



FY07 Budget Testimony of the Massachusetts Public Health Association

March 10, 2006

We appreciate the opportunity to provide written testimony to the Senate and House Ways and Means Committees concerning the Fiscal Year 2007 budget, and we thank you for your consideration of our recommendations.

The Massachusetts Public Health Association is the state's principal private nonprofit advocacy organization for public health. MPHA is working for a healthy Massachusetts by organizing and advocating for policies and programs that *prevent disease, illness, and injury*. MPHA has a statewide membership of over 1,000 people, and maintains offices in Boston, Worcester, and Springfield. In addition, MPHA provides staffing support to several public health coalitions, including United We Stand for Public Health, the Massachusetts Hepatitis C Coalition, and the Coalition for Local Public Health.

Protecting the public's health is universally recognized as a principal responsibility of government. The public looks to government to ensure the health and safety of our communities, schools, and environment.

The legislature is in the midst of important work to expand access to health care. At the same time, it is vital that the Commonwealth enhance its investment in public health. Public health programs save lives, prevent pain and suffering, reduce costly medical expenses, and keep children in school and adults at work.

Increased funding is also necessary to strengthen the state's public health infrastructure to prepare for predictable future problems, such as pandemic influenza, and to protect us from communicable and chronic diseases that are transmitted through air, water, food, and environmental exposures to toxins. We have seen in the aftermath of Hurricane Katrina the critical importance of adequate investment to prepare for public health emergencies.

We commend the legislature's leadership in boosting Department of Public Health funding by \$18.7 million in the FY06 budget. In light of Governor Romney's H. 2 budget proposal, your continued leadership is necessary to promote a healthy Massachusetts.

MPHA believes that the governor's budget fails to adequately address a wide array of public health problems. His proposed \$24.9 million increase for DPH, while laudable, is concentrated in three areas: substance abuse, immunizations, and public health hospitals. Yet, the increases for both substance abuse and immunizations are still insufficient; in fact, his proposal for immunizations would not maintain current vaccine programs for children and adults.

Moreover, increases for DPH in H.2 are offset by level funding or minor cuts in a host of other public health programs. Considering the effects of inflation, a wide array of critical programs would be forced to reduce actual levels of service under the governor's budget in the coming year.

The governor's budget also includes an ill-advised proposal to roll back the state's income tax rate. Instead of tax cuts that primarily benefit the wealthy, we should be investing in programs that promote health, strengthen our communities, and improve our quality of life. MPHA joins its colleagues in the United We Stand for Public Health and Stop the Cuts coalitions in opposing a rollback of the income tax and in supporting enhanced state revenue to fund vital public programs.

We would like to draw your attention to five MPHA priorities. These are highly beneficial and cost effective disease prevention programs and services that operate "under the public radar," but that have tremendous consequences for the public's health. We ask that you please increase funding for the following programs in the amounts and for the purposes described:

- 1) **School Health Services (4590-0250): \$18,718,309**, at minimum, is needed for school nursing services and school-based health clinics to serve children and school districts across the Commonwealth. School health services are part of our front-line defense against communicable disease, including influenza, and they provide primary access to health care for thousands of children with increasingly complex medical needs. Full funding of this request for FY07 will still leave school health services funded at 50 percent of the amount DPH received for school nurses and school-based clinics in FY02.
- 2) **Universal Immunization Program (4580-1000): \$37,271,508** is the minimum required to provide up-to-date pediatric and adolescent vaccines and to preserve current levels of flu, pneumonia, meningitis, and other adult vaccines, particularly for vulnerable elders. The governor's budget marks a valuable step forward but falls \$2.2 million short of the anticipated real need for FY07.
- 3) **State Laboratory Institute (4516-1000): \$13,277,658** is required to maintain adequate TB and STD testing and clinical services, purchase necessary equipment and supplies, and provide laboratory support services to municipal public health authorities. The state laboratory, based in Boston, serves all Massachusetts communities, providing testing services for everything from mosquito-borne illnesses to anthrax. Its funding from the state is less now than it was in FY02, despite steady inflation and heavily increased demands on its services. On Christmas Day, 2005, the lab went without electrical power for over four hours while its vintage 1974 generator would not operate during a power outage to the surrounding community! With the threat of pandemic influenza increasing, it is vital to shore up state laboratory capacity this year.
- 4) **Environmental Health Services (4510-0600): \$4,628,403** is needed to provide sufficient funding for critical programs including food inspection and indoor air quality improvement. We understand that the state auditor's office will soon release a highly critical report documenting a precipitous decline in state food quality inspectors over the past several years. Massachusetts also faces disproportionately high levels of respiratory disease caused in part by poor indoor air quality in public schools and other buildings. Environmental health services have been cut by 18 percent over the past four years. Like the state lab, this division of DPH serves all of the state's cities and towns and is an essential component of our public health infrastructure.

- 5) **Hepatitis C program (4513-1114): \$2,500,000** will provide necessary education, diagnosis, and treatment services to combat this deadly “stealth epidemic” that affects over 110,000 Massachusetts residents, the majority of whom do not realize they carry and can transmit the virus. Hepatitis C is the most prevalent liver disease and is the leading cause of costly liver transplants.

These five programs are not an exhaustive list of public health funding needs. The list features programs that may not be as high profile as others. MPHA also strongly supports the recommendations of our partners in the United We Stand for Public Health coalition and other organizations. These include, but are not limited to, sufficient funding for:

- Teen pregnancy prevention
- Suicide prevention
- AIDS prevention and treatment
- Drug prevention and treatment
- Tobacco cessation and control
- Community health centers
- Research and education on breast, prostate, and other cancers
- End of life care
- Oral health

Finally, MPHA supports the Senate proposal to include additional funding for public health in the health care reform legislation. The proposal recognizes the crucial connection between preventing illness, disease, and injury, and treatment. We hope that the entire legislature embraces this life- and money-saving approach.

Investing in public health is common sense. According to the national Institute of Medicine, risky behaviors and environmental factors account for over one-half of avoidable deaths. Public health means being proactive, seeking out root causes and addressing the source of a problem, whether it’s teen smoking, drug abuse, or air pollution.

Public health not only prevents pain and suffering, it’s been widely documented to save money. For example, for every dollar spent on vaccines for the measles, mumps, and rubella, \$14 in direct costs and \$26 in societal costs are saved. Yet, the Institute of Medicine reports that less than 1 percent of our nation’s health dollars are spent on prevention. Achieving a healthy – and fiscally sound – Massachusetts necessitates reversing that imbalance.

Please do not hesitate to contact us if you would like further information about these priorities. Thank you very much for your consideration.