

1 BEFORE THE OHIO DEPARTMENT OF HEALTH

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3 Legislative Committee :
4 of Public Health Futures :
5 October 23, 2012 :

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10 Ohio Department of Health
11 35 East Chestnut Street
12 Basement Training Room A
13 Columbus, Ohio 43215
14 October 23, 2012
15 1:07 p.m.

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27 Deposition Specialists, Inc.
28 Professional Court Reporters
29 35 East Gay Street, Suite 300
30 Columbus, Ohio 43215
31 (614) 221-4034

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1 APPEARANCES

2 - - -

3 MEMBERS PRESENT:

4 Senator David Burke, Chairman
Vice-Chairman Christopher Press
5 Martin Tremmel, Secretary
Kim Edwards
6 Heidi Fought
Tim Ingram
7 Gene Nixon
Dr. D. J. McFadden
8 Nancy Shapiro
Representative Nickie Antonio
9 Jennifer Wentzel
Jennifer Scofield
10 Anita Scott-Jones
Will McHugh
11 Representative Lynn Wachtmann

12 Also Present:

13 Joseph Mazzola
Jessica Crews
14 Maggie Greiner
Melissa Bacon
15 Amanda Sines
Lindsay English
16 Duane Stansbury
David Beimel
17 Beth Wymer
Kimberly McConville
18 Anthony Brigano
Zack Holzapfel
19 Laura Abu-Asi
Adriana Pust
20 Steven Wagner

21 Present via audio link:

22 James Watkins
Wes Vins
23 Kristen Hildreth
Frank Kellogg
24 Tracey Freeman
Senator Capri Cafero
25 - - -

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AGENDA

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- 1) Welcome
 - * Chair, Senator David Burke
 - * Vice-Chair, Christopher E. Press
- 2) Approval October 9, 2012 Meeting Summary Notes
- 3) Review and Finalize Recommendations 1-10
- 4) Consideration Amendment/Replacement Language Recommendation 11
- 5) Approve Entire Recommendation Document

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1 CHAIRMAN BURKE: Move to approve.

2 COMMISSIONER WENTZEL: Second.

3 CHAIRMAN BURKE: Second on that. All those
4 in favor say aye.

5 (Thereupon all Commission Members voted
6 affirmatively.)

7 CHAIRMAN BURKE: Those opposed nay.

8 Motion carries, the Minutes are approved.

9 We do have -- start with Review and Finalize
10 Recommendations 1 through 10, and for those of you that
11 recall, there's really two of these that were of
12 particular interest.

13 The first being No. 8, where we had
14 discussed some word-smithing. We did receive some
15 feedback on that. It was not anything really dynamic,
16 but if somebody has any comments on No. 8, mind you,
17 these recommendations that we've put out have been
18 approved.

19 They will require a motion to amend or to
20 change by members present and voting here on the
21 committee.

22 Would just like to reiterate real briefly
23 with No. 11 here, then we'll jump into No. 8, but on the
24 original document that you had received in the mail, of
25 course, No. 11 was not on it, and that was, on my part,

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1 intentional.

2 Because we had received strong feedback on
3 No. 11 and it was my desire to get that ironed out and
4 submitted to you by the deadline, pushing out the work
5 that we had completed first in an effort to avoid
6 today's meeting, that did not occur, so hence we are
7 here today.

8 So that's the explanation of why you
9 received 1 through 10 for digestion, and then No. 11 at
10 a later time hoping to iron that out.

11 So with that being said, No. 8 is
12 word-smithed, I'll give everyone a moment just to review
13 that briefly. Although I think you've already had a
14 moment. I'm not sure if you have any additional
15 comments on No. 8.

16 COMMISSIONER NIXON: I submitted a
17 recommendation on it just to word-smith it. I don't
18 think it changes the intent, but I took out the -- after
19 Medicaid I took managed care out, then I took out --
20 before services -- I took out the clinical before
21 services, I think services repeats itself a couple of
22 times.

23 So it reads, "The Ohio Department of
24 Insurance should work to enhance the ability of local
25 health districts to contract and credential with private

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1 payers and Medicaid for services such as immunizations
2 and other public health and clinical services
3 integrating health management and other care models".

4 CHAIRMAN BURKE: Okay. So in Mr. Nixon's
5 recommendation, he strikes the words managed care and,
6 clinical. Is there any discussion on that, or interest
7 in that?

8 COMMISSIONER NIXON: Oh, I'm sorry, there
9 should be after clinical services, after where it says,
10 "And other public health and clinical services, comma,
11 integrated health management".

12 COMMISSIONER SHAPIRO: Can you read it one
13 more time?

14 COMMISSIONER NIXON: Yes. "The Ohio
15 Department of Health -- the Ohio Department of Insurance
16 should work to enhance the ability of local health
17 districts to contract and credential with private payers
18 and Medicaid for services such as immunizations and
19 other public health and clinical services, integrating
20 health management and other care models".

21 REPRESENTATIVE WACHTMANN: Mr. Chairman, I'm
22 okay with that and I like this, I'd like our health
23 departments and others to be able to take advantage of
24 all the legal contracts and private payers and others
25 for Ohioans who have coverage, but I would like to

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1 include probably, again, but not including legislative
2 mandated benefits.

3 I don't want health coming in and trying to
4 promote new benefits on the private payers through the
5 legislative process.

6 CHAIRMAN BURKE: Okay. I'm not taking a
7 motion on this yet, but just having conversation, so I
8 don't know, Mr. Nixon --

9 COMMISSIONER NIXON: I'm not sure I wanted
10 to add --

11 REPRESENTATIVE WACHTMANN: Well, I guess at
12 the end, "But not including legislative mandated
13 benefits".

14 In other words, my intent is to have -- is
15 to not have health come in and lobby for new mandated
16 benefit coverage of private health insurers.

17 DR. MCFADDEN: Just a question, by asking
18 insurance to help local health districts find ways to be
19 credentialed by care under insurance plans, is it your
20 understanding that -- that that somehow gives local
21 public health the ability to require plans -- because as
22 it reads, I see it more that we are asking the
23 Department of Insurance to assist local public health
24 offices, which currently are having difficulty getting
25 funded for immunizations or other things that they're

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1 doing right now in the system than getting credentialed.

2 I certainly don't think it's the intent of
3 this recommendation to try and give a door to require
4 coverage. This is more about local public health being
5 able to participant in a private system as credentialed,
6 I'm just confused.

7 REPRESENTATIVE WACHTMANN: Again, I agree
8 with all of that. I just want to make sure that
9 somebody doesn't read into this that health could come
10 in and lobby for new mandated benefits that I spoke of
11 earlier.

12 I'm okay with what is said, I'm just
13 concerned about what's not said, but --

14 CHAIRMAN BURKE: Let's see if I can clarify,
15 we're taking some public system and private system, and,
16 of course, trying to make sure that you have a billable
17 scope that allows you to recoup some of the services
18 that you're currently getting, kind of a blended
19 service.

20 What sometimes happens in the General
21 Assembly is we will have folks approach us who want to
22 mandate coverage on certain disease states.

23 Those may not be disease states that you
24 even encounter, but because we're starting this process,
25 it builds a bridge and that can be a slippery slope to

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1 basically take a public and private mandate and give it
2 broad authority, rather than very narrow.

3 So, again, a lot of these conditions you may
4 never encounter, but because we started to build this
5 bridge between public and private, and these health
6 districts, that could, as Representative Wachtmann said,
7 roll across that bridge into a really broad authority,
8 and I understand what the Representative is saying, it
9 does give me pause.

10 And, again, I think this language that
11 Representative Wachtmann wants to add has absolutely no
12 affect on what you want to do.

13 DR. MCFADDEN: That's just not -- re-reading
14 it, that's just not something that I even see, so I can
15 understand that you all are dealing with folks that are
16 not -- not all the time, and, you know, I would -- I'm
17 certainly not going to stand in the way of that.

18 I think a statement that says nothing --
19 nothing in this recommendation suggests that, you know,
20 local public health mandate coverage, I mean that's -- I
21 think as far as organizations and that -- there are
22 organizations that lobby, and I would hope that when you
23 say -- say that language, you're not saying that the
24 different public health organizations that exist do not,
25 and are therefore forbidden from lobbying on behalf of,

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1 you know, important issues that come up, AOHC or
2 Environmental Health Association or others, we can't be
3 lobbying health insurers, not that we're requiring --
4 requiring coverage, but the slope continues to be
5 slippery and I just want to make sure.

6 REPRESENTATIVE WACHTMANN: Again, as I read
7 this, this would say this about the Ohio Department of
8 Insurance, I mean that's who we're speaking about here.

9 CHAIRMAN BURKE: Correct.

10 COMMISSIONER PRESS: I've got to --
11 somebody's got to help me understand and get practical
12 here. So you have a mission around STDs, right, and
13 does immunization funding contemplate influenza
14 vaccination, or does it contemplate, what's the --

15 DR. MCFADDEN: HPV.

16 VICE-CHAIRMAN PRESS: Thank you. Does it
17 contemplate HPV immunization, and if HPV is not mandated
18 -- I'm not sure I understand this, Representative, if
19 HPV is not currently a mandated activity, the concern
20 sounds like it would, through this process, become
21 mandated and that's what you're trying to assure it
22 gets. Am I getting this right or not?

23 REPRESENTATIVE WACHTMANN: Mr. Chairman, I
24 think I would have a hard time envisioning maybe all the
25 potential mandated benefits that may come down the pike,

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1 if somebody wants the legislature to tell private
2 insurers to play for it.

3 I want to make it clear that that is not the
4 mission of the Department of Insurance with this
5 recommendation.

6 CHAIRMAN BURKE: Does that make sense a
7 little bit? Again, the scope that you want to handle,
8 it could really be hindered if what Representative
9 Wachtmann is talking about isn't in this language,
10 because then as a health care provider you would be
11 required, at the blessing of the General Assembly, if
12 that's what they so deem and mandate to be able to
13 provide.

14 So when you contract then with a third party
15 payer, that is a potential hindrance whether or not
16 you'll ever provide that service or not, because that's
17 going to be figured into rates and contracting schedules
18 and all these other things, and, again, runs counter to
19 probably what you're actually trying to treat, and,
20 again, with conditions you may never encounter.

21 REPRESENTATIVE WACHTMANN: Again, what we're
22 talking about is this recommendation in this report, and
23 I don't want some group coming to the legislature next
24 year or four years from now saying that this
25 recommendation meant that the Department of Insurance or

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1 Department of Insurance come in and said they met and
2 lobbied for mandated benefit increases, that's what
3 we're talking about here, what recommendation we would
4 be submitting.

5 COMMISSIONER INGRAM: I just want to -- to
6 ask just for clarification from Commissioner Nixon when
7 I first heard this, and we've been discussing this for
8 some time earlier as a part of the Future's report of
9 AOHC, this was more about trying to allow health
10 districts to be able to participate in the existing
11 system and -- and so that they could perhaps be able to
12 bid on care coordination and other things that were
13 already in place coming out of Medicaid; was that not
14 the intent?

