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**TESTIMONY IN OPPOSITION
PUBLIC HEALTH COMMITTEE
Friday, March 6, 2009**

***SENATE BILL No. 847, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS CONCERNING PUBLIC HEALTH***

Senator Harris, Representative Ritter, and Members of the Public Health Committee, thank you for the opportunity to submit this testimony in opposition of Senate Bill No. 847, AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH. My name is Paul Hutcheon and I am the Director of Health for the Central CT Health District. I am submitting this testimony on behalf of the Board of Health of the Central Connecticut Health District (CCHD), which serves over 94,000 people in the towns of Berlin, Newington, Rocky Hill, and Wethersfield.

The proposed Governor's budget will result in catastrophic consequences to the public health system in Connecticut. While the proposed 44% cut in the per capita budget for all public health departments is touted as a mechanism to promote regionalization of local public health services, it would in fact destroy the local public health system in our state. This is simply a budget cut poorly disguised as a regional initiative.

Currently, state per capita funding for all local health departments is \$5,347,209, roughly \$1.52 per person statewide. This funding helps provide full time public health services. The Governor's budget would reduce this \$5.6 million appropriation to \$3 million. In addition, this bill changes the mechanism for appropriating funds to local health departments and creates a new definition of "regional health departments". Funding of these new "regional health departments" would be reduced 40% from \$2.08 per capita to \$1.25. Furthermore, 77 municipalities serving 64% of our residents would no longer receive any funding. This would include 32 full-time municipal health departments, 28 part-time municipal health departments and 7 of the current 20 health districts. These 7 health districts would no longer qualify to receive funding because they only represent two municipalities or have a combined population of less than 50,000.

The Central Connecticut Health District (CCHD) that we represent would qualify as a "regional department of health," under the new definition. However, the loss of state funds would have a \$78,403 impact on our budget and seriously compromise our ability to meet the basic public health mandates required by state statute and regulations. These mandates range from well-recognized activities, such as inspections of food service establishments, septic systems and rental property housing complaints to investigation of lead poisoning in children, follow up of reportable communicable diseases, investigation of disease outbreaks, and most recently inspection of hair and nail salons.

In preparing our budget for FY 2010, our Board of Health had already recognized the effect of the economic crisis facing our member municipalities, and developed a budget that took into account the towns' inability to provide any additional funding beyond the current per capita fee they pay for membership in the Health District. We were able to balance our planned budget because of the current state per capita funding of \$196,480 we would have received and through substantial use of our limited reserve funds. If the proposed budget cut were to take effect, we would need to use the remaining reserve funds and begin to cut personnel and public health services we currently provide to our member towns. Since most health district budgets are predominantly personnel expenses, by 2011, we would find ourselves in the untenable position of cutting staff to the point where the District will not meet the basic regulatory functions required by law.

Under this new law, what municipality would consider joining a health district that had only \$1.25 per capita in state support? What is supposed to be a shared service between towns that provides savings because of economy of size and lack of duplication of service would become a liability. Is this what Connecticut wants for its local public health system?

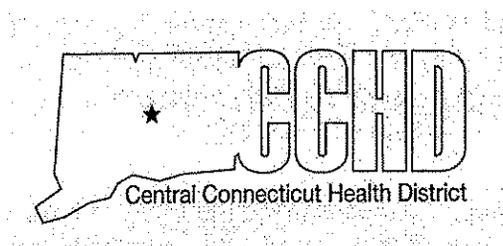
Health Districts are one of the oldest and most successful demonstrations of towns sharing services through the formation and funding of regional public health departments. For 45 years health districts in Connecticut have demonstrated that more and better quality local public health services can be provided for less. The Governor's budget and its accompanying changes in how health districts will be defined and funded can only result in less public health for our residents and an increase in the poor health outcomes that will follow this loss.

Please contact me should you have any questions or need any additional information.

Thank you for your consideration and attention to this urgent matter.

Sincerely,

Paul Hutcheon, M.P.H., R.S.
Director of Health
Central CT Health District



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