

Department of Health

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- ODH receives \$1.1 billion for the FY 2006-2007 biennium
- ODH receives \$5 million from the Tobacco Master Settlement Agreement Fund to be used for the Healthy Ohioans Initiative
- 12 occupational licensing boards are to be absorbed into the Department in FY 2007

OVERVIEW

Duties and Responsibilities

The mission of the Department of Health (ODH) is to protect and improve the health of all Ohioans by preventing disease, promoting good health, and assuring access to quality health care. In addition to providing preventive medical services, public health education, and health care services, the Department also performs various regulatory duties. ODH has an annual budget of approximately \$568.2 million in fiscal year (FY) 2006 and \$575.2 million in FY 2007.

In addition to the Department's central office operations, there are 137 local health districts that are each governed by a board of health and a health commissioner. Approximately 60% of the Department's budget goes to local health care districts and healthcare providers who are responsible for covering various health services. The local health departments receive funding from many sources, including ODH line items earmarked for specific purposes and from subsidy moneys appropriated in the Local Health Department Support General Revenue Fund (GRF) line item 440-413. The subsidy funds are allocated according to a formula developed by the Public Health Council. The Council meets at least four times per year to formulate the rules that govern the Department's activities in preserving and promoting public health. The Governor appoints seven members to serve on the Public Health Council. The Council conducts public hearings, but does not have executive or administrative duties.

The Department's budget is organized into six program series: Disease Prevention, Family and Community Health Services, Quality Assurance, Public Health Preparedness, Services to State Employees, and Program Support.

Enacted Budget Funding

The biennial funding for the Department is \$1,143,414,094. In FY 2006, the ODH appropriation is \$568,171,863, an increase of 4.9% over FY 2005 expenditures. In FY 2007, the Department received a 1.2% increase over FY 2006 recommended appropriations, or \$575,242,231. GRF appropriations are \$75,587,016 in each FY 2006 and \$75,537,016 in FY 2007. This translates to an 11.4% increase in FY 2006 GRF appropriations from FY 2005 GRF expenditures and a 0.07% decrease from FY 2006 GRF appropriations to FY 2007 GRF appropriations. GRF appropriations represent approximately 13.2% of ODH's total funding. Federal appropriations make up 72.3% of total funding, while general service funds and state special revenue funds represent 14.5% of total funding.

Agency in Brief

Agency In Brief					
Number of Employees*	Total Appropriations-All Funds		GRF Appropriations		Appropriation Bill(s)
	2006	2007	2006	2007	
1,370*	\$568.17 million	\$575.24 million	\$75.59 million	\$75.54 million	Am. Sub. H.B. 66

*Employee Count obtained from the Department of Administrative Services (DAS) payroll reports as of June 2005.

Budget Highlights for the FY 2006-2007 Biennium**Transfer of Tobacco Master Settlement Dollars**

In FY 2006, up to \$5 million will be transferred to the Healthy Ohioans Fund (Fund 5BL) in ODH from the Tobacco Master Settlement Agreement Fund. The program focuses on promoting healthy lifestyle choices for Ohioans to reduce chronic disease. The Tobacco moneys will be used for the following programs.

- \$1.3 million to Healthy Ohioans in local communities. Funds will be available to the American Cancer Society, the Heart Association, and the Lung Association to further expand partnerships with local health departments and focus on controlling high blood pressure and cholesterol levels, and diabetes.
- \$900,000 to Appalachian Health Initiative – Building on Partnerships. Funds will be made available to Ohio's Appalachian counties. Smoking, obesity, and physical inactivity are risk factors that are more highly prevalent in Appalachian populations than non-Appalachian populations.
- \$1.0 million to Increase Awareness of Healthy Ohioans. Funds will be used to increase awareness of the Healthy Ohioans program statewide and in all markets through branding and other strategies. Three television ads were aired that focus on promoting healthy eating and physical activity.
- \$500,000 to Workplace Wellness Grants. Funds will be distributed for the creation of projects to engage businesses in health and wellness programming as a wise investment, not only in employee health, but also in maintaining competitive advantage.
- \$500,000 to After School Physical Activity Programs. Funds will be given to the Ohio Parks and Recreation Association (OPRA) for distribution to local OPRA members for up to ten pilot programs. The programs would promote and provide physical activity to school age children grades kindergarten through eighth grade.
- \$800,000 to Fetal Alcohol Syndrome Project. ODH, in collaboration with the departments of Drug and Alcohol Services and Mental Retardation and Developmental Disabilities, will use the funds for new and emerging research and resources to develop and distribute prevention messages, enhance early detection and referral, and increase the supply of trained and available professionals to assist women at risk and persons affected by prenatal alcohol exposure.

- In FY 2007, \$800,000 will be transferred to GRF appropriation item 440-418, Immunizations, in ODH from the Tobacco Master Settlement Agreement Fund. These funds are to be used for the purchase of varicella vaccines.

Board Consolidation

In Am. Sub. H.B. 66, 20 independent occupational licensing boards are to be absorbed into the departments of Health, Commerce, and Public Safety. The specifics of this transfer will be addressed during FY 2006 by a task force consisting of the departments of Commerce, Health, Public Safety, and Administrative Services, the Office of Budget and Management (OBM), and three representatives selected by the affected boards. According to OBM, current staff will be retained through FY 2006 and a hiring freeze and early retirement incentives will be offered to regulatory board staff. Effective July 1, 2006, all remaining regulatory board staff will be transferred to the relevant agency. Board members will be retained. The appropriations for the boards in FY 2007 are not reflected in the departments' of Health, Commerce, or Public Safety appropriations. The following boards are slated to be absorbed into the Department of Health:

- Chiropractic Board;
- Chemical Dependency Professionals Board;
- Counselor, Social Worker, and Marriage and Family Therapist Board;
- Board of Dietetics;
- Occupational Therapy, Physical Therapy, and Athletic Trainers Board;
- Optical Dispensers Board;
- Board of Orthotics, Prosthetics, and Pedorthics;
- Board of Optometry;
- Board of Psychology;
- Respiratory Care Board;
- Board of Speech-Language Pathology and Audiology; and
- Veterinary Medical Licensing Board

Fee Increases

Am. Sub. H.B. 66 increases several fees that are revenue sources for ODH. For the FY 2006-2007 biennium, the following fee increases were implemented:

Initial Inspections of Hospices		
Program: Community Health Care Facilities and Services		
Fund: 470		
Estimated Additional Revenue per FY: \$35,000		
Purpose: To help cover operating expenses		
New Fee		
Description	Current Fee	Proposed Fee
Initial Hospice Inspection Fee	\$0	\$1,750

ODH currently licenses and inspects hospices. ODH charges fees for a three-year hospice license, however, they do not charge for inspections of these facilities. As of July 1, 2005, there will be a fee for the initial inspections of hospices, which could result in an increase of revenues of \$35,000 per fiscal year.

J-1 Visa Application Fees for Physicians		
Program: Community Health Services and System Development		
Fund: 470		
Estimated Additional Revenue Per FY: \$107,130		
Purpose: To help cover operating expenses		
New Fee		
Description	Current Fee	Proposed Fee
J-1 Visa Application Review Fee	\$0	\$3,571

ODH will administer the J-1 Visa Waiver Program for recruiting physicians who received graduate medical education or training in the United States but are not citizens. These physicians will serve in areas of the state that are designated by the U.S. Secretary of Health and Human Services to be health professional shortage areas. There currently is no fee for this application review. ODH typically receives 50 applications, with 30 of those being placed. Only those physicians placed would be subject to the fee.

