Good morning, Senator Osten, Representative Walker, Senator Formica, Representative Lavielle and members of the Appropriations Committee. I am Dr. Raul Pino, representing the Department of Public Health (DPH), and I am here to testify in support of the Governor’s biennial budget for state fiscal years 2020 and 2021. Like any other state agency, DPH has faced a difficult year from a budgetary perspective. Even with these challenging circumstances, the Department has succeeded in its mission to protect and improve the health and safety of the people of Connecticut.

The Governor’s proposed biennial budget advances public health with policies as follows:

- **Reducing the use of tobacco products.**

  Raising the legal age to purchase and consume tobacco products from 18 to 21 is an evidence-based strategy that complements those already in place to reduce youth tobacco use. According to a February 2019 Vital Signs report published by the Centers for Disease Control and Prevention (CDC), there has been a surge in youth tobacco use between 2017 and 2018 driven by a rise in electronic cigarette use. The CT Youth Tobacco Survey identified similar results, based on data collection that occurred from March through June 2017. The data revealed that overall, 14.7% of high school students reported current use of electronic nicotine delivery systems (ENDS), compared to 7.2% in 2015. The survey found that 1 in 10 ninth graders and over 1 in 5 twelfth graders currently use ENDS. Nearly 9 out of 10 smokers start smoking by age 18, and many smokers transition to regular daily use between the ages of 18 and 21. Smoking related health problems are influenced by both the duration (years) and amount of use (intensity). Individuals who start smoking at a younger age are more likely to smoke as adults and they are also the heaviest users.

- **Reducing obesity by encouraging healthy choices.**
Consumption of sugar-sweetened beverages (SSBs) increases the risk of obesity and associated diseases. Taxing SSBs could potentially decrease daily consumption, reduce obesity and ultimately reduce healthcare costs in the long run.

- **Incorporating nationally recommended uniform screening disorders into the newborn screening panel.**
  Including the federally recommended tests in the state’s newborn screening panel enhances the department’s ability to identify possibly affected infants for early follow up and treatment that can improve their long-term prognosis. In FY 2020, Pompe disease, Mucopolysaccharidosis type 1 (MPS1) and Spinal muscular atrophy (SMA) will be added.

- **Expanding the Connecticut Vaccine Program for Childhood Vaccination.**
  Coverage will be expanded in FY 2020 to include rotavirus and serogroup B meningococcal vaccines, with expanded coverage for the influenza vaccine following in FY 2021.

Meningococcal disease is a serious and potentially life threatening illness. For every 100 individuals infected with meningococcal disease, 10 to 15 will die. For every 100 survivors of the disease, approximately 11–19 will suffer long term disabilities such as deafness, loss of limbs, nervous system damage or brain damage.

Before the advent of rotavirus vaccines, rotavirus was the most common cause of severe gastroenteritis in infants and young children, causing an average of 660 hospitalizations and more than 7,000 physician visits per year in children under 5 years old in Connecticut.

School-aged children experience substantial impacts such as school absenteeism, medical care visits and parental work loss from influenza. Studies have documented 5 to 7 influenza-related outpatient visits per 100 children annually, and these children frequently receive antibiotics.

- **Establishing a permanent methodology for the safe drinking water primacy assessment in cooperation with representatives of water companies.**
  The safe drinking water primacy assessment supports the department’s Drinking Water Section, which oversees and regulates more than 2,500 public water systems that serve over 2.9 million residents. Codifying this fee structure will guarantee that Connecticut residents continue to receive high quality drinking water for years to come.

**Connecticut continues to lead in public health outcomes,** as evidenced by the following achievements:

- The United Health Foundation ranked Connecticut as the 3rd healthiest state in the nation in December 2018. CT has the third lowest teen birth rate and ranks among the states with the lowest incidence of low birthweight babies, preterm births and percent of births to unmarried mothers, according to the Centers for Disease Control and Prevention (CDC). Connecticut ranked 4th per capita in the National Health Service Corps (NHSC) loan repayment awards received for clinicians employed in designated health professional shortage areas. The NHSC helps medically underserved communities recruit and retain primary care clinicians, including mental health and dental professionals.

- The National Safety Council identified Connecticut, along with 12 other states and the District of
Columbia, with a “B” grade and “improving” for its efforts to protect residents from opioid overdoses. No state rated an “A” grade, while 26 states did not earn a passing grade.

- The DPH syndromic surveillance system, EpiCenter, tracks emergency illnesses and health conditions including drug, alcohol, opioid and heroin overdose emergency department (ED) visits. These data provide near real-time estimates of ED utilization for suspected drug overdoses in order to quickly detect and respond to changes in patterns of both fatal and nonfatal opioid overdoses. DPH conducted a pilot program to train local health departments/districts to access this data in EpiCenter, thus improving their ability to monitor opioid use trends in their local jurisdiction.

- The Department has been recognized nationally for its efforts in addressing health equity (Association of State and Territorial Health Officials); its contribution to the CT Long Term Care Mutual Aid Plan (Leading Age CT); solving a multistate Listeria Monocytogenes outbreak (U.S. Food and Drug Administration); and its investigation and subsequent recall of a portable lead analysis instrument (Centers for Disease Control and Prevention). The Facility Licensing and Investigations Section (FLIS) received the 2018 National Quality, Safety and Oversight Achievement Award from the Centers for Medicare and Medicaid Services for demonstrating exceptional work, ensuring quality and safety in licensed healthcare facilities. The Connecticut Tumor Registry was one of a small number of cancer registries to receive a first place Surveillance, Epidemiology and End Results (SEER) data quality award.

