



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

Jim Justice  
Governor

Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-2971 Fax: (304) 558-1035

Bill J. Crouch  
Cabinet Secretary

October 12, 2017

Lolita Kirk  
Chief of Staff  
Kanawha-Charleston Health Department  
P.O. Box 927  
Charleston, West Virginia 25323-0927

Dear Ms. Kirk:

Thank you for your comments on the behalf of Kanawha-Charleston Health Department to the proposed procedural rule *W.Va. Code R. §§ 64-108 et seq. (Local Board of Health Plans of Combination Procedure)*.

You first request that § 3.2.e. be removed in its entirety because it "is subjective and could not be objectively measured." The inclusion of this information in the plan of combination is intended only to inform the commissioner as to whether the combining boards have adequately considered the anticipated challenges and strategies to address the challenges. As you will note, § 4.3.f. provides that the commissioner will evaluate the plan to determine whether there is evidence of a comprehensive work plan, i.e., "a comprehensive Plan that guides the process of transitioning to and sustaining a combined board of health." The proposed rules do not require the commissioner to measure or empirically assess the submitted description of anticipated challenges and strategies to address the challenges. Consequently, § 3.2.e. will be retained in its entirety.

Next you propose the Bureau amend § 3.2.i., noting that "[w]hile 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." The proposed rules' requirement that a plan of combination include "[e]vidence of engagement with contiguous local boards of health" is intended to ensure that any impact on surrounding jurisdictions of the combination be considered. See § 4.3.e. Because the commissioner has a duty to promote the physical and mental health of all of the state's citizens, he must evaluate the effect a proposed combination may have on adjoining counties. For example, the commissioner must evaluate the impact a proposed combination may have on a county situated in one of the state's two panhandles isolated by the combination. Thus, it is incumbent on the commissioner to ensure that a planned combination will not have a detrimental impact on counties surrounding the proposed combination. Consequently, the Bureau will not make any changes to § 3.2.i.

You propose the addition of a new § 3.2.i. that would require a plan of combination to include “[a] detailed implementation timeline.” However, § 3.2.h. already provides for the submission of a plan to include “goals, *timeline*, activities, responsibilities and milestones”. In an effort to clarify the provision, the Bureau will amend the paragraph to include the word “including” immediately preceding the list of information to be submitted with the plan.

You suggest that we rearrange the language contained in §§ 4.1 & 4.2. The Bureau believes that the current §§ 4.1 & 4.2 is understandable and no changes are necessary.

You propose that the Bureau remove § 4.3.b. in its entirety. As provided in the Commissioner’s recently published *Principles Guiding Plans to Combine Local Boards of Health* (“Principles”), combined boards of health will be most effective when there exists geographic proximity and shared transportation corridors, ensuring as much as possible a cultural fit. Additionally, successful combinations will enhance regional development of public health services. Finally, non-contiguous combinations of local boards of health are unlikely to reduce administrative and operational costs resulting in a more cost-effective service delivery. Consequently, the requirement that only contiguous counties be permitted to combine is consistent with these Principles. However, in an effort to clarify the intent of this provision, the Bureau will amend paragraph 4.3.b. to include the following:

This criteria is intended to exploit the geographic proximity of local boards of health and transportation corridors, thus ensuring as much as possible a cultural fit, which in addition to other factors related to the contiguousness of the combining boards of health, strengthen the qualitative aspects of basic public health services.

You also propose amending § 4.3.e. to remove the requirement that a plan of combination include “[e]vidence of engagement with contiguous local boards of health” and instead require only that bordering counties be provided notice of a proposed combination. This provision is intended to ensure that impact on surrounding jurisdictions of the combination be considered. See § 4.3.e. Because the commissioner has a duty to promote the physical and mental health of all of the state’s citizens, he has a responsibility to evaluate the effect a proposed combination may have on adjoining counties. For example, the impact on a county situated in one of the state’s two panhandles isolated by a planned combination. Thus, it is incumbent on the commissioner to ensure that a planned combination will not have a detrimental impact on counties surrounding the proposed combination. Consequently, the Bureau does not believe that mere notice is sufficient and will not make changes to the subdivision, as proposed.