Radiation Fee Increases		
Program: Radiation Protection		
Fund: 470		
Estimated Additional Revenue Per FY: \$148,000		
Purpose: To help cover operating expenses		
Fee Changes		
Description	Current Fee	Proposed Fee
Handler Certificate of Registration	\$200	\$218
First Dental Tube	\$118	\$129
Each Additional Tube	\$59	\$64
First Medical Tube	\$235	\$256
Each Additional Tube	\$125	\$136
Ionizing Radiation Equipment > 250 kv	\$466	\$508

Fee Changes		
Description	Current Fee	Proposed Fee
First Non-Ionizing Radiation Equipment	\$235	\$256
Each Additional Non-Ionizer	\$125	\$136
Assembler Maintainer Inspection	\$291	\$317
Inspection if not licensed	\$363	\$395
Shielding Plan Review	\$583	\$635

Nursing Home Facilities Bed and Application Fee Increase		
Program: Long Term Care & Quality		
Fund: 470		
Estimated Additional Revenue per FY: \$200,000		
Purpose: To help cover operating expenses and to shift more of the cost sharing from GRF to the nursing home providers		
Fee Changes		
Description	Current Fee	Proposed Fee
Licensure and Renewal	\$105 per 50 persons	\$170 per 50 persons

Vital Statistics Fee Increase	
Program: Vital and Health Statistics	
Fund: 5BK within the Department of Public Safety	
Estimated Additional Revenue per FY: Over \$1 million for Birth and Death Certificates (Divorce and Dissolution of Marriage not available at this time)	
Purpose: To be used by the Director of Public Safety for grants to family violence shelters	
Fee Changes	
Description	Proposed Fee Increase
Birth Certificates (Certified Copy)	+ \$1.50
Death Certificates (Certified Copy)	+ \$1.50
Divorce Filing	+ \$5.50
Dissolution of Marriage Filing	+ \$5.50

Adult Care Facility Inspection Fee Increase		
Program: Community Health Care Facilities and Services		
Fund: 470		
Estimated Additional Revenue per FY: \$56,660		
Purpose: To help cover operating expenses and to shift more of the cost sharing from GRF to the nursing home providers		
Fee Changes		
Description	Current Fee	Proposed Fee
Inspection Fee	\$10 for each bed for which the facility is licensed	\$20 for each bed for which the facility is licensed

Bureau of Children with Medical Handicaps
(Program for Medically Handicapped Children)

In Am. Sub. H.B. 66, there is a requirement that the Public Health Council return financial eligibility requirements for FYs 2006 and 2007 to the levels that were in effect prior to October 13, 2003 (there was a change in financial eligibility requirements that made approximately 5,000 families ineligible for services). The bill also eliminates a provision that provides that a medically handicapped child is not required to apply for Medicaid as a condition of eligibility for the program if applying for or receiving Medicaid violates a religious belief of the child or child's parent or guardian. The bill also creates the Legislative Committee on the Future Funding of the Bureau for Children with Medical Handicaps to examine issues involving the program's operation, services, and funding. The Committee is required to make recommendations on December 1, 2006.

Free Clinic Liability Insurance

Am. Sub. H.B. 66 appropriates \$275,000 in FY 2006 and \$325,000 in FY 2007 in GRF appropriation item 440-431, Free Clinic Liability Insurance. Up to \$20,000 in each fiscal year may be used for administrative expenses related to the Medical Liability Insurance Reimbursement Program. The remainder in each fiscal year shall be used to pay for medical liability insurance for free clinics, including the clinics' staff and volunteer health care professionals and volunteer health care workers. The bill states that the necessity and feasibility of this new program shall be reviewed as part of the next biennial budget.

County Tuberculosis Control Programs and Detention Costs

In Am. Sub. H.B. 66, there is a provision that repeals the requirement that the Director of Health make financial assistance available to county tuberculosis control programs and the requirement that the Director reimburse boards of county commissioners for the cost of detaining indigent persons with tuberculosis. The provision also eliminates the option that a county or district tuberculosis control unit be a county tuberculosis program receiving financial assistance from the Director. According to the County Commissioners' Association, in FY 2004, ODH provided \$250,000 for treatment for tuberculosis and \$60,000 for detention costs. These dollars were distributed to counties that dealt with tuberculosis cases. ODH is no longer required to allocate this funding to county tuberculosis programs.

Vetoed Provisions

There were no vetoed provisions for the Department of Health.

ANALYSIS OF THE ENACTED BUDGET

Program Series 1

Disease Prevention

Purpose: To promote health and prevent disease through population based assessment and intervention.

The following table shows the line items that are used to fund the Disease Prevention Program Series, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	440-407	Animal Borne Disease & Prevention	\$2,452,101	\$2,452,101
GRF	440-412	Cancer Incidence Surveillance System	\$1,002,619	\$1,002,619
*GRF	440-416	Child & Family Health Services	\$470,000	\$470,000
GRF	440-418	Immunizations	\$8,600,615	\$9,400,615
*GRF	440-444	AIDS Prevention & Treatment	\$1,687,932	\$1,687,931
GRF	440-446	Infectious Disease Prevention	\$200,000	\$200,000
GRF	440-451	Lab and Public Health Prevention	\$6,085,250	\$6,085,250
GRF	440-454	Local Environmental Health	\$889,752	\$889,752
General Revenue Fund Subtotal			\$21,388,269	\$22,188,268
State Special Revenue Fund				
*4L3	440-609	Non Governmental Grants and Awards	\$81,217	\$81,217
4T4	440-603	Child Highway Safety	\$233,894	\$233,894
*470	440-618	Fee Supported Programs	\$8,563,874	\$8,801,443
*5B5	440-616	Quality, Monitoring, and Inspections	\$522,992	\$500,011
**5BL	440-638	Healthy Ohioans	\$5,000,000	\$0
5CB	440-640	Poison Control Centers	\$200,000	\$200,000
5C0	440-615	Alcohol Testing and Permit	\$1,455,405	\$1,455,405
610	440-626	Radiation Emergency Response	\$850,000	\$850,000
State Special Revenue Fund Subtotal			\$16,907,382	\$12,121,970
General Services Fund				
*142	440-618	Agency Health Services	\$92,385	\$92,385
473	440-622	Lab Operating Expenses	\$4,154,045	\$4,154,045
General Services Fund Subtotal			\$4,246,430	\$4,246,430
Federal Special Revenue Fund Group				
*320	440-601	Maternal Child Health Block Grant	\$1,902,288	\$1,902,288
*387	440-602	Preventive Health Block Grant	\$7,755,005	\$7,826,659
*392	440-618	Federal Public Health Programs	\$32,405,593	\$32,803,731
Federal Special Revenue Fund Group Subtotal			\$42,062,886	\$42,532,678
Total Funding: Disease Prevention			\$84,604,967	\$81,089,346

*Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the Disease Prevention program series:

- **Infectious Disease**
- **Healthy Ohioans**
- **Environmental Health & Toxicology**
- **Public Health Labs**
- **Radiation Protection**
- **Alcohol & Permit**
- **Epidemiology**
- **Abstinence**

Infectious Disease

Program Description: The Infectious Disease Control program prevents the occurrence and transmission of infectious disease through both primary (e.g., immunization) and secondary (interdiction of outbreaks) prevention modalities. The program was established in 1983 in R.C. section 3701.24. This program serves local health departments, health care providers, the general public, and other programs within the Department of Health.