15 COMMISSIONER NIXON: I think that was the
16 intent.

17 COMMISSIONER SHAPIRO: Yes, that's exactly
18 the intent.

19 REPRESENTATIVE WACHTMANN: And, again, I'm
20 okay with that.

21 COMMISSIONER INGRAM: I suppose then, if I
22 may, Mr. Chairman, I don't know exactly how this would
23 be word-smithed, and I would refer back to Commissioner
24 Nixon since it's his motion, but, you know, but I think
25 we just -- I think we were just trying to -- I don't

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1 want to say we were trying to level the playing field,
2 we weren't trying to level the playing field, we were
3 just trying to be able to compete, just being able to
4 compete with the other entities that are already
5 gathering contracts under the Medicaid Managed Program,
6 and in some counties and cities the health district may
7 be a major player in that area.

8 COMMISSIONER NIXON: And I think in others
9 they may not want to participate at all, so I think just
10 as permissive language that makes it just easier for us
11 to get -- recover those costs that we have expended,
12 that right now is exceedingly difficult.

13 I mean we provide a lot of these services in
14 a lot of our communities and by the time you spend the
15 time getting contracts with all the private providers
16 and Medicaid, it's just not worth it any longer.

17 So this is just an attempt to kind of make a
18 short cut and we may want to -- I mean to Representative
19 Wachtmann's point, maybe just a second sentence, but if
20 we can't, I'm fine with that, trying to squeeze all of
21 these, I think, in one sentence and it's getting a
22 little convoluted maybe.

23 CHAIRMAN BURKE: Representative Wachtmann,
24 your language would be excluding legislative mandated
25 benefits?

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1 REPRESENTATIVE WACHTMANN: And if we want to
2 make that a second sentence, either way. I've been
3 spoiled for too many years having LSCs sitting next to
4 me telling me how to do something properly.

5 CHAIRMAN BURKE: Yes, Mr. Nixon.

6 COMMISSIONER NIXON: The only follow-up to
7 that language is that it could be interpreted the other
8 way, that we could not recover, get funding for mandated
9 services that we want to get funding for, and we may not
10 be eligible as you interpret it that way.

11 So it could be interpreted in the other
12 direction and -- but we couldn't get funding for
13 anything, because everything is mandated one way or
14 another, so that's my only fear there is the
15 interpretation on that.

16 DR. MCFADDEN: Mr. Chairman, what if the
17 language were to say nothing in this recommendation
18 needs to imply that services currently or in the future
19 to be provided will be mandated, except that is -- if we
20 start with nothing in this shall, then we can add
21 whatever language, but I do, I appreciate what you're
22 saying.

23 COMMISSIONER SHAPIRO: Just going to say,
24 the whole object of this is that we can get paid for the
25 widgets that we are doing so that we can raise some

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1 revenue.

2 When we talked about it, we talked about
3 basic public health services, immunizations, STD
4 testing, and I think even I said something about not
5 including treatment services, that would be something
6 different, because, again, that credentialing standard
7 could be a little bit higher.

8 Your basic screening things, blood pressure,
9 cholesterol testing, those kind of things, which was
10 the, I believe, our intent originally.

11 I just -- I mean if there's another
12 immunization that comes down the pike that all of a
13 sudden CDC recommends, I would hope that we would be
14 able to get paid for that widget too, so I don't know.
15 I don't know. I do understand what you're saying
16 though.

17 VICE-CHAIRMAN PRESS: So this is not just
18 set up like a, for lack of a better term, FQHC issue or
19 FQHCLA or something like that?

20 COMMISSIONER SHAPIRO: To me that is a
21 totally separate issue than your routine public health
22 services, including adult and childhood immunizations,
23 which the bulk of health departments in Ohio provide, so
24 it's basic screening services. So I don't know how, it
25 might be the clinical services that might be -- that

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1 might be the bigger issue.

2 VICE-CHAIRMAN PRESS: I was going to say,
3 can you guide me to the limiting language there?

4 COMMISSIONER SHAPIRO: I don't know, maybe
5 as a group we can, but I don't know.

6 REPRESENTATIVE ANTONIO: I'm so sorry I'm
7 late. Can the language say something like, such as, but
8 not limited to, would that not -- I mean, because I
9 think your point, Nancy, of being inclusive, rather than
10 restrictive is what you're trying to do to begin with,
11 right?

12 REPRESENTATIVE WACHTMANN: Well, I think if
13 we just put a sentence there, the Department of
14 Insurance, this does not include the Department of
15 Insurance lobbying for new mandated paid benefits for
16 provider health insurers. Everything else --

17 REPRESENTATIVE ANTONIO: Could you say that
18 again, I just didn't hear the --

19 REPRESENTATIVE WACHTMANN: This does not
20 include or the Department of Insurance shall not -- this
21 does not include the Department of Insurance lobbying
22 for new mandated benefits -- insurance benefits.

23 I don't know if that's plural, everything
24 else that could come down the pike that would be covered
25 under current statute.

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1 I mean I want the Department of Health to go
2 after third party reimbursements for anything that's
3 allowed under law, that's proper.

4 That way this does not -- my sentence
5 addition would not restrict any future covered, you
6 know, normal covered coverage as part of a contract,
7 whatever that is, so I mean this would not restrict any
8 of that.

9 COMMISSIONER INGRAM: Well, perhaps, Mr.
10 Chairman, after the word Medicaid, Representative
11 Wachtmann, you can say as authorized by the Ohio
12 Legislature?

13 No, that wouldn't work, because I think I
14 understand your concern that somehow this will open a
15 door that's going to create a whole bunch of other
16 services that might get covered based on the health
17 districts initiative.

18 That you're just trying to say perhaps that
19 we should have the opportunity to bid these contracts
20 just like any other provider without -- based on whether
21 their current authorizations are for coverage, is that
22 not it or --

23 REPRESENTATIVE WACHTMANN: Mr. Chairman,
24 again, all I want to say is that this report -- part of
25 this report is not recommending that the Department of

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1 Insurance come in and lobby for more mandated benefits,
2 period, because, again, what we're talking about is the
3 report we're going to sign off on.

4 REPRESENTATIVE ANTONIO: Okay.

5 REPRESENTATIVE WACHTMANN: And this report,
6 it's clear that that's not what we're doing here, so
7 whatever else the Department of Insurance wants to do
8 outside of the report, whatever, you know, they can do,
9 I just want to make sure this report -- somebody doesn't
10 come into the legislature next year and say, you said --

11 COMMISSIONER NIXON: I think I see what
12 you're saying.

13 REPRESENTATIVE WACHTMANN: Sorry about the
14 paranoia, I've been around too long.

15 REPRESENTATIVE ANTONIO: So does this
16 currently say, "Should work to enhance the ability of
17 local health departments", and I apologize for being
18 late, but -- so if this has already been said, for
19 clarification can somebody clarify for me really the
20 spirit of what that is, because I understand
21 Representative Wachtmann's concern, and we need so much
22 to be clear, so maybe that would help me.

23 DR. MCFADDEN: Mr. Chairman, so, for
24 example, our office does the full range of primary care.
25 I mean if you came to see our clinical practice you

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1 would say that this is just like any other doctor's
2 office and people service.

3 REPRESENTATIVE ANTONIO: I'm going to stop
4 you right there, only because what I want is tell me
5 what you want the Department of Insurance to do for you.

6 DR. MCFADDEN: Sure. So we're an exception.
7 Some departments, you come in and you get a shot, you
8 get a vaccination.

9 Currently the changes that are going through
10 at the federal level, those shots are no longer going to
11 be provided to the Department of Health for individuals
12 that are under insured, meaning that their insurance
13 plan doesn't fully cover the vaccinations.

14 So health departments, if they want to
15 continue to provide vaccinations they're going to have
16 to bill insurers. However, as an insurer why would I
17 want to contract with a health district when the only
18 service they might be providing is STD testing and
19 vaccinations?

20 Why am I going to go to Health District A,
21 and say, you know what, here's a plan, we'll contract
22 with you for services and we'll not -- you know, not
23 worth my time, let me go over here and get -- in order
24 for us to be reimbursed, again, my district, we're all
25 these players in our community, we're contracted with,

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1 but that's not the case with every district, and so if a
2 district is giving vaccinations, they're eating that.

3 They're, you know -- there may be no other
4 vaccine providers in the community. The doctors in the
5 community decided they're not going to administer
6 vaccinations, they want all the patients to go to the
7 health district.

8 The health districts after the spring of
9 this coming year are not going to be able to recoup
10 dollars for those vaccinations. They'll be eating those
11 vaccinations, because they can't bill the insurance
12 companies, because they can't participate with the
13 insurer, because the insurer will not contract with
14 them.

15 And that, I think, is at the heart of this,
16 is the hope that health districts will be able to
17 contract with insurers for the pieces that we do,
18 especially in situations where we're the only one doing
19 those pieces.

20 REPRESENTATIVE ANTONIO: So my question is,
21 it is assistance then, rather than -- I mean, I think
22 I'm troubled, and I'm seeing paper go back and forth, so
23 maybe there's new wording.

24 I'm troubled by the word, lobbying, being in
25 this -- in this item, so I'm trying to get at the root

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1 of what's the language that would be acceptable; so do
2 you have some new language?

3 CHAIRMAN BURKE: As a second sentence it
4 would read, "This recommendation is not to be
5 interpreted as supporting new legislative mandates or
6 the placing of mandates upon local health districts".

7 One more time?

8 REPRESENTATIVE ANTONIO: Read the whole
9 thing.

10 CHAIRMAN BURKE: Sure. This would read, the
11 Ohio Department of Insurance should work to enhance the
12 ability of local health districts to contract and
13 credential with private payers and Medicaid for services
14 such as immunizations and other public clinical services
15 integrating management -- integrating health management
16 and other care models.

17 This recommendation is not to be interpreted
18 as supporting new legislative mandates or the placing of
19 mandates upon local health districts.

20 REPRESENTATIVE ANTONIO: Okay.

21 REPRESENTATIVE WACHTMANN: Yeah.

22 CHAIRMAN BURKE: Does anybody want a third
23 read or no?

24 COMMISSIONER SHAPIRO: Just on the last
25 sentence.

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1 CHAIRMAN BURKE: The last sentence, this
2 recommendation is not to be interpreted as supporting
3 new legislative mandates or the placing of mandates upon
4 local health districts.

5 VICE-CHAIRMAN PRESS: Question.

6 CHAIRMAN BURKE: Yes, sir.

7 VICE-CHAIRMAN PRESS: Mr. Nixon, did we mean
8 to strike the word health after public?

9 COMMISSIONER NIXON: No, and there is a
10 comma after clinical services.

11 VICE-CHAIRMAN PRESS: Oh, okay.
12 Immunizations and other public health services.

13 COMMISSIONER NIXON: Right.

14 VICE-CHAIRMAN PRESS: So the word health is
15 not deleted.

16 CHAIRMAN BURKE: No, the only deletions in
17 Mr. Nixon's recommendation are the second sentence,
18 middle of the sentence, the words managed care and the
19 word clinical in line three between the words services
20 and integrating, the insertion of a comma.

