



## *Your Voice for Public Health*

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John Auerbach, *President*

Geoffrey W. Wilkinson, *Executive Director*

February 5, 2007

Dear Representative,

I am writing on behalf of the Massachusetts Public Health Association to summarize our budget priorities for the Department of Public Health (DPH) in FY08. We are grateful for your leadership in helping boost DPH funding in FY07, and we look forward to continued progress in promoting a healthy Massachusetts. We ask that you support increased funding for public health in the House Ways and Means budget proposal.

The Commonwealth is in the midst of implementing landmark legislation to expand access to health care. It is vital that we curb costs by investing in the prevention of chronic diseases, which account for 75 percent of medical expenses. Public health programs save lives and money, reducing unnecessary hospitalizations and keeping 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.

*MPHA's overarching priority is to incorporate all of the FY06 supplemental funding made available for DPH programs in FY07 into the FY08 budget.* The DPH budget for FY07 stands now at \$513.6 million, compared to \$434.7 million in FY06. Over half of the \$78.9 million increase in this year's budget for DPH is from supplemental appropriations that were made in FY06 to be spent in FY07, many of them as part of the Chapter 58 health care reform. It is essential to consider these investments as part of the Department's base in order to avoid another *de facto* round of damaging and costly program cuts in FY08.

These supplemental appropriations made possible much needed, if partial, restorations for a wide range of valuable disease prevention and treatment programs, including services to address substance abuse, tobacco addiction, cancer (breast, prostate, ovarian, and colorectal), hepatitis C, AIDS, teen pregnancy, suicide, diabetes, dental health, stroke, pediatric palliative care, and chronic illnesses. Supplemental funding also provided critical improvements in state laboratory capacity and infectious disease control.

Since 2001, MPHA has provided leadership for a broad-based coalition of public health advocacy and provider organizations. The coalition has promoted public health as a whole and has generally refrained from advocating for any particular issue or constituency. *MPHA supports the advocacy of various coalition members for tobacco control, AIDS/HIV, substance abuse, family health services, teen pregnancy prevention, suicide prevention, breast cancer prevention, and other programs.*

We also lead advocacy for several DPH accounts that have broad import for public health and that tend not to have other powerful advocacy groups behind them. This year, MPHA is targeting

special attention to environmental health, school health services, immunizations, the state laboratory, and hepatitis C.

**Environmental Health Services (4510-0600)** is a new priority for MPHA this year. We want to make a special case for increasing funding from the current level of \$3.5 million to *at least \$4.85 million in FY08*. Environmental health is one of the divisions at DPH—like communicable disease control—that provides basic support for local public health boards and departments across the state. It is a critical part of the state’s public health infrastructure, and it has been badly neglected in recent years. The environmental health division has responsibility for food protection, indoor air quality, community sanitation, lead control, protection of drinking water and beaches, response to chemical emergencies (like the recent Danvers explosion), radiation control, and other services.

Funding for environmental health has been cut by 27 percent since FY01 (inflation adjusted), and budget earmarks, approved without commensurate increases in funding, limit flexibility in core functions. The division has had a dramatic reduction in full time personnel and simply does not have enough staff to meet basic responsibilities.

We understand that the state auditor’s office is about to release a highly critical report about state food protection services. DPH lacks adequate staff to conduct local and state food inspections including commercial food processing. There are limited resources to conduct food borne illness investigations among other tasks which have serious implications for public health.

In addition, the Massachusetts Environmental Radiation Laboratory (MERL), the state’s sole facility where samples can be analyzed for a complete spectrum of radionuclides, has inadequate capacity to address our post-9/11 needs for monitoring radioactive materials.

Similarly, the division lacks adequate staff for proper indoor air quality monitoring and technical assistance. We have a number of schools with mold and moisture problems. There is a waiting list for indoor air quality inspection requests, resulting in delayed reports and remediation efforts. This must be addressed to help reduce the state’s high rate of pediatric asthma. Problems identified early can be addressed at lower costs to the schools, not to mention loss of school days and potential health concerns.

In addition, we ask your support for the following critical health promotion and disease prevention programs:

- 1) **School Health Services (4590-0250): \$22 million in FY08** (increased from \$16.7 million in FY07), with earmarks of \$20 million for “school nurses and school based health centers” and \$600,000 for “substance abuse and mental health services in school based health centers.” 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. The additional funding would allow DPH to expand its grant program for nurses beyond the 102 school districts currently receiving funding. School health services were devastated during the last economic downturn. Even with recent modest restorations, funding for these programs has been cut by 68 percent since FY01 (inflation adjusted).
- 2) **Universal Immunization Program (4580-1000):** Substantial new investment will be 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. An estimated \$61.5 million will be necessary to include rotavirus, HPV, and adequate levels of MCV vaccine in our current universal distribution system. We advocate this level of funding, if possible, because of the well-established value of immunizations in preventing disease. The Massachusetts universal distribution system is a significant reason why we lead the nation in pediatric immunization rates. Understanding the challenge of a structural deficit that may top \$1 billion in FY08, MPHA would not support funding a \$25 million increase for immunizations at the expense of other critical DPH programs. If the state cannot afford to add funding for rotavirus, HPV, and MCV at preferred levels, we urge funding at the maximum level possible. In any case, funding for universal immunizations must be raised to \$39 million in FY08, up from the current level of \$36.8 million, just to maintain the existing program with anticipated price increases.

- 3) **State Laboratory Institute (4516-1000): \$15 million in FY08** (compared to \$14.7 million in FY07). The state laboratory, based in Jamaica Plain, serves all Massachusetts communities. A modest increase in funding is required to maintain adequate TB and STD testing and clinical services, support emergency and pandemic preparedness efforts, purchase necessary equipment and supplies, and provide testing services for everything from mosquito-borne illnesses to anthrax.
- 4) **Hepatitis C program (4513-1114): \$1.4 million** (level-funded from FY07). This funding 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.

Thank you very much for the opportunity to offer these recommendations. Please do not hesitate to contact us if you or your staff would like further information about these priorities or other public health matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Geoffrey W. Wilkinson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Geoffrey W. Wilkinson, MSW  
Executive Director