The program provides for the following activities: purchase of vaccines (584,852 doses) for public clinics; provision of vaccines from the Vaccine for Children program to private physicians and other Medicaid providers; provision of a statewide immunization registry; immunization action plan grants to reach under-immunized populations; prevention and control of an animal borne/insect borne disease and sexually transmitted diseases; and prevention and control of other infectious diseases. Prevention and control activities include education, testing for disease, purchase of drugs, providing investigations into outbreaks of diseases, and surveillance or tracking of diseases. Highlights of the program are discussed below.

Animal and Insect Borne Disease. Every year local health departments investigate about 23,000 animal bites for rabies exposure. Approximately 4,200 animal specimens are submitted to ODH for rabies testing. ODH provides for the shipping and testing of these specimens, conducts consultations with local health departments, conducts raccoon rabies baiting once a year (500,000 baits), conducts case reviews of reported diseases, investigates disease outbreaks, and responds to emerging zoonotic agents where disease transmission from animals to people is implicated.

HIV Prevention. Approximately 57 community-based organizations receive federal funds that are passed through the ODH. These organizations implement approximately 89 HIV prevention programs to various high-risk groups per year. They also provide HIV testing and prevention counseling for 40,000 individuals per year. Nine local health departments receive federal funding and GRF to provide educational activities. Approximately 200,000 to 300,000 high-risk individuals are impacted by these efforts each year.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained. The program, among other things, will be able to purchase over 580,000 vaccines for public clinics and the Vaccine for Children program, test up to 400,000 mosquitoes for West Nile Virus and other agents, and provide HIV testing and prevention counseling for 40,000 individuals per year.

Am. Sub. H.B. 66 transfers \$800,000 in FY 2007 from the Tobacco Master Settlement Agreement Fund (Fund 087) to the GRF. These funds are to be used in GRF appropriation item 440-418, Immunizations, for varicella vaccination purchases.

Healthy Ohioans

Program Description: This program protects and improves the health of all Ohio citizens by providing leadership and coordination for population-based health promotion activities. The program provides health education and health promotion technical assistance and consultation to local agencies and communities. The program also includes efforts to prevent and control tobacco use, arthritis, cardiovascular disease, and diabetes. The program also provides the means for early detection of breast and cervical cancer to 11,000 low-income women ages 50 to 64, as well as providing education about colorectal and skin cancer. Funding is used to provide education, self-management of diseases, tracking of diseases and injuries, crisis intervention services, infant car seats, breast and cervical cancer screenings, and a hotline. The program was established in 1996 by the Public Health Council in 3701-1-131 of the Ohio Administrative Code.

The primary goal of the program is to reduce the incidence of chronic diseases. The success or benefit of the program can be measured by the incidence of death and disease. More specific goals and objectives include: increase physical activity, improve nutrition, and prevent the use of tobacco among all Ohioans, promote quitting for those who use tobacco, and reduce deaths caused by intentional and unintentional injuries.

In FY 2005, GRF funding for rape prevention activities was eliminated. In previous years, funding was allocated to the State Sexual Assault Coalition, the Rape Prevention Program at the Combined Health District of Montgomery County, and the Women and Family Services Center in Defiance. The State Sexual Assault Coalition and the Women and Family Services Center in Defiance still receive some federal funds from ODH.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained. The program, among other things, will provide early detection of breast and cervical cancer to 11,000 low-income women between the ages of 50 and 64 and provide education about colorectal and skin cancer. The budget bill allows for the transfer of up to \$5 million from the Tobacco Master Settlement Agreement Fund (Fund 087) to Fund 5BL, Healthy Ohioans. The moneys will be used to address the underlying causes of chronic diseases such as poor nutrition, lack of physical activity, and smoking. Moneys will be used as grants to local communities, Appalachian counties, and workplace wellness grants, among other things.

Environmental Health and Toxicology

Program Description: This program protects the health of Ohioans by monitoring and investigating noninfectious diseases and special health problems related to the environment. The program uses risk assessment, health education, human studies, epidemiological and biostatistical analysis to assess and prevent exposure to toxins. The program also includes the inspection of migrant labor camps. The program was established in 1981 by R.C. section 3701.14. The population served by this program includes the general public, local health departments, Ohio Environmental Protection Agency, U.S. Environmental Protection Agency, Centers for Disease Control and Prevention, and programs within the Department.

The following are a few examples of activities provided in the program in 2003:

- Plan approval, licensing, and inspection of agricultural labor camps (145 licensed camps);
- Review approval and compliance inspection of engineering plans for swimming pools/spas (403), manufactured home parks (75), marinas (7), and RV parks/camps (23);
- Provide technical assistance to local health departments, industry, and the general public in agricultural migrant labor camps, food safety, private water systems, household sewage treatment, indoor environments, asthma, school environmental management, school inspection, tattoo and body piercing establishments, marinas, manufactured home parks, swimming pools/spas, RV parks, and resident and day camps through consultation and training;
- Approve courses and certify individuals in food protection (6,000 individuals certified);
- Provide legal registration of private water system contractors;
- Provide recall information regarding food products to local health departments (52 food products were recalled); and
- Sample and analyze water from selected public bathing beaches along the Lake Erie shoreline and advise local officials when public health use advisories need to be posted.

A majority of the services conducted under this program are mandated through state statute and serve the entire state. Fees supply most of the funding for this program. Federal funds support a significant portion of indoor environments, asthma, and health assessment of chemically contaminated sites.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained.

Am. Sub. H.B. 66, appropriates \$200,000 in each fiscal year for line item 440-640, Poison Control Centers. The Greater Dayton Area Hospital, as well as the poison control centers in Cleveland, Cincinnati, and Columbus shall each receive \$50,000 in each FY for poison control purposes.

Public Health Laboratories

Program Description: The Public Health Laboratories program provides testing to assist in identification of potential disease outbreaks, aids in the recognition of environmental hazards, provides initial screening for metabolic diseases of all newborns in Ohio, and provides other laboratory services. The first public health lab in Ohio was established in 1898. The program is established in law in R.C. sections 3701.22 and 3701.23. The lab runs approximately 4.2 million tests per year. It also maintains a role in the education of future laboratorians by working in conjunction with The Ohio State University. This partnership assists in teaching medical technology students and offers practical experience in a production laboratory facility.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained. As such, the lab will be able to run over four million tests per year for things such as foodborne disease testing and serotyping of infectious disease specimens, as well as maintaining a role in the education of future laboratorians.

Radiation Protection

Program Description: The Radiation Protection program is responsible for the regulatory control of radiation sources in Ohio. The purpose of the program is to control the possession, use, handling, storage, and disposal of radiation sources and to maintain the radiation dose to the general population within limits established in rule. This limit is established with standards adopted by the National Council on Radiation Protection and Measurement, the Conference of Radiation Control Program Directors, American National Standards Institute, Food and Drug Administration, and other national standard-setting bodies. The program is responsible for licensing the possession and use of radioactive material, registering radiation-generating equipment, and inspecting facilities housing these radiation sources. The technologists operating radiation-generating equipment and nuclear medicine are also licensed. The program also oversees the cleanup of contaminated facilities, responds to radiation accidents, investigates reports of excessive radiation doses, and sponsors local health departments in radon testing programs for schools and homes. ODH is designated as the Radiation Control Agency for Ohio. The responsibilities that go with this designation are outlined in R.C. section 3748.02.