21 VICE-CHAIRMAN PRESS: Okay. Thank you.

22 REPRESENTATIVE ANTONIO: So if I heard this
23 right it says -- can you read the part -- and I
24 apologize for making you read this over and over again,
25 the part that says, this should not -- the part about --

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1 CHAIRMAN BURKE: This recommendation.

2 REPRESENTATIVE ANTONIO: -- This
3 recommendation.

4 CHAIRMAN BURKE: This recommendation is not
5 to be interpreted as supporting new legislative
6 mandates.

7 REPRESENTATIVE ANTONIO: Can I stop you
8 right there.

9 CHAIRMAN BURKE: Uh-huh.

10 REPRESENTATIVE ANTONIO: Rather than
11 supporting, can it be creating, that it's not creating
12 new mandates, because when I hear it as supporting new
13 mandates, I mean, what if there are some new ones that
14 come -- I mean this is back to that, what if, but would
15 it actually, by wording it this way, negate something
16 that came in the future?

17 CHAIRMAN BURKE: I would assume the third
18 party payer and the local health district could contract
19 and create and treat anything they wish, and this would
20 not stop it.

21 What it does stop is if the General Assembly
22 were to say you will cover this, then local health
23 districts are not subordinate to that.

24 REPRESENTATIVE ANTONIO: And that -- because
25 these are recommendations, I mean we're not creating the

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1 policy, we're creating a recommendation. So this
2 recommendation, what we're trying to do is say it's
3 outside of any of those other activities that -- or
4 public policies that take place.

5 CHAIRMAN BURKE: Correct.

6 REPRESENTATIVE ANTONIO: So you -- and this
7 is -- so you feel that using the word supporting rather
8 than creating gets at that?

9 CHAIRMAN BURKE: I do. I think to
10 Representative Wachtmann's point my fear is that the
11 intent of what we want to see potential billing for
12 becomes a modality for treatment of conditions that
13 aren't currently treated at local health districts and
14 their mission and goal of what they're actually trying
15 to achieve becomes diluted, because now you've got this
16 forced contractual relationship and the care that you
17 want to deliver becomes an out point for something you
18 never intended.

19 REPRESENTATIVE ANTONIO: Right, which I'm on
20 board with not wanting to go down that path as well.

21 CHAIRMAN BURKE: Yeah.

22 REPRESENTATIVE ANTONIO: So if it's a
23 consensus of the group that this gets at that with this
24 language I'll be okay.

25 CHAIRMAN BURKE: Excellent. I'll give a

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1 final read, and then if you want to have a motion we
2 will look for a motion.

3 It would be, No. 8, Reimbursable Services
4 should read, the Ohio Department of Insurance should
5 work to enhance the ability of local health districts to
6 contract and credential with private payers and Medicaid
7 for services such as immunizations and other public
8 health and clinical services integrating health
9 management and other care models.

10 This recommendation is not to be interpreted
11 as supporting new legislative mandates or the placing of
12 mandates upon local health districts.

13 Do we have a motion for No. 8 as read?

14 COMMISSIONER NIXON: Move.

15 CHAIRMAN BURKE: Mr. Nixon.

16 COMMISSIONER SHAPIRO: Second.

17 CHAIRMAN BURKE: Ms. Shapiro. All those in
18 favor signify by saying aye.

19 (Thereupon all Commission Members voted
20 affirmatively.)

21 All those opposed nay.

22 Motion carries. No. 8 is as read and
23 motioned.

24 That moves us to No. 11.

25 Well, I guess -- well, I'll just tell you, I

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1 know there were issues and some folks had brought up at
2 the last -- and I'll ask this at the committee's
3 pleasure, we could move to No. 11, I do know that there
4 are other items that were raised on other issues.

5 I don't know if anybody wants to go in what
6 order, because if we go through No. 11 next would be the
7 discussion of the recommendation in full, which, again,
8 we could also talk about individual concerns, if anybody
9 had any individual concerns or a recommendation, but
10 it's the committee's call, would you like to move to No.
11 11 now?

12 REPRESENTATIVE WACHTMANN: Yes.

13 CHAIRMAN BURKE: Okay. We'll move to No.
14 11. Go ahead.

15 COMMISSIONER SCOFIELD: I was just going to
16 say, I could just really quickly with No. 10, was it
17 three or five years, that was up for --

18 CHAIRMAN BURKE: I'm sorry, could you repeat
19 the question?

20 COMMISSIONER SCOFIELD: The issue that I
21 raised with No. 10, reconvene committee in just either
22 three or five years. I mean most of us recall three
23 years, but no more than five.

24 COMMISSIONER INGRAM: Yeah, I know there was
25 a question on that.

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1 CHAIRMAN BURKE: Okay. I thought it was
2 three, did we pick three or -- I thought we selected
3 three as well.

4 COMMISSIONER SCOFIELD: But this says five.

5 CHAIRMAN BURKE: I don't know if I have my
6 original --

7 MR. TREMMEL: Transcript.

8 REPRESENTATIVE ANTONIO: Can we just make
9 the correction now?

10 CHAIRMAN BURKE: On Recommendation No. 10,
11 do we have a motion to change five years to three years?

12 REPRESENTATIVE ANTONIO: So move.

13 CHAIRMAN BURKE: Second?

14 COMMISSIONER SCOTT-JONES: Second.

15 CHAIRMAN BURKE: All those in favor say aye.

16 (Thereupon all Commission Members voted
17 affirmatively.)

18 Opposed nay.

19 Recommendation 10 is changed to three years.

20 MR. TREMMEL: If we could have folks speak
21 up a little bit for purposes of the phone and for
22 purposes of Teresa. State your name and speak up.

23 CHAIRMAN BURKE: We'll next move to
24 Recommendation No. 11, and this was the one that caused
25 some angst.

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1 REPRESENTATIVE WACHTMANN: Mr. Chairman.

2 CHAIRMAN BURKE: This should have went out
3 Thursday at 2:00; did you get a draft on this?

4 REPRESENTATIVE ANTONIO: Thursday at 2:00.

5 CHAIRMAN BURKE: We have copies coming out.
6 As agreed by the group, No. 11 was investigation of
7 excise tax or other mechanisms as a source of additional
8 revenue for funding local health districts, noticing
9 that the current 17 cents per capita per year is
10 inadequate for incentivizing compliance and outcomes at
11 the best level -- at the local level, my apologies, at
12 the local level.

13 So I know we had received some angst on this
14 and some folks had some concerns on it, one of which was
15 the calling out of a single source of collection, which
16 could put folks in a box.

17 REPRESENTATIVE ANTONIO: Create some
18 heartburn.

19 CHAIRMAN BURKE: Could create some
20 heartburn, and, again, I agree with that, but as we
21 spoke in the past, and I explained to folks funding
22 mechanisms and needs, and, of course, I think it's the
23 general intent looking at the previous ten
24 recommendations of the direction that the group is
25 headed, direct funding was No. 11 and the last topic of

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1 discussion and it was at the end of a very tenuous day,
2 so with that being said I know we received some feedback
3 on this.

4 REPRESENTATIVE WACHTMANN: Mr. Chairman, I
5 think it would be extremely premature and inappropriate
6 for us to recommend any reference to increase taxes,
7 whatever fancy way you want to say that.

8 In my opinion we clearly do not know what
9 the best objectives are for health departments or maybe
10 they don't know as far as what the best outcomes are,
11 money spent on et cetera, et cetera.

12 And I mean frankly this report will be dead
13 before it gets to the House, if it references tax
14 increases, because the whole discussion that I recall
15 having when I was here was about gaining efficiencies,
16 more productive and things like that, and I would, Mr.
17 Chairman, if you're open to a motion, I would move that
18 we would start out by repealing that No. 11, that whole
19 section and having that discussion over again.

20 VICE-CHAIRMAN PRESS: Second.

21 DR. MCFADDEN: Just so that I understand, to
22 rescind a motion is something that individuals, other
23 than the individual making the motion can do, correct?

24 CHAIRMAN BURKE: Could you repeat the
25 question again, I'm sorry.

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1 DR. MCFADDEN: So a motion was made,
2 seconded, voted on, we had passed, I'm asking about the
3 appropriateness of --

4 CHAIRMAN BURKE: I understand at the last
5 meeting that we had we discussed that if everyone was in
6 agreement with the document, it would stand as approved,
7 but we have received descent, so in that case this is
8 still an open topic.

9 Which is why, again, as we said in the
10 previous meeting, we have to come back, work on
11 individual issues, and then concur on the entire
12 document.

13 DR. MCFADDEN: So my question is more of
14 just that the votes that we took were merely straw poll
15 and not binding votes; is that how I understand it?

16 CHAIRMAN BURKE: Assuming that we had
17 agreement on the document in its entirety, which we did
18 not. So it was kind of contingent hoping to avoid a
19 second meeting, because then had we all agreed we'd have
20 had to come back and vote on a document that we already
21 agreed to, and that's what I was trying to avoid.

22 COMMISSIONER SCOFIELD: I guess I'm a little
23 bit confused as well, because I thought at the last
24 meeting -- I thought at the last meeting that all of the
25 11 recommendations that we talked about we discussed to

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1 be put in, we voted, and then said yes.

2 REPRESENTATIVE WACHTMANN: Mr. Chairman, if
3 -- I'm not sure what happened, because I had to leave
4 for a doctor's appointment, but even if this committee
5 adopted the 11 points it is appropriate under at least
6 what I live under, House rules, to make a motion,
7 anybody can make a motion at the next meeting to change,
8 repeal, add to, subtract, divide by, et cetera.

9 So, again, going by House rules it would be
10 appropriate for somebody else to make a motion to make a
11 change.

12 CHAIRMAN BURKE: And, again, Representative
13 Wachtmann is correct, because at the previous meeting I
14 had said had we all agreed on points in their entirety,
15 right, seeking feedback, that there would be no need to
16 have a second meeting, because -- or a final meeting,
17 because your silence would have been approved, but that
18 did not occur.

19 And I believe I also said if you go through
20 the minutes, that we would then have to come back and
21 work on the individual issues and vote on the document
22 in it entirety.

23 So while they weren't straw polls, they
24 certainly gave concurrence to individual items that we
25 could reach concurrence on some items, then the whole

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1 document, those some items so we said you need come back
2 and review, as in No. 8, as in No. 11, as in No. 10, and
3 then we'll concur on the entire document as a final
4 concurrence.

5 We were trying to move forward to avoid
6 today's meeting, but, again, the caveat, I said, and
7 even in the minutes was if we couldn't reach concurrence
8 then we would have to come back and vote.

9 REPRESENTATIVE ANTONIO: Well, part of the
10 reason why I'm certainly here in my seat today is
11 because when I started seeing those e-mails and the
12 final language, you know, for me we agreed on a concept,
13 but did not have language in front of us that we all
14 knew, and I really understood this process to be -- and
15 when we see the final wording then again if there's --
16 if there's agreement we're good, if not we will
17 reconvene.

