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OHIO LEGISLATIVE SERVICE COMMISSION

Office of Research
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Office

H.B. 463
134th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 463's Bill Analysis](#)

Version: As Introduced

Primary Sponsor: Rep. Stephens

Local Impact Statement Procedure Required: No

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Highlights

- The bill may result in an increase in the number of board of health members appointed for general or combined health districts with licensing councils (from five to seven members). If this occurs, these boards may realize a minimal increase in stipend costs, as each member is compensated up to \$80 for each meeting attended (up to 18 every year).
- The bill also adds the board of county commissioners into the appropriation measure process for general health districts. Thus, boards could realize some minimal administrative costs to review these measures.

Detailed Analysis

Boards of health

General and combined health district membership

The bill requires the five-member board of health of a general health district to include four members representing the county commissioners, township trustees, municipal corporations, and school districts located in the district, while one member continues to be a physician. Under the bill, sitting board members will serve the remainder of their term after the bill takes effect; after which, the board of county commissioners will appoint their successor. The bill requires the board of county commissioners, rather than a district's advisory council, to appoint the five members to a board of health; the bill also eliminates district advisory councils and makes conforming changes. Under the bill, the board of county commissioners takes over the duties of the advisory council. If the health district has a licensing council, a board of health expands to seven members under the bill; the two additional members are appointed by the licensing council. Additionally, the bill requires, in a similar fashion as mentioned above, that at

least four people representing the various political subdivisions serve on the board of a combined health district.

Fiscal impact

There are currently about 110 local health districts in Ohio. These districts can be general health districts, city health districts, and combined health districts. General health districts (county districts) consist of the townships and villages in each county. City health districts are established in municipalities with more than 5,000 residents. Combined health districts occur when districts merge, such as when a city health district merges with a general health district. For districts that merge, a contract must be established between the combined entities detailing various topics such as the number of board members and other administrative responsibilities. Under current law, districts are permitted to establish a health district licensing council. If a licensing council is established, it consists of one representative for each business activity for which the district operates a licensing program.

The bill's provision regarding board membership applies to both general and combined health districts. Under the bill, a health district with a licensing council will have its membership expanded from five to seven members. Additionally, some combined health districts may realize an increase in the number of board members depending on whether the contract outlining their merger allows this to occur. Board members are compensated up to \$80 for attending each board meeting (up to 18 meetings in a year). Any board increasing members would realize a minimal increase in costs.

Boards of county commissioners may experience an increase in administrative costs to perform the duties of health district advisory councils, which are abolished under the bill. However, currently, advisory councils include the chairperson of the board of county commissioners, as well as one representative from each municipal corporation and township located within the district, so, the board of county commissioners already has some involvement in these duties.

Appropriation measure

The bill also adds the board of county commissioners into the appropriation measure process for general health districts. The board of health is required to submit an appropriation measure and an itemized estimate of revenue for the next year to the board of county commissioners prior to submission to the county auditor. The commissioners can approve or adjust the appropriation measure, then certify it to the county auditor.

Fiscal impact

The board of county commissioners will experience an increase in administrative costs to review, approve, or adjust health district appropriation measures and to certify the measures to the county auditor each fiscal year. Any other impacts will depend on actions taken by the county commissioners.