



Ohio House Finance Committee
Governor DeWine's Executive Budget Proposal
Fiscal Years 2022 and 2023

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Ohio Department of Health
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Chairman Oelslager, Vice Chair Plummer, Ranking Member Crawley, and members of the House Finance Committee, I am Stephanie McCloud and serve as the Director of the Ohio Department of Health (ODH). I am pleased to submit ODH's fiscal years (FY) 2022-2023 biennial budget request and share with you the public health priorities and funding requests in Governor Mike DeWine's proposed executive budget.

As OBM Director Kimberly Murnieks testified before you last week, the onset of the global coronavirus pandemic in March demonstrated that our prosperity cannot be separated from the health of our citizens. Even now, as Ohio continues to battle and begin vaccination efforts to defeat the COVID-19 pandemic, we must continue to invest in the health of our citizens and public health resources. To secure our livelihoods, to secure our economy, and to secure our well-being, each and every Ohioan must have the opportunity to thrive — physically, mentally, and emotionally. This will allow each of us to contribute to the success of our communities as Ohioans rebuild during this unprecedented time.

As we look to the future, Governor DeWine remains dedicated to vigorously continuing our COVID-19 response and recovery efforts while also maintaining the pre-pandemic priorities of modernizing our public health system, protecting our most vulnerable, ensuring everyone has an opportunity to succeed, and directly addressing the harmful social conditions that throw roadblocks in front of too many Ohioans. These budget requests align with those goals.

ODH's budget request totals approximately \$1.205 billion in FY22 and \$888 million in FY23 to continue advancing public health in Ohio. This consists of an increase in General Revenue Funds from \$113.7 million in FY21 to \$143.4 million in FY22 (an increase of \$29.7 million or 26.1%) and \$126.7 million in FY23 (a decrease of \$16.8 million or 11.7%).

In the next biennium, federal funding, which makes up approximately 80% of ODH's FY21 budget (when Coronavirus Relief Funds are included), will decline from \$1.118 billion in FY21 to \$842 million (24.7%) in FY22, and \$592 million (29.7%) in FY23. This is due to an expected reduction in federal funding as we bring the COVID-19 pandemic under control.

These resources will be used to fund initiatives and target investments to populations most directly and disparately impacted by the pandemic. With this budget request, we will invest in the health of our children, in the modernization of public health infrastructure, in health equity, in recovery, and in protecting our most vulnerable Ohioans. We will expedite Ohio's economic recovery by investing in the health of our citizens.

Investing in Children

All children deserve to be provided a strong foundation for a healthy future, a foundation that will foster future meaningful contributions to Ohio communities. To achieve this vision, the ODH budget invests in several initiatives, including those highlighted below.

Increase Funding for Help Me Grow — ODH is making strides to reach more families through home visiting, which provides access to in-home guidance on caring for babies and young children. Home visiting is proven to reduce infant mortality and promote child development and school readiness. ODH's evidence-based Help Me Grow program provides one-on-one parenting support to expectant families or new parents to build confidence and knowledge and to ensure successful connections with clinical and community resources.

Help Me Grow expects to serve more than 8,200 families in FY21, an increase of 1,827 families (28.3%) compared with FY19. Families that exited the program in FY20 received services, on average, for 28 days longer and received three more home visits than families that exited in the previous year. This fiscal year, new services began in five counties (Champaign, Lawrence, Logan, Preble, and Seneca counties), bringing the total number of counties receiving services to 86. Delaware and Union counties are on track to be included in the program before the end of this fiscal year.

In this budget, we are asking for an additional \$1.95 million each fiscal year for a total investment of \$41.2 million in both FY 22 and FY23. This additional funding will allow ODH to serve approximately 500 more families over the biennium.

We are also requesting language to increase maximum age eligibility from 3 to 5 years for children of families participating in home visiting. This increase will allow providers to continue to work with families to promote positive child growth and development and prepare children for kindergarten entry.

Reducing Infant Mortality — In Ohio, Black babies are nearly three times as likely as white babies to die before their first birthdays. Alongside Help Me Grow, current infant mortality efforts include crib distribution, neighborhood navigators who visit families and connect them with needed services, group prenatal care, and several research activities. Since July 2019, the Ohio Equity Institute (OEI), focused in the nine counties with the highest Black infant mortality rates, connected 3,200 women to services and other needs, such as cribs, housing, food, prenatal care, and transportation.

To continue this important work, ODH is requesting \$5.5 million in GRF over the biennium. Of this amount, \$5 million would be used for the Governor's Office of Children's Initiatives to support programming by community and local faith-based service providers to invest in maternal health programs. The remaining \$500,000 would be used in consultation with the Department of Medicaid to develop a universal needs assessment to identify and provide needed health and wrap-around services for vulnerable women.