18 And I'm here today because while I did not
19 participate in the e-mails back and forward, but I did
20 read it all, I did not understand the intent or the
21 meaning of how that finally ended up on the paper to be
22 what I thought I was voting in agreement on.

23 So I'm very appreciative that everyone
24 showed up today to go through this, and I agree with my
25 colleague, Representative Wachtmann, that it's very -- I

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1 support his amendment right now, his motion to take --
2 to take the language out, which indeed I didn't even
3 feel like was exactly my intent to vote on, and then
4 have us come up with language that we can agree on.

5 I did not feel that that represented that
6 part of the report for me that I was participating in,
7 so --

8 CHAIRMAN BURKE: Was there any discussion on
9 Representative Wachtmann's motion?

10 COMMISSIONER EDWARDS: I guess, well, I'm
11 just going to say it. I had an issue with this
12 recommendation coming out and there not even being a
13 comment that it was removed, that's what I had an issue
14 with.

15 I have no problem with discussing it today.
16 And I think in light of how others feel we probably
17 should, but my issue was there was no lead into that,
18 that it was removed, there was no discussion on that
19 when it came out to all of us in the e-mail form.
20 That's my problem.

21 CHAIRMAN BURKE: Well, and then openly your
22 problem would be with me.

23 COMMISSIONER EDWARDS: Probably.

24 CHAIRMAN BURKE: That's all right, I'll own
25 up to whatever. Again, there are 11 recommendations in

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1 this, there was an issue with one of them.

2 I was hoping to get that ironed out so that,
3 again, we wouldn't have today's meet and for that
4 recommendation then to be communicated to you, all
5 right, on its own or in its entirety with the other 10
6 to make a total of 11.

7 Recommendation 11 was never removed from our
8 recommendations, to be clear.

9 COMMISSIONER EDWARDS: Okay.

10 CHAIRMAN BURKE: It was an item that I was
11 trying to resolve in an effort to avoid a meeting today.

12 COMMISSIONER EDWARDS: Then just say that,
13 say that one on this print-out.

14 CHAIRMAN BURKE: Well, again, our deadline
15 to communicate back to everybody was Thursday at the end
16 of business, and it was our goal to have that
17 distributed back to you, and if that didn't occur then
18 I'm to blame, but I had received a draft of this at
19 exactly 2:00 on Thursday, and at that point in time it
20 was pretty clear that we weren't going to reach a
21 resolution.

22 So, again, the discussion would be, again,
23 on Representative Wachtmann's motion.

24 COMMISSIONER INGRAM: My only comment is
25 that we could -- there's a process issue, but the truth

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1 of the matter is it seems that the legislature
2 leadership on this committee is stating that if we want
3 to see any of these recommendations to have any traction
4 in the future in the Ohio Legislature that if No. 11 is
5 there in its present form perhaps the entire report is
6 dead on arrival.

7 I certainly would not want to see that, so
8 the fact if we need to re-word-smith, revise 11 in a way
9 that's more palatable that will allow for us to move
10 forward, because there's too much at stake here.

11 The local public health system is very
12 important going forward as the health care system
13 transforms and we really need to make sure that we find
14 that spot where the two are going to be working closely
15 together for all Ohioans' health.

16 REPRESENTATIVE ANTONIO: So to clarify my
17 comment, I'm not necessarily convinced that this report
18 would be dead on arrival. My opinion of Item 11 is that
19 it's not reflective of what I believe we had discussed
20 and were agreeing on as a recommendation.

21 So for me this is an issue of clarification
22 and making sure that Recommendation 11, in addition to 1
23 through 10, are really reflective of the group's work.

24 So for me that's the piece of this that's
25 important. That's why I support Representative

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1 Wachtmann's motion to take this out and sort of go back
2 to the drawing board with -- with what our intention
3 truly is as a group.

4 COMMISSIONER SHAPIRO: The intention, in my
5 opinion, was to find a stable, secure funding base for
6 public health services in the State of Ohio, and I'm
7 open to language that will convey that that's what we're
8 trying to do.

9 I think one avenue might be additional
10 revenue, and many times during this discussion, Senator
11 Burke, I believe you mentioned that if you don't ask,
12 there's not a chance of it happening.

13 So I think that an excise tax, and, again,
14 it might not be the right word that you want to use, but
15 that that is a potential, just one potential, of having
16 a steady, secure funding stream for local public health,
17 and I think that is our overall goal, unless I'm
18 misunderstanding our overall goal.

19 DR. MCFADDEN: Mr. Chairman, I think before
20 I -- so I can understand the whole role we're facing
21 right now, I need to know if there is language that
22 we're foreboden to use, if there is language that we
23 cannot use, I think that would be helpful to know.

24 So, for example, if we say, revenue, is that
25 unpalatable; if we say new funding source, is that

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1 unpalatable; if we say X potential for 1, 2, 3, 4, 5, 6,
2 7, 20, including excise taxes as 21, is that not
3 acceptable?

4 I think I need to understand if -- because
5 at the beginning of this process the field was wide
6 open.

7 We were asked, come, make recommendations,
8 you know, be transformative, Dr. Wymyslo's words, you
9 know, find important levers to pull, Greg Moody's words,
10 and I did not hear at the beginning or any place
11 throughout that there were things that we could not
12 touch.

13 Now, I understand the political climate that
14 we're in, but the majority of us are not politicians,
15 and so for me, I just, as a citizen, need to understand,
16 are there things that we are forbidden to say in our
17 recommendation, and I need to know that.

18 I mean I think specifically I need to know
19 from Representative Wachtmann, who I feel you have
20 strong feelings here, I need to know as a current sharer
21 of health, is there language that is forbidden or are
22 there -- you know, or are there things that we can do or
23 say that will move this along.

24 REPRESENTATIVE WACHTMANN: In response to
25 that question, a couple of points. One, is that this

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1 report does, and whoever brought it up, it's very
2 important suggestions that we're making, reference to
3 the third party payers with that, that will be
4 potentially new revenue for some new health departments,
5 that is very appropriate, because contracts cover a lot
6 of -- should cover things that they say they're going to
7 cover.

8 So that's one point this report already does
9 make some headway, and I'm sure it varies health
10 department by health department what that would mean to
11 their overall financial strength.

12 Secondly, as I recall driving throughout
13 certain counties in northwest Ohio this fall I believe I
14 see a number of health department levies on the ballot
15 of which maybe in some counties those are more
16 successful, but there are certainly avenues within the
17 Ohio Revised Code for health departments to seek revenue
18 from taxpayers, one of those being the current structure
19 of property taxes.

20 So in more direct response after making
21 those two points I think any reference towards new
22 revenues, whatever way they're made would be very
23 distasteful, to say the least, to the General Assembly
24 that I'm part of now as Chairman of Health.

25 CHAIRMAN BURKE: Any additional discussion

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1 on the motion? Representative.

2 REPRESENTATIVE ANTONIO: I have -- if I
3 thought that there were certain words or language that
4 we were -- that were forbidden for this committee to use
5 in discussing all of the issues that we've discussed for
6 the past how many months we've been here, then I would
7 question the need or authenticity of this committee
8 entirely. So I don't even think that should be a part
9 of our consideration.

10 Representative Wachtmann is telling you from
11 his perspective, which I have a lot of respect for, and
12 what could be an outcome depending on -- and really
13 language, but also intention and what the recommendation
14 says in terms of whether or not it gets a full hearing.

15 And I think -- so in that respect, again, I
16 go back to being clear with this group, what the
17 intention of what we're saying is, and so that's why I
18 think it's important that we, as a group, clarify that
19 today what this -- what this recommendation really says.

20 COMMISSIONER SHAPIRO: The proposed
21 alternative, as I'm looking at it, I think that --

22 CHAIRMAN BURKE: If I could just real
23 briefly here.

24 COMMISSIONER SHAPIRO: Don't do that, we
25 have to rescind first.

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1 CHAIRMAN BURKE: And, again, there are ideas
2 in front of you that read that if we rescind this then
3 this starts a brand new open discussion that we can
4 reformulate our words as we see fit.

5 COMMISSIONER SHAPIRO: Then as long as that
6 would be the next step --

7 CHAIRMAN BURKE: That would be the next
8 step, I promise.

9 COMMISSIONER SHAPIRO: -- And not that the
10 issue is dead.

11 CHAIRMAN BURKE: I promise you I will not
12 make a motion to adjourn.

13 COMMISSIONER SCOTT-JONES: Senator Burke.

14 CHAIRMAN BURKE: Then I would like to call a
15 vote here really soon.

16 COMMISSIONER SCOTT-JONES: Can we revise,
17 rather than rescind?

18 CHAIRMAN BURKE: Well, the problem is I'm
19 afraid the way this is currently worded, we'd be better
20 off rescinding it and starting over.

21 I mean if I thought this was a simple
22 amendment, I mean this is a really short sentence, for a
23 lack of a better term, and, wow, I mean we'd end up
24 rebuilding the whole thing anyway, I think, in all
25 honesty.

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1 DR. MCFADDEN: So I think that the intent of
2 No. 11, as it was initially stated, was to address state
3 opportunities to fund local public health.

4 In the report and throughout all of our
5 conversations I think we've made abundantly clear as a
6 body that there is less funding from the state than from
7 local.

8 If we look at the \$50 per capita that my --
9 that my county pays for local public health, that our
10 county health department pays 28 of those dollars per
11 capita coming from local sources.

12 And so I think that the intent of No. 11 was
13 for us to look for state buy-in, rather than simply
14 local levies, because the local levy, again, results in
15 the same situation that we see with our schools, where
16 poor communities who currently have poor outcomes have
17 less funding, because they're poor from their levies.

18 And so I think the intent of No. 11 was to
19 try and find a sustainable state funding to lift public
20 health even in our poorer parts of our state. That was
21 -- that was the intent of No. 11, was to do that.

22 And so I think that as we move forward
23 anything that replaces has to not rely solely on local
24 funding, has to not solely rely on federal funding, but
25 that we need to find state, because we're asking -- the

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1 state is asking locals to do more. I feel that we've
2 noted over and over again how low Ohio is in the report
3 for state funding. I think that we need to find a way
4 to make that happen.

5 CHAIRMAN BURKE: And I hear, Dr. McFadden,
6 of course, we've had these discussions in the past about
7 how local health districts are funded here in the State
8 of Ohio, which is a locally funded model versus a state
9 funded model, and if the state were to engage, what that
10 would look like and what we'd be paying for.

11 We've had those discussions with my
12 experience on finance about, you know, my money and your
13 dreams kind of conversations, and that's why we've
14 structured, again, Nos. 1 through 10 as a course to
15 measure and give authenticity for funding requests, so
16 that's critically important to me.