The regulated community consists of most academia, industry, hospitals, practitioners of the healing arts, and other government agencies. The program is supported through fees charged for licensing, registering, and inspecting facilities that deal with radiation.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained. Therefore, ODH will continue inspecting over 6,000 x-ray machines, providing quality assurance inspections at 100 hospitals, and inspecting 150 assemblers and maintainers.

In Am. Sub. H.B. 66, there is a fee increase (approximately 9%) for the program. This will result in a revenue increase of \$148,000 per fiscal year, which will be used for operating expenses.

Alcohol Testing and Permit

Program Description: The goal of the program is to ensure that drunken driving charges are not dropped due to inoperable/inaccurate equipment and nonlicensed and untrained persons conducting the chemical testing. The program attempts to ensure that the solution that police use to calibrate breathalyzer machines is accurate. The program also trains new police officers on how to properly use the equipment. The Department also is charged with insuring the quality assurance of labs that run blood and urinalysis tests for alcohol levels. The program issues basic and renewal permits to over 10,000 breath analyzer operators and also issues 49 laboratory drug permits and 209 alcohol laboratory permits. The program evaluates proficiency examinations for laboratory and breath permit holders, as well as inspecting 580 breath testing sites and 27 laboratory sites throughout 88 counties. The program is established in R.C. section 3701.143.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 service levels to be maintained. This will allow the program to issue permits to over 10,000 breath analyzer operators, among other things.

Epidemiology

Program Description: The Epidemiology Program conducts population-based surveillance/tracking for diseases and other health conditions and risk factors. The information is used to provide guidance to disease prevention and control programs. The program tracks the occurrence of infectious diseases, including HIV, tuberculosis, sexually transmitted diseases, and over 70 other infectious diseases. The program also conducts cancer surveillance as required by R.C. section 3701.26.

Implication of the Enacted Budget: The enacted funding will allow the program to maintain FY 2005 service levels.

Abstinence Education

Program Description: The Abstinence Education Program focuses on a comprehensive approach that includes units on valuing self, physical changes of adolescence, human reproduction, fetal development, family relationships, friendship and dating, building character, making good decisions, communication, refusal skills, STD information and prevention, as well as overall health and wholeness. Communities, including local health departments, receive funding for abstinence education through a competitive grant process. Ohio's Abstinence Law requires all schools in Ohio to teach abstinence until marriage as the only completely effective means by which to avoid contracting STDs or becoming pregnant. The program helps schools respond to that mandate through funding local initiatives that provide direct service.

Implication of the Enacted Budget: The enacted funding will allow the program to maintain FY 2005 service levels. In FY 2005, 13 abstinence grants were awarded. It is likely that this number of grants will be awarded in FYs 2006 and 2007 as well.

Program Series 2**Family and Community Health**

Purpose: To assure that health services are available for Ohioans and provide health services that are accessible, appropriate, affordable, available, acceptable, family-centered, guided by local needs, coordinated, culturally sensitive, reflective of consumer involvement, and comprehensive.

The following table shows the line items that are used to fund the Family and Community Health Program Series, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
*GRF	440-416	Child & Family Health Services	\$9,212,874	\$9,112,874
GRF	440-431	Free Clinic Liability Insurance	\$275,000	\$325,000
*GRF	440-444	AIDS Prevention & Treatment	\$5,470,195	\$5,470,196
GRF	440-452	Child & Family Health Services Match	\$1,024,017	\$1,024,017
GRF	440-459	Help Me Grow	\$9,323,797	\$9,323,797
GRF	440-505	Medically Handicapped Children	\$9,591,784	\$8,791,784
GRF	440-507	Targeted Health Care Services Over 21	\$1,631,023	\$1,631,023
General Revenue Fund Subtotal			\$36,528,690	\$35,678,691
State Special Revenue Fund				
*470	440-618	Fee Supported Programs	\$250,000	\$250,000
477	440-627	Medically Handicapped Children Audit	\$3,800,000	\$3,693,016
4D6	440-608	Genetics Services	\$2,617,000	\$2,617,000
4F9	440-610	Sickle Cell Disease Control	\$1,035,344	\$1,035,344
4G0	440-637	Birth Certificate Surcharge	\$5,000	\$5,000
*4L3	440-609	Non Governmental Grants and Awards	\$62,902	\$62,902
4V6	440-641	Save Our Sight	\$1,767,994	\$1,767,994
5D6	440-620	Second Chance Trust	\$1,054,951	\$1,054,951
666	440-607	Medically Handicapped Children Co. Assess	\$14,320,687	\$14,320,687
State Special Revenue Fund Subtotal			\$24,913,878	\$24,806,894
General Services Fund				
*142	440-618	Agency Health Services	\$19,000	\$19,000
General Services Fund Subtotal			\$19,000	\$19,000
Federal Special Revenue Fund				
*320	440-601	Maternal Child Health Block Grant	\$26,877,034	\$27,123,347
389	440-604	Women, Infants, and Children	\$219,920,083	\$230,077,451
*392	440-618	Federal Public Health Programs	\$47,049,543	\$47,351,515
Federal Special Revenue Fund Subtotal			\$293,846,660	\$304,552,313
Total Funding: Family & Community Health			\$355,308,228	\$365,056,898

* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Children with Medical Handicaps**
- **Child & Family Health**
- **Oral Health**
- **Nutrition**
- **Help Me Grow**
- **Community Health Services and System Development**
- **Second Chance**

Children with Medical Handicaps

Program Description: The Children with Medical Handicaps Program includes treatment for medically handicapping conditions, diagnostic services, and service coordination for children ages 0 to 21. The program also provides insurance premium payments to adults with hemophilia (30 adults) and prescription medications and medical supplies to adults with cystic fibrosis (150 adults). The treatment package for children with medical handicaps depends on the diagnosis, but can include basic outpatient and physician services, hospital stays, and prescription medications. The program also provides metabolic formulas to 269 individuals with phenylketonuria and homocystinuria, services for 7,163 newborns, children and adults affected by or at risk for sickle cell disease, and clinical genetic services to 10,611 Ohioans. Services are typically limited to those who meet medical and/or financial criteria.

The goal of the program is to assure that children and adults have access to community-based health care services, to eliminate health disparities, and to improve quality of life.

The program changed its financial eligibility formula in November 2003, which resulted in approximately 5,000 children being ineligible for benefits. The program is working with local public health nurses to try to assist families recently disenrolled in maximizing their third party benefits and in applying for other insurance. Approximately half of the families affected by this change have no other source of funding for their health care needs.

Implication of the Enacted Budget: In Am. Sub. H.B. 66, there is a requirement that the Public Health Council return financial eligibility requirements for FYs 2006 and 2007 to the levels that were in effect prior to October 13, 2003 (there was a change in financial eligibility requirements that made approximately 5,000 families ineligible for services). The bill also eliminates a provision that provides that a medically handicapped child is not required to apply for Medicaid as a condition of eligibility for the program if applying for or receiving Medicaid violates a religious belief of the child or child's parent or guardian. As a result, funding for the program should be sufficient to provide for the return of the 5,000 families made ineligible in October of 2003 and to maintain current service levels.

