



# House of Representatives

General Assembly

**File No. 532**

February Session, 2014

Substitute House Bill No. 5528

*House of Representatives, April 14, 2014*

The Committee on Public Health reported through REP. JOHNSON of the 49th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-245 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2014*):

3 Upon application to the Department of Public Health, each health  
4 district that has a total population of fifty thousand or more, or serves  
5 three or more municipalities irrespective of the combined total  
6 population of such municipalities, shall annually receive from the state  
7 an amount equal to one dollar and eighty-five cents per capita for each  
8 town, city and borough of such district, provided (1) the  
9 Commissioner of Public Health approves the public health program  
10 and budget of such health district, [and] (2) the towns, cities and  
11 boroughs of such district appropriate for the maintenance of the health  
12 district not less than one dollar per capita from the annual tax receipts,  
13 and (3) the health district meets the requirements of section 3 of this  
14 act. Such district departments of health are authorized to use  
15 additional funds, which the Department of Public Health may secure

16 from federal agencies or any other source and which it may allot to  
17 such district departments of health. The district treasurer shall  
18 disburse the money so received upon warrants approved by a majority  
19 of the board and signed by its chairman and secretary. The  
20 Comptroller shall quarterly, in July, October, January and April, upon  
21 such application and upon the voucher of the Commissioner of Public  
22 Health, draw the Comptroller's order on the State Treasurer in favor of  
23 such district department of health for the amount due in accordance  
24 with the provisions of this section and under rules prescribed by the  
25 commissioner. Any moneys remaining unexpended at the end of a  
26 fiscal year shall be included in the budget of the district for the ensuing  
27 year. This aid shall be rendered from appropriations made from time  
28 to time by the General Assembly to the Department of Public Health  
29 for this purpose.

30 Sec. 2. Section 19a-202 of the general statutes is repealed and the  
31 following is substituted in lieu thereof (*Effective October 1, 2014*):

32 Upon application to the Department of Public Health any municipal  
33 health department shall annually receive from the state an amount  
34 equal to one dollar and eighteen cents per capita, provided such  
35 municipality (1) employs a full-time director of health, except that if a  
36 vacancy exists in the office of director of health or the office is filled by  
37 an acting director for more than three months, such municipality shall  
38 not be eligible for funding unless the Commissioner of Public Health  
39 waives this requirement; (2) submits a public health program and  
40 budget which is approved by the Commissioner of Public Health; (3)  
41 appropriates not less than one dollar per capita, from the annual tax  
42 receipts, for health department services; [and] (4) has a population of  
43 fifty thousand or more; and (5) meets the requirements of section 3 of  
44 this act. Such municipal department of health may use additional  
45 funds, which the Department of Public Health may secure from federal  
46 agencies or any other source and which it may allot to such municipal  
47 department of health. The money so received shall be disbursed upon  
48 warrants approved by the chief executive officer of such municipality.  
49 The Comptroller shall annually in July and upon a voucher of the

50 Commissioner of Public Health, draw the Comptroller's order on the  
 51 State Treasurer in favor of such municipal department of health for the  
 52 amount due in accordance with the provisions of this section and  
 53 under rules prescribed by the commissioner. Any moneys remaining  
 54 unexpended at the end of a fiscal year shall be included in the budget  
 55 of such municipal department of health for the ensuing year. This aid  
 56 shall be rendered from appropriations made from time to time by the  
 57 General Assembly to the Department of Public Health for this purpose.

58 Sec. 3. (NEW) (*Effective October 1, 2014*) Each district department of  
 59 health and municipal health department shall ensure the provision of a  
 60 basic health program that includes, but is not limited to, the following  
 61 services for each community served by the district department of  
 62 health and municipal health department: (1) Monitoring of health  
 63 status to identify and solve community health problems; (2)  
 64 investigating and diagnosing health problems and health hazards in  
 65 the community; (3) informing, educating and empowering persons in  
 66 the community concerning health issues; (4) mobilizing community  
 67 partnerships and action to identify and solve health problems for  
 68 persons in the community; (5) developing policies and plans that  
 69 support individual and community health efforts; (6) enforcing laws  
 70 and regulations that protect health and ensure safety; (7) connecting  
 71 persons in the community to needed health care services when  
 72 appropriate; (8) assuring a competent public health and personal care  
 73 workforce; (9) evaluating effectiveness, accessibility and quality of  
 74 personal and population-based health services; and (10) researching to  
 75 find innovative solutions to health problems.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2014</i>	19a-245
Sec. 2	<i>October 1, 2014</i>	19a-202
Sec. 3	<i>October 1, 2014</i>	New section

**Statement of Legislative Commissioners:**

In two places in section 3, the phrase "or the municipal health department" was changed to "and municipal health department", for clarity.