17 COMMISSIONER EDWARDS: When I look at the
18 intent, when we talked about 11, let's go back, at least
19 this is the way I remember it, we didn't even really --
20 we had the intent. We did not have the actual language
21 that was written down that we were going to say. It was
22 going to be word-smithed, if I remember correctly.

23 CHAIRMAN BURKE: Correct.

24 COMMISSIONER EDWARDS: Okay. So we really
25 didn't even have anything, we just had the intent. My

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1 intent was to make sure that everyone in the legislature
2 understood that from the state 17 cents per capita was
3 nowhere near enough.

4 Now, whatever came on top of that, to me,
5 was gravy, but that was my intent, was more of an
6 education side to it.

7 I think that's where the discussion comes in
8 from the legislature, if I remember correctly, we needed
9 to be broad, we didn't need to scope down.

10 CHAIRMAN BURKE: Correct.

11 COMMISSIONER EDWARDS: So I thought that we
12 were looking at this in a broad manner, that there are
13 other avenues to impact that 17 cents, whether it be a
14 blended funding, whether it be excise tax, whether it be
15 block grant type things, to me there were a multitude of
16 things talked about.

17 So I guess I'm -- I'm not even sure what
18 we're rescinding, because I didn't know we had anything
19 to rescind as far as specific language.

20 CHAIRMAN BURKE: And I agree, and, again,
21 there was an intent and word-smithing was going to take
22 place, and I would ask, again, to the Representative's
23 motion that we probably move forward with that, then
24 rescind No. 11 either intent or in content, making no
25 difference --

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1 COMMISSIONER EDWARDS: Okay.

2 CHAIRMAN BURKE: -- And start this process
3 over again with a clean slate and an open discussion and
4 caffeine, if needed.

5 COMMISSIONER NIXON: I still think the idea
6 of potentially using what's there could work. I think
7 the point of that was, I mean take out the excise tax,
8 that doesn't need to be in there, but if you said,
9 investigate additional revenue sources for funding local
10 health districts, and then continue that, noting 17
11 cents per capita is inadequate in incentivizing,
12 compliance and outcomes at the local level.

13 So you take out the excise tax, I'm fine
14 with that. I don't think that -- we gave several
15 examples in the report, we didn't say excise tax alone.

16 So I think that that still meets the intent
17 of what we talked about, it notes the 17 cents and those
18 additional revenues can be, you know, advocating at the
19 federal level. I don't think it precludes, you know, it
20 doesn't specify the state.

21 CHAIRMAN BURKE: And I hear what you're
22 saying, and, again, we have a motion on the floor. I do
23 think that starting from fresh eyes would be beneficial,
24 rather than word-smithing what we have, in just my
25 personal view.

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1 So I guess with that being said, and, again,
2 this would be an open discussion, I'll go ahead and call
3 the vote of Representative Wachtmann's motion to rescind
4 Item No. 11, all those in favor signify by saying aye.

5 (Thereupon all Commission Members voted
6 affirmative, with the exception of Dr. McFadden and
7 Commissioner Edwards.)

8 All those opposed nay.

9 DR. MCFADDEN: Nay.

10 COMMISSIONER EDWARDS: Nay.

11 CHAIRMAN BURKE: Is there a motion for a
12 roll call vote?

13 Hearing none, in the opinion of the Chair
14 the ayes have it and No. 11 is rescinded.

15 So you can flip your piece of paper over to
16 where it's blank, and we'll entertain any thoughts on
17 Item No. 11, if the group can come to some kind of
18 consensus on what No. 11 would look like.

19 VICE-CHAIRMAN PRESS: I heard two things
20 from Representative Wachtmann. I heard his, and I don't
21 want to speak for you, sir, but I heard you sort of give
22 us counsel about some specific language, but I heard you
23 give broader counsel about the general policy
24 recommendation that might be at issue for this group.

25 If I heard your counsel right, your counsel

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1 was that this is a difficult climate in which to request
2 revenue, so let me --

3 REPRESENTATIVE WACHTMANN: Let me, look I
4 respect any group, persons coming to legislature every
5 budget cycle and making their case for a piece of the
6 pie. That is always going to be an avenue for anybody
7 to pursue on any issue that they care about.

8 This -- this, you know, again, we're talking
9 about recommendations of this committee to the
10 legislature this -- by removing that -- and nor do I
11 want to preclude anybody's free speech coming to the
12 legislature or acting, you know, in future years.

13 I've been here too along not to respect the
14 right of every Ohioan to come before us to make their
15 case for more money or whatever, more taxes, whatever
16 they want to make that process.

17 I, just to be clear, don't want us to
18 recommend to the legislature that one of my
19 recommendations, that I would like to be able to support
20 this, is -- is new revenue for things, but that, again,
21 is unspoken, any group can always do that or person, so
22 if that helps.

23 VICE-CHAIRMAN PRESS: I understand, so last
24 time I wasn't able to be with the group here, and I was
25 the nay vote, and maybe just if the group would allow me

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1 just a minute of explanation.

2 You sort of heard my belief expressed before
3 that one of the difficulties we have just as a nation,
4 we're out of money.

5 The government is borrowing 40 cents on the
6 dollar, and that's the federal government and that's not
7 us, and it's certainly not a township, it's not local
8 health districts, and it's not state, but to believe
9 that we're insulated from the consequences of that, I
10 believe, is delusional, because it's going to have some
11 affect at some point.

12 So for us to continue to believe that
13 there's revenue out there for us to take and use, I
14 think, is a very difficult position for me to get to.

15 On the other hand, we do, as Representative
16 Wachtmann and others have said, have a structure and I
17 think the group improved that structure to create more
18 flexibility around local taxes, consolidate the tax
19 districts, if we want to do that, create lots of
20 opportunity to get cost out of the system with your
21 Council of Government system or some other efficiencies
22 for consolidation.

23 So we've created opportunities for both
24 flexibility and relief that should help free some
25 resources up for others.

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1 As to Commissioner McFadden's point about
2 trying to help the poorer districts, I was given an --
3 and I think this is true, somebody told me the other
4 day, you ought to know that Scioto County has not only
5 the highest smoking rate in the State of Ohio, they have
6 the highest smoking rate in the United States.

7 Well, I'm just going to be -- just going to
8 put it out there to tax Hancock County to help solve
9 that problem and drive employment out of Hancock County
10 and make us a less business friendly community to solve
11 that problem, I have a difficult time supporting that.

12 We need our jobs in our county and we need
13 to keep -- and we do keep our prices down as a hospital
14 so that they stay there and don't go to Mexico, and
15 that's serious business for us.

16 We can't have Whirlpool leave this state, we
17 can't have Ball Metal leave this state, we can't have
18 Cooper Tire make more tires in China, so is \$55 million
19 going to tip that scale, probably not, but I'm going to
20 be consistent, I'm going to vote against the tax
21 increase and I will let the group have a spirited
22 discussion, and I'm sure it will be a spirited
23 discussion, but I just really want to be clear.

24 We have the opportunity to raise more
25 revenue in public health, we can put that issue to the

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1 constituents locally, and if we make a good case, we
2 have a good program, they'll support it.

3 COMMISSIONER SHAPIRO: I think that when we
4 discussed the excise tax, and, again, maybe don't like
5 the word, but we talked specifically about tobacco and
6 sugar sweetened beverages, so it wasn't just taxing
7 Whirlpool, or whatever, it was -- it was for doing
8 things for an industry that greatly affects the public's
9 health --

10 VICE-CHAIRMAN PRESS: I understand.

11 COMMISSIONER SHAPIRO: -- So that made some
12 sense.

13 If we can talk now about the proposed
14 alternative, which had some -- I think some nice
15 language in it, I would like to bring down, noting the
16 17 cents per capita from the other example, the one we
17 just rescinded, but that noting that 17 cents is
18 inadequate, whether it come from the state or federal, I
19 don't care, we need -- in addition to sustainable, we
20 need stable funding and that's a major issue, and I
21 think similar issue to education.

22 I am -- I am very fortunate that I work in
23 Delaware County, because we have the revenue from a
24 local levy that is not guaranteed that it will be passed
25 every ten years, but that we have the resources to

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1 provide what I think are good public health services for
2 our constituents and that's reflected in our health
3 margins.

4 So I think that we need to give the Morrow
5 Counties and the Vinton Counties who -- they could have
6 that same .7 mill levy that we have and raise absolutely
7 no money from it, because they don't have the tax base
8 or Hancock County, I don't know what your financial
9 status is, but I know it's not as high as Delaware.

10 REPRESENTATIVE CAFERO: I just want to go on
11 record in saying that I do not support any kind of tax
12 on tobacco or sugar drinks, period.

13 I don't believe in taxing to create or evoke
14 any kind of behavioral changes, so just - I don't know
15 if we're voting and I've been sort of on and off this
16 conference call, but I want to be on record saying that
17 I am not in favor of that.

18 CHAIRMAN BURKE: Thank you, Senator, and I
19 guess if I could just move the conversation forward in
20 one fell swoop, is there anybody at this table in a
21 newer recommendation that would support the use of the
22 word tax?

23 So we talked about using the term revenue --

24 REPRESENTATIVE CAFERO: No and no.

25 CHAIRMAN BURKE: And, again, it doesn't need

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1 to be new, and I bring this question up, because if you
2 look through 1 through 10, and the health districts do
3 what they're supposed to do, and we determine, right,
4 who's weak, who's strong, who's going to remain, who's
5 not going to remain, I mean, is the committee
6 comfortable saying to the General Assembly that if you
7 do build a good system then you should fund it, and I'm
8 just asking the question.

9 I'm not saying that I support it or don't
10 support, I'm just trying to get some movement here on
11 No. 11, if that's the route we go.

12 COMMISSIONER EDWARDS: In the now defunct
13 current recommendation, in the first line it says,
14 investigate excise tax and other mechanisms, "from
15 current sources". So what does that mean?

16 Does that mean the current sources that we
17 have, not increasing or not changing the other sources
18 -- not changing those sources? I don't know what that
19 means.

20 DR. MCFADDEN: So to Mr. Press' point, one
21 thing that I struggle with is that we're already paying
22 for many of the outcomes of tobacco. And you could --
23 you could argue that the fees, taxes, et cetera from --
24 for Whirlpool and others could potentially go down, if
25 we were able to move, you know, somehow the number of

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1 folks that are smoking.

2 I mean that's one argument that can be made,
3 because we're not talking hundreds of thousands of
4 dollars, we're not even talking millions of dollars,
5 we're talking much more than millions of dollars, that
6 we -- through Medicaid and other state funded mechanisms
7 we are paying for the health consequences for them.

8 So that's, I guess, for me as we look at --
9 I see this as two opportunities. One is from existing
10 sources, one is from new sources. I'm getting a sense
11 that there's more of a desire from our legislators to
12 look at existing sources.

13 I look at -- and yet we're saying we want
14 sustainable, we want something that will exist in
15 society, but fair, and yet we look at the state, we're
16 seeing shrinking state -- at least it appears from what
17 I hear in the media, shrinking state funds, so we're
18 going to stand in line and ask for a piece of a smaller
19 -- ever growing smaller pie, and I'm struggling to try
20 and hear how -- how we look at sustainable or any of
21 that when we're looking at that picture and that's the
22 reason why initially I had suggested not just existing,
23 but look at new funding.

