



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

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**Director Amy Acton, M.D., MPH
Executive Budget Fiscal Years 2020-2021
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Chairman Oelslager, Vice-Chairman Scherer, Ranking Member Cera, and members of the House Finance Committee, thank you for the opportunity to share the public health priorities and funding requests in Governor Mike DeWine's proposed Executive Budget. I am Dr. Amy Acton, and I serve as the Director of the Ohio Department of Health (ODH).

I want to begin by saying how honored I am to serve as Director of Health. While I am new in my role, I have more than 30 years of experience in medicine and public health, including serving in the ODH Division of Family and Community Health from 1995 to 1996 during my residency training in preventive medicine at OSU.

ODH is requesting \$674,560,644 in appropriation (all funds) in FY20 and \$686,652,760 in FY21 as part of Governor DeWine's proposed Executive Budget. ODH's requested budget is over 60% federal grant funding and 15-16% GRF in FY20-21. ODH is requesting \$100,078,548 in FY20 (or a 32.1% increase from FY19 (\$75,779,411)) and \$109,075,215 in FY21 (or a 9.0% increase from FY20) in GRF. The increase in GRF funding can be attributed to the Help Me Grow – Home Visiting Program, children's lead initiatives, combatting substance use disorders, and support for the proposed Public Health Fund.

Investing in Our Children

Fulfilling Governor DeWine's pledge to significantly expand the number of families served by home visiting services. No matter where you were born or who your parents are, everyone deserves the chance to succeed. Increasing home visiting services for at-risk, expectant mothers gives families the tools they need to reduce infant mortality and promote child development and school readiness.

In 2017 in Ohio, nearly 1,000 babies died within their first 12 months of life, and black babies are dying at nearly three times the rate of white babies. Adverse childhood experiences (ACEs) are a critical public health issue. ACEs are potentially traumatic experiences and events ranging from abuse and neglect to witnessing violent behavior and living with someone who has a problem with alcohol or drugs. Ohio is among five states where as many as one in seven children have experienced three or more ACEs – a significantly higher ratio than the national average. Governor DeWine wants to help at-risk moms, babies, and young children by tripling Ohio's investment in evidence-based home visiting programs.

ODH's Help Me Grow Home Visiting Program serves expectant women and families of young children who fall under 200 percent of the federal poverty level, who are at-risk for poor birth and child developmental outcomes. This request seeks an increase in funding of \$20.3 million (GRF) in FY20 and a further increase of \$9 million (GRF) in FY21.

ODH will also seek to leverage other funding sources (state and federal) to provide services to additional families, identify and eliminate duplication and inefficiencies within the current system, and modernize technology to increase program fidelity.

Combatting lead poisoning in children through a multi-pronged effort. Governor DeWine has made combatting lead poisoning one of his major priorities. ODH seeks to help combat child lead poisoning by:

- Abating approximately 400 properties owned by low-income families over the FY20-21 biennium using \$5 million per year from the Ohio Department of Medicaid;
- Abating approximately 25 homes of middle-class families up to 400 percent of the federal poverty level (\$150,000 per year in GRF);
- Demolishing 50 lead-blighted properties to prevent future lead hazards (\$250,000 per year in GRF);
- Providing an income tax credit of up to a maximum of \$10,000 for eligible individuals who incur expenses related to lead abatement activities for an eligible dwelling;
- Strengthening ODH's authority to enforce lead hazard control orders; and
- Creating a Lead Worker/Contractor Licensure Repayment Program to reimburse individuals the cost of becoming licensed lead workers and contractors (\$225,000 per year).

An insufficient supply of lead hazard control workers has impeded lead abatement in Ohio. The Lead Worker/Contractor Licensure Repayment Program has the added benefit of increasing the lead hazard control workforce. The program will assist 30 contractors per year up to \$7,500 each.

Increasing GRF funding for the Children with Medical Handicaps Program by \$1 million annually. In alignment with the Governor's Children's Initiatives and efforts to protect the health of children and those with disabilities, ODH seeks to increase funding for its Children with Medical Handicaps Program. This increase will help to reduce an existing unfunded liability and bolster a program that provides medical care for children with special needs up to age 21 who are financially and medically eligible. The program also serves adults with cystic fibrosis and hemophilia who meet financial and medical eligibility requirements.

Investing in Our Recovery (RecoveryOhio)

Creating a Substance Use Disorder Professional Loan Repayment Program to expand the drug treatment workforce. Ohio has a shortage of addiction specialists, social workers, and other professionals who are needed to help those with substance use disorders.