**PH**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
Public Health, Dept.	GF - Cost	approx. 25,000	None
Public Health, Dept.	GF - Potential Savings	None	approx. 52,000 - 307,000

**Municipal Impact:**

Municipalities	Effect	FY 15 \$	FY 16 \$
Various Municipalities	Potential Revenue Loss	None	approx. 52,000 - 307,000

**Explanation**

The bill results in a cost of approximately \$25,000 to the Department of Public Health (DPH) in FY 15, a potential savings to DPH in FY 16 onward of approximately \$50,000 to \$300,000 and an equal, associated, potential revenue loss to district departments of health and municipal health departments in FY 16 onward. The bill requires that district departments of health and municipal health departments that are eligible to receive a per capita subsidy from DPH under existing statutes<sup>1</sup> also provide a health program that meets certain requirements under the bill. As criteria that demonstrate that departments are meeting these requirements are anticipated to be developed in FY 15, funding to departments may be affected in FY 16 onward, not in FY 15.

<sup>1</sup>DPH expended \$4,662,487 for these subsidies in FY 13.

The \$25,000 cost to DPH is associated with hiring a consultant to redesign and reprogram DPH's web-based local health management system (also known as "Maven") to accommodate the measurement and tracking of health program criteria by district department of health and municipal health department. Should a department fail to meet the criteria that are developed and lose its per capita subsidy, a revenue loss to that department and a savings of the same amount to DPH would result. Of the 36 total district departments of health and municipal health departments receiving a DPH subsidy in FY 14, the smallest department<sup>2</sup> received \$52,079 and the largest<sup>3</sup> received \$307,316. It is anticipated that, at most, one department may not meet criteria in FY 16 onward. Hence, the savings/revenue loss is reflected as a potential \$52,000 to \$307,000 in FY 16.

### ***The Out Years***

The potential savings/revenue loss identified above would continue into the future to the extent that departments fail to meet health program criteria and lose their per capita subsidy.

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<sup>2</sup>Connecticut River Area Health District.

<sup>3</sup>North Central District Health Department.

**OLR Bill Analysis**

**sHB 5528**

***AN ACT CONCERNING ESSENTIAL PUBLIC HEALTH SERVICES.***

**SUMMARY:**

This bill requires municipal health departments, as well as local health districts with populations of 50,000 or more or that serve three or more municipalities, to provide a basic health program as a prerequisite to receiving annual funding from the Department of Public Health (DPH). The program must include:

1. monitoring the community's health status to identify and solve problems;
2. investigating and diagnosing health problems and hazards in the community;
3. informing, educating, and empowering people in the community regarding health issues;
4. mobilizing community partnerships and action to identify and solve health problems for people in the community;
5. developing policies and plans that support individual and community health efforts;
6. enforcing laws and regulations to ensure health and safety;
7. connecting people to health care when appropriate;
8. assuring a competent public health and personal care workforce;
9. evaluating the effectiveness, accessibility, and quality of personal and population-based health services; and

10. researching to find innovative solutions to health problems.

EFFECTIVE DATE: October 1, 2014.

**BACKGROUND**

***State Funding for Municipal Health Departments and Local Health Districts***

Currently, (1) municipalities with populations of 50,000 or more or (2) local health districts with populations of 50,000 or more, or that serve three or more municipalities, must have a health and budget plan approved by the public health commissioner and appropriate at least \$1 per capita from the annual tax receipts for health services in order to receive annual funding from DPH. Municipal health departments must also employ a full-time health director. DPH contributes \$1.85 and \$1.18 per capita, respectively, to local health districts and municipalities that meet the criteria.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 25      Nay 0      (03/27/2014)