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HB 65 Proponent Testimony
Presented by Chad Brown, Ohio Environmental Health Association
Before the House State and Local Government Committee
Chair Marlene Anielski
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Chair Anielski, Vice Chair Hambley, Ranking Member Bishoff and members of the House State and Local Government Committee, thank you for allowing me to provide proponent testimony today on HB 65 sponsored by Representative Brian Hill. My name is Chad Brown, and I am the president of the Ohio Environmental Health Association (OEHA). OEHA's membership includes over 500 public health sanitarians, who are health inspectors at local health departments, state agencies, colleges and universities and other entities. OEHA supports HB 65 as it will improve and standardize the process by which sanitarians are evaluated by the Ohio Departments of Health and Agriculture when they inspect Food Service Operations (FSO) and Retail Food Establishments (RFE). However, more importantly, we are supportive of this bill because it will improve food safety throughout the state and assist in preventing foodborne illnesses.

The current approach being used by ODH and ODA when evaluating sanitarians places an overemphasis for sanitarians to focus on standard violations rather than critical violations that cause foodborne illnesses. Critical violations are the issues that have an increased chance of making people sick. Under the current survey methodology, it's not uncommon for ODH and ODA staff members to write 100 violations during an evaluation of an inspector while at an FSO or RFE. Writing a large amount of violations does not make any inspector better at their job, nor does it improve the safety of the food Ohioans will eat. This overzealous approach fails to allow inspectors to work collaboratively with our industry partners to gain compliance and ensure the food they are serving is safe. Writing an outsized number of violations then giving the inspection report to the operator and telling them to get into compliance fosters an antagonistic relationship and will not improve food safety in Ohio. The ODH and ODA approach removes the inspector's ability to apply professional judgement during an inspection. Alternatively, allowing an inspector to take a risk based approach to a food safety inspection and educating the operator during the inspection regarding the critical violations that are present will improve food safety for all Ohioans: this is what HB 65 seeks to do.

Risk based inspections are not unique, and they have been developed by the Food and Drug Administration (FDA). In fact, the FDA has produced guidance based solely on conducting risk based food safety inspections. The guidance document states: "By focusing inspections on the

control of foodborne illness risk factors, inspectors can be assured that they are making a great impact on reducing foodborne illness."

HB 65 does not make the evaluations of inspectors any easier than they are currently. In fact, the bill "raises the bar" beyond what the current approach requires of inspectors. Instead of being required to identify 80% of the violations present in the facility, the legislation requires inspectors to identify 90% of the critical violations during an inspection. *I want to be clear that OEHA is not advocating for making things easier for local health department inspectors.* Our membership takes very seriously the importance of our profession, and recognize that we are responsible for ensuring people eat safe food if they go out to a restaurant or if they go to grocery store within our communities.

In regard to professionalism, there is an issue I would like to address. Recently two health inspectors from northeast Ohio were in the news for failing to conduct inspections and falsifying inspection reports. They are now facing charges. Neither of these individuals are OEHA members and our association does not stand for this type of conduct in our profession. OEHA fully recognizes that individuals are innocent until proven guilty, however if they are found guilty, our association will request that the State Sanitarian Registration Board revoke these individuals' licenses to practice environmental health in Ohio.

There has been data frequently cited that shows the CDC has reported that Ohio has the highest number of foodborne illnesses in the country. While we respect the CDC and the data they have produced, the data can be misleading. Ohio operates a robust disease surveillance program compared to other states, which results in higher disease rates. In other words, if other states looked as hard as Ohio does, they would find more foodborne illnesses as well. Most of these illnesses occur at locations and facilities that are not inspected by local health departments. In fact, data provided by ODH indicates only about .04% of the facilities licensed by local health departments were associated with foodborne outbreaks in 2014, and .13% were associated with outbreaks in 2015. Based on ODH's data, it would appear the facilities being inspected by local health departments are effectively implementing food safety principles, and they are being inspected in a quality manner by local health inspectors.

OEHA has been attempting to work with ODH and ODA on this issue for two years to achieve a common food safety vision centered on risk based inspections, but unfortunately a resolution has not been achieved. Throughout our two-year dialog the agencies have made some changes based on concerns OEHA has presented. We welcomed this information and were encouraged by the changes promised by the agencies. Last year the agencies made changes to their survey process that indicated local inspectors can verbally identify non-critical violations during an evaluation. This change in policy was a step in the right direction and appreciated by OEHA. In recognizing this the agencies confirmed that these noncritical violations pose less of a risk to food safety as OEHA has stated. For this reason, OEHA has proposed that inspectors be scored only on critical violations so that the state agencies and local health departments can be certain inspectors are identifying these items that are more likely to cause foodborne illness. Noncritical violations will still be discussed and necessary improvements noted, but placing an emphasis on critical violations increases the level of food safety in the state and reduces foodborne illness.

Additionally, OEHA has proposed that only a Registered Sanitarian conduct surveys of local health departments. Sanitarians in training are just that: in training. Sanitarians in training are by definition not experienced and should not be conducting surveys on behalf of the state departments. Having these individuals evaluating experienced Registered Sanitarians is comparable to having an apprentice electrician evaluating the work of a licensed electrician. Simply, that just does not make any sense.

ODH and ODA also have indicated in previous letters that their staff would hold a debriefing with sanitarians after they completed their inspections to discuss inspection findings. This change was also supported by OEHA. Unfortunately, multiple counties from across the state have reported that neither of the agencies have implemented this change and inspectors are left guessing how well they did during their evaluation. As a professional courtesy, and more importantly in the interest of protecting public health, this should be done after each inspection is conducted. If an inspector is missing critical items and is in need of training the state agencies must notify them and their supervisors immediately rather than waiting: that is what the survey process is supposed to be about. OEHA has been more than willing to work with ODH and ODA on these issues, but when the agencies fail to follow through on their promised changes it leads to more frustrations.

In closing, I would like to ask you all a question. Would you rather a health inspector place an emphasis on making sure the person making your food has properly washed their hands, cooking food to the proper temperature, and does not contaminate it after it has been cooked? Or do you prefer that they spend their inspection times citing every minute detail to ensure that every ceiling tile in a facility is spotless and every light bulb in the facility is on? HB 65 seeks to emphasize risk based inspections to protect the health of the public.

Chair Anielski and members of the committee, thank you for the opportunity to testify on this important legislation. I will be happy to answer any questions you may have.