You next assert that § 4.4 be amended to remove the term “disapprove” because the “statute does not provide for the ability of the commissioner to disapprove an application.” *West Virginia Code* § 16-2-5 provides that the plan of combination submitted

by the combining boards “must be approved by the commissioner.” Apparently, you read this section to create a purely ministerial duty such that the commissioner has no discretion and must approve each and every plan of combination presented. Indeed, it is noteworthy that while you do not believe the commissioner has the authority to disapprove a plan, you do not object to the provision allowing the commissioner to approve the plan “with conditions” despite there being no mention of this authority in the statute.

It is well-established in West Virginia that “[t]he primary rule of statutory construction is to ascertain and give effect to the intention of the Legislature.” *Syllabus Point 8, Vest v. Cobb*, 138 W.Va. 660, 76 S.E.2d 885 (1953). An administrative agency has, and should be accorded, every power which is indispensable to the powers expressly granted, that is, those powers which are necessarily, or fairly or reasonably, implied as an incident to the powers expressly granted.” *State Human Rights Comm'n v. Pauley*, 158 W.Va. 495, 497–98, 212 S.E.2d 77, 78-79 (1975). The power to approve clearly implies the concomitant power to disapprove. Furthermore, it is equally well-established that the commissioner has a legal duty to promote the physical and mental health of all of its citizens, and to monitor the administration, operation and coordination of the local boards of health and local health officers. *W.Va. Code* §§ 16-1-1 & 6(e). For these reasons, the legislature invested in the commissioner with the authority to approve plans of combination so that the interests of all of the citizens of the state are protected by proposed plans to combine two or more local boards of health. Consequently, the Bureau believes it is incumbent on the commissioner to disapprove a plan when it is averse to the interests of the citizens of this state. For these reasons, the Bureau will not amend the subsection as suggested.

You propose that the Bureau remove in its entirety the provisions of § 5.3 because it is unnecessary “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 Bureau disagrees since this language clearly articulates the commissioner’s duty to ensure that any proposed plan must be sufficiently supported so as to imbue confidence that it will be successfully implemented.

Finally, you propose eliminating in its entirety § 5.5 because it is unnecessary in light of your suggested amendments at 3.2.I., requiring a detailed timeline in the application. As noted above, the rules already include a requirement for a timeline as part of a proposed plan of combination. Further, the Bureau believes this subsection is necessary considering the commissioner’s statutory duty to monitor the administration, operation and coordination of the local boards of health and local health officers. See *W.Va. Code* § 16-1-6(e).

Lolita Kirk  
October 10, 2017  
Page 4

Again, thank you for your comments and we continue to look forward to working with you and the Kanawha-Charleston Health Department to ensure the citizens of our state receive high quality public health services.

Very Truly,

A handwritten signature in black ink, appearing to read "B. J. Skinner". The signature is stylized with a large, looped "B" and a long horizontal line extending from the end of the "n".

Brian J. Skinner, General Counsel  
The Bureau for Public Health

BJS/jp



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

Jim Justice  
Governor

Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-2971 Fax: (304) 558-1035

Bill J. Crouch  
Cabinet Secretary

October 12, 2017

Bill Kearns  
President, WVALHD  
Administrator, Berkely and Morgan Counties  
122 Waverly Ct.  
Martinsburg, West Virginia 25403

Dear Mr. Kearns,

Thank you for your comments on the behalf of the membership of the West Virginia Association of Local Health Departments (WVALHD), to the proposed procedural rule *W.Va. Code R. §§ 64-108 et seq. (Local Board of Health Plans of Combination Procedure)*.

