



July 23, 2025

Ms. Virginia M. Payne
350 Capitol Street, Room 702
Charleston, WV 25301

Dear Ms. Payne:

Please find attached the County Commissioners' Association of West Virginia (CCAWV) public comment regarding 64CSR73. Should you or your staff have any questions, please feel free to contact me at your convenience. We appreciate your consideration of our suggested revisions.

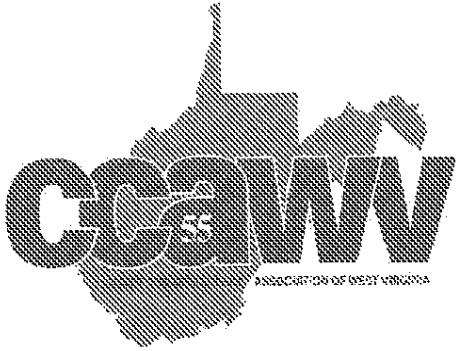
Sincerely,

Melanie A. Pagliaro
Executive Director

Enclosure

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Comments for the Proposed Rule Changes for

TITLE 64 LEGISLATIVE RULE

DEPARTMENT OF HEALTH
BUREAU FOR PUBLIC HEALTH

SERIES 73

BASIC PUBLIC HEALTH SERVICE STANDARDS FOR LOCAL BOARDS OF HEALTH AND
DISTRIBUTION OF STATE FUNDS FOR SUPPORT OF LOCAL BOARDS OF HEALTH

Item 1

64-73-8. Membership and duties of the West Virginia Public Health Advisory Committee is proposed to be eliminated. CCA W V is recommending it remain in the rule in its entirety.

Justification:

The West Virginia Public Health Advisory Committee (PHAC) was established in 2023. The committee was created in response to recommendations from the West Virginia Legislative Oversight Commission on Health and Human Resources Accountability (LOCHHRA), which recognized the need for a coordinated approach to public health issues in the state.

The main reason for establishing the PHAC was to provide guidance, advice, and recommendations to the West Virginia Bureau for Public Health and the State Health Officer on matters related to public health policy, planning, and practice. The committee serves as a collaborative forum for various stakeholders: including county commissioners, etc. with the focus on the mission to address public health challenges, improve health outcomes, and ensure effective delivery of public health services across West Virginia. WV is a unique state with different needs and services within its borders. The WVPAC provides an avenue for discussion and solutions to services for the WV citizens and communities of this unique state. The Committee also was tasked with reviewing performance-based standards and assisting in the development and implementation of a coordinated, population-based prevention-oriented program that promotes and protects the health of all West Virginia citizens. The Committee has been meeting to accomplish these tasks and should remain intact until they are no longer impactful. Essentially, it acts as a key advisory body to ensure the effective and comprehensive delivery of public health services in West Virginia. The Committee could also serve to assist Governor Morrisey in advancing improved health goals and outcomes for the citizens of West Virginia.

The recommendation is to NOT eliminate the following section: (keep the following section in 64 CSR 73)

§64-73-8. Membership and duties of the West Virginia Public Health Advisory Committee.

8.1. The West Virginia Public Health Advisory Committee shall be comprised of the following nine members, appointed by the Commissioner as follows:

8.1.1. The West Virginia Association of Local Health Departments shall submit to the Commissioner a list of up to eight names, which are to include administrators and health officers, of which five in total shall be appointed.

8.1.2. The County Commissioner's Association of West Virginia and the West Virginia Association of Counties shall each submit to the Commissioner a list of five names, of which three in total will be selected.

8.1.3 The President of the WVALHD.

8.2. The members of the Committee shall vote on a Chairperson for the Advisory Committee who shall serve a two-year term and be responsible for submitting all meeting notes to the Bureau.

8.3. Committee members shall serve two-year terms, not to exceed four consecutive terms.

8.4. The Committee shall;

8.4.1. Act in an advisory capacity to the Commissioner.

8.4.2. Collaborate with the Bureau to design and implement a performance-based evaluation system based on standards outlined in this Rule.

8.4.3. Collaborate with the Bureau to design and develop tools for assessment of local health board performance.

8.4.4. Provide input on training for local health and state appointees as determined by the Commissioner.

8.4.5. Hold no less than six meetings per year.

Item 2

This language, listed below, is being proposed to be added to the rule:

7.1.1.b.1. The Center for Local Public Health shall perform an annual assessment and inventory of local public health services, or upon complaint or for good cause, of all local health department basic public health services programs and records for conformance with this rule.

CCAWV is requesting the assessment and inventory be conducted every two years instead of yearly. Here are the advantages we believe of moving from annual to biennial (every two years) assessments

1. Reduced Resource Strain and Cost Savings:

- Less Time and Effort: Conducting assessments, especially comprehensive ones, requires significant time and effort from assessors, assesses, and administrative staff. Halving the frequency frees up substantial resources.
- Lower Administrative Costs: Less frequent assessments mean fewer meetings, less data collection, less report generation which can lead to considerable cost savings, especially for organizations and the state.

- Focus on Other Priorities: The time saved can be reallocated to other critical tasks, projects, or developmental activities that might be neglected due to the demands of frequent assessment cycles.

2. Deeper, More Strategic Focus:

- Longer-Term Perspective: With a two-year window, assessments can focus more on long-term goals, strategic initiatives, and significant developmental progress, rather than being caught up in short-term fluctuations.
- More Time for Implementation and Impact: It provides a longer period for changes and recommendations from a previous assessment to be fully implemented and for their impact to be observed and measured. This allows for a more accurate evaluation of the effectiveness of interventions.

3. Stability and Reduced Disruption:

- Less Interruptive: Frequent assessments can disrupt workflows and project timelines. Biennial assessments minimize these interruptions, allowing for more continuous work on core responsibilities.
- Suitable for Stable Environments: In organizations or areas where goals and performance metrics are relatively stable and don't change rapidly, annual assessments might be overkill. Biennial assessments can be perfectly adequate.

Item 3

The new proposed section, **64-73-6 Formula Allocation of Funds** is different than what is being repealed:

- The funding formula mechanism previously found in 64 CSR 67 is being repealed and incorporated into 64 CSR 73. However, the proposed version of this mechanism within 64 CSR 73 includes changes compared to its original form.

CCAWV is requesting verification that the funding formula in 63-73-8 is equivalent to the formula currently being applied and listed in 64 CSR 67.

Item 4

Although the items below refer to sections 9.3.6.a and 9.3.7.b there is no corresponding section 9 in the current proposed rule. **We are asking for clarification.**

- 8.3.7.b. Adding the results for each calculation in paragraph 9.3.6.a. of this subdivision to the number one;
- 8.3.7.c. Multiply the number of people in the county by the result of paragraph 9.3.7.b. of this subdivision to obtain the weighted population of the county.

Item 5

Clarification is requested regarding the specific census data to be used in the 8.3.7.c calculation. Language below.

- 8.3.7.c. Multiply the number of people in the county by the result of paragraph 9.3.7.b. of this subdivision to obtain the weighted population of the county.