

**Title 64 Series 73  
Department of Health and Human Resources  
Bureau for Public Health  
Standards for Local Boards of Health**

**Summary of Amendments to the Rule:**

The rule establishes standards for local boards of health. Amendments are proposed to the rule following the Legislature's amendment of W. Va. Code §16-1-6(b) (HB 4113 of the 2022 Regular Legislative Session) mandating that the Commissioner of the Bureau for Public Health establish a Center for Local Public Health.

**COMMENTS AND RESPONSES**

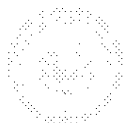
**The descriptions of public comments below are a paraphrasing of the originally submitted comments. The full text of each public comment has been filed with the Secretary of State's Office.**

**Comment**

The rule should include a definition of "local public health." Additionally, the rule should distinguish between local public health functions that serve the public as a whole and local health services that serve only a subset of the population, and clearly define the responsibilities of local health boards. Finally, the rule should include a plan for resource allocation to carry out the mandated functions outlined in the rule.

**Response**

The Department has reviewed the comment. The comment encourages the adoption of a definition of the phrase "local public health," and further encourages the adoption of additional parameters distinguishing between public health functions serving the public as a whole and local health services that serve a population subset. However, the purpose of the rule, which is reflected in the title, is the establishment of uniform standards for the autonomous local boards of health as they carry out various functions necessary to provide services to the communities they serve, including the provision of basic public health services which are defined in W. Va. Code §16-2-2. The proposed amendments set forth the responsibilities and expectations of local boards of health as they engage in public service. Additionally, the proposed amendments set forth the responsibilities and expectations of the Center for Local Public Health, which will support the local boards of health. Finally, 64CSR67 prescribes the allocation of funding for the provision of basic public health services. As such, the majority of the suggestions in the comment are outside the scope of the rule. Therefore, no changes were made to the rule in response to the comment.



Robertson, April L <april.l.robertson@wv.gov>

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## Comments on Basic Public Health Standards for Local Boards of Health (64CSR730)

1 message

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moose2@yahoo.com <moose2@yahoo.com>

Mon, Jul 18, 2022 at 3:56 PM

To: April.L.Robertson@wv.gov

Cc: John Law <john@wvsmma.org>, "Sraj, Shafic" <shafic.sraj@hsc.wvu.edu>, Hoyt Burdick <Hoyt.Burdick@mhnetwork.org>

moose2@yahoo.com has shared a OneDrive file with you. To view it, click the link below.

 IDF comments on local health rules.docx

John Law, Executive Director of the West Virginia State Medical Association (WVSMA), noted you were accepting comments regarding this proposed rule. Attached are my personal comments and suggestions. The WVSMA has been very involved in this subject at the national level.

Thanks,

Jim Felsen

Comments of James Felsen, M.D., MPH: Basic Public Health Standards for Local Boards of Health (64CSR73)

The issues regarding the improvement of local public health delivery are being addressed nationwide and the Legislature is to be commended for its initiative.

Through the West Virginia State Medical Association (WVSMA), Association of Public Health Physicians (AAPHP), and American College of Preventive Medicine (ACPM) I have been actively involved with the American Medical Association and other states and national organizations for several years in an initiative to advance the transformation of local public health. Several principles have been developed although there are different approaches.

Foremost, it is difficult to initiate constructive administrative and program changes without a clear definition of local public health. I define it as: a process by which a community monitors its population for exposure to environmental risk and hazards and surveils its health status to detect deficiencies, analyzing and prioritizing the most effective interventions to reduce hazards and promote the highest possible health status.

A concern is the failure to clearly distinguish essential "functions" (that must be addressed in ALL populations) from "services" (that may or may not be necessary for a public health authority to provide in certain populations). Those terms continue to be muddled in public health circles.

The problem with "mixing" is that legislative and executive bodies often focus upon the professional expertise, authorities, resources necessary to perform certain clinical, educational, and environmental "services" that some local public health entities may provide rather than focus on those essential "functions" all must competently perform.

For sake of efficiency, certain sub-functions could be performed for several communities by a joint entity. Various health services such as maternal-child, elder care, substance abuse, family planning, school health, milk inspection, insect control, lead control, HIV, air quality, etc. may or may not be offered by a local public health authority depending on the provision of such services by other community health entities or joint operations. In any case, the local public health entity would be involved in risk and need assessment as well as promoting priority interventions within the community.

Unfortunately, many rural communities lack board certified public health physicians (or equivalent public health professionally trained personnel) to assure the essential functions are performed. Without sharing among communities, it is difficult to afford such capacity. That is an issue that must be addressed at the national and state level to promote successful transformation.

It does raise the issue of what the qualification of an advanced practice nurse should be to serve as a health officer I would certainly recommend a strong background in environmental health and epidemiology as a minimum, aware many communities now lack ideally trained health officers.

It should be noted that health departments that engage in clinical care such as tuberculosis, MCH, substance abuse, STDs, etc. often obtain the full or part-time services of various clinical physicians and nurses depending upon the services offered. This is different from a health officer.

Local health boards have long been involved in developing, implementing and enforcing various environmental and public health codes and activities to control environmental hazards (like indoor air

pollution, rabies, STDs, toxic exposures). It is unclear if current changes intend to eliminate all sub-functions related to the environment, health emergencies, disease outbreaks, toxic exposures, etc. It would be advisable to clearly delineate what entity is responsible for any of the essential sub-functions traditionally the responsibility of local health authorities.

It is difficult to comment further without a clear definition of local public health, the locus of responsibility for performance of all essential public health functions, plans for resource allocation and other items that could influence the successful operation of the various administrative, advisory and evaluation mechanisms proposed. I would be happy to assist.

(I am a board-certified public health physician with 55 years of experience at the national, local and state level. I began my career as the clinical and public health director of a small rural community.)