

# AOHC Budget Bill Concerns:

Updates since last publication

Issue	Requested Change	Rationale	Status <b>AOHC position on bill in its current form – as passed by the Senate</b>
<p><b>Well log fee – Local Health Districts must collect and remit to ODNR</b></p>	<p><b>ORC Sections 1521 (multiple divisions) and 3701.344: Delete division D beginning on line 45342.</b> Remove requirement for local health districts to collect and remit; rather, direct ODNR to establish an electronic mechanism for fee submission in conjunction with their EXISTING online portal for submitting well logs.</p>	<p>LHDs do not currently send any fees to ODNR; therefore, there are additional administrative costs related to this function unless the ODNR fee is sent to ODH with the ODH portion of the fee. This option causes more work for ODH. Since ODNR already has an electronic online mechanism for submitting well logs directly to ODNR, it only makes sense to add an online mechanism for paying the fee.</p>	<p>ODNR opposes the concept of requiring electronic submission of fee, since many drillers still submit their fees by mail. ODH opposes the idea of LHDs sending the well log fee to ODH along with ODH's portion of the permit fee.</p> <p>ODNR is willing to consider the addition of an administrative fee that would cover the LHD costs of collecting and remitting the fee directly to ODNR. We are exploring this option.</p> <p>Met with ODNR and ODH via conference call on 4/23 to discuss option of submitting one fee that includes ODH and ODNR portion.</p> <p><b>Compromise position was reached that will streamline state remittance process:</b></p> <ol style="list-style-type: none"> <li>1. Collect proposed well log fee AT THE SAME TIME as the drilling permit fee. ODNR would handle any refunds.</li> <li>2. SUBMIT AT THE SAME TIME IN THE SAME CHECK as the ODH portion of the drilling fee. The recipient of the check may change to the state treasurer, who will be responsible for getting the correct portions of the fees to the appropriate state agencies. ODH and OEPA are pursuing this option.</li> <li>3. LHDs would have to submit their well drilling permit information SEPARATELY to ODH.</li> </ol> <p>This is not an ideal solution, but it represents a significant improvement over the introduced version, which required separate collection and remittance to two different state agencies.</p> <p>The compromise amendment, as described above, was submitted to the Senate, drafted and offered by Senator Seitz. Unfortunately, the amendment was not included in the Senate version of the budget, nor was the proposed fee completely eliminated. Therefore, the fee as proposed in the executive budget remains unchanged. <b>AOHC opposes</b></p>
<p><b>Early Childhood Cabinet – under ODE</b></p>	<p><b>Assure local public health representative on Early Childhood Cabinet. Amend 3701.611, beginning on line 45347 to require HMG</b></p>	<p>While the role of local health departments in the HMG program varies across the state, the local health departments are key</p>	<p>In follow-up to our testimony, information has been submitted to the chair's office by Dr. McFadden. Further information regarding the defunding of newborn home visits was</p>

