Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

INVESTING IN Ohio's FUTURE
BUDGET OF THE STATE OF OHIO | FISCAL YEARS 2020 - 2021

Director Amy Acton, MD, MPH
Executive Budget Fiscal Years 2020-2021
April 2, 2019

Chairman Romanchuk, Ranking Member West, and members of the Health and Human Services Subcommittee, 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 the Ohio Department 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 Ohio State University. I am proud to work with dedicated ODH employees and our 113 local health department partners committed to protecting and improving the health of all Ohioans.

ODH is requesting $676,560,645 in appropriation (all funds) in FY20 and $686,652,761 in FY21 as part of Governor DeWine's proposed Executive Budget. ODH's requested budget contains more than 60% federal grant funding and 15-16% GRF in FY20-21. ODH is requesting $100,078,549 in FY20 (or a 32.1% increase from FY19 ($75,779,411)) and $109,075,216 in FY21 (or a 9.0% increase from FY20) in GRF. Other funding sources include fees, fines, donations, and other state funding. The increase in GRF funding can be attributed to increasing the number of families served by the Help Me Grow Home Visiting Program, child lead poisoning prevention initiatives, combatting substance use disorder and support for a proposed Public Health Fund.

ODH FY 20: GRF 15, Federal 62, Other 23. ODH FY 21: GRF 16, Federal 61, Other 23.
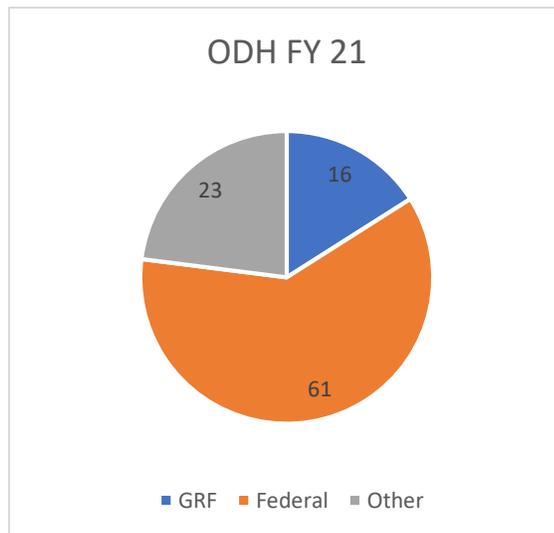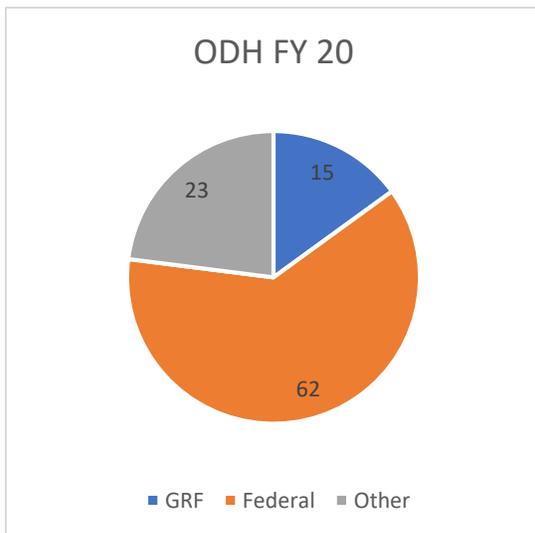
Governor DeWine's key public health initiatives through ODH funding include:
- Home visiting services funding increase to reduce infant mortality rates
- Lead abatement funding to reduce child lead poisoning
- Increasing the tobacco sales age to 21 to reduce tobacco access to our youth, including vapor products
- Workforce training investments to increase the number of professionals to help with lead abatement and substance use disorder

<u>**Investing in Our Children**</u>

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. Governor DeWine wants to help at-risk moms, babies, and young children by tripling Ohio's participation in evidence-based home visiting programs.

In 2017 in Ohio, nearly 1,000 babies died before their first birthday, with black babies dying at nearly three times the rate of white babies. Adverse childhood experiences (ACEs) are a critical public health issue that negatively impact the health of affected children. 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.

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, and who are at-risk for poor birth and child developmental outcomes. Approximately 140,000 pregnant Ohio women and young children meet the home visiting eligibility requirement. Currently, a total of 10,780 families are served by ODH-funded home visiting programs. ODH facilitates two home visiting programs -- Help Me Grow Home Visiting and Moms & Babies First.

