereby requiring local boards of health to take immediate action to force the replacement of all of these systems.
- 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 all of these property owners to immediately replace their home sewage treatment systems at a minimum cost of \$15,000 to \$20,000 per house. While there are some state grant funds available, this grant funding typically supports the replacement of less than 10 systems per year in each local jurisdiction.

AOHC appreciates the removal of this new provision, while we continue to work with ODH on a possible resolution that takes into account the considerations listed above.

Thank you for your time and attention today. Please do not hesitate to contact us with any questions you may have.

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