TESTIMONY BY MAYOR MARCIA LECLERC, TOWN OF EAST HARTFORD

March 6, 2017

Testimony in Opposition to H.B. No. 7170 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING THE INTEGRATION OF MUNICIPAL HEALTH DEPARTMENTS INTO REGIONAL HEALTH DISTRICTS.

To: the Distinguished Co-Chairs and Members of the Public Health Committee

From: Marcia A. Leclerc, Mayor, Town of East Hartford and James P. Cordier, Director of Health and Social Services, Town of East Hartford

We strongly oppose raised bill No. 7170, an Act concerning DPH recommendations regarding the integration of municipal health departments into regional health districts. Although the reasons for opposition are manifold, some of the most contentious issues associated with this raised bill are as follows:

- Basically, this is the third permutation of the regionalization concept being pushed forward by the DPH Commissioner. The first was based upon a county configuration fueled by grants, the ability to charge fees for service by entities whose function is population health- not primary health care, DPH per capita funding from the CGA which has been unreliable and continually curtailed, and annual member town assessments that equated to 1.5% of each municipality's operating budget. (For East Hartford that amount would have been $2,870,340 as opposed to the current Health Department fiscal year outlay of $789,232) DPH switched its model after vehement opposition by CCM, most of the Councils of Government, a host of municipalities and many NGO and professional groups.
- The second regional iteration was premised upon Council of Government boundaries. This time mention of the 1.5% municipal assessment funding mechanism was removed and replaced with an ambiguous statement of a "prorated share" without a percentage identified. COGs function as regional planning agencies more so than regional governmental agencies. They advocate for the interests of member municipalities and share best practices- they are not postured to be administrative bodies. Many municipalities and district boards of health and most of Connecticut's COGs opposed the second proposal, as well.
- In the third and present variant, DPH is again using the COG configuration approach. It comprises a "foot in the door" effort, as it is silent on the status or inclusion of municipal health departments for the present and appears to be an attempt to merge current health districts within the respective COG regions as a first step. It would then be up to the newly-appointed Regional Health Directors, under DPH and board advisement, to develop plans to assimilate city and town departments into the Regions in the near future.

Federal grants (which can be transient or unsustainable), charging fees for service (which would put public health in competition with its private health care partners), member-town annual assessments (which would comprise the bulk of Regional revenue streams) and annual Per Capita appropriations from the General Assembly to the Public Health Regions (which may or may not be cut or reduced in the future) seem to be major funding mechanisms for this proposal. It is

ironic that the current variant also proposes COG-based funding at a Per Capita rate of $1.85 as a source of funding for the notional COG public health regions, but the Governor's budget calls for a reduction in funding of local health. A plan to restructure any subdivision of government must be accompanied by a definitive plan to fund it. DPH has yet to clearly posit a cost/benefit analysis that would demonstrate how much money would be saved by the State of Connecticut or its municipalities and, more importantly, how it would benefit the people.

- HB 7071 is premised upon the assumption that the current local public health system does not work. This is a jaundiced view, as the United Health Foundation's 2016 Rankings recently placed Connecticut as the 3'' healthiest state in the nation, up from 6th in the previous year. Moreover, proponents of this consolidation concept claim that local public health in Connecticut is "fragmented". It is not fragmented, it is diversified. Each local health district or department is molded to the needs and the private, public and NGO health infrastructure of their respective communities. Different towns have different needs. Home rule and direct local control must be respected. Long-standing, effective and sensitive voluntary cooperative arrangements are already in place and language already exists under CGS 19a-223 to enable health departments and districts to share resources. Regional cooperation- not regional government and new bureaucracies- are the answers, in large part, to the improvement of the public's health in Connecticut.

We urge that you not support this proposal. To do so could place the State of Connecticut, its residents and its wonderful public health system of local departments and districts into an undesirable and intractable position.

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