In Am. Sub. H.B. 66, there is an earmark for \$731,033 in each fiscal year in GRF appropriation item 440-507, Targeted Health Care Services Over 21, to be used for the administration of the cystic fibrosis and Hemophilia Insurance Premium Payment Program. There is an additional earmark for \$900,000 in each fiscal year in the same appropriation item for essential medications for the cystic fibrosis program.

Child and Family Health

Program Description: The Child and Family Health Program includes the following services or sub-programs: Child & Family Health Services Program; Child Fatality Review Program; Family Planning (Title X) Program; Ohio Childhood Lead Poisoning Prevention Program; Ohio Infant Mortality

Reduction Initiative Program; Prenatal Smoking Cessation Services Program; Regional Perinatal Services Program; Save Our Sight Program; Specialty Medical Services Program; Sudden Infant Death Program; and the Women's Health Services Program. A few of these services will be discussed in detail below.

Child & Family Health Services Program. This program provides infrastructure-building services such as conducting community health assessments, implementing population-based, enabling and/or direct health care services (perinatal, family planning, and child health). The program provides services primarily to un/underinsured children and pregnant women statewide. The program funds 79 projects and serves over 208,000 clients.

Child Fatality Review Program. This activity was created in 2000 to reduce the incidence of preventable child deaths. Ohio Revised Code section 307.621 mandates that each county in Ohio establish a child fatality review board to review the deaths of all children under 18 years of age residing in that county. These local boards are required to submit information concerning the deaths of children to ODH. In cooperation with the Children's Trust Fund Board, the Department is required to prepare, publish, and distribute a report concerning the data collected and is required to provide an annual training seminar.

Title X Family Planning Program. The Title X Family Planning program provides the following services: screening for breast and cervical cancer; gynecological examinations and the provision of contraception; laboratory testing, urine dipstick for diabetes and pregnancy testing, colorectal screening for clients over 40 years of age; blood pressure, height and weight measurements; thyroid, heart, lung, abdominal and extremities check; screening and treatment for sexually transmitted diseases, including HIV risk assessment, education, and testing; patient education and information about contraception, infertility, pregnancy, sterilization, preconception, interconception, and nutrition; determination of Rubella immunity status, Hepatitis B status and DES exposure; referral and follow-up of other needed services; counseling to minors on resisting attempts to coerce in engaging in sexual activities; and community outreach and education. In FY 2003, the program provided services to 78,741 clients, of which 81% were under the 150% of the Federal Poverty Guideline and 19% were on Medicaid.

Save Our Sight (SOS) Program. This program was created to ensure that children in Ohio have good vision and healthy eyes. The program accomplishes this through the early identification of children with vision problems and the promotion of good eye health and safety. One in four schoolchildren and one in twenty preschoolers have vision problems. If left untreated, these problems may affect a child's learning ability. The SOS Program funds are disbursed through two grant programs: the Save Our Sight Children's Vision Program and the Save Our Sight Children's Protective Eyewear Program. Funds are also used to develop and maintain the Ohio Amblyope (lazy eye) Registry. The program provided 310,000 children with a vision screening and 9,750 children with protective eyewear. Over 1,000 physicians and children were registered in the amblyopia registry.

Women's Health Services Program. The program provides: pelvic exams and lab testing; breast exams and patient education on breast cancer; screening for cervical cancer; screening and treatment for STDs and HIV screening; voluntary choice of contraception, including abstinence and natural family planning; patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy; education of sexual coercion and violence in relationships; and prenatal care or referral for prenatal care. The program was established to serve low-income women in vulnerable populations. The program provided grants to twenty local health departments that competed for a competitive grant application process and were reviewed by an external grant review panel.

Implication of the Enacted Budget: As a result of funding, there is some concern that the Specialty Medical Services program may need to be reduced. This is due to reductions in federal funding over the past few years, coupled with cost increases of approximately 8% annually.

Oral Health

Program Description: The Oral Health program's goal is to provide access to dental care and to reduce the number of Ohioans with unmet dental care needs. It is estimated that 4.6 million people in Ohio do not have dental healthcare coverage. The program includes the following subprograms:

Dental OPTIONS. The Dental OPTIONS program provides funding to four local agencies on a regional basis (NE, NW, Central, and S), to provide referral and case management services for Ohioans who need dental care and have no form of dental insurance, including Medicaid, and can't afford to pay for care. The program is primarily for those with household incomes below 200% of the poverty level. In FY 2004, 5,403 people were served by the program.

Access to Dental Care. This activity is funded by the Health Priorities Trust Fund, which is made up of moneys from the Tobacco Master Settlement. The program funds six to eight grants for the start-up and expansion of dental care programs. The programs offer comprehensive dental services for Medicaid and low-income individuals who would not otherwise receive needed care.

State Dentist Loan Repayment/Dental Health Professional Shortage Area (DHPSA). The DHPSA program is funded from dentist license fees paid to the State Dental Board. Qualifying dentists have been out of dental school less than three years and are willing to work in a shortage area. Those qualifying can receive repayment for government or commercial loans associated with the cost of attending dental school if they agree to work in a health shortage resource area.

School-Based Dental Sealant Activity. This program funds 18 to 20 school-based dental sealant programs, which provide preventive dental sealants in over 40 counties. This is a cost-effective preventive measure to prevent the most common form of dental decay for 2nd, 3rd, 6th, and 7th graders in targeted schools. It is estimated that 25,000 children were provided with dental sealants in 2004.

Dental Safety Net. The program funds five to eight local agencies to provide dental care to Ohioans with poor access to oral health care. Funds are used to cover the gap between the cost of services and the amount received from Medicaid and sliding fee payments. It is estimated that this program provided dental care for over 22,000 Ohioans in 2004.

Community-based Fluoride Activity. This program provides financial assistance to communities that are beginning to fluoridate water and to those communities that need replacement fluoridation equipment.

Implication of the Enacted Budget: The enacted funding will enable ODH to increase access to dental care.

Nutrition

Program Description: The goal of the Nutrition program is to improve the health status and prevent health problems among Ohio's at-risk women, infants, and children. The program includes the following subprograms:

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC provides nutritious foods, nutrition and breastfeeding education and support, immunization screening, and health care referral through local agencies to eligible individuals. WIC helps income-eligible pregnant, postpartum, and breastfeeding women, infants, and children who are at risk with respect to physical and mental health due to inadequate nutrition, healthcare, or both. There is a series of criteria that applicants must meet in order to be enrolled in the program. One of these requirements is that the gross family income must be at or below 185% of the federal poverty guidelines. Eligibility is reviewed at least every six months.

Farmer's Market Nutrition Program (FMNP). The FMNP was created in 1992. Since then the program has provided nutritionally at-risk women and children fresh fruits and vegetables from farmers' markets. The program also increases awareness and use of farmers' markets. The program operates from June 1st to October 31st. Currently, only the highest-priority participants of the WIC program receive these benefits. For FY 2004, 31,000 people were served. These people receive six coupons at \$3.00 each to purchase fresh fruits and vegetables from authorized farmers during the market season. The program is 70% federally funded through the United States Department of Agriculture. There is a 30% state match requirement that is currently met through the Ohio Department of Job and Family Services' Agriculture Surplus program.

