

From: Julie Mundell [<mailto:JMundell@MonroeHealthCenter.com>]

Sent: Wednesday, September 13, 2017 11:28 AM

To: Skinner, Brian J <Brian.J.Skinner@wv.gov>

Subject: FW: Public Comment for Local Board of Health Plans of Combination Procedural Rule

Mr. Skinner,

I reviewed the proposed rule, the attached guidance, as well as was present on the conference call when this was discussed. I am curious as to any potential impact to existing agreements of local BOHs. If agreements are already in place will there be an expectation of those entities to go through this process as well? What if the agreement exists with another entity, not another BOH? Monroe County BOH contracts its services with Monroe Health Center (Monroe County Board of Trustees), a FQHC, and we work very well together, so I am very concerned how this may impact us. I look forward to your feedback.

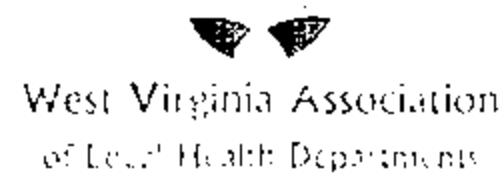
Sincerely,

Julie

Julie Mundell, RN, Administrator
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October 3, 2017

To whom it may concern

On behalf of the Association of Local Health Departments, we are submitting these comments in regard to the procedural rule entitled Local Boards of Health Plans of Combination Procedure 64-108, which is open for comment based on a filing with the Secretary of State.

The implied intent of the rule is to facilitate the combination of local health departments through mergers or combinations, yet the procedural rule itself may become a barrier for such activities. The rule sets an arbitrary minimum amount of population to be served by any combination of health departments at 100,000. This would mean if two smaller counties such as Logan and Boone decided to combine, even if the service and financial case demonstrated such a merger would be beneficial to the taxpayers and the public served, the rule in its current form would block such a merger. We suggest, given the current financial condition of the state, the legislature is desirous of facilitating cross-county mergers and combinations of agencies. It is unrealistic to require such a floor, and we ask that each case be considered on its own merits. Also, we believe inserting this type of requirement in a procedural rule is not proper, and this should be part of a legislative rule that goes through the legislative rule-making process and is reviewed by the Legislative Rule-Making Review Committee.

The rule requires each combination to be contiguous. While it makes no sense for counties, such as Hancock and McDowell, with a large distance between themselves to merge, there are situations where the distance is manageable. This is especially true given today's technology. It would seem to our organization the plans submitted by the merging agencies should be the determining factor, not some arbitrary requirement banning noncontiguous county combinations.

The rule also requires an assessment of bordering counties' willingness to join in a combined effort. This process is not well laid out and could be used to veto an effort by two willing parties to merge. We recommend the merging departments should provide notice to the bordering counties. We ask that notice to bordering counties be the requirement.

As a general thought, we believe the process laid out is cumbersome and that it should be streamlined. The Commissioner should provide oversight. However, the local political subdivisions, such as the local boards of health, municipalities and counties, should have the final say on these mergers. It should not be on the state level. The stated desire of the legislature has been to drive decision-making from the state to the local level. This rule runs counter to that legislative desire.

Sincerely,

A handwritten signature in black ink, appearing to read "Bill Kearns". The signature is fluid and cursive, with a large initial "B" and a long, sweeping underline.

Bill Kearns
President, WWALHD
Administrator, Berkeley and Morgan Counties
122 Waverly Ct.
Martinsburg, WV 25403
(304) 263-5131
Bill.G.Kearns@wv.gov



**GRAFTON
TAYLOR COUNTY
HEALTH
DEPARTMENT**

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OCT 05 2017

COMMISSIONER'S OFFICE
BUREAU FOR PUBLIC HEALTH

October 2, 2017

Brian Skinner, Bureau for Public Health
WV Department of Health and Human Resources
350 Capitol Street, Room 702
Charleston, WV 25301

Mr. Skinner:

Thank you for the opportunity to comment on proposed rule 64-CSR-108.

I am **opposed** to combining Local Health Departments in any form. By combining Local Boards of Health, you lose one of the most important factors in successful operation of a Health Department; **local identity, enthusiasm and public support.**

I think it is shameful that a small health department can't obtain the funding necessary to provide the essential services with a minimum of four employees necessary to provided them.

"You can NOT combine three poor health departments and expect to create one rich one."

