

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Connecticut Department of Public Health Testimony Presented Before the Appropriations Committee State Budget for The Biennium Ending June 30, 2023 Acting Commissioner Deidre S. Gifford, MD, MPH February 23, 2021

Good morning, Senators Osten, Miner, Abrams and Somers, Representatives Walker, France, Dillon and Kennedy, and members of the Appropriations Committee and Health Subcommittee. I am Dr. Deidre Gifford, Acting Commissioner of the Department of Public Health (DPH), and I am here to testify in support of the Governor's proposed biennial budget, House Bill 6439, An Act Concerning the State Budget for the Biennium Ending June Thirtieth, 2023, and Making Appropriations Therefor.

During the past year, DPH made some important strides, as well as faced challenges in advancing public health policy in Connecticut. Below are some highlights of these efforts and challenges:

Department COVID-19 Response

In March 2020, under the direction of Governor Lamont, the Unified Command structure was activated in response to the COVID-19 pandemic. Under Unified Command, daily communication and coordination occurred across state agencies. DPH was designated as one of the lead response agencies to provide subject matter expertise in epidemiology and public health. DPH staff began scientific evaluation to mitigate the pandemic by developing and implementing policies and protocols that could be used statewide.

The State Public Health Laboratory (PHL) established a centralized Advanced Molecular Diagnostic (AMD) laboratory in 2017 and has continued to provide rapid identification of emerging and re-emerging disease-causing agents using complex, sensitive, and specific tests in the applied clinical area of laboratory diagnostics. The AMD laboratory has been paramount in the COVID-19 diagnostic response in Connecticut, validating multiple testing platforms and testing specimens since the onset of the pandemic. The Scientific Support Services Section of the Laboratory prepared over 100,000 vials of PCR collection media and over 400,000 PCR collection kits. The ability to prepare the sterile transport media in-house allowed the state to keep COVID-19 diagnostic testing active during a critical shortage in the Spring of 2020 when these supplies were not available from the commercial market. With the assistance of the National Guard, COVID-19 collection supplies were distributed to healthcare facilities and congregate settings that served Connecticut's most vulnerable populations.



Phone: (860) 509-7101 • Telecommunications Relay Service 7-1-1 410
Capitol Avenue, P.O. Box 340308 Hartford, Connecticut 06134-0308
www.ct.gov/dph *Affirmative Action/Equal Opportunity Employer*



The Health Care Quality and Safety Branch has been heavily involved in responding to the pandemic by actively working with all providers across the healthcare sector to provide enhanced infection control guidance, training, support, and oversight specific to COVID-19. The Branch was instrumental in enforcing the Governor's Executive Orders and Commissioner's Orders that modified licensed healthcare facility regulations, created COVID-19 Recovery Facilities, established a long term care staff and resident testing program, established a temporary nurse aide program, helped bolster the workforce by modifying statutory licensure requirements and allowed out-of-state practitioners to render assistance in Connecticut. Branch staff conducted over 3,000 focused infection control surveys at nursing homes and assisted living facilities. The CT National Guardsmen have accompanied DPH staff on these surveys to assess personal protective equipment (PPE) supplies, ensure proper PPE use, screen staff entering the facility, and verify staffing levels.

The Infectious Diseases Section conducted disease surveillance and informatics data processing which brought the general public detailed information on the number of COVID-19 cases, deaths, and hospitalizations. Staff supported healthcare facilities by providing individualized guidance as well as mass communications on how to detect and control outbreaks, effectively use PPE, and effectively establish environmental control to protect residents and staff. They also developed testing and contact tracing protocols, created a framework for the COVID-19 community alert system, and are implementing the rollout of Connecticut's mass vaccination plan. As more Connecticut residents become vaccinated for COVID-19, the overall daily test positivity rate has dropped from a high of 10% to 1.58%. We are leaders in the country in actionable response to the pandemic and we are currently in the top 5 states for the deployment of vaccines. Since December 2020, when vaccinations began, the state has seen a rapid decrease in COVID-19 deaths and hospitalization rates.

