

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**Connecticut Department of Public Health  
Testimony Presented Before the Appropriations Committee  
House Bill 5005, An Act Adjusting The State Budget For The Biennium Ending June 30,  
2021  
February 21, 2020  
Deputy Commissioner Heather Aaron**

Good morning, Senator Osten, Senator Formica, Representative Walker, Representative Lavielle and members of the Appropriations Committee. I am Heather Aaron, Deputy Commissioner of the Department of Public Health (DPH), and I am here to testify in support of the Governor's proposed midterm budget adjustments for state fiscal year (FY) 2021.

Like any other state agency, DPH has faced a difficult year from a budgetary perspective. Even under these challenging circumstances, the Department has succeeded. With the support of Governor Lamont and the General Assembly, DPH will continue to achieve its mission to protect and improve the health and safety of the people of Connecticut.

During the last fiscal year, DPH made some important strides in advancing public health policy in Connecticut. Below are some highlights of these efforts:

1. The State Public Health Laboratory has implemented an automated liquid handler for infectious disease surveillance and outbreak response. Viral respiratory pathogens such as, but not limited to, influenza, measles, Middle East Respiratory Syndrome (MERS) caused by a coronavirus, as well as the current coronavirus circulating in China and worldwide can be processed using this instrumentation. It provides a standardized and accurate methodology for specimen preparation, minimizes the risk of repetitive strain injuries and provides an enclosed environment which greatly reduces the biohazard risk to the laboratory staff. It is estimated that the initial specimen preparation time using this instrumentation will be reduced from 2 hours to 20-25 minutes.
2. The Office of Vital Records prioritized the modernization of data collection, analysis, and reporting systems through development of the electronic death registry system (EDRS), which will be implemented by July 1, 2020. The EDRS will be a secure web-based system that allows for the electronic submission of the death certificate through the contribution



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of data elements from responsible partners including funeral directors, medical facilities, medical providers, Town Clerks, and the Office of the Chief Medical Examiner (OCME).

3. The Department's Information Technology staff continue to complete regular upgrades to implement the functionality of the newly modernized Immunization Information System (IIS), known as "CT WiZ." These upgrades will bring the IIS's functionality up to required national standards and will assist healthcare providers by ensuring that electronic health records are connected to the IIS in a manner that provides for bidirectional electronic exchange of patient immunization information. Over 700 clinics will be trained and onboarded to transition from paper reporting.
4. DPH is building an online volunteer management system to support health care and public health preparedness in Connecticut. The system will streamline volunteer coordination through enlisting, registering and credentialing professional healthcare volunteers to support all aspects of response, including medical tasks, evaluations, vaccinations, distribution of medications and more. The volunteer management software, named "CT Responds!," is expected to launch this fall.
5. In order to incentivize less costly alternatives to emergency department visits, and pursuant to Section 65 of Public Act 19-118, DPH will establish maximum allowable rates for licensed or certified emergency medical services (EMS) organizations or providers that treat and release patients without transporting them to an emergency department. EMS organizations and providers must provide these services within their scope of practice and following protocols approved by their sponsor hospital. Creating this rate will allow an EMS organization to bill an insurance company or accountable care organization for patient treatment and non-transport for the first time in Connecticut.

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

1. Per- and Polyfluoroalkyl Substances (PFAS) are an emerging public health issue due to the pervasive use of this family of chemicals and the extraordinarily low levels that are potentially harmful to developing fetuses. [The Governor's PFAS Action Plan](#), finalized on November 1, 2019, contains 48 recommendations to protect public health and the environment from the potential effects of PFAS contamination. Short-term recommended actions include creating a Council to advise the Commissioner on establishing safe levels for select PFAS in drinking water, testing public drinking water systems, identify and testing private wells and providing education and outreach on this challenging family of emerging contaminants.
2. Although Connecticut currently has no confirmed cases of coronavirus and no patients are under investigation, this new virus is a cause for concern. The Department very recently shared new guidance through a communication to all K-12 schools and local health directors for dealing with potential cases of COVID-19 (formerly referred to as 2019-nCoV) from an outbreak originating in Wuhan City, China. The Department is also doing everything it can to communicate new guidance from its federal partners to local schools

and health care providers on how to assess and manage risk to anyone possibly having been exposed to coronavirus.

