

The following talking points are in response to the [Senate's version of House Bill 1001](#) and changes to Local Public Health funding.

- **Spending adjustment** (*see page 117, line 36; page 118, line 6*)
 - Regulatory services, such as food protection, onsite sewage system permitting and inspections, and pest control are critical to ensuring the public's health. Reducing flexibility for HFI funds to be spent on these areas is detrimental to local health departments' ability to maintain these programs.
 - Regulatory services are mandated under Indiana law for all local health departments. Poor execution of regulatory functions due to lack of flexible funding will lead to constrained execution of other services.
 - Regulatory services simply aim to ensure that our communities are functioning well and in alignment with the standards we have for healthy and safe Hoosier living. For example, food protection ensures that we can eat safely at restaurants, and pest control ensures that mosquito breeding sites are addressed to avoid disease spread. Regulatory services are a necessary safeguard, NOT the imposition of additional restrictions.
- **Removal of tobacco prevention and cessation as a core service** (*see page 117, line 39*)
 - Tobacco poses major health threats to Hoosier communities. The adult cigarette use rate in Indiana is 14%, which is well above the national average of 10.8%. Indiana has 11,070 smoking attributable deaths per year.
 - Indiana residents pay about \$1,100 per household on average in state and federal taxes from smoking-caused government expenditures, whether they smoke or not.
 - Smoking costs Indiana \$3.4 billion in healthcare annually. The smoking-related Medicaid toll is \$634 million each year.
 - Each Indiana business pays an additional \$2,363 in healthcare costs per employee who smokes – money that instead could go towards wages and benefits.
 - Children and teens are at a major risk of using smoking products, particularly vapes. Many local health departments play a critical role in providing health education to youth to prevent the uptake of smoking.

- **Removal of emergency preparedness as a core service** *(see page 117, line 47)*
 - There is a national measles outbreak that has reached Indiana. Now is not the time to inhibit local health departments' capacity to respond to this issue, or any other emergency concerns that will arise in the future.
 - We cannot accomplish the goals of public health service without the funding, flexibility, and infrastructure to respond to inevitable emergency situations. Emergency preparedness is, and must be, woven into other core service areas, such as communicable disease control. For example, in order to respond effectively to a disease outbreak, public health agencies must be able to prepare for a robust response to such a threat.
- **Citizenship requirement** *(see page 119, line 31)*
 - LHDs do not have a mechanism to track citizenship of populations served, nor is it practical to do so. Without an existing mechanism to track citizenship of populations served, additional costs will be incurred to establish such a mechanism.
 - Many individuals are not citizens of the United States but currently reside in Indiana legally. Preventing these individuals from receiving necessary public health services, such as TB testing or vaccinations, is unethical.
 - Public health, at its core, is preventative. Public health works by implementing efforts that protect entire populations. Unlike health care, the focus is not on individual services. There is no way to ensure that only certain groups benefit from the "invisible shield" of protection that public health provides to all people.
 - Public health can **ONLY** work by serving **ALL** people. Everyone is put at risk when non-citizens are unable to access public health services, such as vaccines and communicable disease control.
- **General**
 - Local funds are not sufficient to supplement these changes to HFI funding flexibility.

- With local property tax cuts and federal funding cuts, LHDs are anticipating reduced local budgets overall. Now is not the time to restrict how HFI funds can be used.
- The intent of HFI is to ensure that LHDs have a stable and flexible source of funding to provide core services to their communities. Added restrictions and changes to funding flexibility work in opposition to the program's purpose.
- Similar to public safety, public health is a critical component of our society's infrastructure and works to keep our communities protected. And yet, public health faces a continued burden of insufficient, unstable, and inflexible funding to do this work. No other public service is expected to perform a critical function with so little funding, and none of it stable.