The Public Health Preparedness and Local Health Section established an incident command system within the Department to coordinate activities with the State's Unified Command, as well as activating and staffing the Emergency Command Center at DPH. Staff helped secure and deliver PPE from the Strategic National Stockpile to health care facilities and emergency medical service organizations. They developed the medical surge alternate care sites and deployed mobile field hospitals for relief and decompression of Connecticut's hospital system. Staff routinely provided guidance and communication to local health departments on COVID-19 initiatives. They were critical to organizing the state's mass vaccination plan.

DPH staff, in consultation with local health directors, assisted in developing the Department of Economic and Community Development (DECD) Business Sector Rules. The Environmental Health Section collaborated with the State Department of Education, the Board of Regents, the Office of Higher Education and representatives of colleges and universities to establish guidance for K-12 schools and higher education systems on school reopening. DPH provided expertise on determining the safe level of sports participation. Lastly, program staff supported the implementation of the Connecticut Travel Advisories.

The Department's General Counsel was instrumental in developing the Governor's COVID-19 Executive Orders related to healthcare in addition to crafting DPH Commissioner's Orders and reviewing and providing guidance to the COVID-19 response team to ensure legal sufficiency.

Due to the unprecedented number of deaths resulting from the pandemic, the DPH Office of Vital Records launched a pilot program for the electronic death registry system. The benefits of this system could not be more apparent than at the present, in which timely death data is essential to monitor the current public health emergency. The Office of Vital Records has worked closely with the Centers for Disease Control and Prevention, the Office of the Chief Medical Examiner, other state agencies and internal DPH programs to provide quick and accurate death data for public health surveillance and research. The death statistics and cause of death data have been relied upon by all levels of government to establish public health policy amidst the pandemic.

National Public Health Accreditation

In 2017, DPH received accreditation by the Public Health Accreditation Board ([PHAB](#)), and is currently one of thirty-six state health departments maintaining such distinction. Earning a five-year accreditation status signifies that the Department has met or exceeded rigorous nationally-recognized and evidence-based practice standards. Thus, the agency is poised to protect and improve the health of state residents effectively. DPH is currently pursuing reaccreditation status by launching the Healthy CT 2025 initiative, publishing a statewide health assessment, developing a statewide health improvement plan, and advancing its organizational strategic plan, including internal initiatives for quality improvement, performance management, and workforce development. DPH also provides technical assistance to local health departments and districts that maintain an accreditation portfolio.

Per- and Polyfluoroalkyl Substances (PFAS)

Representatives from the Drinking Water Section (DWS) and State Public Health Laboratory participated in the Connecticut Interagency PFAS Task Force to formulate a plan of action to protect Connecticut's residents and the environment from the harmful effects of PFAS. The Governor's budget reflects recommendations coming from the task force by providing DPH with staff to assist with updating standards and action levels for drinking water, review laboratories to become approved for PFAS testing, implement PFAS testing of drinking water at the PHL, support testing of public water systems, and educate stakeholders to protect the public health from the impacts of PFAS in drinking water. This will enhance work already undertaken by the DWS to provide technical assistance, conduct public outreach, and disseminate educational materials to consumers of public water systems that tested for PFAS and found levels above the DPH's Drinking Water Action Level or had concerns about PFAS contamination.

Opioids

The PHL's Clinical Chemistry Section validated and implemented an opioid test method in order to support and expand surveillance efforts for common drugs of use. The laboratory began accepting urine specimens for testing on January 2, 2020. These efforts were highlighted in the Association of Public Health Laboratories publication *Lab Matters* – Spring 2020 edition. Additionally, the Department's HIV Program has done extensive work providing opioid education and harm reduction strategies to individuals in the community who live with substance use disorder.

Newborn Screening

The PHL's Newborn Screening Program (NBS) conducts blood spot screenings for every baby born in Connecticut. The blood spots are tested for over 60 disorders. Newborn screening is recognized internationally as an essential preventive public health program for early identification of disorders in newborns that can affect their long-term health. Early detection, diagnosis, and treatment of certain genetic, metabolic, or infectious congenital disorders can lead to significant reductions in death, disease, and associated disabilities. The Newborn Screening Program follow-up and tracking staff work with Connecticut birth hospitals, birthing centers and midwife groups by providing them with information to allow for early follow up and treatment that can improve the affected infant's long-term prognosis. In calendar year 2019, Pompe Disease, Mucopolysaccharidosis Type 1 (MPS1) and Spinal Muscular Atrophy (SMA) were added to the newborn screening panel. The Department completed the testing validation process for these diseases and the screening went live on January 1, 2021.

