

Problem

SB4 is an expensive plan to standardize and centralize public health delivery in Indiana.

The bill has created a long list of questions about how the bureaucratic, opt-in system would work and whether the approach is even the best strategy. The complexity should give legislators pause.

Centralizing authority at the state level is concerning for many at the county level who felt the weight of state mandates during COVID. While SB5 passed in 2021 to help limit overreaches by local health officers, no equivalent measure puts limits on the state's ability to overreach. It is counterintuitive to increase the state's health budget by \$200 million annually without first performing an audit of the state's performance in the largest public health event in history over the last 3 years. Indiana's public health policies during COVID had devastating effects on Hoosiers. Economic, health, education and social losses throughout Indiana have resulted in the loss of public trust -- a new, alternative strategy may be needed.

Solution

If we want to increase investment in public health, we need simpler, more transparent, less centralized solutions.

Currently, the 95 Indiana health departments split \$7 million annually in Local Health Maintenance Funds (LHMFs) from the state's budget. **This amount has remained frozen for 21 years.** A simple increase in LHMFs through the budget (HB1001) would provide the flexibility the locals want without the need to attach strings to funding; change the state governance structure; mandate more data collection; and add further levels of oversight by the state.

A simple increase in LHMFs also ensures that the money goes directly to counties, without the risk in SB4 funds being diverted to or through Indianapolis.

Valuable elements in SB4 that create a trauma study commission can either remain part of a heavily amended bill, or be folded into another bill, such as SB169 by Senator Leising which deals with EMS funding.

Moreover

Most of the public health concerns in Indiana (obesity, diabetes, tobacco use, etc.) are best addressed between a patient and their healthcare provider. However, healthcare costs in Indiana are drastically higher than surrounding states. To further support Hoosiers and strengthen delivery of health services, non-profit hospitals could be asked to help fill existing gaps in service. Based on their testimony during HB1002 and other hearings over the last year, these non-profit hospitals are sitting on reserves of 5-6 months of operating expenses; an amount 5x larger than the state's own reserves.

Non-profit hospitals avoid paying millions in taxes each year because they provide a community benefit. However, these non-profit health systems could better partner with the state to help fill the gaps in healthcare. (Especially since these same hospitals are already under heavy scrutiny for their role -- along with others' -- in excessively high healthcare costs in Indiana compared to neighboring states.) Non-profit hospitals should work with community leaders to help achieve better health metrics locally as part of their commitment to service their regions and to be good neighbors with their communities.