3. Connecticut is currently in the throes of another high impact flu season, with approximately 1,700 hospitalizations and 40 deaths, including one pediatric fatality. Since July 1, 2012, the Connecticut Vaccine Program (CVP) administered by DPH has ensured the provision of free influenza vaccine for all children 6 through 59 months of age, regardless of insurance status. Beginning this July 1st, the CVP will be expanding those age ranges to include all children up through 18 years of age. The Department continues to advocate for everyone to get an annual influenza vaccine and this expansion will help protect some of our most vulnerable citizens.
4. The opioid crisis continues to present a public health emergency that impacts the health of persons with Opioid Use Disorder (OUD) as well as the safety of communities. Two critical issues across the country and in Connecticut are drug overdoses and deaths by suicide. Drug overdoses and suicide represent over 1,000 and 400 deaths, respectively, each year in our state and these numbers are continuing to climb. DPH has successfully secured a 2-year, \$700,000 grant under the federal Overdose Detection Statewide Expansion and Response Grant. This funding will facilitate CT's adoption of a tool known as the Overdose Detection Mapping Applications Program (ODMAP). This tool allows for the locations of suspected fatal and nonfatal overdoses to be easily and quickly tracked, and promotes the coordination of an effective response utilizing the resources of first responders, including law enforcement, fire, and emergency medical services (EMS). This initiative also enhances the ability of local communities to effectively leverage ODMAP data, identify "hot spots" and trends of concern, and develop coordinated public safety, public health, and behavioral health intervention strategies.

### **Proposed Midterm Budget Adjustments**

The Governor's proposed DPH budget totals approximately \$135.4 million in FY 2021, with \$62.9 million coming from the General Fund and \$72.6 million from the Insurance Fund. Below are highlights of the proposed midterm budget:

- A net reduction in the Personal Services account of \$419,935 is comprised of increases of \$232,599 for 3 FTE positions to implement the PFAS Task Force Action Plan, \$44,828 in partial-year support for 1 FTE position to implement licensure of the Albert J. Solnit Children's Center operated by the Department of Children and Families, \$16,622 in partial-year support for 0.5 FTE position to accommodate additional legal work associated with enhancements to residential care home (RCH) residents' rights and protections, and \$26,594 to reflect salary adjustments for bargaining agreements approved during the 2019 Legislative Session. These increases are offset by the reallocation of \$740,578 associated with 8 FTE positions being moved from DPH to the Department of Administrative Services and the Office of Policy and Management due to the centralization of human resources and labor relations staff.
- A net increase of \$150,000 in the Other Expenses account reflects the addition of \$50,000 for PFAS laboratory testing supplies and \$100,000 for consultant services to assist the Safe Drinking Water Advisory Council.

- The budget proposes \$1.5 million for continued support of federal Title X Family Planning grantees under the Community Health Services account. The Governor's proposed budget will restore more than half of the Title X dollars that came into the State to continue support of these vital services. Of this amount, \$1.2 million is proposed for Planned Parenthood of Southern New England (PPSNE); and \$300,000 is proposed for Cornell Scott Hill Health Center (CSHHC), of which \$80,000 will be passed through to Fair Haven Community Health Care.
- The budget reallocates funding, in the amount of \$125,000, to the School Based Health Clinics account to maintain support for a School Based Health Center (SBHC) at the Mary Morrisson Elementary School in Groton. An equivalent amount was transferred from the Department of Social Services to DPH this fiscal year for the same purpose. A contract is currently in place for the provision of SBHC services at the school.
- A reduction of \$100,000 is recommended in the X-Ray Screening and Tuberculosis Care account under the Insurance Fund to align funding for medical care provided to Connecticut residents afflicted with tuberculosis when no other payer source is available with historical expenditure levels.
- A minor increase in funding, of \$587, is recommended to reflect the impact of the minimum wage on private providers.
- Finally, level funding is proposed for the remaining DPH General Fund accounts, including LGBTQ Health and Human Service Network (\$250,000), Rape Crisis (\$548,128), and Local and District Departments of Health (\$4,210,499); and the remaining Insurance Fund accounts, including Needle and Syringe Exchange Program (\$460,741), Children's Health Initiatives (\$2,988,430), AIDS Services (\$4,987,064), Breast and Cervical Cancer Detection and Treatment (\$2,189,256), Immunization Services (\$60,883,073), and Venereal Disease Control (\$197,341).

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