24 I understand completely the -- the
25 heartache, the ulcer that that causes for, you know, all

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1 parties in the legislative process and the executive
2 branch, I understand that fully.

3 I don't know how we look at sustainable, you
4 know, even if we look down the road and we say this
5 funding doesn't start until after you've demonstrated
6 that you're PHAB eligible, you know, four years down the
7 road, two years, whatever it is, I don't know how you
8 look at sustainable when we're saying it's going to come
9 from the existing pool and we can have the fight then
10 down the road, talk about kicking the can farther down
11 the road.

12 We're going to have to fight at some point
13 to take money from someone to get that to happen, and
14 that's the concern that I have when we limit ourselves
15 to just existing dollars.

16 That's my own gut check, because I need to
17 be here for the long haul to protect public health
18 either in private practice or in public health, one of
19 those places I need to be here doing that, and I don't
20 know how we get there just looking at --

21 COMMISSIONER SCOTT-JONES: Senator Burke.

22 CHAIRMAN BURKE: If I could just add one
23 thing, and then I'll get to you Anita. One of the
24 original charges, I would say, if not the original
25 charge before us was answering the question, is 125

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1 health districts too many or too few; is a hundred
2 thousand the right number; is 25,000 too small; looking
3 for efficiencies and service delivery outcomes, right, a
4 little bit of scope and a few other things.

5 I think additional funding, even if it's
6 reallocation, and I spoke to this several times before,
7 is probably a tertiary issue at best, because of the
8 other items that need to be addressed.

9 I can't allocate dollars into a system when
10 I can't measure what I'm paying for, and we can't
11 achieve that, and I appreciate PHAB eligibility, but
12 that's one step out of -- just becoming PHAB eligible
13 doesn't mean that I feel more enticed to give you more
14 money, because that doesn't mean that anybody's life
15 improved, that smoking rates went down, that obesity
16 went away.

17 I'm not being critical, I'm just saying,
18 when you move this forward, I understand if we do due
19 process and you achieve these goals in the coming years,
20 and there was a message that if we do these things and
21 we get these outcomes, then the General Assembly should
22 look at continuing to investigate funding in an outcomes
23 driven model.

24 But I don't even think we have an outcomes
25 driven model yet in terms of what we set before us, and

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1 I'm not saying you're not achieving outcomes, I'm just
2 saying I can't measure them.

3 REPRESENTATIVE WACHTMANN: Mr. Chairman, not
4 just to public health districts, but to any entity
5 coming to Columbus looking for more money, they are
6 going to have the best sales pitch after they've shown,
7 I think at least a lot of us, I won't say for all of my
8 colleagues, but a lot of us, that they learned how to do
9 that old phrase, more with less, in which, you know,
10 again, I thought almost all of our discussion was about
11 efficiency gains, productivity gains, or at least maybe
12 that was just for me, but, you know, I don't care who
13 you are coming to Columbus asking for money, that's why
14 the Governor led the charge and legislature approved, I
15 can't remember how many million dollars we set aside for
16 sufficiency for local governments can get grants for
17 efficiency dates, I can't think of what that -- I don't
18 know if health districts, can you apply for that money?

19 So, again, I'm not for any reference to any
20 revenue, taxes or anything, I think the Senator, I can't
21 speak for her, but made herself pretty clear.

22 I just -- we're not going to be favorable in
23 the legislature, most of us aren't, to this report that
24 references revenue, taxes, et cetera, period.

25 COMMISSIONER SCOTT-JONES: I want to echo

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1 what Senator -- Representative Wachtmann just said,
2 because from a legislative perspective sometimes specific
3 wording can be damaging, and those are the unintended
4 consequences that when you're trying to get something,
5 and I wanted to go back to the proposed alternative,
6 because I recall when we had this conversation and when
7 we looked at Item No. 9 that talked about the block
8 grant funding, we also kind of included that with No.
9 11.

10 We weren't so specific, but I would just
11 make a recommendation that where it says, aggressively
12 pursue federal funding opportunities, I would make a
13 recommendation to say, aggressively pursue federal,
14 state and regional, and that kind of encompasses maybe
15 some new revenue streams, and not be so specific.
16 That's just my recommendation.

17 COMMISSIONER SCOFIELD: Mr. Chairman,
18 question and a comment, if -- I am right now thinking to
19 just scrap 11 all together, but my question is, does
20 that -- if this group -- if this group is reconvened in
21 three years to review progress on anything that the
22 legislature adopts as part of this, does -- if we don't
23 include something right now, does it ever preclude us
24 from saying, we have made, as you said, we, the system,
25 have made these improvements, we've shown this progress,

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1 we've -- you know, at the end of three to five years
2 we're down to X many health districts, we're sharing
3 certain -- if we come back on those issues, can we then
4 say, maybe it's part of just a narrative around this
5 report.

6 If we come back in these three to five years
7 and have shown progress and have made these improvements
8 and are seeing results, can we then say the state should
9 or shall consider making additional investments in the
10 public health system.

11 Investments could be local innovation -- the
12 local innovation funds, it could be something else, but
13 it's an investment in the system, because I do believe
14 the state has a meaningful role in investing in a public
15 health system.

16 So that's kind of where I'm at with all of
17 this, but I don't know if we include or exclude anything
18 at this point, does it prohibit us from ever revisiting
19 that question again.

20 COMMISSIONER SCOTT-JONES: I don't want us
21 to overlook No. 9 though, because I think No. 9 is
22 somewhat of an all inclusive, because you talk about
23 tobacco and you talk about sugar sweetened drinks, which
24 are those chronic things, but you're talking about
25 getting funding for chronic disease funding, so I just

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1 think that --

2 COMMISSIONER SCOFIELD: I'm not excluding,
3 I'm touching No. 9.

4 COMMISSIONER SCOTT-JONES: No, no, I'm just
5 saying I think No. 9 is an all inclusive that could be a
6 substitute, if we don't have No. 11 in there at all,
7 because you're still seeking funding from those other
8 sources for the chronic diseases, if No. 11 is such a
9 sticking point is what I'm saying, I agree with you.

10 CHAIRMAN BURKE: I do -- at least from what
11 I hear, I do hear two separate things. I think No. 9,
12 the discussion, Anita, you're bringing up is slightly
13 different from No. 10, and I do think though that is
14 probably more along the train of thought that I had, if
15 we do these things, then there should be a carrot at the
16 end of that stick. Will you please examine how you fund
17 health districts, if we do these things.

18 COMMISSIONER SCOFIELD: And I think there
19 just needs to be somehow built in this discussion once
20 this hits the legislature, is that mechanism for doing
21 that, because otherwise it's just -- it likely won't
22 happen, but there needs to be some kind of -- something
23 built into that process that allows, when we reconvene
24 or when a group reconvenes in three years that that's
25 part of the directive.

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1 very high bars. I don't even know if any of this will
2 be achieved in three years or even five, but I do think
3 though if you reach this combination scale, we're going
4 to use a paid for performance model and those
5 investments out there, but technically nothing could
6 happen.

7 COMMISSIONER EDWARDS: I just want to make
8 sure that we're not too late to get any recommendations
9 in.

10 CHAIRMAN BURKE: Oh, no, no.

11 COMMISSIONER FOUGHT: No, no.

12 REPRESENTATIVE WACHTMANN: No, no, if
13 anything we're probably early.

14 CHAIRMAN BURKE: Your timing is really good.

15 COMMISSIONER EDWARDS: Good.

16 REPRESENTATIVE WACHTMANN: Well, again, I
17 think the most likely outcomes would be one of several
18 things. I would guess maybe the Governor's office would
19 put forth some of these policy changes in their budget,
20 possibly.

21 I think -- I know -- I know as Chair of
22 Health I clearly want to get some of these done, because
23 I think some of them are good recommendations, and I
24 will push them.

25 Now, whether it's in a budget, whether some

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1 of these policy changes are involved in health committee
2 and put in a budget, you know, a lot of different
3 scenarios that can take place as to how things get done,
4 but in the end I think there's a number of avenues at
5 different -- executive branch and legislative branch
6 will pursue, because I think a lot of these are good
7 solid recommendations that we're setting forth.

8 REPRESENTATIVE ANTONIO: So absolutely when
9 I looked at, you know, there's at least 1, 2, 3, 4, 5 --
10 there's at least 5 of these recommendations that somehow
11 affect a shift in, or a different way to achieve,
12 accumulate some revenue, and whether it's changing the
13 boundaries, you know, put -- people working
14 collaboratively together, and clearly there are a couple
15 of recommendations to deal with -- with actually
16 changing policy and creating some legislation that opens
17 up the opportunities for health districts to be able to
18 do some advanced things that they're not able to do
19 right now to access more funds.

20 I think the other thing that just hit me
21 when I looked at the current recommendation and the
22 proposed alternative, but the language there is that we
23 don't even -- we're not able to even say right now 17
24 cents per capita per year, it says on here, it's
25 inadequate, but it sounds small, it sounds terrible, but

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1 as related to what.

2 I mean, truly we don't -- because one of the
3 things that I've heard week after week as we've been
4 here is the fact that we don't have outcomes that we
5 measure, but what our recommendations set up is the
6 ability for outcomes to be measured for the process to
7 be -- whether it's folks going through the accreditation
8 process or whatever, it is that they're moving towards
9 more just -- you know, being able to move towards
10 something where we can actually measure the outcomes.

11 So, again, I guess I'm real supportive of
12 this, looking at this three years, because the
13 opportunity is there to be able to measure more than we
14 can now.

15 COMMISSIONER SCOFIELD: Along these same
16 lines and in agreement with Representative Antonio, I
17 think at the last meeting I raised the question of
18 whether or not we could do some benchmarking to other
19 states and how they fund their local health districts or
20 however they're set up, is that still a possibility?

21 Because, again, just as part of the
22 narrative is that these are recommendations, we've done
23 some benchmarking, these are -- this is how other states
24 do this, there's some things to be learned perhaps from
25 -- I mean that's -- that's what I do, 95 percent of my

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1 time back at the office is performance measurements; how
2 do we stack up; are there things that we can learn from
3 other states; is this something that we can just build
4 in the narrative that benchmarking is an important piece
5 of what we do moving forward.

6 Whether it's individual outcomes or just the
7 processing within the state system, and I think that's
8 an important piece of this, because otherwise we're kind
9 of working in a vacuum.

10 COMMISSIONER NIXON: I do think that, you
11 know, to Representative Press' comment about, you know,
12 if you do a good job locally you ought to advocate for
13 more funds locally, and we'll get funding if you do good
14 things, and I absolutely agree and I think many local
15 health departments are successful because of that, but
16 we are also agents of the state.

17 There's a meningitis -- there's a fungal
18 meningitis outbreak that we are asked on behalf of the
19 Ohio Department of Health to make calls to hundreds and
20 thousands of people, and we do that, we step up and do
21 that.

