



Testimony before the
House State and Local Government Committee

Substitute Senate Bill 229
December 12, 2018

Chairwoman Anielski, ranking member Holmes, and members of the House State and Local Government Committee. I am Shelia Hiddleston, Health Commissioner of the Delaware General Health District (DGHD), and Vice President of the Association of Ohio Health Commissioners (AOHC). Thank you for the opportunity to provide this testimony, on behalf of my health district and AOHC, in support of Substitute Senate Bill 229, specifically the amendment that proposes changes in ORC Section 3709.42, that would explicitly allow Local Health Districts to secure and use a credit card for work-related expenses.

It is important to note that the Auditor and Health District are creatures of statute and therefore only have those powers expressly granted to them by the Ohio legislature, or necessarily implied powers that result therefrom. Fundamentally, the Health District was created pursuant to ORC 3709 et. seq. and is considered a political subdivision of the state, governed by state law, and is separate from any city, county, township, or other local government, except where otherwise noted by the Ohio law. Likewise, the Auditor's Office receives its authority in accordance with ORC 319 et seq.

ORC 3709.31 states in relevant part as follows: "The county auditor of a county which constitutes all or a major portion of a general health district shall act as the auditor of the general health district." It further states, "Expenses of the board of health of a general health district shall be paid on the warrant of the county auditor issued on vouchers approved by the board of health and signed by the health commissioner or the commissioner's designee." Therefore, the Auditor has two separate functions concerning financial involvement with the Health District: 1) act as its auditor and 2) pay its expenses. In this regard, the Auditor acts as the fiscal agent for the Health District, but does not maintain dominion or control over the day-to-day functions of the Health District.

For these reasons, we believe legislation is necessary to enable a local board of health to authorize its health district to secure and use a credit card for its business-related expenses. As you are aware, in this day and age, it is extremely difficult, and sometimes impossible, to purchase goods and services without a credit card, since oftentimes the supplier requires you to use an online system to order and purchase their goods

and services. When this requirement was less common, it was customary for an individual health district employee to use their personal credit card to purchase, and then request reimbursement. However, the requirement for a credit card is now so ubiquitous, it makes sense to allow health districts to hold their own credit cards for these purposes, similar to other local governmental agencies who are authorized to do so in House Bill 312 as previously passed by this General Assembly.

The Delaware General Health District (DGHD) has maintained a credit card for over six years. It is important to note that the policies for the use of the card mimicked the Auditor of State Best Practices. I would also like to share that during this time the DGHD was audited several times by the AOS and had completely finding-free audits with never a single question related to the use of the card. To date, when we stopped using the card per our prosecutor's advice, I have had to put over one thousand three hundred dollars on my personal card to allow the DGHD to meet its obligations, the one of which was to the State Board of Pharmacy for our pharmacy license as this was the only method of payment acceptable.

Our conversations with the County Auditors Association have resulted in an agreement to include in this bill a requirement that health districts adopt the same requirements for credit card use as passed in House Bill 312.

Finally, the amendment includes language that would allow health districts to have flexibility in naming themselves for public relations purposes. Local prosecutors have opined that the Revised Code specifically requires boards of health to refer to themselves as "health districts." The amendment would allow us to refer to ourselves as "health districts, health departments, departments of health or another name that includes the term 'public health.'"

We are not aware of any concerns regarding either provision of the proposed amendment, and therefore ask for your support of the amendment to Substitute Senate Bill 229, and the bill as amended. We thank you for your leadership in resolving these two administrative issues for local health districts in Ohio. I would be happy to answer any questions you may have.