Respectfully submitted,

Boyd K. Vanhorn
Administrator
Grafton-Taylor County Health Department



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KANAWHA-CHARLESTON HEALTH DEPARTMENT

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Michael R. Brumage, MD, MPH, FACP
Executive Director/Health Officer

September 26, 2017

Brian Skinner, Bureau for Public Health
West Virginia Department of Health and Human Resources
350 Capitol Street, Room 702
Charleston, West Virginia 25301
Brian.J.Skinner@wv.gov

Dear Mr. Skinner:

RE: 64CSR108 - Local Board of Health Plan of Combination Procedure

Thank you for the opportunity to provide comments on these procedural rules. In all areas where we have proposed language be added or deleted, we have not changed the corresponding numbering.

Language in the rule	Proposed amended language	Comment
<u>3.2.e. A description of anticipated challenges and strategies to address the challenges.</u>	3.2.e. A description of anticipated challenges and strategies to address the challenges.	We request this language be removed from the rule. This requirement is subjective and could not be objectively measured.
<u>3.2.i. Evidence of engagement with all local boards of health in counties contiguous to the counties proposing to combine, for the purpose of determining whether the local boards of health in the contiguous counties are willing to join the application.</u>	3.2.i. Evidence of engagement with notice to all local boards of health in counties contiguous to the counties proposing to combine, for the purpose of determining whether the local boards of health in the contiguous counties are willing to join the application.	While it is appropriate for all local health boards in counties contiguous to those proposing to combine to receive notice of the proposed combination, they should not be forced to make the policy decision of deciding if they want to also want to combine.
	<u>3.2.l. A detailed implementation timeline.</u>	A timeline should be included in the plan.
<u>4.1. Upon receipt of the application, the Director will review the application and supporting materials to ensure completeness.</u>	4.1. Upon receipt of the application, the Director will review the application and supporting materials to ensure completeness. Applicants will be notified if an application is	This rearranges language to make the first determination of whether an application is complete lie with the director. It also adds language that says applications incomplete

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Language in the rule	Proposed amended language	Comment
	<p><u>determined to be incomplete along with a request to provide the incomplete information or documentation. An application that remains incomplete for 45 days because of the failure of the applicant to submit information will be returned to the applicant without consideration.</u></p>	<p>because of the failure of the applicants to submit information will be returned— not denied.</p>
<p><u>4.2. Applications that are determined to be complete will be submitted to the Commissioner for review. Applicants will be notified if an application is determined to be incomplete along with a request to provide the incomplete information or documentation. An application that remains incomplete for 45 days will result in denial.</u></p>	<p>4.2. Applications that are determined to be complete will be submitted to the Commissioner for review. Applicants will be notified if an application is determined to be incomplete along with a request to provide the incomplete information or documentation. An application that remains incomplete for 45 days will result in denial.</p>	<p>This reflects the suggested amendments to 4.1.</p>
<p><u>4.3.b. <i>Contiguous counties and / or municipalities.</i> Applicants seeking approval to combine must be contiguous.</u></p>	<p>4.3.b. <i>Contiguous counties and / or municipalities.</i> Applicants seeking approval to combine must be contiguous.</p>	<p>There appears to be no statutory authority that requires the counties to be contiguous.</p>
<p><u>4.3.e. <i>Evidence of engagement with contiguous local boards of health.</i> Proximity of jurisdictions within the proposed consolidation impacts to surrounding jurisdictions. Applications for combination must include contiguous counties and an assessment of interest to consolidate must be conducted with all surrounding jurisdictions.</u></p>	<p>4.3.e. <i>Evidence of engagement with notice to contiguous local boards of health.</i> Proximity of jurisdictions within the proposed consolidation impacts to surrounding jurisdictions. Applications for combination must include contiguous counties and an assessment of interest to consolidate must be conducted with all surrounding jurisdictions <u>evidence of notice to all local boards of health in counties contiguous to the counties proposing to combine.</u></p>	<p>This brings the language in 4.3.e. in line with the suggested amended language for 3.2. i.</p>

