

## Questions for the Department of Public Health Commissioner Nominee

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### **Commissioner of Public Health ([CGS §§ 19a-1a, -1d & -2a](#))**

The commissioner is responsible for the department's overall operation and administration. To this end, he or she must use the most efficient and practical means to prevent and suppress disease; contract for facilities, services, and programs to implement the department's purposes; secure, compile, and disseminate data on prevention and control of epidemics; annually issue a list of reportable diseases, emergency illnesses and health conditions, and reportable laboratory findings; inspect health care institutions; and oversee local health directors.

### **Questions**

1. Please describe the mission of DPH as you see it. As commissioner, how will you ensure that the department meets this mission? What particular experience, expertise, knowledge, and skills do you bring to this task?
2. Tell us how your prior experiences serving as an infectious disease physician at Yale Medical School has informed your work as commissioner over the past year, particularly as the state continues to respond to the COVID-19 pandemic.
3. Do you believe that the department has the adequate resources, in terms of both personnel and budget, to meet its statutory obligations? How has responding to the COVID-19 pandemic, and preparing for future public health emergencies, affected the department's need for resources?

4. There has been recent criticism of the efficiency and timeliness of the department's scope of practice review committee process. How do you feel that process is working? (Under a process established in 2011, review committees created by DPH evaluate requests by health care professions seeking to change or establish a scope of practice; the review committees provide findings to the Public Health Committee.) Do you recommend any changes to this process?
5. In 2020, Mathematica conducted an independent [analysis](#) of the state's COVID-19 response in long-term care facilities. One of the criticisms identified in the report was the state's initial focus on coordinating resources for hospitals at the expense of long-term care facilities. What policy recommendations do you have to ensure the state is prepared for a future public health emergency, particularly within our nursing homes and assisted living facilities?
6. To what extent are there disparities in services offered by local health departments and districts? The law requires local health departments and districts, within available appropriations, to provide a basic health program consisting of various components as a prerequisite to receiving annual funding from DPH if otherwise eligible. Would regionalizing local health services further address any disparities?
7. The legislature has taken various steps to combat opioid addiction in Connecticut, such as increasing access to opioid antagonists (e.g., Narcan) and limiting the amount of opioid drugs that may be prescribed to adults and minors in certain situations. Do you recommend other legislative changes on this issue?
8. Last session, the legislature enacted changes to the state's laws on lead poisoning prevention and treatment (PA 22-49 and PA 22-118). Among other things, these acts required the department to convene a working group to recommend necessary legislative changes on issues such as lead screening during pregnancy, lead in schools and child care facilities, and lead screening reporting requirements. Can you tell us the status of the working group? Do you anticipate any related legislative proposals this session?
9. PA 22-118 established a DPH community gun violence intervention and prevention program to provide state grants to community-based violence intervention organizations. The act also created a commission to advise the department on the program's administration, as well as other strategies to reduce the state's community gun violence. Is the program fully operational? What, if any, challenges do you anticipate the program will face over the next year?

10. Connecticut is facing increasing health care workforce staffing challenges across various professions (e.g., nursing) and specialties (e.g., childhood behavioral health). In recent years, the legislature has taken various measures on this issue, such as establishing a new loan reimbursement program for eligible providers (PA 22-118) and a grant program for hiring and retaining child and adolescent psychiatrists (PA 22-47). Do you have any legislative or policy suggestions on ways to attract and retain more health care providers in needed fields?
11. There have been recent concerns raised about the sustainability of the state's current model for administering emergency medical services (EMS). Critics cite provider shortages in certain parts of the state (particularly rural areas) as well as financial difficulties facing volunteer and nonprofit ambulance services. Do you have any thoughts on broader strategies to ensure the longevity of the state's EMS system? Have any recommendations been developed via the department's EMS working group, established under PA 22-118?
12. PA 22-81 enters Connecticut into two health care-related interstate compacts, the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact. (These compacts generally provide an expedited licensure process, or licensure reciprocity for providers seeking to practice in multiple states.) Going forward, the legislature will likely consider proposals to enter into compacts for additional types of providers. In your view, what are the potential benefits and challenges of joining these compacts?

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