Implication of the Enacted Budget: The enacted funding will maintain FY 2005 service levels. As a result of funding, approximately 265,000 eligible women, infants, and children will be provided nutritious foods, nutrition and breastfeeding education and support, and health care referral. Also, 80,000 infants and 120,000 children will be provided with immunization screening, and 31,000 women and children in 47 counties will receive Farmer's Market Nutrition Program vouchers for \$18.

Help Me Grow

Program Description: The Help Me Grow program is an Ohio Family and Children First initiative. The program seeks to ensure that infants and toddlers with developmental disabilities are identified early and assisted with services and supports. Infants and toddlers in the program receive developmental, vision, and hearing screening. The program also seeks to increase immunization rates of two year olds and to decrease health disparities by targeting underrepresented population groups. Funding is provided to local programs for home visiting services to first time and teen parents, as well as parenting education for families with questions about child health and development. Services and supports are provided for families with infants and toddlers at risk for or with developmental disabilities.

Implication of the Enacted Budget: The enacted funding will allow for home visits by registered nurses to 22,000 newborns and their families in FY 2006. Approximately 38,000 infants and toddlers at risk for or with developmental disabilities and their families will receive services and support.

Community Health Services and Systems Development

Program Description: The goal of the Community Health Services and Systems Development program is to improve the health status of Ohioans, decrease likelihood of death for those with HIV, and improve access to health care. Activities include assistance for those with HIV and primary care medical services to low-income, uninsured patients at 100 federally qualified health sites (160,072 encounters in 2004). There are also three black lung clinics in southeastern Ohio for coal miners (15,000 uninsured served). Other activities include placing physicians and other healthcare professionals in health resource shortage areas, providing technical assistance to 850 school nurses, coordinating the Ohio Youth Risk Behavioral Survey, improving health in rural areas by providing technical assistance, placing a minimum

of 40 primary care providers per year, and applying for federal funds to fund new federally qualified health care sites.

The HIV assistance activity includes the provision of medications, health insurance premium payments, case management, emergency financial assistance, home health, and Medicaid spend down. The Department of Health is the only entity in Ohio receiving federal Ryan White Care Act funds. These funds have a 50% match requirement. Part of the match is provided from the Department of Rehabilitation and Correction since GRF appropriation item 440-444, AIDS Prevention and Treatment, has been reduced over the past few fiscal years.

GRF funding for migrant health centers, which served 1,050 migrants out of a total population of 12,458, was eliminated in FY 2005 and receives no funding in FYs 2006 and 2007.

Implication of the Enacted Budget: Enacted funding will maintain FY 2005 service levels and provides funding for ODH to administer the J-1 Visa Waiver Program for Physician Recruitment. The program services foreign physicians who come to the U.S. for graduate medical studies and remain in the country after completion of their studies if placed in medically underserved areas. The physicians apply for a J-1 visa waiver. ODH is required to charge up to \$3,751 for each application it accepts for review. This is a new fee for ODH. ODH usually receives 50 applications and places 30 physicians in underserved areas. This could increase revenues by \$107,130 per fiscal year, which would be used for costs of operating the program. Only those physicians that are placed would be subject to the fee.

Am. Sub. H.B. 66 appropriates \$275,000 in FY 2006 and \$325,000 in FY 2007 in GRF appropriation item 440-431, Free Clinic Liability Insurance. Up to \$20,000 in each fiscal year may be used for administrative expenses related to the Medical Liability Insurance Reimbursement Program. The remainder in each fiscal year shall be used to pay for medical liability insurance for free clinics, including the clinics' staff and volunteer health care professionals and volunteer health care workers. The bill states that the necessity and feasibility of this new program shall be reviewed as part of the next biennial budget.

In Am. Sub. H.B. 66, there are numerous earmarks for community projects within GRF appropriation item 440-416, Child and Family Health Services. The earmarks in each fiscal year are as follows: \$10,000 to the Jewish Family Services in Cleveland; \$10,000 to the Jewish Family Services in Cincinnati; \$10,000 to the Wexner Heritage Village; \$10,000 to the Jewish Family Services in Dayton; \$5,000 to the Jewish Community Center in Akron; \$5,000 to the Jewish Community Center in Sylvania; \$2,500 to the Jewish Community Center in Youngstown; \$2,500 to the Jewish Community Center in Canton; \$10,000 to the Jewish Family Services in Columbus; \$16,667 to the Jewish Community Center in Cincinnati; \$16,666 to the Jewish Community Center in Cleveland; \$450,000 to the Visiting Nurse Association; \$25,000 to the Clermont County's Comprehensive Suicide Prevention Program; and \$50,000 to the Mayerson Inclusion Project. There was also an earmark for \$100,000 in FY 2006 to the People Working Cooperatively in Cincinnati.

Second Chance

Program Description: The Second Chance Trust program awards funding to local projects to increase awareness about the need for organ donors. The program is funded through a \$1 donation made when renewing a driver's license.

Implication of the Enacted Budget: The enacted funding will provide for a more comprehensive marketing campaign for organ donations during this biennium. ODH will be able to conduct a more

comprehensive marketing campaign for organ donations. This will include airing television ads, as well as advertising on billboards and bus signs to promote the program.

Program Series 3

Quality Assurance

Purpose: To achieve the best possible health status for the citizens of Ohio through the monitoring of activities that assure the quality of both public health and private healthcare delivery systems.

The following table shows the line items that are used to fund the Quality Assurance Program Series, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	440-453	Health Care Quality Assurance	\$10,253,728	\$10,253,728
General Revenue Fund Subtotal			\$10,253,728	\$10,253,728
State Special Revenue Fund				
*470	440-618	Fee Supported Programs	\$3,799,633	\$3,893,791
471	440-619	Certificate of Need	\$581,572	\$594,572
*5B5	440-616	Quality, Monitoring, and Inspection	\$315,487	\$338,468
*5L1	440-623	Nursing Facility Technical Assistance Program	\$617,517	\$617,517
State Special Revenue Fund Subtotal			\$5,314,209	\$5,444,348
General Services Fund				
*698	440-634	Nurse Aide Training	\$170,000	\$170,000
General Services Fund Subtotal			\$170,000	\$170,000
Federal Special Revenue Fund				
391	440-606	Medicaid/Medicare	\$24,211,198	\$24,850,959
*392	440-618	Federal Public Health Program	\$522,441	\$533,121
Federal Special Revenue Fund Subtotal			\$24,733,639	\$25,384,080
Total Funding: Quality Assurance			\$40,471,576	\$41,252,156

* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Long Term Care and Quality**
- **Regulatory Compliance**
- **Diagnostic Safety and Personnel Certification**
- **Community Health Care Facilities and Services**

Long Term Care and Quality

Program Description: The Long Term Care and Quality Program primarily conducts surveys of nursing facilities to monitor provider compliance with state and federal rules and regulations, which have been formulated to ensure high quality health care services. The surveys conducted include initial

licensure and federal certification surveys, recertification/relicensure surveys and complaint investigations. Revisits are conducted to ensure that providers achieve compliance after deficiencies and violations are identified during surveys. The program is also responsible for the survey actions required by Ohio's contract to conduct surveys for the federal Centers for Medicare & Medicaid Services.