- Help Me Grow Home Visiting is available in 81 counties and implements three evidence-based federal home visiting models: Nurse-Family Partnership, Healthy Families America, and Parents as Teachers.

- Moms & Babies First is an evidence-informed program that specializes in serving African-American Families.

During a Help Me Grow Home Visiting initial visit, parents can share parental experiences, ask questions, and receive reliable information based on individual family needs or topics. Topics include healthy pregnancies, baby and child health, breastfeeding, nutrition, immunizations, child growth and development, discipline, toilet training, child safety, household safety, local resources, and any and all concerns of new and expectant mothers.

For every dollar invested in home visiting programs, there is up to six dollars in return. This request seeks an increase in funding of $20.3 million (GRF) in FY20 and a further increase of $9.0 million (GRF) in FY21 in the Help Me Grow ALI (440459). 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 improve program evaluation and measurement of outcomes.

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 during 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 and local partners' authority to enforce lead hazard control orders.

- 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 including those with special medical needs, 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 Children with Medical Handicaps Program links families of children with special healthcare needs to a network of quality providers and helps families obtain payment for the services their children need. The program requires all eligible enrollees to apply for Medicaid. The program also provides payment for direct care services for some adults with cystic fibrosis and hemophilia who meet medical and financial eligibility requirements. The program currently serves approximately 45,000 enrollees.

The Children with Medical Handicaps Program receives funding from the federal Maternal and Child Health Block Grant, state GRF funds, county tax funds, third-party reimbursements, Medicaid administrative claiming and donations. The Children with Medical Handicaps Program is a healthcare safety net program that is the payor of last resort for authorized services. The program serves as the secondary payor for the majority of services provided to active clients and serves as the primary payor for authorized services that are not eligible to be covered by the client's primary payor.

<u>**Investing in Our Recovery (RecoveryOhio)**</u>

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 provide Medication-Assisted Treatment to their patients with substance use disorder.

Loan repayment is a workforce strategy used to increase access to health care for underserved areas and population groups in Ohio and nationally. Eligible areas will include those geographic areas, low-income population groups, and facilities designated as shortage areas according to federal and/or state criteria. State and federal data that identify rural and other areas as having high needs related to opioid overdoses or other measures will also be utilized to determine eligibility for the program. 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 has become critical with the emergence of fentanyl, a powerful opiate that kills 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 those who use drugs and their families and friends for the administration of the lifesaving drug.

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. Ohio's Project DAWN programs collectively distributed more than 23,931 naloxone kits in 2018, which were used to reverse at least 2,456 opiate overdoses.

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. Existing Ohio law restricts access to an individual's protected health information, so ODH's proposal gives Drug Overdose Fatality Review Committee members legal authority to access confidential data that contains protected health information. This proposal gives Ohio's local communities another tool for better understanding circumstances regarding drug overdose deaths to help them target their local efforts in preventing overdoses and saving lives.

This entire approach regarding Drug Overdose Fatality Review Committees already exists in law for county Child Fatality Review Boards. A review of drug overdose deaths at the county or regional level by local experts would provide a more comprehensive understanding of circumstances surrounding overdose deaths by reviewing confidential data sources including coroner investigation notes and medical history including prescription drug usage and mental health and other treatment information.

Under this proposal, current public record information regarding drug overdose deaths will continue to be public record information. The information that will not be public record will continue to be secured because of existing Ohio laws restricting access to confidential protected health information.

This proposal requires Drug Overdose Fatality Review Committees to submit an annual report with de-identified data and information to ODH that this proposal makes clear will be a public record. The report must include the number of drug overdose deaths in the county or region, number of overdose deaths reviewed, demographic information, trends and patterns, and make recommendations for preventing drug overdoses.

Drug Overdose Fatality Review Committee membership could include representation from ADAMH Boards, coroners, law enforcement, local health commissioners, physicians, and others. Based on their findings, Drug Overdose Fatality Review Committees should make recommendations to local drug abuse prevention and treatment programs.

Funding support for coroner toxicology screenings. ODH's proposal continues to assist Ohio coroners pay for toxicology screenings for 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 21 to purchase tobacco products and alternative nicotine products like vapor 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 the burden of chronic disease. It is also critical to addressing infant mortality as smoking during pregnancy contributes to preterm birth, low birth weight babies and about 10% of all infant deaths.