You indicate that you believe the procedural rules may be a barrier to the combining or local boards of health as it "sets an arbitrary minimum amount of population to be served by any combination of health departments at 100,000." It is not the intent of the procedural rule to establish a minimum population for the approval of a plan of combination. As articulated in the Commissioner's recently published *Principles Guiding Plans to Combine Local Boards of Health* ("Principles"), the Bureau believes that in many cases the combining of local boards of health will result in significant efficiencies and cost-saving by:

- creating significant potential for economies of scale and scope;
- streamlining administrative services while maintaining or improving service level and quality;
- improving accessibility, regional identity, and compatibility;
- avoiding duplication of public health-related programs while optimizing access to public health services;
- increasing opportunities to improve performance; and
- enhancing regional development of public health services.

It is the Commissioner's intent that the proposed procedural rules be informed by the *West Virginia Public Health Impact Task Force* and its final recommendations that "[r]esearch demonstrates that when a local board of health is serving a population of 100,000 and up to 500,000 services are delivered at the lowest possible cost with optimal cost savings." Thus, as explained in the Principles:

“[c]onsideration will be given to the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. The Commissioner will consider the degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations.”

However, the Commissioner recognizes that the wording of the proposed procedural rule may not clearly explain that the failure to achieve a minimum population of 100,000 will not be a basis for the rejection of a plan of combination. Instead, the provision is simply intended to provide guidance to local boards of health in developing a plan of combination to increase the potential for achieving cost efficiency in the delivery of public health services. To clarify this point, subdivision 4.3.a. of proposed procedural rule will be amended as follows:

4.3.a. Degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations. While a minimum population of 100,000 is not a requirement necessary for the approval of an application, plans of combination should strive to achieve a combined population base within the minimum and maximum efficiency scale of 100,000 to 500,000 population. The Commissioner acknowledges that in many parts of the state a minimum efficiency of a service population of 100,000 is unachievable. The intent of this criteria is only to maximize the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. (New language appears in red)

You next indicate that the requirement that combinations must be contiguous “makes no sense for counties, such as Hancock and McDowell, with a large distance between themselves to merge”, but that “there are situations where the distance is manageable.” Although, you acknowledge that a merger between Hancock and McDowell counties would make no sense because of the distance between, you also insist that other non-contiguous combinations would make sense and that the combining counties themselves should make that determination. It is noteworthy that despite asserting that there is indeed a point at which the distance between counties should prohibit their combining, you don’t indicate how much distance between counties is too much.

As provided in the Commissioner’s Principles, combined boards of health will be most effective when there exists geographic proximity and shared transportation corridors, ensuring as much as possible a cultural fit. Additionally, successful combination will enhance regional development of public health services. Finally, non-contiguous combinations of local boards of health are unlikely to reduce administrative and operational costs resulting a more cost-effective service delivery. Thus, considering the Commissioner’s Principles, a requirement that combining boards of health be contiguous

is far less arbitrary than allowing the local boards themselves to decide how far the distance between their counties is too far. The Bureau is also concerned that permitting non-contiguous boards of health to combine may also open the door to the isolation of counties.

However, to clarify the intent of this provision, the Bureau will amend paragraph 4.3.b. to include the following:

This criteria is intended to exploit the geographic proximity of local boards of health and transportation corridors, thus ensuring as much as possible a cultural fit, which in addition to other factors related to the contiguousness of the combining boards of health, strengthen the qualitative aspects of basic public health services.

You also indicate that a requirement that combining counties assess the willingness of bordering counties to join in a combined board of health is “not well laid out and could be used to veto an effort by two willing parties to merge.” Instead, you suggest that bordering counties be provided only a notice of the proposed combination. The proposed rules’ requirement that a plan of combination include “[e]vidence of engagement with contiguous local boards of health” is intended to ensure that the impact on surrounding jurisdictions of the proposed combination be considered. See § 4.3.e. Because the commissioner has a duty to promote the physical and mental health of all the state’s citizens, he also must evaluate the effect a proposed combination may have on adjoining counties. For example, the impact on a county situated in one of the state’s two panhandles isolated by a planned combination. Thus, it is incumbent on the commissioner to ensure that a planned combination will not have a detrimental impact on counties surrounding the proposed combination. Consequently, the Bureau does not believe that mere notice is sufficient and will not make changes to the subdivision, as proposed.

