STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Department of Public Health
Testimony before the Appropriations Committee
February 15, 2013
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Good morning, Senator Harp, Representative Walker and members of the Appropriations Committee. I am Dr. Jewel Mullen and I am here to testify in support of the Governor's proposed budget for the Department of Public Health (DPH) for the 2014-2015 biennium.

In prior years, I referred to my preference to think not only about how, in the context of challenging fiscal times, we do more with less rather but to consider how we do differently with less. To that end, we have undertaken efforts to make DPH state-funded programs more effective and efficient, including modifying processes within our practitioner licensing unit while expanding membership on the Connecticut Medical Examining Board, participating in OPM's agency contracting efficiency initiative, amplifying the health care quality and safety focus of our Office of Emergency Medical Services, and fostering effective collaboration with directors of the state's local health departments and districts.

My staff and I appreciate having had the opportunity to work with OPM, under Secretary Barnes' leadership, as we planned for this biennial budget. That collaboration enabled us to identify agency priorities, suggest program and budget innovations, and identify where state funding was critical to maintain the matches and maintenance of effort needed to preserve current funding levels for our federal grants.

Federal funding supports most of the core, non-regulatory public health programs that we administer. For example, Public Health Emergency Preparedness and Hospital Preparedness grants supported our agency's response to Storms Irene and Sandy, the October 2011 Nor'easter, the Newtown shootings, last week's blizzard, and this year's widespread influenza outbreak. Our Community Transformation Grant continues to support the work of Connecticut's five rural counties (Tolland, Middlesex, New London, Litchfield, and Windham) to create healthy

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communities, lower smoking rates, and advance health equity through policy and systems changes. Through the National Public Health Performance Improvement Initiative we have undertaken a state health assessment and recruited more than one hundred partners from inside and outside state government to create a state health improvement plan. The excellent work of our WIC and Maternal and Child Health (Title V) programs continues. And I continue to be proud of the work, oftentimes "behind the scenes," that DPH staff is committed to.

Given the threat of a federal sequester, I am also concerned about the impact of potential cuts to those programs since more than one half of the department's budget derives from federal funds. In light of this uncertainty, I appreciate that the Governor's proposed budget reflects what I consider to be a consistent commitment to the Department of Public Health's work, to our essential services.

The Governor's proposed budget consolidates the **Needle & Syringe Exchange, X-Ray Screening and Tuberculosis Care, and Venereal Disease Control** accounts into a single line item called Infectious Disease Prevention and Control. Based on X-Ray screening and tuberculosis care we supported over the past few fiscal years, DPH does not anticipate that the reduced funding amount (-$16,713) will impact the current level of services delivered by these three distinct areas of infectious disease prevention and control. Each of these programs targets some of our most vulnerable residents with or at very high risk of contracting and further transmitting infectious diseases such as hepatitis C & B, HIV, tuberculosis, chlamydia, syphilis, and gonorrhea. The populations most heavily impacted by these conditions and served through this funding include lower income urban minority populations, injection drug users, and immigrants ineligible for Medicaid. Preventing and controlling these infectious diseases curbs their further spread within our state and helps prevent or delay costly complications such as liver failure, pelvic inflammatory disease, AIDS, and perinatal transmission.

The Governor's proposed budget level-funds **Rape Crisis** programs and **AIDS Services**, and funds aid to **Local and District Departments of Health** per current statutory formula. Although consolidated into a single appropriation line, **Children with Special Health Care Needs** and **Children's Health Initiatives** also are level funded and designated by the latter program's name.

The proposed appropriation ($30,076,656 in FY 2014) for **Immunization Services** is intended to ensure effective administration of the Connecticut Vaccine Program (CVP) and maintain access to high-quality immunizations for Connecticut's children. The CVP provides vaccines at no cost to health care providers so that cost of vaccine will not be a barrier to age-appropriate vaccination. Three positions are recommended to service additional health care providers in response to the implementation of universal provider participation on January 1, 2013. Last year the program processed over 26,240 vaccine orders and distributed over 810,000 doses of vaccine.