Tobacco use remains the leading cause of preventable death in the United States, killing more than 480,000 Americans each year. Tobacco use is known to cause cancer, heart disease and respiratory diseases, among other serious health problems. Tobacco costs U.S. taxpayers as much as $170 billion in health care expenditures each year.

Each day, 350 kids under the age of 18 become regular, daily smokers, and almost one-third will die from smoking related illnesses. If current trends continue, 5.6 million of today's youth will die prematurely from a smoking-related illness. Adolescents are particularly vulnerable to the addictive effects of nicotine. The U.S. Surgeon General has stated that "the potential long-term cognitive effects of exposure to nicotine in this age group are of great concern."

- Evidence suggests that nicotine use during adolescence and young adulthood has long term impacts on brain development.

- Young people can feel addicted to nicotine earlier than adults. As a result of nicotine addiction, about 3 out of 4 teen smokers continue to smoke regularly into adulthood, even if they intend to quit after a few years.

About 95% 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 time when many smokers transition to regular smoking.***

A March 2015 report by the Institute of Medicine concluded that raising the tobacco sale age to 21 will have a substantial positive impact on public health and save lives. The report found that raising the tobacco sale age will:

- Significantly reduce the number of adolescents and young adults who start smoking.

- Reduce smoking-caused deaths.

- Immediately improve the health of adolescents, young adults and young mothers who would be deterred from smoking, as well as their children.

Raising the tobacco legal sale age is popular with the public, including smokers. A July 2015 report by the Centers for Disease Control and Prevention found that three quarters of adults favor raising the tobacco age to 21, including seven in 10 smokers. The idea has broad-based support across the country, including support among men and women, and Americans of all income, education, race/ethnicity and age groups.

The long-term consequences of e-cigarette use are unknown but may well involve significant cardiovascular and pulmonary effects. Today's kids are unwitting subjects in a massive uncontrolled experiment. The U.S. Food and Drug Administration Commissioner and the Surgeon General have referred to youth e-cigarette use as an "epidemic." *The e-cigarette use rate among high school-age youths in the U.S. increased by 78 percent in one year, from 11.7 percent in 2017 to 20.8 percent in 2018. This means that more than 3 million U.S. high school students have used e-cigarettes in the past month.* Unpublished data collected by Megan Roberts, Ph.D., Assistant Professor in The Ohio State University College of Public Health, shows that 27.7 percent of 2018 incoming OSU freshmen had used e-cigarettes in the past month, with more than 90 percent of that group reporting use of a specific brand.

Multiple cohort studies and an authoritative report from the National Academy of Sciences have confirmed that youth who use e-cigarettes are more likely to subsequently use cigarettes. The explosion of e-cigarette use is dramatically expanding adolescent nicotine use, addicting a whole new generation.

The ODH Tobacco Use Prevention and Cessation Program provides and promotes tobacco control activities aimed at decreasing the initiation of use of tobacco, increasing the number of people who quit tobacco use and protecting Ohioans from exposure to secondhand smoke. ODH funds local agencies to conduct tobacco prevention, cessation and control activities to increase community readiness to address tobacco through promoting the adoption of tobacco-free and smoke-free policies, promoting cessation and offering activities that mobilize communities to address youth tobacco use. ODH works closely with the statewide Tobacco Free Ohio Alliance, an association of Ohio agencies, organizations, groups and individuals that work to prevent the use of tobacco products and to educate Ohioans about the harmful effects of tobacco use and secondhand smoke exposure on all citizens.

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 as an agency and state government as a whole cannot solve public health problems alone. ODH is proposing the creation of a Public Health Fund as a public-private partnership 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. Significant funding is necessary to make a critical enduring, sustainable and cost-effective impact and to demonstrate state commitment to the foundation, thus encouraging private-sector participation. The budget is providing $6 million in funding through multiple funding sources. By leveraging public and private funding, the foundation will be able to attract other grant and funding opportunities through matching dollars.

Supporting the efforts of local health departments to improve population health, operate more efficiently, and pursue accreditation. ODH has budgeted funding of $14.6 million in SFY 2020 and $14.4 million in SFY 2021 to support efforts of local health departments to improve population health, pursue national accreditation and to operate more efficiently. The funding will be used to support local health departments that want to operate more efficiently by merging, and to help pay for accreditation fees and coordination and infrastructure costs ($290,000 per year). ODH will also continue to provide funding to be used as an enhanced subsidy for local health departments that have already achieved national accreditation ($1.5 million per year).