Eradicating Childhood Lead Poisoning — Lead is a serious environmental public health threat. Even small amounts of lead poisoning can cause learning and behavior problems, such as lower IQ levels, attention disorders, delayed growth, and impaired hearing, with deficiencies possibly lasting

a lifetime. It is most harmful to children younger than 6, and exposure most often happens through the ingestion or inhalation of lead-containing materials, such as lead paint chips or dust found in many homes built before 1978. Lead poisoning shows no early signs, which makes early diagnosis and treatment difficult.

The primary goals of ODH's Lead Poisoning Prevention Program are to help families, medical care providers, and communities reduce and prevent lead poisoning. The program is largely supported by federal grants (for example, grants from the U.S. Department of Housing and Urban Development) and state general revenue fund (GRF) dollars.

Since the last budget cycle, ODH provided lead abatement to properties owned by low-income and middle-class families; created a workforce development program to provide free training, licensing, and testing fees for abatement workers and contractors; demolished lead containing properties posing a hazard to communities; and strengthened enforcement of lead hazard control orders. ODH, in partnership with the Ohio Environmental Protection Agency (Ohio EPA) and the Ohio Department of Job and Family Services (ODJFS), launched a lead-in-water testing program in childcare facilities funded by the U.S. EPA. Further, a Lead Abatement Tax Credit program was implemented to assist owner occupants with the costs of lead hazard identification and abatement, and the Lead Safe Rental Registry was enhanced to better serve families who are seeking lead safe rental housing.

In this budget, we are requesting increased GRF funding of \$7.15 million per year to continue and increase the lead hazard control programs that make Ohio's homes and communities lead-safe for our children. ODH will conduct lead hazard control and abatement services on hundreds of Ohio homes and conduct public outreach and education.

We are also seeking to expand the Lead-Safe Housing Fund statewide, authorizing ODH to implement and enforce the U. S. EPA Lead Renovation, Repair, and Painting (RRP) program, providing tiered lead enforcement authority to ODH, supporting the ODH Lead Program that funds testing for and removal of lead paint hazards from homes built before 1978, and assisting childcare facilities replacing leaded fixtures or pipes. These additional tools are needed to continue the goal of preventing lead poisoning.

Investing in Health Equity

To achieve health equity, all Ohioans must have what they need for wellness, regardless of who they are or where they live. This can only happen if we address the social and community factors that serve as barriers to achieving optimal health.

This budget will address the social determinants of health, by identifying the social and community factors that impact health and addressing them in ways that ensure every Ohioan has access to resources and community conditions necessary to advance health and well-being. This \$2 million funding will encourage local partnerships that seek to implement innovative programs and practices to support health improvements in at-risk populations. It will fund efforts to increase health literacy, ensuring health information is easy to obtain and understand for all Ohioans, and efforts to collect and analyze data across state agencies so resources can be devoted to communities where they will make the biggest impact. Further, it will be used to create conditions that support healthy lifestyle choices, through initiatives such as the expansion of green spaces in underserved communities or

connecting local farmers and food co-ops with rural and urban grocers to improve access to fresh produce.

This budget also expands access to care in underserved communities by investing in the Federally Qualified Health Center (FQHC) Primary Care Workforce Initiative. The budget invests approximately \$2.7 million per year in the initiative that places additional providers in FQHCs, which serve vulnerable populations. It does this by providing students pursuing healthcare fields an opportunity to complete required clinical rotations, including training alongside professionals, in clinics recognized as patient-centered medical homes (a model in which patient treatment is coordinated through a primary care physician). The program is open to medical, dental, behavioral health, advanced practice nursing, and physician assistant students.

Investing in Recovery

Ohio's commitment to ending the crisis of substance use continues through data collection and analysis, the distribution of naloxone overdose reversal medication across the state, and efforts to improve post-overdose care.

During the current biennium, ODH significantly expanded access to naloxone, a life-saving overdose reversal drug, through local community-based Project DAWN (Deaths Avoided With Naloxone) programs and continued a sub-recipient program. Efforts are designed to reach Ohio's highest-risk populations in key settings. This is achieved through partnerships with emergency medical services (EMS) and law enforcement agencies to distribute leave-behind kits, as well as through street outreach and mail-order and mobile outreach programs. A minimum of 42,750 naloxone kits are expected to be distributed through this program by August 2021.

Our budget proposal includes \$3.25 million for emergency department diversion and harm reduction efforts. Through Governor DeWine's RecoveryOhio Initiative, this funding will support the continuation of the Emergency Department Comprehensive Care initiative. This includes the creation of a comprehensive system of care for patients who present in emergency departments with substance use disorders. In addition, RecoveryOhio will support local health providers' efforts to reduce accidental drug overdoses and deaths.

Investing in Public Health

Public health programs across the state must have the resources needed to build a dynamic, forward-thinking public health system that continually expands efforts to protect and improve the health of Ohioans in innovative ways.

