

## Talking points to support additional investments in Local Health Department Funding HB 1001

The Indiana Association of County Commissioners urge you to contact your legislators this week and request them to support County Health Department Funding in HB 1001 as introduced (House proposed Budget Bill).

Support in the House Republican Caucus is not very strong and other health care groups are requesting additional funds. We would not want to see grants going out to providers without local coordination. Local health boards, appointed by local elected officials, should prioritize the funding for their community. Some of the new funds for local health departments may be allocated to local providers through the local health departments but the local community should prioritize the needs of their community.

### Current Local Health Department Funding:

- The revenue of **88 of our 94** local health departments is **below the National 25<sup>th</sup> percentile**.
- Indiana ranked **45<sup>th</sup> for state government public health expenditures** (2018 Census Bureau)
- Most of our local public health funding comes from the local government, ~70%, **often from property taxes** as the primary source of revenue.
- Across the nation, **Indiana's funding structure is the opposite of many states**, where the State government is the larger portion of the funding for a local public health department.
- For 2023, funding per capita ranges from \$3.64 to \$92.90 (Marion Co) per capita across our state
- The increased state funding requires a local match.

### Increase direct funding to local health departments.

- Adds approx. \$30 per capita funding through the Local Health Maintenance Fund
- The new funding formula is based on population size and other factors such as vulnerability due to exposure to pollution, disease, natural disasters, and life expectancy.
- The funding is **not a one-size fits all** approach. Local Health Boards **appointed by local officials** decide how funding is spent by each county to achieve core public health services. Non-exclusive examples of funding uses are: school liaisons, full-time public health nurses, staffing needed to meet core service requirements, purchase needed equipment, technology/security upgrades and fund local partners for some of these services. County Commissioners are required to vote to opt-in and the fiscal body still has to approve the appropriations.

Similar to a grant, **opt-in counties will include performance measures and metrics** for tracking delivery of core public health services.

- Counties that opt-out will be able to opt-in the next year. Opt-out counties will continue to receive funding at the current level.
- The funding is phased-in to **allow public input, planning and implementation of infrastructure** at the local level.

Please refer to the below information to see the proposed potential funding in HB 1001 for your county:

[GPHC Funding County Breakdown proposed in HB 1001](#)

[LHD Funding Formula proposed in HB 1001](#)

[IDOH County Vulnerability Metrics used to determine proposed funding in HB 1001](#)

[LHD Core Public Health Services proposed in HB 1001](#)