

PROBLEMS WITH THE GPHC PROPOSAL

The Governor's Public Health Commission (GPHC)

Requests Extra \$243 Million/Year

We need clear, measurable outcomes before increasing the budget.

Background:

The GPHC was charged by Governor Holcomb with addressing Indiana's current public health structure, performance of state and local health departments, COVID-19 response, assessing delivery of public health services and funding, health equity, sustainability and emergency response improvements. The Commission held several meetings over 10 months before issuing its final report and 32 legislative recommendations.

Summary of Concerns:

- \$243 Million in **additional** funding per year represents a 33% increase in annual funding.
- The GPHC failed to demonstrate financial need for the increase in their report.
- The GPHC provided no evidence that their costly proposal will lead to improved health outcomes.
- The GPHC wants to centralize IN's public health system, removing local control.
- The GPHC wants to attach strings to Local Health Maintenance Fund dollars.
- The GPHC wants to make Covid-era surveillance permanent and needs our tax dollars to do so.
- The CDC Foundation is beta-testing this program in Indiana for the rest of the United States. The Co-Chair is CDC Foundation President & CEO.

Major Concerns:

1 The GPHC proposal changes Indiana's existing decentralized governance structure.

GPHC's proposal

- Adds Regional Health Departments for oversight and middle management
- IDOH as the face of all public health, even at the local level
- IDOH leads planning, execution, oversight and funding decisions
- Equity (one-size-fits-all) as a major priority

Indianapolis' PH problems are not shared by all other LHDs - solutions should not be either.

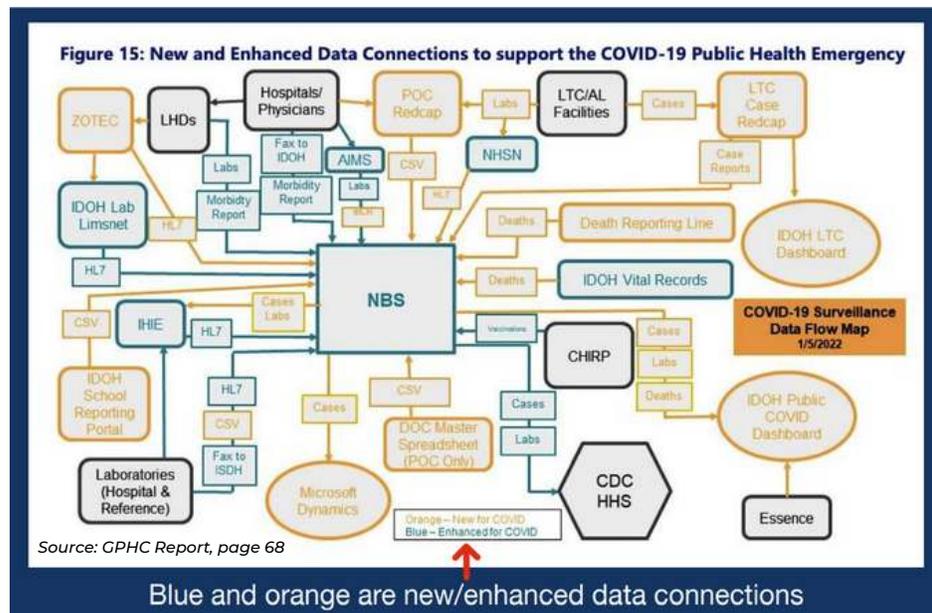
2 Increased public health funding is not the solution.

The GPHC's funding approach is **backwards**. They:

- Calculated our "deficit" compared to the national average
- Asked for the \$242.6 million without demonstrating where it would go, what new programs it would fund, and the expected outcome and timeline for improvement
- When asked, Dr Box could not say what % of the \$242.6M would go to LHDs

3 Data surveillance violates fundamental privacy rights.

- Privacy rights during the COVID-19 pandemic were trampled in the name of public health
- COVID-19 does not justify permanent, invasive surveillance of American citizens
- Expanded surveillance did not stop transmission of COVID-19



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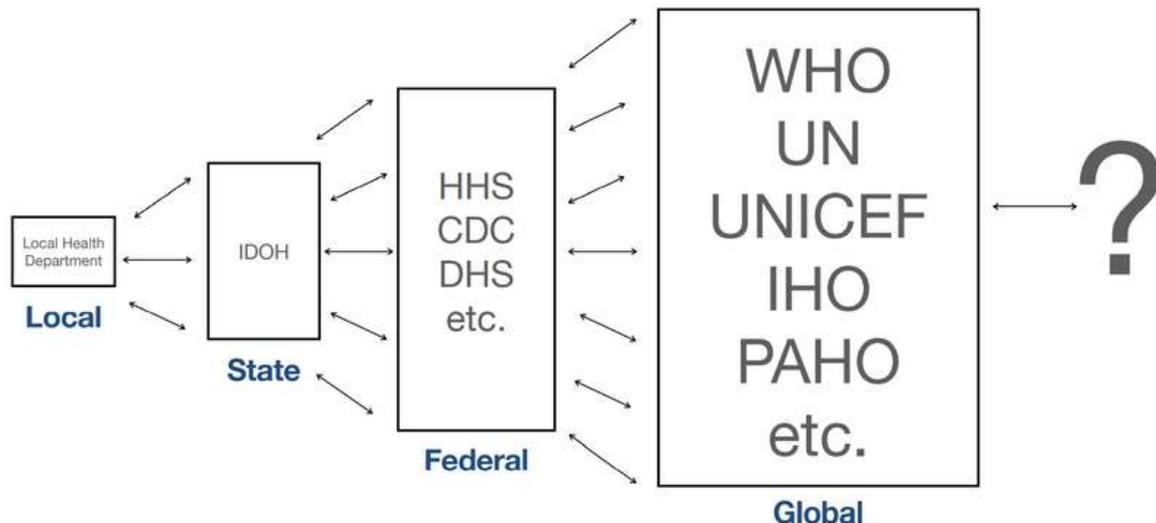
The "P" in HIPAA stands for "Portability", not "Privacy".

HIPAA does not apply to public health authorities. In fact, they are explicitly excluded.

HIPAA does allow states to pass stronger privacy laws, including tighter regulations on public health surveillance and data sharing.

These laws are needed.

Potential Data Flow



DATA PRIVACY: A FOURTH AMMENDMENT RIGHT

- Data accessed, stored, and shared by public health authorities does not have to be de-identified nor aggregated.
- This individual health data can be used to inappropriately profile and target Hoosiers based on health status.
- A new law could restore privacy rights to all Hoosiers.

HEALTH DATA is converted to HEALTH SCORES and used in the insurance and finance sectors to affect rates and insurability.

Solution:

- Keep the existing Home Rule governance structure.
- No "strings attached" funding.
- Only approve increased funding for:
 - LHDs who specifically request it.
 - Problems the LHD can demonstrate are a burden within the county.
 - Programs with demonstrable results and reasonable timelines for implementation.
- No ongoing, expanded data surveillance of Hoosiers.
Surveillance starts as "to inform" and it becomes "to enforce".

This is a 4th amendment violation.

Additional Resources:



Stand For Health Freedom's Full Analysis of The Indiana Governor's Public Health Commission Report



13 minute video montage of the final GPHC meeting

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