Finally, you indicate that the proposed rule is cumbersome and should be streamlined by allowing local boards of health, municipalities and counties, to have the final say on mergers. As noted above, the commissioner has a legal duty to promote the physical and mental health of all its citizens and to monitor the administration, operation and coordination of the local boards of health and local health officers. *W.Va. Code* §§ 16-1-1 & 6(e). For this reason, the legislature invested in the commissioner the authority to approve plans of combination so that the interests of all of the citizens of the state are protected by proposed plans to combine two or more local boards of health. Therefore, the Bureau declines to make the suggested changes.

Bill Kearns  
October 10, 2017  
Page 4

Again, thank you for your comments and we continue to look forward to working with you and the WVALHD to ensure the citizens of our state receive high quality public health services.

Very Truly,

A handwritten signature in black ink, appearing to read "B. J. Skinner", with a long horizontal line extending to the right.

Brian J. Skinner, General Counsel  
Bureau for Public Health

BJS/jp



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

Jim Justice  
Governor

Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-2971 Fax: (304) 558-1035

Bill J. Crouch  
Cabinet Secretary

October 12, 2017

Boyd K. Vanhorn  
Administrator  
Grafton-Taylor County Health Department  
718 West Main Street  
Grafton, West Virginia 26354

Mr. Vanhorn:

Thank you for your comments to the proposed procedural rule *W.Va. Code R. §§ 64-108 et seq. (Local Board of Health Plans of Combination Procedure)*.

You indicate that the Grafton-Taylor Health Department is opposed to the concept of local boards of health combining in "any form", an interesting position since the Grafton-Taylor County Health Department is itself a combined county/municipal health department. However, despite your opposition to the concept, it is undeniable that the legislature has provided a legal mechanism for two or more counties or any county or counties and one or more municipalities to combine to create, establish and maintain a combined local board of health. *W.Va. Code § 16-2-5*. Because a plan of combination must be approved by the commissioner, the Bureau believes it is necessary to promulgate the subject procedural rule to facilitate a proposed combination authorized by law.

You also indicate that it is shameful that "a small health department can't obtain the funding necessary to provide essential services with a minimum of four employees necessary to provide (sic) them." As you are aware, neither the Bureau or Department of Health and Human Resources (DHHR) control the amount of state funding made available to local boards of health. Instead, this is a function of the legislative branch of state government. The Bureau is only responsible for administering the distribution of legislatively appropriated moneys to the state's local boards of health. See *W.Va. Code § 16-2-14*. Of course, as a semi-autonomous governmental agency, the Grafton-Taylor Health Department is free to explore other sources of funding apart from that which is appropriated by the state legislature to support the delivery of essential public health services in your community.

Finally, we respectfully disagree with the quote that concludes your comments. As articulated in the Commissioner's recently published *Principles Guiding Plans to Combine Local Boards of Health*, the Bureau believes that in many cases combining local boards of health will result in significant efficiencies and cost-saving by:

- creating significant potential for economies of scale and scope;

Boyd Vanhorn  
October 10, 2017  
Page Two

- streamlining administrative services while maintaining or improving service level and quality;
- improving accessibility, regional identity, and compatibility;
- avoiding duplication of public health-related programs while optimizing access to public health services;
- increasing opportunities to improve performance; and
- enhancing regional development of public health services.

These principles align with the unanimously adopted recommendations of the *West Virginia Public Health Impact Task Force* in 2015, that included the expansion of best practices that promote the efficient and effective use of public resources. Efficiencies and cost-savings that may very well result in the creation of one rich combined board of health from three that were poor.

Again, thank you for your comments and we continue to look forward to working with you and the Grafton-Taylor Board of Health to ensure the citizens of our state receive high quality public health services.

Very Truly,

A handwritten signature in black ink, appearing to read "B. J. Skinner". The signature is stylized with a large, sweeping initial "B" and a long horizontal stroke extending to the right.

