



Connecticut Department of Public Health

Testimony Presented Before the Appropriations Committee

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Good Morning Senator Bye and Representative Walker. I am Dr. Jewel Mullen, Commissioner of the Connecticut Department of Public Health (DPH). I am happy to speak with you today in support of the Governor's proposed budget for the fiscal year 2016-2017 biennium.

While reductions are proposed in certain areas, this budget reflects continuing support for the core public health functions and services by which DPH fulfills its mission to improve the health and safety of our state's residents. These include oversight of healthcare professionals and facilities through licensing and inspection, analyzing human clinical and environmental samples at the State Public Health Laboratory, and investigating and responding to infectious disease, to name but a few of our critical areas of expertise.

I will discuss the various budget changes and highlight recent program outcomes.

The **Community Health Services** account is decreased by \$4.4 million because the Governor's proposal transfers funding now awarded by DPH to community health centers (CHCs) to the Department of Social Services. This transfer of funds will allow the state to leverage \$2.6 million in federal reimbursement, while maintaining aggregate payments of \$4.4 million to the CHCs. Funds will be distributed based upon each center's patient acuity and attainment of performance measures. Community health centers provide access to primary health care to the uninsured and underinsured populations in medically underserved areas. Access to care is essential in order to address health disparities and to prevent unnecessary emergency room visits that may result in higher insurance costs. Currently, there are 14 DPH-funded CHCs, which operate over 150 satellite facilities statewide. The centers served 341,003 individuals in calendar year 2013.

Level funding remains in the Community Health Services account to support: (a) health access programs in Waterbury and New Haven, which provides access to specialty care, inpatient and outpatient hospital services, pharmacy assistance and linkages to primary care; and (b) a contract with Planned Parenthood of Southern New England. The latter organization promotes decreasing the birth rates to teens, preventing unintended pregnancy, and increasing access to primary reproductive health care. Planned Parenthood of Southern New England provides comprehensive reproductive health services in 15 locations as well as statewide educational

activities. It primarily serves low income men and women of reproductive age; 49,595 individuals were served in FY 2014.

The Governor calls for a fee increase of \$42 to support ongoing State Public Health Laboratory costs related to newborn screening (NBS), as well as to continue support for regional treatment centers. An associated General Fund savings of \$1.37 million is recommended. The current newborn screening fee, paid by birthing hospitals, is \$56 per initial test panel. The Laboratory provides integrated NBS services for 66 genetic, metabolic and endocrine disorders which can have devastating lifelong health consequences if not treated early on. There were 37,311 First Blood Specimens sent to the lab for analysis in FY 14. Remaining funds in the **Genetic Diseases Programs** account will provide continuing support for community outreach and education on Sickle Cell disease/trait, as well as linking Sickle Cell disease affected consumers to medical homes for approximately 1,400 individuals.

Level funding is recommended for the **Needle and Syringe Exchange Program** (\$459 thousand) and the **Venereal Disease Control** (\$197 thousand) accounts. The **Local and District Departments of Health** account is also fully funded (\$4.7 million), in accordance with the statutorily defined per capita formulas that determine the amount awarded to each eligible local health authority.

An \$85,000 reduction is proposed for the **AIDS Services** account, leaving \$4.9 million for HIV/AIDS related services. Savings will be achieved through reduced support for provider education, HIV prevention education materials and social marketing campaigns. DPH will pursue other training and technical assistance opportunities for providers that are at no cost to the state because they are available through federally funded national programs. A small portion of the reduction (\$17,000) reflects eliminating emergency financial assistance for persons living with HIV. This is likely to impact assistance for housing costs for 36 clients and utilities costs for 18 clients.

Funding for the **Breast and Cervical Cancer Detection & Treatment** account is reduced by \$199,827. This change reflects an increase in the insured population since implementation of the Affordable Care Act. The Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP) provides breast and cervical cancer screening, diagnostic, case management, patient navigation, and treatment referral services to low income women in Connecticut who have no or limited health insurance. These services are provided through contracts with eleven health care providers located throughout the state. During the last fiscal year, 5,145 women were served.

The proposed budget reduces the **School Based Health Clinics (SBHC)** account by \$421,705, reflecting an anticipated increase in the publicly insured population and an increased capacity for SBHCs to bill for services provided. 19,080 students were served by school based health centers during the 2012-2013 school year.

The **Children with Special Health Care Needs** account is reduced by \$122,051. This account supports the Medical Home Initiative, which encompasses five community-based regional medical home care coordination networks; a statewide point of intake, information and referral; provider and family outreach and parent-to-parent support; and access to respite and extended services. Combined state and federal funds supported services to 8,220 children in FY 2014.

Rape Crisis funding, which will support the provision of services to an estimated 5,100 individuals in FY 2015, will be maintained at the FY 2014 appropriated level (\$422 thousand), for a savings of \$200 thousand.

Funding for **X-ray Screening and Tuberculosis Care** is reduced by \$80,000 to reflect a revised projection of the cost of care of uninsured individuals that are infected with tuberculosis, as well as those who are infected but not yet symptomatic (but for whom preventive medication would reduce the likelihood of developing illness and spreading TB). In FY 2014, 1,236 clients were served. This account has had large unexpended year end balances since FY 2013.

Funding for the **Immunization Services** account is increased by \$1.2 million in FY 2016 and an additional \$1.3 million in FY 2017, reflecting anticipated changes in the Centers for Disease Control and Prevention's price schedule for childhood vaccines. The Immunization Services account is currently appropriated from the Insurance Fund. The Governor's proposal increases the share of DPH's budget to be funded from the Insurance Fund by \$8.8 million, by reallocating the following accounts from the General Fund: AIDS Services, Breast and Cervical Cancer Detection and Control, Needle and Syringe Exchange Program, Venereal Disease Control, and X-Ray Screening and Tuberculosis Care.

Funding to support **Childhood Lead Poisoning Education and Outreach** is eliminated (\$68,744). The elimination of these funds means that New Haven will be unable to establish a Lead Advisory Team or a monitoring program for all children with a history of lead exposure. In addition, the school medical advisor will be unable to arrange for training of school staff on preventing lead poisoning, identifying its symptoms and making appropriate referrals to ameliorate effects of lead. Within DPH, staff time will be reallocated to provide education and outreach to schools, housing and urban development and community organizations through a train the trainer program.

Funding for **Maternal Mortality Review** is also eliminated (\$98,800). DPH is the recipient of federal grants to address and support maternal health, such as the Maternal and Child Health Services Block Grant and the Pregnancy Risk Assessment Monitoring System (PRAMS). The latter is designed to provide DPH with data about maternal health, experiences and behaviors during the perinatal period, advance knowledge about risk and protective factors, birth outcomes and maternal and infant health. DPH has also established a State Coalition to Improve Birth Outcomes, to align and coordinate efforts to reduce low birth weight, infant mortality, and disparities in adverse birth outcomes. The Coalition has developed a state plan, which will be released during the next few months.

The proposed budget consolidates dollars now appropriated to the **Medicaid Administration** account with the agency's operating accounts to streamline accounting. This explains a significant portion of the total increase in **Personal Services** funding. The Medicaid Administration account supports the salaries of DPH staff that certify healthcare facilities for Medicaid participation as well as associated other expenses. The Department will continue to perform this function. The Personal Services account is also increased by \$285,000 to reflect the salaries of five regional emergency medical services coordinators that were previously supported from the Tobacco and Health Trust Fund.

I would be happy to answer questions you might have. Thank you for this opportunity to discuss the Governor's proposed FY 2016-2017 budget for the Department of Public Health.