

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H., M.B.A.  
Commissioner

M. Jodi Rell  
Governor

### DEPARTMENT OF PUBLIC HEALTH PRESENTATION TO THE APPROPRIATIONS COMMITTEE February 20, 2009

*J. Robert Galvin, M.D., M.P.H., M.B.A., Commissioner (860) 509-7101*

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Good morning Senator Harris, Representative Ryan, and members of the Appropriations Health and Hospitals Sub-Committee, I am Dr. J. Robert Galvin, Commissioner of the Department of Public Health and I am here today at your request to provide the committee with information about the Governor's budget for the Department of Public Health in the next biennium.

The Department of Public Health continues to promote our mission to protect the health and safety of the people of Connecticut through actively working to prevent disease and promote wellness with educational endeavors and support for direct health services. These achievements are accomplished through programs that ensure the safe practice of health providers; protect our state's drinking water supply; promote prevention, education, and community awareness; and ensure access to the personal and public health services our residents need.

The Governor's budget ensures support to critical health services for Connecticut's residents. The budget recognizes the difficult fiscal limitations confronting the state, while continuing support for department programs including childhood lead testing, support for people living with - HIV/AIDS, cancer, and our oversight of nursing homes through inspection and licensing.



The Governor's budget eliminates the new HIV/AIDS funding that was added in the FY FY08-09 biennium due to federal reductions. 52.5% of the Federal reduction was subsequently restored for FFY08. The level of Federal Ryan White funding for the FY09-11 biennium is unknown at this time. The total state funds for AIDS Services in FY 07 was \$4.7 million, and the Governor recommends \$5 million in each year of the biennium.

The Governor's budget calls for a reduction of approximately \$2 million to Community Health Services and approximately \$1.5 million in School Based Health Clinics. Reductions to these accounts will not impact core services and will affect only previously expanded or new services that were funded through the "special project" funding allocated in the FY08-09 budget period.

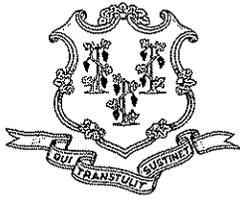
In recognition of the difficult economic times, the Governor has included in her budget increases to various licenses, permits and fees. All licensure categories under the purview of DPH will see increases.

The Governor is recommending a reduction in per capita funding to municipal health departments and health districts. The proposal includes further consolidation of existing health districts and eliminates per capita funding to smaller health districts and all municipal health departments.

Recognition and support is also provided to the Newborn Screening program. This program at the DPH Laboratory tests 44,000 babies annually for forty metabolic diseases. The Governor's budget provides an additional financial support of \$300,000 from the revenues generated by the program to offset cost of the tandem mass spectrometer testing kits. Section 28(a) of Senate Bill 837 An Act Concerning Various Fees raises the fees for this testing from \$28.00 to \$56.00. The last fee increase occurred in May 2004.

The Governor's budget calls for a reduction of approximately \$671,000 to the EMS Regional Council system. In the past several years, thanks to automation of course approvals at the state level and an expansion of the Regional Emergency Planning Teams statewide, the functions of the councils have been reduced. I am confident that these planning teams together with some changes at the Office of EMS at DPH, will result in no reduction in the level of customer service currently provided to the EMS services in the state.

These are extraordinary and difficult times. I am committed to maximizing the positive impact of the resources provided to the department in the delivery of public health services. I am prepared, with my subject matter experts to answer your questions.



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### Ryan White Part A funding in Connecticut

- *HRSA awards Ryan White Part A funds directly to Connecticut's two Transitional Grant Areas (Hartford and New Haven/Fairfield metropolitan areas).*
- *In fiscal year 07-08 Connecticut made a one time allocation of two years of state funds to offset the federal reductions that resulted from a new funding allocation formula established by HRSA*

### Transitional Grant Areas

	06-07	07-08	08-09
<b>Federal (HRSA)</b>	\$10.7 million	\$7.7 million	\$7.8 million
<b>State</b>	0	\$2.3 million	\$2.3 million
<b>Federal pick-up 3/1/08 – 2/28/09</b>	0	0	\$1.6 million
<b>Total</b>	<b>\$10.7 million</b>	<b>\$10 million</b>	<b>\$11.7 million</b>

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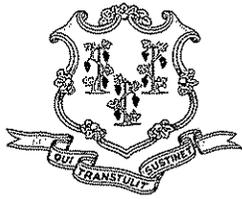


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P.O. Box 340308 Hartford, CT 06134

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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### Information regarding **GOVERNOR'S BILL 847**

#### Change in Structure of Per Capita Funding for Local Health Departments/Districts

#### **Current Local Health Structure**

##### Full-time Municipal Departments

\$1.18 per capita state funding

##### Part-time Municipal Departments

\$.49 per capita state funding

##### Full-time Districts

- Covers two or more municipalities
- Provides full time public health services
- No minimum population

\$2.08 per capita state funding for towns with  
> 5,000 residents

\$2.43 per capita state funding for towns with  
< 5,000 residents

#### **Proposed Local Health Structure**

##### Full-time Municipal Departments

No per capita state funding

##### Part-time Municipal Departments

No per capita state funding

##### Full-time Regional Departments

- Cover 3 or more municipalities
- Provides full time public health services
- Combined population of not less than  
50,000

\$1.25 per capita state funding

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