Brian J. Skinner, General Counsel  
Bureau for Public Health

BJS/jp



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH

Jim Justice  
Governor

Commissioner's Office  
350 Capitol Street, Room 702  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-2971 Fax: (304) 558-1035

Bill J. Crouch  
Cabinet Secretary

October 12, 2017

Lloyd R. White  
Administrator  
Marion County Health Department  
300 Second Street  
Fairmont, West Virginia 26554

Mr. White:

Thank you for your comments on the behalf of Marion County Health Department to the proposed procedural rule *W.Va. Code R. §§ 64-108 et seq. (Local Board of Health Plans of Combination Procedure)*.

Your comment relates to § 4.3.a. You indicate that you are concerned that "[m]any of our smaller counties may seek to combine in some form, yet not be able to meet the minimum designated population for efficiency, thus the application may be denied." It is not the intent of the procedural rule to establish a minimum population for the approval of a plan of combination. As articulated in the Commissioner's recently published *Principles Guiding Plans to Combine Local Boards of Health* ("Principles"), the Bureau believes that in many cases the combining of local boards of health will result in significant efficiencies and cost-saving by:

- creating significant potential for economies of scale and scope;
- streamlining administrative services while maintaining or improving service level and quality;
- improving accessibility, regional identity, and compatibility;
- avoiding duplication of public health-related programs while optimizing access to public health services;
- increasing opportunities to improve performance; and
- enhancing regional development of public health services.

It is the Commissioner's intent that the proposed procedural rules be informed by the *West Virginia Public Health Impact Task Force* and its final recommendations that "[r]esearch demonstrates that when a local board of health is serving a population of 100,000 and up to 500,000 services are delivered at the lowest possible cost with optimal cost savings." Thus, as explained in the Principles:

Lloyd White  
October 10, 2017  
Page Two

"[c]onsideration will be given to the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. The Commissioner will consider the degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations."

However, the Commissioner recognizes that the wording of the proposed procedural rule may not clearly explain that the failure to achieve a minimum population of 100,000 will not be basis for the rejection of a plan of combination. Instead, the provision is simply intended to provide guidance to local boards of health in developing a plan of combination to increase the potential for achieving cost efficiency in the delivery of public health services. To clarify this point, subdivision 4.3.a. of proposed procedural rule will be amended as follows:

4.3.a. Degree to which the service area meets or exceeds the minimum and maximum efficiency scale of 100,000 to 500,000 populations. While a minimum population of 100,000 is not a requirement necessary for the approval of an application, plans of combination should strive to achieve a combined population base within the minimum and maximum efficiency scale of 100,000 to 500,000 population. The Commissioner acknowledges that in many parts of the state a minimum efficiency of a service population of 100,000 is unachievable. The intent of this criteria is only to maximize the potential for achieving cost efficiency in service delivery, consistent performance of duties relating to basic public health services and other health services and the enforcement of the laws of this state pertaining to public health. (New language appears in red)

Again, thank you for your comments and we continue to look forward to working with you and the Marion County Health Department to ensure the citizens of our state receive high quality public health services.

Very Truly,  
  
Brian J. Skinner

BJS/jp

Ms. Mundell,

Thank you for your email and question on the potential impact of the proposed *Local Boards of Health Plan of Combination Procedural Rule* on the Monroe County board of health. The proposed procedural rule will not impact any existing agreement to which a local board of health may be a party.

The procedural rule only applies to efforts by two or more local boards of health to combine pursuant to *West Virginia Code § 16-2-5*. The section authorizes two or more counties to combine to create, establish and maintain a combined local board of health organized pursuant to and with the powers and duties prescribed by state law. However, any such plan of combination must be approved by the Commissioner. The procedural rule is intended to provide guidance to local boards of health as to the documentation and other information a Commissioner will need prior to approving a plan of combination. The Bureau developed the procedural rule in response to a request for guidance by the boards of health of Berkeley and Morgan counties, who are currently engaged in the process of combining.

In short, the proposed procedural rule will have no impact on the Monroe County board of health unless it intends to combine with another local board of health.

Again thank you for your email and question, and if you have additional questions or comments, please do not hesitate to contact me.