22 The state doesn't have the capacity to do
23 that, we act as agents of the state, and I think that's
24 an important role for the state, and we play a vital
25 role in investigating diseases and keeping Ohio safe on

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1 should -- could be looked at and I think fairly, so I
2 would say, that -- following up on that sentence, I'd
3 say, this work should include steps to implement
4 standard measures of outcomes, and then I'd skip a
5 little bit, consider alternative funding -- I'm sorry,
6 to implement standard measures of outcome, examine link
7 between funding disparities at county level and health
8 outcomes, and additional opportunities for operational
9 efficiencies.

10 So that's what we're asking them to do, and
11 that will provide a foundation for asking for additional
12 funding.

13 And then I would say, consider alternative
14 funding mechanisms and address additional -- and
15 aggressively address federal funding opportunities.
16 We're last nationally in the funding from the federal
17 government.

18 I think that should be recognized and we
19 ought to say that, but I think alternative funding
20 mechanisms does not put the burden on the state, but it
21 certainly does say that these are issues that should be
22 considered.

23 CHAIRMAN BURKE: Could you read it one more
24 time, Mr. Nixon.

25 COMMISSIONER NIXON: I'll try. So the first

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1 sentence, Ohio should explore sustainable funding to
2 achieve Ohio's public health mission and
3 responsibilities. This work should include steps to
4 implement standard measures of outcomes, examine the
5 link between funding disparities at the county level and
6 health outcomes, and identify additional opportunities
7 for operational efficiencies. Consider alternative
8 funding mechanisms and aggressively pursue federal
9 funding opportunities.

10 MR. TREMMEL: Consider what funding
11 mechanisms?

12 COMMISSIONER NIXON: Consider alternative
13 funding mechanisms and aggressively pursue federal
14 funding opportunities.

15 REPRESENTATIVE WACHTMANN: Mr. Chairman, I
16 need to leave, but I'm okay with the aggressively
17 pursuing federal dollars.

18 I think -- well, I thought the point spoke
19 to that, maybe not putting the word aggressive in,
20 that's fine to add that, but those other references are
21 other words that mean new revenue, which means new tax
22 in my opinion.

23 Mr. Chairman, you crafted a, I think, change
24 or an addition to No. 10, which I do support. So I
25 don't know what your protocol for today's vote is going

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1 to be, but I need to leave, and, again, I hope we don't
2 have any reference to tax increases, revenue increases,
3 enhancements, blah, blah, blah, blah, in this report.

4 CHAIRMAN BURKE: How about if we could look
5 at Mr. Nixon's final sentence, instead of consider
6 alternative funding mechanisms, move into this line and
7 say, review incentives to drive outcomes at the local
8 level and pursue federal funding opportunities.

9 REPRESENTATIVE WACHTMANN: I like that.

10 CHAIRMAN BURKE: Along with the rest of the
11 statement, I'll read it one more time.

12 Review incentives to drive outcomes at the
13 local level and pursue federal funding opportunities.

14 COMMISSIONER NIXON: I mean if this breaks
15 the stalemate, I'm fine with that. I think part of my
16 point was that funding mechanisms, the disparity between
17 health departments is much -- could be considered as
18 part of this, so that was part of my point.

19 Not just the incentives, but the whole
20 funding system for local health could be considered, and
21 that doesn't say tax, it doesn't say additional funding,
22 it's the mechanism for funding local health.

23 CHAIRMAN BURKE: Well, and when I think of
24 incentives, it goes back to what we talked about
25 earlier, if you do these things then you should be

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1 looking at ways to empower you to do more. So I don't
2 know, you want me to read your statement, again, one
3 time.

4 Ohio should explore sustainable funding to
5 achieve Ohio's public health mission and
6 responsibilities. This work should include steps to
7 implement standard measures of outcomes, examine the
8 link between funding disparities at the county level and
9 health outcomes and identify any additional
10 opportunities for operational efficiencies. Review
11 incentives to drive outcomes at the local level and
12 pursue federal funding opportunities.

13 That second sentence is kind of dangling
14 there, is there a --

15 VICE-CHAIRMAN PRESS: Is there a difference
16 in language if you say, health district level instead of
17 county level?

18 CHAIRMAN BURKE: Where do we say county
19 level?

20 VICE-CHAIRMAN PRESS: Disparities at the
21 county level, I'm just asking.

22 COMMISSIONER NIXON: I'm fine with that.

23 VICE-CHAIRMAN PRESS: Because then that
24 encourages maybe a little more.

25 CHAIRMAN BURKE: At the local health

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1 district level or just at the health district level?

2 VICE-CHAIRMAN PRESS: Health.

3 COMMISSIONER FOUGHT: Just health.

4 CHAIRMAN BURKE: Okay. We'll keep it health
5 district. Okay.

6 COMMISSIONER FOUGHT: Mr. Chairman, could
7 you just eliminate the and, and then continue that
8 sentence on, so it'd be like eliminate and, like the and
9 before identify?

10 CHAIRMAN BURKE: Okay.

11 COMMISSIONER FOUGHT: Where it says,
12 outcomes, comma, delete that, delete and, and then put
13 the -- put it after, like a comma after efficiencies,
14 lower case R; does that work?

15 CHAIRMAN BURKE: That seems to work for me.
16 Read it one more time just to make sure we've got it.

17 COMMISSIONER FOUGHT: No, take the and out,
18 Joe, because you already have an and at the very end of
19 that, where it says, and pursue federal funding.

20 CHAIRMAN BURKE: So let me try this one more
21 time then on a reading, at least the way I have it
22 written, hopefully we agree, Joe.

23 Ohio should explore sustainable funding to
24 achieve Ohio's public health mission and
25 responsibilities. This work should include steps to

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1 implement standard measures of outcomes, examine the
2 link between funding disparities at the health district
3 level and health outcomes, identify any additional
4 opportunities for operational efficiencies, review
5 incentives to drive outcomes at the local level and
6 pursue federal funding opportunities.

7 I see heads nodding, so hopefully we're in
8 the right ballpark.

9 COMMISSIONER SHAPIRO: I just like the word
10 aggressively pursue federal funding opportunities,
11 because we are 50th for CDC funding, and I think that we
12 need to have a concerted effort, maybe it's unnecessary,
13 but I mean we're 50th in the nation, and so -- and
14 there's only 50 of us in the nation, so geographically
15 we're last.

16 DR. MCFADDEN: We're No. 1 if you look at it
17 the other way.

18 CHAIRMAN BURKE: That's positive though.

19 COMMISSIONER FOUGHT: So, Nancy, you want,
20 and aggressively pursue federal funding opportunities.

21 COMMISSIONER SHAPIRO: I just think it's so
22 important for Ohio to really have a concerted effort.

23 REPRESENTATIVE ANTONIO: Does it say that
24 now?

25 COMMISSIONER SHAPIRO: I don't know how we

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1 do it, but we need to be --

2 COMMISSIONER SCOFIELD: And my only -- along
3 -- is it just federal funding or is it other, like I
4 think of Robert Wood Johnson Foundation --

5 COMMISSIONER SHAPIRO: Right.

6 COMMISSIONER SCOFIELD: -- And their large
7 grants that they -- and so I just don't want to --

8 COMMISSIONER NIXON: I think that's moving
9 back into that --

10 COMMISSIONER SHAPIRO: Yeah, if we move into
11 that sticky wicket.

12 CHAIRMAN BURKE: I would certainly assume
13 that those kinds of things aren't off the table.

14 COMMISSIONER SCOFIELD: Okay.

15 CHAIRMAN BURKE: Okay. So I read the
16 statement, do we have a motion on the statement?

17 COMMISSIONER NIXON: Make a motion.

18 CHAIRMAN BURKE: And this will be, Mr.
19 Nixon, for No. 11.

20 COMMISSIONER NIXON: Unless you --

21 DR. MCFADDEN: No, no, oh, no, this is your
22 No. 11.

23 CHAIRMAN BURKE: So we do have a motion for
24 No. 11 as read by Mr. Nixon; do we have a second?

25 COMMISSIONER SHAPIRO: I'll second it.

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1 CHAIRMAN BURKE: We have a second, Ms.
2 Shapiro, all those if favor signify by saying aye.

3 (Thereupon all Commission Members voted
4 affirmatively.)

5 All those opposed nay.

6 No nays, the ayes have it. The motion
7 carries, No. 11 is adopted into the recommendation.

8 So reviewing Items No. 1 through 11 at this
9 point, and 11 we'll leave on the screen. We did receive
10 some comments from other folks on other items.

11 Leave folks up to an individual level, if
12 they have any outstanding concerns they wish to bring
13 before the committee.

14 COMMISSIONER NIXON: At this point I think
15 we should say consistently in the recommendations,
16 health district. We alternate between departments and
17 districts, and technically they're districts, we say
18 both. I think they should all be districts.

19 MR. TREMMEL: Health districts or just
20 districts?

21 COMMISSIONER NIXON: Health districts.

22 MR. TREMMEL: Not local?

23 COMMISSIONER NIXON: Well, it depends on --
24 I just think where we say department -- we shouldn't say
25 department anymore, it should always say health --

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1 COMMISSIONER SHAPIRO: So No. 6.

2 COMMISSIONER FOUGHT: Same way with No. 3.

3 COMMISSIONER NIXON: All changed.

4 REPRESENTATIVE ANTONIO: So if you're going
5 to make a major language change, could we just have
6 that, because if I look at No. 6, I'm reading the Ohio
7 Department of Health, which is something totally --

8 COMMISSIONER SHAPIRO: Shall encourage and
9 enhance shared services by local health departments, say
10 local health districts.

11 REPRESENTATIVE ANTONIO: Oh, so just that
12 one.

13 COMMISSIONER NIXON: Yeah, not the Ohio
14 Department of Health.

15 COMMISSIONER SHAPIRO: Local health
16 districts.

17 COMMISSIONER FOUGHT: Same way with No. 3
18 with local health department board members, things like
19 that.

20 CHAIRMAN BURKE: So we could just have a
21 blanket motion to change where noted local health
22 districts shall be struck and read -- I'm sorry, I'll
23 repeat that, where the -- in the recommendations where
24 it states local health departments, the motion would be
25 to change that to local health districts.

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1 COMMISSIONER NIXON: I'll make that motion.

2 CHAIRMAN BURKE: I have a motion by Mr.

3 Nixon; is there a second?

4 COMMISSIONER FOUGHT: Second.

5 CHAIRMAN BURKE: All those in favor signify
6 by saying aye.

7 (Thereupon all Commission Member voted
8 affirmatively.)

9 Those opposed nay. Motion carries. The
10 final document will reflect that change where
11 appropriate.

12 Any other individual items anybody wishes to
13 bring forward. We did receive feedback on whether or
14 not you can get traction to change your amendment at
15 this time, this is your discussion.

16 Otherwise just to know where we're at here,
17 we'll make a motion to accept the entire document here
18 hopefully shortly, but I want to give any passionate
19 individuals one last bite at the apple.