The program also includes the Technical Assistance Program (TAP), which provides education to improve the quality of care and life for residents in Ohio's 989 nursing facilities by using supportive, proactive, and constructive techniques. In 2003, TAP completed a demonstration project. This project consisted of two programs, which addressed activities of daily living, while a third program addressed detection of dehydration. There were 24 homes picked to be a part of the project. Twelve homes were picked to receive one of the programs and the other twelve homes were used as the control and received no programming. At the end of the project, TAP documented procedures and the results of the three programs to improve care and to enable programs to be adopted and replicated in nursing homes throughout the state.

Implication of the Enacted Budget: The enacted funding, coupled with the fee increases for this program series, should allow for a continuation of FY 2005 service levels. GRF appropriation item 440-453, Health Care Quality Assurance, is cut by 2.5% from FY 2005 spending levels. This appropriation item funds all of the programs within the Quality Assurance Program Series. In FY 2005, spending for the appropriation item was \$10,516,387. In FYs 2006 and 2007, the appropriation item was appropriated \$10,253,728 in each fiscal year. It is possible that federal funding could be lost as a result of state match requirements if fee increases do not match the loss in funding in GRF appropriation item 440-453.

In Am. Sub. H.B. 66, there is an increase for the licensing and inspection fee for nursing homes and residential care facilities from \$105 to \$170 for each 50 persons in a home or facility's licensed capacity. This will increase revenues for ODH by approximately \$200,000 per fiscal year. This revenue will be used for operating expenses. Also, Am. Sub. H.B. 66, allows ODH to revoke or refuse to issue a license to operate a nursing home or residential care facility when the licensee or applicant demonstrates a long-standing pattern of violations of Ohio law governing nursing homes and residential care facilities.

Regulatory Compliance

Program Description: The Regulatory Compliance program is primarily responsible for state and federal health care provider program enforcement. The program's responsibilities result from federal Medicare and Medicaid nursing home reform and enforcement provisions and subsequent federal and concomitant state statutes, regulations, and rules. The primary goals of the program are: enforcement and dispute resolution for Medicare and/or Medicaid certified skilled nursing facilities and nursing facilities; substandard quality of care notification; enforcement for Medicaid certified intermediate care facilities for the mentally retarded; enforcement for licensed nursing homes, residential care facilities, homes for the aging, adult care facilities, health care services, community alternative homes, and hospices; county home resident rights enforcement; and enforcement of federal nurse aide training program requirements relating to extended surveys and enforcement remedies.

Implication of the Enacted Budget: The enacted funding will allow FY 2005 levels to be maintained.

Diagnostic Safety and Personnel Certification

Program Description: The Diagnostic Safety and Personnel Certification program licenses and certifies companies/persons for asbestos abatement, nursing home administrators, hearing aide dealers

and fitters, radon testing and mitigation, and lead abatement. The program is responsible for performing federally mandated on-site inspections for 8,500 clinical laboratories, as well as evaluating the need for and impact of proposed nursing home bed relocations, proposed nursing home replacement, and nursing home renovation projects over \$2 million. Lastly, the program is responsible for conducting field investigations of allegations of resident abuse and neglect and misappropriation of resident property involving residents at long-term and residential care facilities throughout Ohio.

Implication of the Enacted Budget: The enacted funding, coupled with the fee increases for this program series, should allow for a continuation of FY 2005 service levels. GRF appropriation item 440-453, Health Care Quality Assurance, is cut by 2.5% from FY 2005 spending levels. This appropriation item funds all of the programs within the Quality Assurance Program Series. In FY 2005, spending for the appropriation item was \$10,516,387. In FYs 2006 and 2007, the appropriation item was appropriated \$10,253,728 in each fiscal year. It is possible that federal funding could be lost as a result of state match requirements if fee increases do not match the loss in funding in GRF appropriation item 440-453.

Community Health Care Facilities and Services

Program Description: The Community Health Care Facilities and Services program conducts surveys for federally certified, non-long-term care providers and suppliers, as well as licensure inspections and complaint investigations for adult care facilities. The program also provides for initial survey and the periodic evaluation of ambulatory surgical facilities, freestanding dialysis centers, freestanding inpatient rehabilitation facilities, and hospices. Lastly, the program certifies the quality of and access to health care in health insuring corporations and the initial and annual licensure inspections for hospital maternity units, neonatal units in children's hospitals, maternity homes, and freestanding birthing centers. The frequency of inspections is set by the federal government or by statute or rules.

Currently there are 712 licensed adult care facilities with 5,685 beds operating in 70 counties.

Implication of the Enacted Budget: The enacted funding, coupled with the fee increases for this program series, should allow for a continuation of FY 2005 service levels. GRF appropriation item 440-453, Health Care Quality Assurance, is cut by 2.5% from FY 2005 spending levels. This appropriation item funds all of the programs within the Quality Assurance Program Series. In FY 2005, spending for the appropriation item was \$10,516,387. In FYs 2006 and 2007, the appropriation item was appropriated \$10,253,728 in each fiscal year. It is possible that federal funding could be lost as a result of state match requirements if fee increases do not match the loss in funding in GRF appropriation item 440-453.

Am. Sub. H.B. 66 authorizes the Public Health Council to adopt rules establishing an inspection fee for hospice care facilities not to exceed \$1,750. This could increase revenues by up to \$35,000, which will be used for operating expenses. Am. Sub. H.B. 66 also increases the adult care facility inspection fee from \$10 to \$20 per bed and requires that the fee be paid following each inspection, in addition to following issuance or renewal of a license. This will result in an increase in revenues for ODH of approximately \$56,660, which will also be used for operating expenses.

Program Series 4**Public Health Preparedness**

Purpose: To establish and maintain a basic public health infrastructure at the local and state level so that both have the capacity to respond to disease outbreaks, bioterrorism threats, foodborne illness outbreaks, and other threats to the health of Ohioans.

The following table shows the line items that are used to fund the Public Health Preparedness program, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2006	FY 2007
General Revenue Fund				
GRF	440-413	Local Health Department Support	\$3,786,794	\$3,786,794
GRF	440-461	Center for Vital and Health Stats	\$3,629,535	\$3,629,535
General Revenue Fund Subtotal			\$7,416,329	\$7,416,329
State Special Revenue Fund				
4G0	440-636	Heirloom Birth Certificate	\$5,000	\$5,000
*470	440-618	Fee Supported Programs	\$3,344,415	\$3,012,609
5G4	440-639	Adoption Services	\$20,000	\$20,000
State Special Revenue Fund Subtotal			\$3,369,415	\$3,037,609
General Services Fund				
*142	440-618	Agency Health Services	\$533,302	\$545,721
General Services Fund Subtotal			\$533,302	\$545,721
Federal Special Revenue Fund				
*392	440-618	Federal Public Health Programs	\$46,700,625	\$46,989,091
Federal Special Revenue Fund Subtotal			\$46,700,625	\$46,989,091
Holding Account Redistribution Fund				
R14	440-631	Vital Statistics	\$70,000	\$70,000
Holding Account Redistribution Fund Subtotal			\$70,000	\$70,000
Total Funding: Public Preparedness			\$58,089,671	\$58,058,750

* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific programs within the program series:

- **Center for Vital and Health Statistics**
- **Bioterrorism**
- **Support to Local Health Departments**

Center for Vital and Health Statistics

Program Description: The Center for Vital and Health Statistics is responsible for the administration and maintenance of the statewide system of registration of births, deaths, fetal deaths, and other vital statistics. The Center's Health Data Analysis unit is responsible for the processing, analysis, interpretation, and distribution of the statistical data collected. Essential public health information such as death rates, causes of death, birth rates, teen pregnancy, abortion rates, and infant mortality are produced

by the Center. The data produced by the Center is used by academics, public health agencies, social services agencies, and the media. The data is also shared with multiple federal agencies for the estimation of national statistics or the management of federal programs.

