



Testimony before the
Senate Health Committee

House Bill 110
May 6, 2021

Senator Huffman, Ranking Member Antonio and members of the Senate Health Committee. 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 testimony today regarding House Bill 110, the state biennial budget bill.

Before I speak to the bill, I would like to pause to remember the more than 19,000 Ohioans who have lost their lives to COVID-19 and the more than 56,000 hospitalized. In addition to our healthcare providers and so many state and local partners, I want to thank the public health professionals at the Ohio Department of Health (ODH) and our local health departments who have worked tirelessly in response to the pandemic while also maintaining core public health services.

Ohio's governmental public health system is composed of the state health department and our local health departments. ODH administers state programs through rules, guidance and technical support, including the distribution of federal and state funds. ODH is funded primarily by federal grant dollars, with roughly 10% of its budget from state general revenue funds. Local health departments, meanwhile, implement many of the state mandated programs while also delivering high-quality services unique to the

needs of our community. More than 85% of all funding for local health departments originates locally from property taxes, levies, general revenue funds or license fees. Collectively, we work every day to improve the health and welfare of Ohio's citizens.

AOHC would like to thank the Governor DeWine and the State Legislature for making federal funding available to our local communities for COVID-19 response. The portion of this funding designated for local health departments has been administered by ODH and has been administratively challenging. This is largely due to the additional restrictions on use, which exceed federal requirements and result in a lack of essential flexibility for use at the local level and hinder progress due to multiple grant instruments with frequently changing guidance. Despite the aforementioned challenges, these funds have enabled us to scale our response in the areas of disease investigation and contact tracing, enforcement, communications, community engagement, vaccination and testing. We look forward to a full and transparent after-action report that will identify opportunities for improvement so that we can be even more prepared for the next public health emergency.

Our state's public health system is aligned towards common priorities - addressing such issues as communicable disease, emergency preparedness, infant and maternal mortality, immunizations, chronic disease, mental health and addiction and access to care. There are many provisions in the budget we support which enhance our overall public health capacity and capabilities, including:

1. Allowing for donations, grants, and other private sources of income to the Public Health Priorities Fund;
2. Addition of vaping products to the definition of nicotine products, with consideration of meaningful enforcement;

3. Secure funding to the Tobacco Use Prevention Fund by retaining the increase of \$2.5 million each year of the biennium.
4. Expansion of Help Me Grow to age 5, with additional funds for home visiting;
5. Reinsertion of \$2 million for health equity initiatives;
6. Addition of \$6 million for implementation of state and local health improvement plans;
7. Additional investment in lead abatement and prevention initiatives;
8. Additional \$25 million in data systems investments for public health—such as disease reporting, immunization registries, environmental health program management, and lab systems improvement;
9. Increase investment in harm reduction programs and other initiatives targeting opioid use;
10. Increases funding for the SNAP Double-Up Program (Produce Perks)
11. Funding for the Produce Prescription Program (PRx)

As we work towards addressing health disparities and improving health outcomes, including the burden of COVID-19, our state has a shared goal for its health departments to be nationally accredited. At its core, national accreditation by the Public Health Advisory Board is a multi-year process focused on quality improvement and ensuring public health meets nationally recognized capabilities and standards. In Ohio 44 local health departments have achieved national accreditation, while 64 more have already applied and are actively in the process, making Ohio a national leader.

The Covid-19 pandemic has demonstrated that a well-funded and well-devised public health system is vital not only to responding to public health emergencies but also to addressing long-standing public health issues. In addition to the appropriations for public health programs, services and capabilities, there are several policy changes in House Bill 110 that AOHC would respectfully ask the committee to consider:

Multi-County Health District Levy Authority:

AOHC has consistently expressed its longstanding support of this option to facilitate local mergers as identified by the local community. We would ask

the Ohio Senate adopt an amendment to reinsert a slightly modified version of the proposal originally offered by the administration to allow for the placement of the initial levy on the ballot prior to the finalization of any multi-county health district 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 ADAMH boards.

City Health Districts

The bill currently requires each city with a population less than 50,000 served by a board of health of a city health district to complete a study evaluating the efficiency and effectiveness of merging with the general health district that includes the city. AOHC respectfully asks that city health districts that meet this definition but are nationally accredited or have applied to become accredited would be exempt; And for cities contracting for public health services under ORC 3709.08 with their general health district (e.g., Franklin, Cuyahoga and Hamilton Counties) that they too would also be exempt. It's our judgement accredited health departments who have objectively demonstrated their effectiveness and value while contracting with cities should retain their ability to contract.

AOHC has been proactively working for decades to modernize our public health system in Ohio, with the goals of enhanced data and IT infrastructure, alignment of public health priorities, increased administrative efficiencies, and improved overall system performance. We look forward to continuing that dialogue with ODH, Governor DeWine and the State Legislature.

Thank you again for the opportunity to testify. I look forward to answering your questions.