Language in the rule	Proposed amended language	Comment
<p><u>4.4. Upon a review of the application and the supporting materials the Commissioner may approve, disapprove, or approve the application with conditions.</u></p>	<p>4.4. Upon a review of the application and the supporting materials the Commissioner may approve <u>the application</u>, disapprove, or approve the application with conditions.</p>	<p>The statute does not provide for the ability of the commissioner to disapprove an application.</p>
<p><u>5.3. The final approval will not occur until the applicants demonstrate the likelihood of the Plan's success to the Commissioner's satisfaction, supported by such documentation as the Commissioner may reasonably require.</u></p>	<p>5.3. The final approval will not occur until the applicants demonstrate the likelihood of the Plan's success to the Commissioner's satisfaction, supported by such documentation as the Commissioner may reasonably require.</p>	<p>We don't feel this language is needed, given that 5.4 states, "The Commissioner has the authority to make a final determination to approve a Plan to combine local boards of health." The ability to require additional information is addressed in our proposed amendment to 4.1.</p>
<p><u>5.5. All Plans to implement a combination of local boards of health must be completed within a reasonable period of time, to be determined by the Commissioner.</u></p>	<p>5.5. All Plans to implement a combination of local boards of health must be completed within a reasonable period of time, to be determined by the Commissioner.</p>	<p>We do not feel this language is needed because we have suggested an amendment, labeled 3.2.I., that requires a detailed timeline in the application.</p>

Please feel free to call me if you have any questions.

Sincerely,



Lolita Kirk
Chief of Staff

LK/jdl



Marion County Health Department

300 Second Street
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(304) 366-3360

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OCT 05 2017

October 2, 2017

**COMMISSIONER'S OFFICE
BUREAU FOR PUBLIC HEALTH**

Brian Skinner, Bureau for Public Health
WV Department of Health and Human Resources
350 Capitol Street, Room 702
Charleston, WV 25301

Mr. Skinner:

Thank you for the opportunity to comment on proposed rule 64-CSR-108.

The scope references two or more appointing authorities who are seeking to combine local boards of health and the rule proposed procedures for evaluation.

Section 4.3a indicates a minimum population scale for efficiency of 100,000.

Many of our smaller counties may seek to combine in some form, yet not be able to meet the minimum designated population for efficiency, thus application may be denied. I am suggesting that there be no reference to population or at least consider a population of 25,000. If the intent is to increase service delivery or offer more services, or reduce costs, then this could be accomplished with a smaller population base.

In effect, we are saying that neither service delivery or cost savings may be achieved with a population of less than the minimum. The topography and geography does not lend itself to larger regional areas in our more rural counties.

Respectfully submitted,

Lloyd R. White, Administrator
Marion County Health Department

Skinner, Brian J

From: Didden, David
Sent: Wednesday, October 11, 2017 6:06 AM
To: Skinner, Brian J
Cc: Gupta, Rahul; Atkins, Amy D; Kearns, Bill G; John Bresland
Subject: Local Board of Health Plans of Combination Procedure - public comment

Dear Brian,

Thank you for all your hard work on behalf of West Virginia's public health system. Please consider this email my public comment regarding proposed legislative rule 64-108, Local Board of Health Plans of Combination Procedure.

We in public health are working during a time of unprecedented changes in health care delivery. As a local health officer for 4 years and a practicing physician with 22 years in medicine, I have witnessed many of those changes as they drastically altered the landscape of the American health care system. The pace and breadth of the shifts in care delivery have largely been driven by a combination of technological, regulatory, and economic forces. The tremendous advances in hospital-based procedural medicine, electronic health records, commercial health insurance, and of course the Affordable Care Act are just a few examples of these powerful influences. Clinicians, administrators, and policymakers have markedly changed how we approach our individual patients, and the populations we serve.

But despite these remarkable changes, one very important facet of health remains the foundation of successful care...the relationship between care-giver and patient. In many communities, the rapid advances in technology and consolidation of health care organizations has relegated this relationship to a low-priority, back seat position. As well meaning as politicians and administrators can be in guiding large health care organizations, without direct experience of and dedication to the patient relationship, care delivery becomes just another on a spreadsheet...reduced to mere acronym.

Local board of health consolidation offers us a platform for delivering patient-centered, evidence-based public health that will counterbalance the fragmented and often chaotic "disease management systems" that have evolved due to rapid expansion of procedure focused fee-for-service delivery models. Under consolidated boards of health, more West Virginians will have access to local health departments led by teams of full-time physicians, nurses, and administrators who are able to focus on their primary role without having to juggle multiple job titles and functions. In turn, this leadership across broader jurisdictions and populations will be able to keep the evidence-based, outcomes-oriented programs and services robust and resilient. The efficiencies gained through consolidation of administrative oversight will further allow the local health department staff within each county to continue a the local presence that our residents have come to count on.

I support the Bureau for Public Health's leadership in structuring a process for consolidating local boards of health, not only because it offers more West Virginians access to strong, full-time clinician leadership, but also because if local boards of health do not adapt to the unprecedented changes in the landscape we will become irrelevant. When we become irrelevant, we will disappear.

David Didden, MD
Health Officer
Jefferson County, West Virginia