Line by line review of 2023 SB4- Public Health Commission as printed April 4th 2023.

1. "Core public health services" 23 areas for county public health to address, only 11 or so are currently required. Last minute addition of prevention and reduction of chronic illnesses.
    a. Rep. Cindy Ledbetter admitted during testimony in the Public Health committee that this bill was aimed at treating disease rather than prevention. How much funding will go towards disease management vs prevention. Public health is about the prevention of these chronic illnesses. Private businesses like hospitals, should be managing chronic illness. Government getting involved in the treatment of chronic illness is a slippery slope into socialized medicine.
2. Pg 5 line 15- creates "district or regional services" to support local health departments.
    a. This creates bigger government and centralization.
    b. Increased oversight from state to local government.
3. Pg 5 line 11- State offering guidance to assist with uniform application of public health laws
    a. What does this mean? "Uniform application" watch the June 30, 2022 governor's public health commission to hear where this idea originated. H4ml.org/gphcshorts video #1 for a short clip
4. Pg 7 Line 17- States county executive (council) must vote to receive additional funding.
    a. Does not disclose frequency of vote to accept funds. Should be an annual vote to renew.
5. Pg 7 line 22- Discusses how the state dep identifies state level metrics for delivery of core public health services then works with local county to identify county level metrics. Then breaks down spending allotments on the different core public health services.
    a. The counties should be in charge of this. The counties should be conducting their own investigations and drilling down county specific issues.
6. Pg 9 line 3- Counties are responsible for every 6 month progress report to the state.
7. Pg 9 Line 16- Reports no transfer of authority in operating local health department. This is contradicted by Pg 29 line 7. More information below
8. Pg 13 line 3; Pg 15 line22; Pg 17 line 16- Stipulates that a local health officer may be appointed to more than one local board of health.
    a. This allows for one individual to make final determinations over multiple counties. There is no limit to the number of counties they can be responsible for. **Will this feed into the centralization of public health?**
9. Pg 23 Line 6- Creation of the additional funding program.
    a. Line 16- County council required to vote on accepting additional funding and provide core public health services.
    b. Line 21- **Funding requires the county "co-pay"** and is 25% of the average funding received the 3 previous years. Every year after county is required to contribute 25% to the total funding. This money must come from TAXES and miscellaneous revenue- but NOT fees paid to local health department, federal or private funds. This will be a tax increase in your county. **That means property tax may increase from year to year depending on how much the funding is increased per capita. Remember the goal is to raise the per capita investment from current $55 per person to $91 per person AND adjust for inflation.**

10. Pg 24 line 4- Counties may employ fulltime public health nurse, full or part time school liaison and a part time preparedness employee.
    a. Once a county hires these roles, the county will not be able to stop receiving the funding without terminating the employment.
11. Pg 24 line 8- **School liaison role**- coordination with school nurses on wide range of services and "core public health services." These include communicable disease prevention, access to childhood immunizations, hearing, vision & oral screenings, testing & counseling for HIV, Hep C & Sexually transmitted infections, and behavioral & mental health.
12. Pg 25 line 2- Government paying private entities to conduct public health.
    a. **Expansion of government**, further removing accountability. Will a county say, "oh we can't change the way that is being done we have developed a contract with xx entity."
        i. Is this paying a hospital or clinic to conduct these services within schools?
        ii. Will our tax dollars be funding school health centers and the care provided?
        iii. How will there be accountability for services rendered being focus on public health (Prevention) vs chronic disease management (**socialized medicine**)?
13. Pg 25 line 11- Health board has to submit budget to state annually to receive funding but no mention of if the fiscal body has to take a vote or work address budgetary appropriations for the 25% county contribution.
14. Pg 26 line 9- funding for counties who do not opt in will get same funding as previous years. Still requires budget report to be turned in.
    a. No change in funding even though this legislation is for the improvement of Hoosier Public Health and the state has **not assessed an increase in 21 years**. Is that consistent with the goals of helping Hoosiers?
    b. **What happens next year? Does the funding go up? Is there an account for inflation? Will there be new legislation for this? What kind of changes can we expect?**
15. Pg 29 line 7- to receive ANY funding the local department is required to comply with the financial report, statutory directives, and rules adopted by the state department.
    a. Rules adopted by the state department contradicts with Pg 9 Line 16- Reports no transfer of authority in operating local health department. The county has the ability to reject emergency directives, what happens if emergency directives become part of permanent rules?
16. Pg 29 line 33- Creation of Core Public Health Services Contracts and Grants.
    a. Instead of the state issuing grants to the county to achieve public health measures the state is giving the county the ability to create contracts or deliver grants to an individual, employers, employer association, nonprofit organization, for-profit organization, research institution, health insurance plan, health ministry, or any combination of these.
        i. Outsourcing of public health duties, paying private entities to complete the responsibilities of the county. How long before county has lost sight of what has happened, how plans are being implemented, and achieving appropriate goals.
    b. **Pg 30 line 23 "Behavioral incentives" may be used to achieve desired health outcomes… WHAT DOES THIS MEAN?** Will our public health offices raffle a car for students who get vaccinated?
17. Pg 35 line 11- Discussion on Standing orders for emergency stock medication which is defined as an "emergency medication." Currently these medications are well defined and limited. However

in the future this definition could be changed and is a concern moving forward. The scary prospect is that the definition could be changed without notice another year. At present these medications are limited to:

a. Albuterol- for asthma attacks
b. Epinephrine- for allergic reactions
c. Naloxone- Narcan for drug overdoses