Public Health Infrastructure Modernization — Modernizing the public health system will make Ohio better prepared to face future public health emergencies and allow us to direct programs to the issues and communities that need them most. This will help improve Ohio's economy through a healthier, more productive population.

ODH is requesting much needed funding (approximately \$10.8 million in GRF over the biennium) to provide support for local health department efforts to reform and reimagine the delivery of public health programs across our state. Of this amount, \$6 million would fund improvements based on findings and recommendations in Ohio's 2020-2022 State Health Improvement Plan (SHIP), including addressing health issues created or exacerbated by the COVID-19 pandemic. It also

would incentivize local health departments to pursue accreditation as a commitment to quality and modernization.

ODH also is proposing a statutory change to allow two or more local health districts to put a combined health district levy on the ballot for operating expenses. This change will assist local health departments in achieving more effective and efficient cross-jurisdictional collaboration and to share expertise and programming. With this change, health jurisdictions would be considered similarly to libraries, county facilities and infrastructures, municipal universities, and other entities. The result would be improved health services to residents in affected communities.

Tobacco Cessation— Keeping Ohioans healthy and preventing disease are critical to creating a culture of wellness in our state and reducing healthcare costs.

This budget proposes to expand access to the Tobacco Use Prevention and Cessation program for all Ohioans. The program provides and promotes tobacco control activities that support the three primary objectives of: 1) decreasing the initiation of tobacco use, including e-cigarettes and vaping products; 2) increasing the number of Ohioans who quit tobacco; and 3) protecting Ohioans from exposure to secondhand smoke. Furthermore, the Ohio Department of Health's My Life, My Quit youth-centered cessation program seeks to educate Ohio youth on the risks of the vaping/e-cigarette epidemic.

Additional budget proposals include updating the Smoke Free Work Place (SFWP) law to include e-cigarettes, requiring that clerks be 18 or older to sell tobacco, allowing any pharmacist to issue FDA-approved forms of pharmacotherapy for the treatment of nicotine dependence, and creation of a registry of retailers that sell e-cigarettes or vaping products.

Investing in Health and Safety

Finally, I would like to address four important initiatives aimed at addressing some of our most vulnerable populations – those who are hospitalized or those who are living in nursing homes and residential care facilities. Our efforts to protect them and ensure they receive quality care must be robust and effective.

Establishing Hospital Licensure— ODH proposes a new licensure program that will give the state a unique opportunity to create a regulatory culture of partnership, technical assistance, shared best practices, and proactive cooperation. Ohio is the only state in the nation that does not license hospitals. The new licensure framework will give the director of health the ability to set standards for quality and patient health, safety, and welfare. It also would contain enforcement provisions, fine authority, and injunctive relief if there is an immediate threat of harm to patients.

Protecting Ohioans Living in Nursing Homes and Residential Care Facilities— ODH is proposing a statutory change that will enable the department to swiftly intervene to protect and, if necessary, remove patients from a nursing facility if the health and safety of the patients is at immediate risk. The need for the change has been evidenced by a few instances in which residents required assistance.

ODH is also proposing an additional \$1 million per year in GRF funding to better ensure the safety of residents and others served by nursing homes and healthcare facilities around the state.

Extending Residential Care Facilities (RCF) Survey Intervals— Many of our state-licensed residential care facilities, which provide assisted living services, remain consistently compliant with requirements. To further encourage compliance, the department proposes extending the interval between surveys (inspections) for facilities that demonstrate an excellent compliance history. This would give inspectors more time to investigate serious complaints and allow resources to be directed to the most critical areas.

Currently, surveys are conducted every 15 months. Facilities that have received no citations during the previous annual survey and no substantiated intervening complaints would be afforded a 30-month survey interval. Implementing the expanded interval would allow facilities to devote less time to administrative survey tasks and more time to resident care and would result in fewer survey-related disruptions for residents.

Creating a Voluntary Nursing Home Bed Reduction Program— Prior to the COVID-19 pandemic, there was significant underutilization of licensed nursing home beds in areas across Ohio. The pandemic highlighted the difficulty of infection control, especially where multiple-occupancy patient rooms exist. The Department of Health, in collaboration with the Departments of Aging and Medicaid, will launch a Nursing Home Bed Reduction Program to allow nursing homes to voluntarily downsize beds, move to single-occupancy patient rooms, and remove costly excess unused beds. The proposal makes a one-time, total investment of up to \$50 million and will correspondingly support improved nursing home quality care and the shift to community, non-institutional care. Combining these components will enable providers to rebalance their operations and focus on care for their existing populations, while also encouraging the development of additional community services.

These proposals demonstrate that ODH is dedicated to fulfilling its mission to advance the health and well-being of all Ohioans. Through this budget, we will continue to save lives and address the physical and economic threat of the COVID-19 pandemic, but also position our state to swiftly move beyond the pandemic to create a lasting model public health system. I look forward to partnering with you in this critical work.

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