



## **OHIO TOWNSHIP ASSOCIATION**

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### **HB 463 – Health Districts**

#### **Opponent Testimony**

**May 10, 2022**

#### **House State and Local Government Committee**

Good morning, Mr. Chairman, Ranking Member Kelly, and members of the Committee. I am Heidi M. Fought, and I serve as the Executive Director of the Ohio Township Association. On behalf of the members of the OTA, I am here in opposition to House Bill 463. House Bill 463 will drastically alter the local public health process by eliminating the District Advisory Council and radically changing the make-up of the general health district's board of health.

State law requires the state be divided into health districts (R.C. §3709.01). Townships and villages generally comprise general health districts and, in essence, are the ones paying for the general health district.

Given that, current state law provides a voice to the entities that are primarily funding the general health district - villages and townships - as members of the District Advisory Council (DAC). The role of the DAC is extremely important. The DAC appoints the members of the board of health. In the event that a board of health member is to be appointed and a majority of the DAC is not present at a meeting, Ohio law permits the DAC to organize, by majority vote of those present, an executive committee for such purpose (R.C. §3709.03(C)). The executive Committee shall consist of the president of the board of county commissioners, Council chair, Council secretary and two additional Council members. Of the two additional members, one must represent municipalities and one must represent townships. All members involved in the DAC are elected officials themselves and responsible to voters.

HB 463 transfers the authority to appoint the members of the board of health to the board of county commissioners. Additionally, HB 463 requires a school board member to be named to the board of health. While the health district may be serving the residents of the county, the county itself is not the jurisdictional body of the health district. It is the townships and villages that are financially responsible for the health district and have a greater stake in the activities of the district.

Townships, in a third of the general health districts in Ohio, are required to pay a portion of the costs of the health district. The board of health of a general health district shall adopt an itemized appropriation measure on or before the first of April if any part of its revenue is an appropriation apportioned among the townships and municipal corporations composing the district (R.C. §3709.28(A)). If the board of health does not receive any revenue as stated above, the board shall adopt an annual appropriation measure for that fiscal year.

An appropriation measure of the board of health shall set forth the amounts of current expenses for the district for the ensuing fiscal year. The appropriation measure, in addition to the estimated amount or revenue available to the district and the amount the board anticipates will be collected in fees or from any tax levied, shall be certified to the county auditor, who shall submit the items to the county budget commission (ORC §3709.28(B)). The county budget commission may reduce the appropriation to be apportioned among townships and municipal corporations composing the district. The aggregate appropriation, as fixed by the budget commission, shall be apportioned by the county auditor among the townships and municipal corporations composing the health district on the basis of taxable valuations in such townships and municipal corporations (R.C. §3709.28(C)).

Should the available inside millage not be sufficient to meet the expenses of the general health district program, the board of health shall certify to the board of county commissioners said fact. The board of county commissioners, pursuant to R.C. §3709.29, shall declare to the board of elections, by resolution, that said amount is insufficient and that it is necessary to levy a tax in excess of ten-mill limitation to provide the board of health with the sufficient funds to carry out such health program. Such resolution shall specify the amount of

increase in rate which is necessary and the number of years that such increase shall be in effect, not to exceed 10 years. The proposal shall be placed on the ballot at the next primary or general election.

Additionally, in the case of epidemic or threatened epidemic or during unusual prevalence or dangerous communicable disease, if the moneys of the health district's fund are not sufficient to defray the expenses necessary to prevent the spread of such disease, the board of health shall estimate the amount required and apportion it among the townships and municipal corporations in which the condition exists (R.C. §3709.30).

The secretary of the board of health of a city or general health district shall keep a complete and accurate record of the proceedings of the board together with a record of diseases reported to the health commissioner. In each general health district, the health commissioner shall prepare a quarterly report detailing the board of health's activities during the preceding months. The quarterly reports shall be submitted to the District Advisory Council on or before the first day of January, April, July, and October of each year (R.C. §3709.19).

While the OTA appreciates the bill sponsor's stated goal of increased accountability and transparency, we do not believe HB 463 achieves this goal as drafted. Rather than the collaborative process encouraged in current law, HB 463 transfers the decision-making authority to three people of the same elected body, thereby narrowing input.

Additionally, there are some logistical issues in HB 463. For example, there is an old Attorney General compatibility opinion that states a township trustee cannot serve as a board of health member (OAG 65-88). This would also apply to village representatives as well.

Under the current framework, the OTA believes that it is essential to have significant township input in the general health district. Rather than the changes proposed in HB 463, we recommend the following:

- Allow township fiscal officers to serve on the DAC as the township representative if a board of trustee member is not able to attend.
- Require the health commissioner to serve as the non-voting secretary for the DAC.
- If requesting inside millage for the upcoming fiscal year, require a presentation to the DAC on the estimated anticipated request for the following fiscal year that will go to the county budget commission.
- Require fiscal training of board of health staff, like township fiscal officers must complete.
- Require boards of health to post on their website any upcoming board vacancies and the process for submitting a nomination.
- Require boards of health to post on their websites the minutes from all DAC meetings held in the previous five years.
- Require the boards of health to post annual reports, including revenue and expenses and other information, on their website.
- Require all audits of boards of health to be published on their websites.
- Require all counties, townships, villages, and cities represented on the DAC to announce any board of health vacancies to their citizens.
- Require all counties, townships, villages, and cities represented on the DAC to announce the date and time of the DAC meetings to their residents.

I would be remiss if I didn't encourage the General Assembly to consider alternative funding models for general health districts. This has long been a contentious issue with townships across the state. There has to be a better way to fund public health in Ohio. Inside millage in townships is generally split between the general and the road funds. Revenue placed in the road fund may only be used on township roads thus the township's general fund must be used to pay the health district fees. Sometimes townships' general funds are completely depleted by the assessment to the health districts.

The OTA has met with interested parties and the bill's sponsor on this measure. We believe that there are positive adjustments that can be made to the current format of how health districts operate. However, we also strongly believe that HB 463 is not this answer as drafted.

For these reasons, the OTA opposes HB 463 as introduced. We hope to continue the conversation on this legislation. Mr. Chairman, thank you for the opportunity to testify. I am happy to answer any questions that the Committee may have.