- The State Public Health Laboratory (SPHL) established a centralized Advanced Molecular Diagnostic unit (AMD) to implement advanced diagnostic tools to provide accurate and rapid results for patient management, infection control measures, and outbreak investigations. The introduction of these tests will improve clinical patient management while enhancing epidemiologic disease monitoring, surveillance, outbreak investigation, and disease control. The CDC has recognized Connecticut as one of the first states in the nation prepared to initiate AMD testing.

- The SPHL implemented an AMD tool to identify within hours the highly-drug resistant yeast Candida auris. This is an emerging drug resistant pathogen that can cause invasive infections and is associated with high mortality. This pathogen can be easily misidentified by methodologies used in most hospitals. The rapid, accurate identification and reporting of this pathogen meets a critical need for patient management and infection control practices.

**Despite successes in population health, the state continues to face important public health challenges:**

- During the 2017-2018 flu season, 3 children in Connecticut died from influenza-related complications. Nationally, 177 influenza-associated pediatric deaths were reported and more than three-fourths (78%) of the children who died were unvaccinated. In Connecticut, there were 12 reported flu-associated pediatric deaths from the 2005-06 flu season through the 2017-18 season. Only 2 of these cases (17%) had evidence of current flu vaccination. Last week, the Department announced the first pediatric death involving a Connecticut child during the current flu season. In January 2019, Connecticut was given an award by the federal Centers for Disease Control and Prevention in recognition of our accomplishment in achieving outstanding progress toward the Healthy People 2020 target of 70 percent for influenza vaccination coverage among children aged 6 months through 17 years during the 2017-2018 influenza season. To better protect the health of our children, we should
strive to do better than 70 percent.

- Over the past five years there have been sporadic cases of measles and mumps in Connecticut, however high vaccination rates limited transmission and prevented large outbreaks from occurring among children. The high rates of childhood vaccination are a testament to Connecticut’s robust childhood vaccination program which serves to protect all of us, not just children, from vaccine-preventable diseases and outbreaks. During the 2017-2018 school year, only 2.3% of kindergarten students were exempted from immunization requirements for religious or medical reasons. Certain states also permit an exemption based upon personal belief, such as Washington where the kindergarten exemption rate was 4.7% and pockets of under-immunization contributed to a large outbreak of measles, primarily among children.

- During February 2019, DPH confirmed 2 cases of measles among adults in New Haven County. A common link between the cases was not identified, although both were probably exposed to measles in early January. The department collaborated with local health departments and healthcare providers to identify contacts and implement appropriate control measures; no secondary cases were identified related to these exposures. A health advisory was sent to clinicians on January 28, 2019, to provide education on the diagnosis and management of patients with suspected measles infection. DPH will continue to conduct surveillance for measles.

**Proposed Biennial Budget**

The Governor’s proposed DPH budget totals approximately $125.5 million in FY 2020, with $58.6 million coming from the General Fund and $66.9 million from the Insurance Fund. For FY 2021, the proposed amount is approximately $134.4 million, with $60.4 million coming from the General Fund and $74.0 million from the Insurance Fund. Major changes include:

- Approximately $100,000 is recommended each fiscal year to support procurement of laboratory supplies needed to expand the newborn screening panel to test for three additional disorders - Pompe Disease, Mucopolysaccharidosis type I (MPS I) and Spinal Muscular Atrophy (SMA). These costs will be offset by revenue generated from increasing the newborn screening fee.

- The Immunization Services account is provided increased funding of approximately $7.1 million in FY 2020 and $14.2 million in FY 2021, primarily reflecting the addition of recommended vaccines that will be universally available through the Connecticut Vaccine Program, as well as anticipated price increases for vaccines that are purchased at CDC established rates. Three-quarter year funding of approximately $4.5 million is recommended in FY 2020 to add the rotavirus and serogroup B meningococcal vaccines. An additional $2.6 million is recommended in FY 2021 to support providing influenza vaccine for children ages five through eighteen.

- Fully funding the statutorily defined formula grants to local health departments and districts would result in $4,678,332 in expenditures in FY 2020. The Governor recommends a twenty percent reduction from this baseline amount (or $935,666), to be achieved by reducing grant awards on a pro-rata basis. This represents $408,417 less than the total amount awarded to health departments and districts in the current fiscal year.

- Funding under the Community Health Services, Rape Crisis, School Based Health Clinics, Needle and
Syringe Exchange Program, Children’s Health Initiatives, AIDS Services, Breast and Cervical Cancer Detection and Treatment, and Venereal Disease Control accounts is increased in aggregate by $94,556 to reflect the annualization of a one percent private provider wage adjustment for qualified services and contractors.

- The proposed budget maintains the current available funding levels for the School Based Health Clinics account ($10,550,187) and the Community Health Services account ($1,486,753). FY 2019 budgeted lapses attributable to these accounts are annualized.

Thank you for this opportunity to discuss the Governor's proposed FY 2020-2021 biennial budget for the Department of Public Health. I would be happy to answer any questions.