<p><b>HMG Advisory Council – under ODH</b></p>	<p><b>Council to have at least one <u>local</u> public health representative.</b></p>	<p>partners in early childhood intervention in their respective communities.</p>	<p>submitted to the chair in early April. Further testimony the week of May 26 – our sources indicate further cuts to HMG, to exclude most GRF allocated by Governor and House.</p> <p>The Senate version of the budget cut \$21 million in GRF funding for HMG, but added specific authority for the Governor to use TANF funds to fill part of the hole left by decreased GRF. However, there is an expected shortage of TANF funding, so it is uncertain if this program will receive additional TANF funding. <b>AOHC Opposes</b></p> <p>A representative from a BOH was specifically added to the HMG Advisory Committee to be formed by ODH. <b>AOHC Supports</b></p>
<p><b>Vital Statistics fee - addition of \$5, send \$4 to ODH</b></p>	<p><b>Remove. Return 3705.24, line 47544, to existing language, as well as any other related sections.</b></p>	<p>This request raises the cost of copies of birth and death certificates by \$5.00 from a state charge of \$7.00 to \$12.00, \$4.00 of the new \$5 is to be submitted to ODH, raising the minimum total fee to \$21.50.</p> <p>Compare to surrounding states:  PA: \$10 birth/\$9 death  IN: \$10 birth/\$8 death  WV: \$12  KY: \$10</p> <p>This means an addition to already high fees that we need to collect for birth and death records and submit to various state programs:  Currently \$5.00 is sent to ODH (Chapter 3705.24 (B))  \$3.00 for Child Abuse Prevention (ORC 3109.14)  \$1.50 for Family Violence Prevention (ORC 3705.242)</p> <p>While the latter two programs are worthy, it is unclear why VS is the funding source. Funding these two unrelated programs with the VS fees causes almost half of the current fee to be used for purposes other than VS. Even still, more than \$3 million in excess fees was</p>	<p>More discussion ensued at the PH funding meeting with Dr. Jackson and the ODH leadership team on 3/26/09. ODH is very concerned about AOHC's opposition to this increase.</p> <p>At that meeting, more data was provided by ODH as rationale for the fee increase. It is our understanding that the fee increase is replacing the loss of \$3.7 million in state GRF that was removed in the previous budget bill in 2007. The only ways to continue the modernization efforts according to the planned timeline are to:</p> <ol style="list-style-type: none"> <li>1) replace the lost GRF with increased fees OR</li> <li>2) remove the current earmarks (\$3 for Children's Defense Fund; \$1.50 for Domestic Violence Shelters)</li> </ol> <p>Since it would be politically difficult for ODH to recommend removal of those earmarks, ODH proposed the \$5 increase.</p> <p>AOHC reps at the meeting reiterated the rationale for our concern, namely the public perception of yet another fee increase in this area, and the real possibility of impact on local levy passage in reaction to the increased fee.</p> <p>It was agreed that AOHC would share this additional information with the membership</p>

		<p>taken by the state for other purposes in the last year; yet this fund still has a balance of over \$7 million. There should be adequate resources to run this program and proceed with modernization efforts without raising the fee and putting the local health departments in the unpopular position of collecting it.</p> <p>Although there are other proposed fees of concern for local health departments, this one is the one that will affect the most individuals, particularly those who need birth certificates to apply for state IDs and other services in this time of economic downturn.</p>	<p>and seek other alternatives for funding the modernization projects. If you have any suggestions to offer, please contact AOHC or Kelly Friar at ODH.</p> <p>Senate version of the budget eliminated the \$5 increase. <b>AOHC Supports</b></p>
<p><b>Construction and Demolition Debris Tipping Fee Increase</b></p>	<p><b>Amend 3714.07 and following sections to designate 50 cents of the proposed \$2.70 increase for local health departments for enforcement and regulatory activities, per attached information sheet. Also, delete option for OEPA director to establish an alternate mechanism for fee collection: return to existing language in lines 48827 and 51321.</b></p>	<p>See attached fact sheet.</p>	<p>Amendment has been drafted and distributed to AOHC members with CDD facilities, asking for contact with House Finance Committee members. Amendment was distributed to OEPA, ODNR and CDAO for comment. Met with OEPA on 4/9/09 to discuss their concerns and longterm strategies to support LHDs in this program. ODNR has also expressed opposition to the amendment. The CDD workgroup continues to work on advocacy to some portion of the fee increase to go to local health departments. Testimony provided in the Senate, but feedback indicates that all fee increases may be removed.</p> <p>All CDD tipping fee increases were removed by the Senate. <b>AOHC Supports</b></p> <p>Senate also made some policy changes that are being reviewed by AOHC-OEHA CDD workgroup.</p>
<p><b>Tangible Personal Property Tax (TPP) Replacement</b></p>	<p><b>Extend full replacement through the end of FY11.</b></p>	<p>Over 50 health districts rely on levies to fund the public health services in their communities. The loss of this local tax revenue will significantly impair the ability of local health departments to provide services. See attached fact sheet.</p>	<p>Testimony was well received. The partnership with the Local Government Coalition has been very instrumental in gaining understanding and support from the legislature for extending the replacement in this budget and establishing a committee to recommend a longterm plan for resolving the issue. Substitute House version of HB 1 contained amendment to continue 100% replacement through FY 11.</p>

