



**Connecticut Department of Public Health**

**Testimony Presented Before the Public Health Committee**

**March 7, 2017**

**Commissioner Raul Pino, M.D., M.P.H.  
860-509-7101**

**House Bill 5169 - An Act Prohibiting The Department of Public Health From Consolidating The District Departments of Health and Municipal Health Authorities**

**House Bill 5757 - An Act Prohibiting The Department of Public Health From Requiring The Consolidation Of Municipal Health Authorities**

**House Bill 5765 - An Act Concerning The Consolidation Of District Departments of Health and Municipal Health Authorities**

**House Bill 6033 - An Act Prohibiting The Consolidation Of The District Departments Of Health Or Municipal Health Authorities.**

The Department of Public Health (DPH) is opposed to House Bills 5169, 5757, 5765 and 6033, which prohibit the Department from requiring the consolidation of local health districts. Thank you for the opportunity to testify on this important issue.

Connecticut's local public health infrastructure is fractured. It consists of a mixture of municipal health departments and health districts. Some municipal health departments are full-time and some are part-time. Currently, there are 72 LHDs serving the state's entire population as follows: 19 employ a part-time director of health (part-time LHD); 53 employ a full-time director of health (full-time LHD), including 33 independent municipal health departments and 20 health districts with jurisdictions spanning from 2 to 20 towns. Additionally, LHDs' staffing also varies across the state and ranges from less than 1 full-time equivalent employee (FTE) to 88 FTEs.

Amending title 19a of the general statutes to prohibit the Department from consolidating LHDs may conflict with existing statutes pertaining to District Departments of Health. Sections 19a-240 to 246 of the general statutes specifically permit the voluntary formation of health districts. The local health infrastructure would not be able to adjust as public health needs change in Connecticut.

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Prohibiting the consolidation of local health departments and districts removes the Department's ability to ensure that all citizens of Connecticut have access to full time local public health services. Currently, over 172,000 citizens do not have access to full-time public health services. In Connecticut, there is significant variability of the types of services provided by LHDs, even though there is a statutory requirement for a Basic Health Program.

These bills would also restrict DPH's ability to work more efficiently and save money by reducing the number of contracts and payments to LHDs. If there were fewer local health departments, the Department would have the ability to provide them with better oversight and technical assistance. In turn, this would improve health equity in our state.

Thank you for your consideration of this information.

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