Implication of the Enacted Budget: As a result of enacted funding, ODH may experience a decreased ability to cover for extended paid absences and vacancies with temporary contractors, which may increase the program's backlog. Furthermore, the program may experience more backlogs in the registration of vital events and adoptions. However, this decrease should not affect the modernization and digitization efforts of the Center.

Bioterrorism

Program Description: The Bioterrorism program is responsible for the creation of statewide systems and funding of local public health entities to assure local response capacity. The program works to protect the public from bioterrorism, as well as from other infectious disease outbreaks and public health threats and emergencies. The program is involved in many activities to assure this. A prominent goal of each activity is listed below.

- *Preparedness Planning and Readiness Assessment* – To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.
- *Surveillance and Epidemiology* – To rapidly detect a terrorist event through a highly functioning, mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories in a jurisdiction, especially of illnesses and conditions possibly resulting from bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
- *Laboratory – Biologic Agents* – To develop and implement a jurisdiction-wide program to provide rapid and effective laboratory services in support of the response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.
- *Laboratory – Chemical Agents* – To develop and implement a jurisdiction-wide program that provides rapid and effective laboratory response for chemical terrorism by establishing competency in collection and transport of clinical specimens to laboratories capable of measuring chemical threat agents.
- *Health Alert/Communication and Information Technology* – To ensure effective communications connectivity among public health departments, healthcare organizations, law enforcement organizations, public officials, and hospitals, physicians, fire departments, etc.
- *Risk Communication and Health Information Dissemination* – To provide needed health/risk information to the public during a terrorism event by establishing critical baseline information about the current communication needs and barriers within individual communities, and identifying effective channels of communication for reaching the general public and special populations during public health threats and emergencies.

- *Education and Training* – To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, and emergency department personnel in preparedness for and response to bioterrorism and other public health emergencies directly or through other sources such as schools of medicine.
- *Health Care Preparedness* – To develop, enhance, and upgrade the capacity of regional health care systems to deal with mass casualties.

Implication of the Enacted Budget: ODH received funding of \$46,000,000 in FY 2006 and \$46,279,358 in FY 2007. This funding will allow ODH to increase their ability to respond to bioterrorist events, infectious disease outbreaks, and other public health threats and emergencies. It will also allow the program to continue building the capacity of local health departments and health care systems.

Support for Local Health Departments

Program Description: The Support for Local Health Departments program exists to empower the public health community to affect positive change in the health of citizens and to assure that citizens have access to a minimum set of health services. A majority of funding for this program is distributed to 137 local health departments based on a per capita formula. The local health departments must submit proof that they meet certain public health standards. The remainder of the funding is used by ODH to provide technical assistance, training, and determination and allocation of state subsidy payments to 137 local health departments.

Implication of the Enacted Budget: The enacted funding will enable the program to continue service levels from FY 2005.

In Am. Sub. H.B. 66, there is a provision that repeals the requirement that the Director of Health make financial assistance available to county tuberculosis control programs and the requirement that the Director reimburse boards of county commissioners for the cost of detaining indigent persons with tuberculosis. The provision also eliminates the option that a county or district tuberculosis control unit be a county tuberculosis program receiving financial assistance from the Director. According to the County Commissioners' Association, in FY 2004, ODH provided \$250,000 for treatment for tuberculosis and \$60,000 for detention costs. These dollars were distributed to counties that dealt with tuberculosis cases. ODH is no longer required to allocate this funding to county tuberculosis programs.

Program Series 5**Services to State Employees**

Purpose: To help state employees and their families cope with personal health and emotional problems.

The following table shows the line items that are used to fund the Services to State Employees program, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2006	FY 2007
State Special Revenue Fund				
*470	440-618	Fee Supported Programs	\$67,272	\$67,351
State Special Revenue Fund Subtotal			\$67,272	\$67,351
General Services Fund				
*142	440-618	Agency Health Services	\$1,817,228	\$1,904,809
*211	440-613	Central Support Indirect Costs	\$316,731	\$319,375
683	440-633	Employee Assistance Program	\$1,208,214	\$1,208,214
General Services Fund Subtotal			\$3,342,173	\$3,432,398
Total Funding: Services to State Employees			\$3,409,445	\$3,499,749

* Amount does not reflect total appropriation because the line item funds other programs.

This analysis focuses on the following specific programs within the program series:

- **Employee Health**
- **Employee Assistance**

Employee Health

Program Description: The Employee Health program contracts with state agencies to ensure the health and safety of employees by providing nursing services to state employees at 11 locations throughout the state. These services include referral evaluation of work-related injuries or illnesses, and emergency care. The goal of the program is to protect and improve the health of public employees and save the state money by reducing workers' compensation rates and improving productivity.

Implication of the Enacted Budget: The enacted funding will allow for FY 2005 service levels to be maintained.

Employee Assistance

Program Description: The Employee Assistance Program (EAP), established in June 1984 under R.C. section 3701.041, contributes to the emotional health of state employees by providing a screening, support, information, and referral service for employees, families, and employers. The program addresses problems such as alcohol or drug abuse, as well as emotional or mental health concerns, physical disabilities, family and marital problems, etc. An agency may place an employee in an Ohio EAP Participation Agreement thereby giving the employee the opportunity to correct job performance deficiencies while holding discipline in abeyance.

There has been an increased demand for EAP training. In FY 2002 there were 117 training sessions for 3,914 employees. In FY 2003, there were 215 training sessions for 5,552 employees.

The program is funded through a charge levied on each state payroll warrant that is written. These fees are deposited into Fund 683, Employee Assistance Program.

Implication of the Enacted Budget: The enacted funding will allow the program to continue providing the same level of services as in FY 2005.

Program Series 6

Program Support

Purpose: To support other ODH programs and thereby enable the mission of ODH to be accomplished.

The following table shows the line items that are used to fund Program Support, as well as the enacted funding levels. The figures in the table are based on initial estimates in the Department's budget request. As a result, it is possible that some funding could shift from one program to another and one program series to another.

Fund	ALI	Title	FY 2004	FY 2005
General Services Fund				
*211	440-613	Central Support Indirect Costs	\$26,267,976	\$26,265,332
General Services Fund Subtotal			\$26,267,976	\$26,265,332
Holding Account Redistribution Fund				
R48	440-625	Refunds, Grants Reconciliation, & Audit Settlements	\$20,000	\$20,000
Holding Account Redistribution Fund Subtotal			\$20,000	20,000
Total Funding: Program Support			\$26,287,976	\$26,285,332

* Amount does not reflect total appropriation because the line item funds other program series.

This analysis focuses on the following specific program within the program series:

■ **Program Support**

Program Support

Program Description: Program Support is authorized by R.C. section 3701.831 and includes all central administration activities such as IT, human resources, legal, budget, accounting, grants management, internal audits, EEO, public affairs, purchasing, and facility costs.

Implication of the Enacted Budget: The funding for this program will allow for FY 2005 service levels to be maintained.