-Brian

**Brian J. Skinner** | Bureau General Counsel | West Virginia Bureau for Public Health  
350 Capitol Street Room 702 | Charleston, WV 25301 | [www.dhhr.wv.gov/bph](http://www.dhhr.wv.gov/bph)  
(304) 356-4122 – Office | (304) 356-1035 - Fax | [brian.j.skinner@wv.gov](mailto:brian.j.skinner@wv.gov)

*DISCLAIMER:* The information contained in this electronic message may be legally privileged and confidential under applicable state and federal law and is intended for the individual named above. If the recipient of the message is not the above-named recipient, you are hereby notified that any distribution, copy or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify Jill Parsons, Bureau for Public Health, West Virginia Department of Health and Human Resources, 350 Capitol Street, Room 702, Charleston, West Virginia 25301, Telephone 304.558.2971 and discard this communication immediately without making any copy or distribution.

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

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

**To:** Skinner, Brian J <[Brian.J.Skinner@wv.gov](mailto: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  
Monroe County Health Department  
P.O. Box 590  
Union, WV 24983  
Phone: 304.772.3064 ext. 139  
Fax: 304.772.5677  
[jmundell@monroehealthcenter.com](mailto:jmundell@monroehealthcenter.com)

**E-mail Disclaimer:**

The information contained in this e-mail, and in any accompanying documents, may constitute confidential and/or legally privileged information. The information is intended only for use by the designated recipient. If you are not the intended recipient (or responsible for the delivery of the message to the intended recipient), you are hereby notified that any dissemination, distribution, copying, or other use of, or taking of any action in reliance on this e-mail is strictly prohibited. If you have received this email communication in error, please notify the sender immediately and delete the message from your system.

## Skinner, Brian J

---

**From:** Skinner, Brian J  
**Sent:** Thursday, October 12, 2017 4:36 PM  
**To:** Didden, David  
**Cc:** Gupta, Rahul; Atkins, Amy D; Kearns, Bill G; John Bresland  
**Subject:** RE: Local Board of Health Plans of Combination Procedure - public comment

Dr. Didden,

Thank you for your comments on the behalf of the Jefferson County Health Department, to the proposed procedural rule *W.Va. Code R. §§ 64-108 et seq. (Local Board of Health Plans of Combination Procedure)*.

-Brian

**Brian J. Skinner** | Bureau General Counsel | West Virginia Bureau for Public Health  
350 Capitol Street Room 702 | Charleston, WV 25301 | [www.dhhr.wv.gov/bph](http://www.dhhr.wv.gov/bph)  
(304) 356-4122 – Office | (304) 356-1035 - Fax | [brian.j.skinner@wv.gov](mailto:brian.j.skinner@wv.gov)

*DISCLAIMER:* The information contained in this electronic message may be legally privileged and confidential under applicable state and federal law and is intended for the individual named above. If the recipient of the message is not the above-named recipient, you are hereby notified that any distribution, copy or disclosure of this communication is strictly prohibited. If you have received this communication in error, please notify Jill Parsons, Bureau for Public Health, West Virginia Department of Health and Human Resources, 350 Capitol Street, Room 702, Charleston, West Virginia 25301, Telephone 304.558.2971 and discard this communication immediately without making any copy or distribution.

**From:** Didden, David  
**Sent:** Wednesday, October 11, 2017 6:06 AM  
**To:** Skinner, Brian J <[Brian.J.Skinner@wv.gov](mailto:Brian.J.Skinner@wv.gov)>  
**Cc:** Gupta, Rahul <[Rahul.Gupta@wv.gov](mailto:Rahul.Gupta@wv.gov)>; Atkins, Amy D <[Amy.D.Atkins@wv.gov](mailto:Amy.D.Atkins@wv.gov)>; Kearns, Bill G <[Bill.G.Kearns@wv.gov](mailto:Bill.G.Kearns@wv.gov)>; John Bresland <[johnsbresland@msn.com](mailto:johnsbresland@msn.com)>  
**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