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The CVP enables providers to select from 26 vaccine brands currently recommended by the Centers for Disease Control and Prevention (CDC). So far, the CVP has enrolled 82 new health care provider sites and re-enrolled 629. In January 2013, 58,000 doses of pediatric vaccines were shipped to these sites.

Funding for **Fetal and Infant Mortality Review** ($20,000) is proposed to be eliminated. A focus on healthy babies, reducing high incidence prematurity and low birth weight (two risk factors for infant mortality), is a national priority that has been articulated by the U.S. Department of Health and Human Services' leaders. It is also was last year's Presidential Challenge for the Association of State and Territorial Health Officials and remains a priority for the DPH. Disparities in low birth and infant mortality also continue to be a concern in our state. A number of existing federally funded programs address this issue - including Healthy Start, the Teen Pregnancy Prevention Program, and the Personal Responsibility Education Program. Over the past year, the DPH engaged as a leader on statewide efforts involving other state agencies and community partners to address prenatal issues and birth outcomes from a policy perspective. These include: 1) the Partnership to Eliminate Disparities in Infant Mortality – Action Learning Collaborative, with a focus in New Haven; 2) the State Policy Action Team on Integrating Quality Home Visiting Services in State Early Childhood Systems; and 3) the National Leadership Academy for the Public's Health.

The Governor's budget also provides new, streamlined support for **Community Health Centers**. Rather than using ad hoc grants distributed without a strategic plan, DPH will use one formula to ensure that every center receives funding, and that the amount is based on how many people are receiving care at each facility.

Proposed reductions to Community Health Services reflect:

1. Elimination of funding for a Charitable Dental Program (-$85,000) intended to support a coordinator position within a private organization. These funds were added to the state budget in FY 2013, but were later eliminated in response to the rescission imposed upon this account. This type of program has not been instituted in our state before and would require many essential components to become established prior to implementation, such as developing a network of volunteer dentists and dental laboratories to provide the dental care pro-bono, as well as systems to publicize the program and coordinate the charitable care.
2. Reduced funding (-$306,587 in FY 2014) for community health centers in anticipation of increased third party reimbursements. Funding allocated to DPH for these programs is intended to help support the care provided to the uninsured. It is anticipated that with continued implementation of the Affordable Care Act that not only will more people be insured but that the reimbursement rates for primary care services will increase.

A reduction (-$2,723,666) to **School Based Health Clinics** eliminates funding first provided in FY 2013 for 22 new or expanded school based health centers. The Department recognizes the value of healthcare access that school based health centers bring to their communities and applauds communities that have worked with partners to offer services in schools that are not funded by the DPH. The Department currently provides financial support to eighty-one sites.

Also eliminated in the Governor's proposed budget is funding for a **Childhood Lead Poisoning** (-$75,754) program that trains teachers to recognize and manage the learning delays that lead poisoned children experience.

The Governor's budget also calls for annualizing the rescission to the **Breast and Cervical Cancer Detection and Treatment** program (-$111,513). This amount reflects dollars that would have been appropriated to a provider that, independently, ended its participation in the program.

Another annualized rescission is that to the **Genetic Diseases** program (-$41,645) which funds community outreach, but not direct service, to adults and children affected by sickle cell disease.

Finally, the Governor proposes to consolidate programs and services for young children into one agency by creating a new Office of Early Childhood (OEC). We support the Governor's efforts to be more responsive to the needs of children, families and providers in the area of early care and education. The Governor's proposal transfers funding and positions associated with the Department's responsibility for the child day care licensing program and a federally funded maternal and infant home visitation program in the second year of the biennium. The Department is confident that this new agency will continue to support the critical role that this programming plays in supporting the health and safety of children throughout Connecticut.

I would be happy to answer any other questions you might have. Thank you for this opportunity to discuss the Governor's proposed 2014-2015 budget for the Department of Public Health.

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