			<p>In the Senate, a more permanent solution has been suggested – the inclusion of SB 111. The Local Government Coalition has endorsed this proposal – AOHC is a part of this coalition.</p> <p>The Senate incorporated the permanent fix, as proposed in SB 111, was incorporated into the budget bill. <b>AOHC Supports</b></p>
<p><b>Standardized Cost Methodology</b></p>	<p><b>Amend ORC Sections 3709 and 3717 to:</b></p> <ol style="list-style-type: none"> <li>1. Change public meeting notice interval for board resolutions to allow the public hearing process (three readings) to occur at three consecutive meetings of the board of health.</li> <li>2. Change the remittance schedule for state portion of the fees collected by the local health departments, so that all state fees are remitted on the same schedule.</li> <li>3. Change the formula for penalties related to late license fees to be consistent across all environmental health programs (using the current OEPA late fee structure as the model).</li> <li>4. MAKE NO CHANGES to any regular license fees or fee cost methodologies included in statute (most notably, food).</li> </ol>	<p>Cut administrative costs at the local level. Provide increased incentives for timely license fee payment.</p>	<p>Just in the last couple weeks, there was concern expressed by the Ohio Grocers Association and Department of Agriculture about changes made to 3717.07(A) that separated the obligations for the Public Health Council and the Director of the Department of Agriculture to develop a cost methodology for retail food establishments and food service operations (see lines 66,927 through 66,937 of the House passed version of HB 1) – changes made by LSC, NOT at our request. Their concerns, as well as the proposed changes requested by the local health departments, were discussed at length by the Retail Food Safety Advisory Council (RFSAC), co-chaired by ODAg and ODH, at their meeting on May 13. All present, including Ag and Grocers, were supportive of the changes requested by local health departments, and agreed that the only change necessary was the return of 3717.07 (A) to current language.</p> <p>The Senate version of the budget contains two significant changes:</p> <ol style="list-style-type: none"> <li>1. complete removal of the AOHC-requested cost methodology changes in 3709 and 3717.</li> <li>2. proposal to move RFE portion of food program from Ag to ODH.</li> </ol> <p>Meetings and conversations have occurred with key members of the legislature to determine the reasons for these changes. AOHC continues to work on reinstating the changes to 3709 and 3717, regardless of where programmatic responsibilities lie. Due to concerns raised about the open-ended nature of the progressive penalty charge provision, AOHC has offered an alternative that would limit the penalty charge to a maximum of \$300.</p> <p><b>AOHC opposes removal of cost methodology language, no official position</b></p>

			on movement of RFE program to ODH.
<b>Tobacco Control Funding</b>	<b>Reinstitute the special revenue appropriation within ODH's budget to allow expenditure of those funds released by the judge specifically for this purpose.</b>	Tobacco prevention efforts, including community grants, quit line and local enforcement of SFO must continue. Funds can be used only for these purposes, as approved by the judge.	<b>AOHC opposes</b>
<b>Home Sewage Law</b>			Moratorium on HB 231 and rules extended by two years till July 1, 2011. <b>AOHC has not yet taken a position on this change.</b>
<b>Multiple cuts in ODH's GRF</b>	<b>Return ODH GRF to House passed levels, increase HMG.</b>	Ohio ranks 47 <sup>th</sup> nationally, in state support for public health.	Total cuts totaled approximately \$21 million, mostly in HMG. <b>AOHC opposes</b>
<b>Change in BCMH County reimbursement</b>	<b>Reinstitute change that allows diagnostic, admin and other additional services to be charged back to the county.</b>	In many counties, these funds go unused each year since counties are required to set aside these funds for this specific purpose; would provide up to \$1 million in additional services to this vulnerable population.	Senate removed change that would allow more BCMH services to be charged back to the counties. <b>AOHC opposes</b>
<b>Jarod's Law</b>			Senate removed all changes to school inspections implemented by the passage of Jarod's Law. Returns expectation to semi-annual inspections with no rule authority for ODH, no action on recalled products in schools, etc. <b>Awaiting feedback from school inspections workgroup members and discussion at Public Affairs Committee.</b>