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 public health data analytics 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.

The overarching work of a Public Health Fund is to offer innovative public-private approaches to most-pressing needs, incubating community programs at the local level built to scale and local programming using evidence-informed approaches. The governance structure of the fund will include state agency representatives and governor appointees as board members. Health foundations with similar purposes have been established in Colorado, Georgia, Kansas, Michigan and Missouri.

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. Certain groups in Ohio face significant barriers to achieving the 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 Ohioans 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.

Pursuing health equity and addressing health disparities is also an important part of the State Health Improvement Plan 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.

- 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 issues.

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.

Under this proposal, body artists who perform tattooing and body piercing must register with ODH. The Director of Health shall adopt rules for the issuance of licenses and registrations, approval of plans, sanitation, safety, and operation of body art businesses. Registration, which includes a $250 fee, is effective for one year and will require annual renewal. The body art business will be inspected prior to the issuance of the license and annually thereafter. Individuals who pierce ears with an ear-piercing gun are not required to register with ODH.

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. The funding is from a mix of GRF and non-GRF sources.

<u>**Investing in Nursing Home Residents**</u>

Improving Frequency of Nursing Home Surveys and Inspections – ODH's Bureau of Survey and Certification in the Office of Health Assurance and Licensing is responsible for conducting inspections/surveys of nursing homes to ensure that they are in compliance with state and federal laws and regulations designed to protect the health, safety and well-being of residents.

ODH regularly performs three kinds of nursing home inspections/surveys:

- <u>Licensure and Renewal</u> – Under Ohio law, nursing homes must go through the licensure renewal process every year.

- Medicare-Certification and Renewal – ODH inspects Ohio nursing homes on behalf of the Centers for Medicare & Medicaid Services (CMS) to make sure facilities are meeting federal requirements to participate in the Medicare program.

- Complaint Investigations – ODH conducts complaint investigations of nursing homes based on complaints received from residents, family members, State Long Term Care Ombudsmen, and anybody else.

Inspections can be focused one-day complaint surveys or comprehensive annual surveys requiring a team of surveyors to be at a nursing home for several days. In State Fiscal Year 2018, ODH's 127 long-term care surveyors conducted 6,162 inspections/surveys of Ohio nursing homes.

The federal Centers for Medicare and Medicaid Services (CMS) contracts with ODH to conduct certification surveys of nursing homes to ensure that they comply with federal Medicare program regulations. CMS' target is a 12.9-month average interval between nursing home surveys. ODH is making progress toward the CMS target but is not currently meeting it. The ODH Medicare certification survey average interval between inspections improved to 13.5 months in Federal Fiscal Year 2018 from 13.7 months in Federal Fiscal Year 2017. ODH meets all other performance metrics required by CMS for long-term care surveys, including a timely response and appropriate triaging to all complaints received. Hiring up to an additional 15 long-term care surveyors will enable ODH to make progress toward meeting the CMS target with an 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. This proposal does include oversight by the General Assembly.

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 support the efforts of Ohio law enforcement agencies to keep impaired drivers off the road and save lives. The Alcohol and Drug Testing Program is critical to supporting Ohio law enforcement agencies by approving new breath testing instruments, training and issuing permits to Ohio law enforcement agents, and issuing permits to laboratories within the state. 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 approximately equivalent to the FY 2016-2017 state budget.

In closing, I want to say as Director of Health how excited I am by Governor DeWine's commitment to the health and well-being of Ohio's 11.7 million citizens. His commitment is reflected in his public

health proposals in the Executive Budget. In my testimony before the full House Finance Committee, I noted that improvements in public health helped us gain 25 years of life expectancy in the past century.

We are celebrating public health across the country this week during National Public Health Week. In Ohio, we are also celebrating local health departments this week and throughout the year. 2019 marks the 100th anniversary of two state legislative acts that shaped the future of public health in Ohio. The Hughes Act and Griswold Act, both enacted in 1919, established the modern-day organization of local health departments in Ohio.

As I did before the full House Finance Committee, I will end my testimony with a quote by Dr. C. Everett Coop, U.S. Surgeon General in the 1980s, about the importance of public health: "Health care is vital to ALL of us SOME of the time. Public health is vital to ALL of us ALL of the time."

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