



# Holmes County

## General Health District

**Prevent. Promote. Protect.**

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Chairman Wiggam, Vice Chair John, Ranking Member Kelly and members of the State and Local Government Committee,

As President of the Holmes County Board of Health, I would like to speak in opposition of House Bill 463. House Bill 463 would create an even more clouded view of governance for public health in Ohio. We are of the opinion, after talking with our county officials, that the current rules for selecting and appointing Board of Health Members is working for Holmes County.

The current process allows County Commissioners to be part of District Advisory Councils and allows all members of the District Advisory Council offer nominations for board members. In addition, the DAC review the Health Districts Annual Reports as well as offer support for its budget commission hearing.

We are proud of our local Health Department and the way they find ways to work with the local community. An issue from another health district, Ohio Department of Health, or disagreement with a state executive order is no reason to change what is working for most communities. The intended purpose of the bill is to gain accountability and transparency we can make the argument to these points.

1. The current system for appointing Board of Health members is not widely broken. In most cases, the District Advisory Council conducts its business and exercises its authority in a suitable fashion. HB 463 is proposing changes are not necessary in most cases.
2. Board of Health Members should be selected by the representatives of ALL political subdivisions served by the Board of Health, not limited to just one of the political subdivisions served by the Board of Health.
3. ALL political subdivisions that are served by the Board of Health and contribute inside millage to support the operations of the health district should retain the current authorities vested in the District Advisory Council. The County Commissioners contribute no inside millage to the operations of the local health district.
4. The proposals in HB 463 will not resolve the local issues brought to light in discussions with the bill sponsor and other interested parties, most notably concerns about state rules that govern most delegated state programs (e.g., food, home sewage) and COVID-19 mandates and enforcement dictated by orders of the Governor and/or the Director of Health.
5. Board of Health Member appointment and budget approval are already public processes, prescribed in law and conducted by locally elected officials. Local public health is actively working with the bill sponsor to identify ways to make these processes more transparent to the public. Simply consolidating the appointing/approval body to the County Commissioners does not increase accountability of the Board of Health nor the transparency of the processes and decisions of the Board of Health.



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6. Currently The health departments are required to meet National Public Health Accreditation (PHAB) which requires almost a 5-year process to achieve and many documents to show that a LHD is performing at high standards. They also have to comply with fiscal audits, reporting requirements, program surveys, along with reporting those results to numerous officials and data systems.

As an Example, our LHD at the end of 2021 had a state biannual fiscal audit, federal single audit, 5 grant desk audits, 3 program surveys, ODH Annual Financial Review, DAC Annual Report and numerous monthly and quarterly reports that needed to be submitted to ODH. If any issues arise after those reviews action plans were created and as part of the PHAB documented and improved.

Considering how some other entities have been awarded ARPA and Covid Relief dollars I think our Health District definitely had high accountability for the work they had to perform in a most difficult time.

Our Local Health Department, even with poor funding, increased unfunded mandates, and managing the Covid Response at the local level performed very well with an overall health ranking in Ohio of 11<sup>th</sup> even though Health Factors ranked only 53rd (2).

7. Local Public Health has many layers of transparency. They have many fiscal audits that are shared with many officials and published on the state auditor's website. Additionally, the LHD completed the state Hinkle Report.

DAC meeting minutes are uploaded as part of the AFR to ODH along with the annual report and other financial reports. The Local Health Departments makes these reports available through local records request and some publications of items to its website.

In conclusion, drastic changes to the current processes for LHD could have fiscal consequences that would be the burden of County Commissioners, take away processes that are already working, and increasing accountability that already exist on LHD.

Thank you, again, Chairman Wiggam, for the opportunity to discuss this very important issue with your committee. I will be happy to take any questions from the committee.

Sincerely,

Misty Burns, Holmes County Board of Health President