As envisioned in Governor DeWine's RecoveryOhio plan, participating providers will commit to two years of service in a community-based site in exchange for a maximum of \$50,000 in loan repayment for full-time service and a maximum of \$25,000 for part-time service per year. The program is planned to begin with up to five full-time or 10 part-time providers in the first year at a cost of \$250,000 and grow to up to 10 full-time or 20 part-time providers in the second year at a cost of \$500,000.

In addition, ODH also proposes to provide an enhanced payment to current Ohio Physician Loan Repayment Program participants who renew their commitment to practice in underserved areas of Ohio and who are providing Medication-Assisted Treatment to address the state's need for these services. The entire proposal would cost approximately \$430,000 in FY20 and \$660,000 in FY21.

Expand Access to Naloxone to Reverse Opiate Overdoses. This expansion is critical because fentanyl is a powerful opiate that can kill quickly. Fentanyl was involved in 71% of Ohio’s overdose deaths in 2017. ODH is proposing an increase of \$1 million both in FY20 and FY21 to expand access to the opiate overdose reversal drug naloxone, through expansion of local community-based Project DAWN (Deaths Avoided With Naloxone) programs. Project DAWN programs provide naloxone kits and education to people who use drugs and their family and friends to administer in the event of an opiate overdose until first responders arrive. ODH provides naloxone funding and technical expertise to communities to start or expand Project DAWN programs. Currently there are 99 Project DAWN sites in 61 counties.

Authorizing county/regional Drug Overdose Fatality Review Committees. ODH is proposing language to authorize a county or region to voluntarily establish a Drug Overdose Fatality Review Committee to allow local experts to review circumstances surrounding overdose deaths, and to give them authority to review data sources containing confidential information about such deaths. Committee findings will help inform state and local overdose prevention efforts.

Funding support for coroner toxicology screenings. ODH’s proposal continues funding for Ohio coroners to help pay for toxicology screenings during drug overdose death investigations. These screenings generate data used to inform Ohio’s efforts to combat substance use disorders and overdose deaths.

Investing in Population Health

Increasing the legal age to purchase tobacco products. Governor DeWine’s policy agenda seeks to improve health outcomes, promote wellness, prevent chronic conditions, and reduce the costs of health care. Decreasing the prevalence of smoking is critical to preventing and reducing infant mortality and the burden of chronic disease in Ohio. ODH is proposing to raise the minimum legal age to 21 for the sale of cigarettes, other tobacco products, alternative nicotine products (including vapor products), or papers used to roll cigarettes. Each day in the U.S., 350 kids under the age of 18 become regular, daily smokers, and almost one-third will eventually die from smoking. About 95 percent of adult smokers begin smoking before they turn 21, and about 80 percent first try it before age 18. While less than half (47 percent) of adult smokers become regular, daily smokers before age 18, four out of five become regular, daily smokers before they turn 21. This means the 18 to 21 age range is a critical time when many smokers transition to regular smoking.

Supporting the efforts of local health departments to improve population health, operate more efficiently, and pursue accreditation. This initiative would provide \$290,000 per year to support local health departments that want to operate more efficiently by merging. The funding would be used to help merged local health departments pay for accreditation fees, accreditation coordination, and other infrastructure costs. This funding would support up to five local health department mergers. This initiative aligns with Governor DeWine’s Preparing Ohio’s Future Plan, which emphasizes the need to incentivize shared services.

Expanding use of data science/advanced analytics projects. Data science/advanced analytics can be used in public health to predict what will happen using existing data sources and to identify options for mitigating health issues. ODH’s current data analytics project is helping inform the state’s efforts to address infant mortality. ODH is proposing \$1,050,000 per year to fund additional projects to support

the SmartOhio Operating System priority within the InnovateOhio plan, which is aimed at using data and predictive analytics to improve efficiency and solve problems.

Creating Ohio’s Public Health Fund to increase public health awareness, education, and strategies in alignment with Governor DeWine’s priorities such as infant mortality. ODH is proposing the creation of a Public Health Fund in alignment with Governor DeWine’s priorities and with the State Health Improvement Plan. The fund will operate transparently and promote positive changes in population health by leveraging partnerships, experience, knowledge and funding from corporations, nonprofits, community foundations, philanthropy, state agencies, hospitals, communities, faith-based groups, universities and advocacy groups. By leveraging public and private funding, the fund will be able to attract other grant and funding opportunities through matching dollars.