20 DR. MCFADDEN: I think I've made my thoughts
21 abundantly clear, but I would be remised and my District
22 Advisory Council would have my head, if I did not
23 express that I feel that the current system is built on
24 the backs of local constituents, and that I do feel that
25 we have an opportunity to change that, and hopefully

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1 going forward we will have another opportunity to do
2 that in another three to five years.

3 I was excited by the level of discussion
4 that No. 11 generated, because I think that in that
5 discussion we found the beginning of the transformative
6 sort of thing that we were trying to do.

7 I think that that has slipped through our
8 grasp, but that we will have an opportunity to revisit
9 that in the future.

10 You know, I am passionate about public
11 health. Dr. Lefkowitz who just won the Nobel Prize for
12 chemistry was my -- in medical school was my attending
13 on medical rounds, and as I would constantly as an MS-2
14 bring up the social determinants of health, Dr.
15 Lefkowitz would say, damn it, McFadden, that's not
16 health care, that's public health, if you want that you
17 should go to the school of public health, and thank you
18 to him, that I took his advice, and I went to the
19 University of North Carolina and got my masters in
20 epidemiology.

21 I think that, you know, we going forward as
22 a state and as a nation have an opportunity to find new
23 ways to bring health and public health clinical care and
24 public health back together in a way that it was
25 intended, you know, in 1940 or thereabouts.

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1 My hope going forward is that we are able to
2 get to a point where no longer will medical attendings
3 say, that's not health, but we will all say that is
4 certainly health, and so my hope is through this process
5 we have -- we have just barely cracked the door on what
6 we need to do.

7 As we move forward I believe that -- I still
8 contend that the state will need to have some soul
9 searching as to how that -- how we support the boots of
10 the ground; how we do that.

11 I think that's going to be a real soul
12 searching and I hope in another three years we get to
13 that. Those would be my closing comments.

14 COMMISSIONER INGRAM: Mr. Chairman, I want
15 to first echo and thank Dr. McFadden for that
16 contribution, because I think there are many of us here
17 that are very passionate about where we need to go in
18 the future relative to the local public health system,
19 and I certainly have not been quiet at some meetings in
20 that regard though as to structure, governance,
21 capacity, work force development and actually funding.

22 I would say to you that -- that if there's
23 anything that I hope that some of the people that walked
24 into this room not knowing much about the local public
25 health system and are leaving that they would remember

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1 that whenever there is an outbreak, whenever there is a
2 call to address an infectious disease, the scenario
3 that's starting to develop in our communities that you
4 remember that just like the police on the street that
5 are chasing down the criminal to prevent the next crime
6 or the fire person who is doing their darnedest to
7 prevent that block from burning down from that initial
8 fire, public health workers are people on the street
9 quietly, professionally, but persuasively working to
10 prevent that disease, that infectious disease from
11 spreading into the next family, into the next community.

12 So there is a stake here that we all must
13 remember that that's working, whether it's fungal
14 meningitis, because we had some potentially contaminated
15 drugs, or the food bourne illness outbreaks that just
16 hit at one of our hospitals yesterday, okay, somebody
17 has to pick that piece up.

18 And as the health care system is
19 transforming, and it is, regardless of what happens,
20 it's going to change, it's already changed, it's going
21 to change dramatically in the future, I agree with Dr.
22 McFadden, there is a place for us, if we work together
23 and I think that there's a challenge ahead for us as
24 citizens and the legislature to help find that, because
25 the two -- the two cannot work independently of each

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1 other. We have to be one going forward, if we're
2 serious about improving health of all Ohioans.

3 And why are Scioto smoking rates so high,
4 that's a really -- why would they be so high? Why in
5 this state should that county be higher than anywhere
6 else; why? And so I would challenge the Ohio Department
7 of Health to answer that question, why is that?

8 That should not be that, that should not be
9 there, and actually then there should be a response made
10 and that comes back to the locals, the local health
11 district mobilizing to do something about it. So thank
12 you, Mr. Chairman, for your leadership on this
13 committee. Thank you.

14 CHAIRMAN BURKE: Any other final comments or
15 I'll move for -- Representative.

16 REPRESENTATIVE ANTONIO: Well, I appreciate
17 everyone's participation, and certainly I also serve on
18 the Health Committee and so going back around not just
19 the work that we did here, but I do see some of these
20 recommendations being able to be followed through
21 through the legislative process.

22 I also would like to encourage everyone in
23 this room who has participated to -- to continue the
24 process with us.

25 You know, it doesn't end today and we go our

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1 separate ways. A fully engaged group, whether it be
2 from the local health departments or wherever you serve,
3 really helps make a difference too as we do this public
4 policy work, because you are -- you are on the front
5 lines and it makes such a difference for us being able
6 to have public policy that makes sense, and that is
7 truly reflective of where -- where you need to go.

8 I'm looking for -- I've learned a lot in
9 terms of how the departments are -- how they work
10 together. I'm walking away with more questions actually
11 than answers, I think, for the other things I want to
12 know, but I'm also looking forward to continuing to work
13 with you all, so thank you for your involvement, I
14 appreciate it.

15 And I'd also like to thank the Chair and our
16 Co-Chair. I think it's not always an easy process to
17 get to this point.

18 These are recommendations, and we can do --
19 I think we did a good job of the first stab at this, and
20 I'm looking forward to coming back around and seeing how
21 we're doing in a couple of years as well, so thank you.

22 COMMISSIONER EDWARDS: I agree, I've learned
23 a lot through this process, but I have to say that there
24 are still issues that counties will have.

25 Even through this whole process there are

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1 issues that counties will have and that is my, not
2 necessarily burden to bare, but that is my yolk to
3 carry, to continue to seek and advocate for counties and
4 I will continue to do that, so I'm sure that I'll be
5 seeing all of you very soon.

6 I thank you very much, I appreciate it, and
7 Marty, I still find my way down here, and I will
8 continue to find my way.

9 CHAIRMAN BURKE: With that being said, do we
10 have a motion to accept the final proposal before us for
11 the Legislative Committee on Public Health Futures Items
12 1 through 11?

13 REPRESENTATIVE ANTONIO: So moved.

14 CHAIRMAN BURKE: Second?

15 COMMISSIONER SCOFIELD: Second.

16 CHAIRMAN BURKE: We have a second; are there
17 any -- go ahead.

18 COMMISSIONER SHAPIRO: Just a question, I
19 mean is this -- the format of the report, maybe I should
20 have asked this earlier, is there going to be any
21 explanation and any words, I mean is this just a piece
22 of paper going to somebody or?

23 COMMISSIONER EDWARDS: We have a narrative.

24 COMMISSIONER NIXON: We've got five minutes.

25 COMMISSIONER SHAPIRO: We can write a paper.

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1 CHAIRMAN BURKE: I mean, you know, I'm more
2 than happy to draft a brief cover letter on my own
3 behalf. We also have -- I can give you a little bit of
4 an idea that we can show you kind of how this will look.

5 It obviously will be distributed to the
6 folks that by law this has to go to, as well as, of
7 course, an open document, and, of course, I'll give the
8 call to action that we've had and some previous findings
9 of previous groups, just like this, back in 1993 and
10 1960, that we've kind of referenced in the past.

11 COMMISSIONER EDWARDS: Can we get a copy of
12 that first?

13 CHAIRMAN BURKE: Oh, most definitely you
14 will get a copy of that. It would be my goal to have
15 that to you probably -- what is today, Tuesday, could we
16 have something by Thursday?

17 MR. TREMMEL: Oh, why not. Well, the body
18 of the material, just, Mr. Chair, the cover, again, just
19 something that has been rather consistent for some of
20 our issues here, then it will have the face page either
21 signed by the Chair, or the Chair and Vice-Chair and
22 myself, just referencing that as a result of House Bill
23 487, 11 recommendations, and then the next page will
24 reference likely the recommendations as you have them in
25 front of you, otherwise amended.

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1 this is all about that, right.

2 REPRESENTATIVE ANTONIO: We really used
3 that.

4 COMMISSIONER FOUGHT: Yeah, referencing why
5 this task force came into play to begin with.

6 COMMISSIONER NIXON: And the Executive
7 Summary.

8 MR. TREMMEL: Okay. We can do that, we just
9 need to allow, Mr. Chairman, the ODH folks are just
10 finalizing the graphics and some of this detail, so it
11 should be tomorrow, Thursday, could be Friday morning at
12 the last.

13 CHAIRMAN BURKE: Excellent. Assuming that's
14 palatable to everybody, again, we do have a motion on
15 the 11 recommendations, you've got an idea now how
16 they're going to be packaged in the final document,
17 ready to call a quick vote on that. All those in favor
18 signify by saying aye.

19 (Thereupon all Commission Members voted
20 affirmatively.)

21 All those opposed nay.

22 Okay. In the opinion of the Chair the 11
23 recommendations have been unanimously passed. I'm not
24 sure if my Vice-Chair has any kind of --

25 VICE-CHAIRMAN PRESS: Thank you everyone for

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1 the privilege, and congratulations to the Chair and
2 everyone else, I think it's a great report.

3 CHAIRMAN BURKE: All right. And I too would
4 like to add that I know folks have taken a large chunk
5 of their summer time driving and meeting and working on
6 this, it means a lot to me.

7 I think that we have presented very
8 actionable and concise items. I know the 19
9 recommendations that were handed to us in the original
10 study required maturity, and I feel that we have matured
11 those items to something that is presentable into an
12 action point, 11 of them to be exact, and I applaud
13 everybody for their work.

14 I hope I have succeeded in being a
15 successful Chairman to you, and that, I think, as a
16 group have achieved the task that's before us.

17 So fortunately there is no additional
18 meeting to be scheduled and we'll have the final
19 document to you by the end of the day Thursday, that is
20 our goal, and from there they will move forward.

21 You've all had some insight, as I have, in
22 the health districts, you've learned a little bit about
23 the legislative process, and as we continually improve
24 and review these points and hopefully we'll see some
25 more familiar faces in three years, so we continue to

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1 whip that horse and move it forward.

2 And, again, for an issue that's been handled
3 since 1960 I applaud the committee and I really do feel
4 like we have moved the ball forward, even if it's just
5 one or two yards at a time, we're getting closer to the
6 in zone. With that being said, I will call this meeting
7 adjourned, and thank you, again, for your time.

8 (Thereupon the commission meeting was
9 adjourned at 2:57 p.m.)

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CERTIFICATE

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I, Teresa L. Mantz, Certified Professional Reporter, and Notary Public in and for the State of Ohio, do certify that the foregoing is a true and correct transcript of the proceedings taken by me in this matter on October 23, 2012, and carefully compared with my original stenographic notes.

That I am not an attorney for or relative of either party and have no interest whatsoever in the outcome of this litigation.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal of office at Columbus, Ohio, this 30th day of October, 2012.

Teresa L. Mantz
Notary Public in and for
the State of Ohio
My commission expires 12/22/2014

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