Lead Abatement

Connecticut continues to devote the necessary resources to address ongoing and emerging lead issues. The General Statutes require laboratory reporting of blood lead test results for all individuals. Specifically, reports of blood lead test results with greater than 10 micrograms per deciliter of lead in blood are required to be submitted to DPH and the local health department or district serving the town where the individual resides within 48 hours.

Each time there is a report on an exceedance of blood lead levels in children, the Department works with local health directors to monitor and address the exceedance in an expeditious manner.

Proposed Biennium Budget

The Governor's proposed DPH budget totals approximately \$135.6 million and \$138.6 million in FY 2022 and FY 2023, respectively. The FY 2022 amount is comprised of \$61.4 million from the General Fund and \$74.2 million from the Insurance Fund, while the FY 2023 amount is comprised of \$62.8 million from the General Fund and \$75.8 million from the Insurance Fund. Below are highlights of the proposed budget:

- The budget proposes approximately \$36.6 million and \$38.0 million for FY 2022 and FY 2023, respectively, in the Personal Services account. This reflects the addition of \$350,688 for employee wage adjustments, a reduction of \$363,470 to reflect annualization of the FY 2021 rescission to this account, and the reallocation of \$715,875 associated with 8 full time equivalent (FTE) positions that 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. The FY 2023 recommended amount includes funding to support the costs of a 27th payroll.
- 6 additional FTEs are recommended for the Drinking Water Section (DWS), with 1 FTE to enhance the focus on drinking water issues in schools undergoing construction projects, 4 FTEs dedicated to implementing PFAS Task Force recommendations, and 1 FTE supporting the administration of safe drinking water standards. Funding of \$418,843 in FY 2022 and \$434,952 in FY 2023 is recommended.
- Furthermore, the budget adds 1 FTE position, at a cost of \$50,666 in FY 2022 and \$56,999 in FY 2023, to monitor, analyze, compile, and disseminate marijuana related morbidity data.
- The budget also makes adjustments to appropriately reflect employee wage and fringe benefit costs for positions funded through the Insurance Fund, as follows: Children's Health Initiatives, \$7,981; Breast and Cervical Cancer Detection and Treatment, \$3,792; Immunization Services, \$6,605. The FY 2023 recommended amounts for these accounts includes funding to support the 27th payroll.
- The budget proposes approximately \$7.7 million in each of FY 2022 and FY 2023 in the Other Expenses account. This reflects additional funding of \$100,000 for PFAS laboratory testing supplies in each fiscal year; expansion of a syndromic surveillance system, at an annual cost of \$50,000, to query and analyze marijuana-related morbidity data; and \$11,500 in FY 2022 to add questions to the Behavioral Risk Factor Surveillance Survey (BRFSS) to obtain baseline data on marijuana use in Connecticut. Finally, a proposed reduction of \$38,091 reflects annualization of the FY 2021 rescission to this account.
- The budget proposes a reduction of \$100,000 to the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Health and Human Service Network account. This reduction reflects current expenditure trends.
- \$125,000 in each fiscal year is reallocated 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 in each of FY 2020 and FY 2021 for the same purpose. A contract is currently in place for the provision of SBHC services at the school.
- The budget proposes approximately \$62.4 million in FY 2022 and \$63.9 million in FY 2023 for the Immunization Services account under the Insurance Fund. This reflects an increase of \$1,501,414 in FY 2022, and an additional increase of \$1,538,949 in FY 2023, to adjust for anticipated growth in vaccine prices.

- The budget proposes a combined increase in funding of \$4,482 and \$8,519 in each fiscal year, respectively, under the School Based Health Clinics and X-Ray Screening and Tuberculosis Care accounts to reflect the impact of the minimum wage adjustment on private providers.
- Finally, the budget proposes level funding for the remaining General Fund accounts, including Community Health Services (\$1,486,753), 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), AIDS Services (\$4,987,064), and Venereal Disease Control (\$197,341).

Thank you for this opportunity to discuss the Governor's proposed FY 2022-2023 biennial budget for the Department of Public Health. I would be happy to answer any questions.