Maintaining GRF funding for Chronic Disease, a priority in the State Health Improvement Plan, and expanding the Ohio Behavioral Risk Factor Surveillance System. This initiative will preserve chronic disease funding within the Chronic Disease/Health Promotion GRF ALI and will expand the Ohio Behavioral Risk Factor Surveillance System. Survey data from this surveillance system are used by ODH and local partners regarding health-related risk behaviors, chronic health conditions, and use of preventive services. It is a primary data source for the State Health Assessment and State Health Improvement Plan. The requested funding level (\$250,000 in GRF per year for the FY20-FY21 biennium) will allow ODH to increase the number of survey interviews, enabling the calculation of specific county estimates for more counties for key outcome measures on key health issues like diabetes, obesity, mental health, and tobacco use.

An important part of population health is addressing health inequities and disparities in health outcomes. Pursuing health equity involves addressing “health disparities” or differences in health outcomes among groups of people. Certain groups in Ohio face significant barriers to achieving best health possible including Ohio’s poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of population. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, and safe neighborhoods. Pursuing health equity is essential because all people should have full and equal access and the opportunities that enable them to lead healthy lives. ODH has an Office of Health Equity that helps educate our own staff and ensure that health equity is incorporated into our work. ODH is committed to ensuring our subgrantees also address health equity in their work by reviewing every ODH request for proposal to ensure that health equity is incorporated into funding requirements. ODH will continue to work with the Ohio Commission on Minority Health and other partners to pursue health equity and address health disparities.

Health equity and addressing health disparities is also an important part of the State Health Improvement Plan (SHIP) which targets key health priorities:

- Highlights and prioritizes strategies most likely to reduce health disparities;
- Identifies priority populations -groups experiencing the worst disparities in health outcomes- and sets targets for them; and
- Includes strategies to combat underlying causes of health inequities by addressing social determinants of health.

A portion of the \$750,000 per year for the State Health Improvement Plan coordination will address health equity and disparities across the plan.

Establishing a licensing/registration program for body art. The licensing of body artists, which is supported by the industry, would standardize requirements, reduce the potential for transmission of infectious diseases, and help protect public health. Currently, individual tattoo artists and body piercers in Ohio are only required to document that they have been appropriately trained, and documentation of training is subjective and left to the discretion of each local health department.

Devoting \$750,000 per year to Public Health Technology Innovation – In alignment with the objectives of InnovateOhio, this initiative will allow ODH to modernize, improve, and ensure the efficiency of technologies used by programs within the agency that have restricted or limited funding. This investment includes the development of applications and databases.

Investing in Nursing Home Residents

Improving Frequency of Nursing Home Surveys and Inspections – ODH inspects/surveys nursing homes to ensure that they are following state and federal laws and regulations designed to protect the health, safety and well-being of residents. Increased funding will enable ODH to hire additional long-term care surveyors and improve the frequency and quality of nursing home surveys and complaint/other inspections. It also will enable ODH to make additional progress toward meeting the Centers for Medicare and Medicaid Services’ target interval between nursing home recertification surveys. *[Total investment of \$1.48 million over the biennium]*

Investing in Public Safety

Declaring a public health emergency. In order to give the Governor more flexibility and tools to address the drug epidemic and future public health emergencies, ODH is proposing language that allows the Governor to declare a “public health emergency” which is not expressly authorized under current law. The language provides flexibility to distribute money, resources, and creates an accelerated process for state licenses and reciprocity in critical professions such as health care practitioners.

Establishing a Radiation Response and Preparedness Program. No funding source currently exists for ODH regarding non-nuclear power plant radiological response activities. A new Radiation Response and Preparedness Program funded by \$535,000 in GRF per year would make available training and information pertaining to radiological readiness to more than 800 local police departments and more than 1,150 fire and EMS departments throughout state. The program also would evaluate and provide information on radiation incident response to all 150+ Ohio hospitals.

Restoring GRF funding for the Alcohol and Drug Testing Program to continue critical work that involves approving new breath testing instruments, training and issuing permits to Ohio law enforcement agents, and issuing permits to laboratories within the state. The Alcohol and Drug Testing Program is critical to supporting the efforts of Ohio law enforcement agencies to keep impaired drivers off the road and save lives. Funding for this program was reduced in the FY 2018-2019 state budget, and this proposal (\$470,000 in FY20 and \$450,000 in FY21) would restore funding at a level equivalent to the FY 2016-2017 state budget.

Thank you, Mr. Chairman and members of the committee for the opportunity to provide testimony today. I would be happy to answer any questions.