TO: Co-Chairs and Members of the Appropriations Committee  
DATE: March 1, 2019  
RE: Testimony on Governor’s Bill# HB7148 The Governor’s Proposed Budget and # HB 7193: AN ACT IMPLEMENTING THE GOVERNOR’S BUDGET RECOMMENDATIONS REGARDING PUBLIC HEALTH

This testimony is submitted on behalf of the Central Connecticut Health District (CCHD). Our agency has been serving nearly 100,000 people in the four member towns, Berlin, Newington, Rocky Hill, and Wethersfield, since 1996. The CADH testimony provided a good overview of what local health departments and districts are required to provide under the 10 essential services.

We oppose the language in Section 3 of this bill that would proportionately reduce the amount of State per capita aid to full-time municipal health departments and to health districts in the event that the total of such payments in a fiscal year exceeds the amount appropriated. This would empower the legislature to change the appropriation for local public health at will rather than honoring a statutory amount. The Governor’s proposed budget, would cut the Department of Public Health’s already reduced recommended per capita of $1.64 (a 12.2% cut from the $1.85 in current statute) an additional 20% to $1.44.

In Connecticut all local public health is decentralized and separate from the Connecticut Department of Public Health. It is the local health agency, not the state health department that regulates the food industry, deals with hoarding, lead poisoned children and children with asthma, and enforces the state laws and codes. Local public health is therefore at the front lines of prevention, protection and promotion of the health of our communities. The demands on local public health departments continue to increase as our agencies respond to seasonal influenza; emerging infections such as Ebola; new epidemics such as the Zika virus and the more pervasive opioid crisis; and the critical demands of our work in environmental and community health. Each year for nearly a decade, local public health agencies have been dealt rescissions and reductions in state aid. Since 2009 our Health District alone has lost more than $500,000 in funding from this state grant-in-aid. The cumulative effect has greatly challenged our agency’s ability to provide critical public health services to our member towns.
These cuts are devastating to all local health departments, but even more so to health districts, because of our structure. Since the first health district was established in 1966, this model of regionalization has been one of the most successful in Connecticut. Currently, there are 20 health districts covering 123 towns and 1.7 million people (47% of the population).

Part of the reason for the district model success is not only the greater efficiency and cost savings from shared services, but also the state commitment to increased funding to support them financially through per capita appropriations. A Health District is a separate governmental entity from the town (s) it serves. We cannot increase revenues by taxation. Our budgets include every cent it costs to run the operation from basic salaries and benefits for our staff, to their retirement plans and paying for the numerous unfunded state mandates we are charged with. Town contributions account for 51% of the costs and the state appropriation for another 14%. Grants, fees and program revenue make up the rest.

There has been a great deal of discussion about further regionalization of all health departments resulting in as few as 9-15 public health districts. This can never happen as long as there are limited resources and no long term commitment by the state to support them. We do not make widgets, and we not sell a product. We strive to **Promote** health programs and policies that support good health; **Prevent** disease outbreaks and conditions that give rise to poor health; and **Protect** you from health threats-the everyday and the exceptional.

We applaud the addition of $1 million to the DPH budget to provide additional vaccines to children. Immunizations are a corner stone of public health practice. Given that this is approximately the same amount as the savings from the reduction in local public health funding, we can only lament the fact that the structure that supports the foundation of public health is considered so easily dismissed. And ask- who will do this if we are gone?

Thank you.

Sincerely,

Charles K. Brown Jr., MPH
Board Secretary/Treasurer and District Director of Health