



## *Your Voice for Public Health*

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### **FY06 Budget Testimony of the Massachusetts Public Health Association**

**March 15, 2005**

Good morning, and thank you for this opportunity to testify. My name is Geoff Wilkinson, and I am the executive director of the Massachusetts Public Health Association. MPHA is the state's principal advocacy organization for public health. We're the oldest public health association in the nation and have a statewide, dues paying membership of over 1,000 public health professionals, including community health workers, municipal officials, academics, doctors, nurses, and people working in the public and private sectors on a wide array of health issues and with multiple populations. Our mission is to improve the public's health, promote the establishment of health care as a human right, and achieve optimal community, personal, and environmental health.

We have offices with full time staff in Boston, Worcester, and Springfield, and we provide support to several major public health coalitions, including United We Stand for Public Health, a broad-based coalition of over 100 organizations; the Coalition for Local Public Health, which includes MPHA and the state associations of health boards, public health nurses, health officers, and environmental health officials; and the Massachusetts Hepatitis C Coalition.

In addition to advocating for the DPH budget, we operate programs in areas including childhood obesity prevention, environmental health, school health, correctional health, and emergency preparedness. We have particular interests in strengthening the public health infrastructure and eliminating health disparities. The common thread running through all of our work is a commitment to *preventing* injury and disease.

Protecting the public's health is universally recognized as a principal responsibility of our government. The public looks to government to ensure the health and safety of our communities, schools, and environment. Investing in public health protects lives, reduces illness and injury, and prevents costly medical expenses.

Public health is common sense. It's being proactive, seeking out root causes, addressing the source of the problem, whether it's teen smoking, substance abuse, or mercury pollution.

It's an approach that prevents a lot of misery and suffering – and saves a lot of money. Vaccinations provide a good example. For every dollar spent on the measles, mumps, and rubella vaccine, \$14 in direct costs and \$26 in societal costs are saved.

Last summer, the Boston Foundation and the Massachusetts Health Policy Forum published a report entitled "Funding Cuts to Public Health in Massachusetts: Losses Over Gains." It found that after years of leading the nation in expanding access to health care and making improvements in a number of health outcomes, dramatic and disproportionate funding cuts to

Department of Public Health programs had “imperiled” the state’s public health infrastructure and resulted in “deteriorating levels of public health service.” The report found that health disparities based on race, ethnicity, and social class are widening, and that inadequate resources were being devoted to unglamorous but crucial public health functions including data collection, analysis, and reporting. It also cited two national studies that documented plummeting state support for public health in Massachusetts. We led the nation (with Colorado) with the largest drop in state funding from FY02 to FY03, moving from 4<sup>th</sup> place to 22<sup>nd</sup> place nationally in one year.

In fiscal year 2005, the legislature has restored nearly \$40 million to public health programs compared to FY04, despite the governor’s recommendations to slash FY05 funding for DPH by over \$30 million. We applaud the legislature’s leadership in providing enough funds this year to resume adult immunization programs that had been halted in FY04, to maintain school health services that the governor had zero funded, to protect substance abuse programs threatened with the loss of federal funds, and to make modest restorations in areas such as tobacco control, AIDS, and family health services.

Even so, the Department of Public Health has experienced a 23 percent net cut since FY01. We have lost almost a quarter of our entire health department in four years, and—if the budgets for public health hospitals are taken out of the equation—almost a third of core health promotion and disease prevention capacity. The impacts have been profound, as the “Losses Over Gains” report documented.

This year, the governor’s House 1 budget provides essentially level funding for the public health department. Level funding is not adequate or acceptable in light of the short and long term consequences of the last several years of cuts. DPH suffered disproportionately high cuts compared to other departments of state government, and it suffers a disproportionately lower level of re-investment in House 1. If the governor’s recommendation of level funding for immunizations was to be adopted, for example, we would lose at least half of the current adult vaccine program. The state would be forced to dramatically reduce the availability of flu shots for seniors, or we would have to terminate adult pneumonia, hepatitis, and other vaccines again, with deadly consequences.

Public health prevention saves lives and money. It’s a simple formula. You will hear compelling testimony today about a variety of specific needs—substance abuse, AIDS, teen pregnancy prevention, MassHealth for immigrants, prescription drug coverage for seniors, tobacco control, community health centers, rape crisis and family health services, and others. Many of these are direct services, not just long term health promotion efforts. It is impossible to overstate the value and importance of a strong public health infrastructure for all of our families and communities.

With that in mind, I would like to call your attention to five of MPHA’s top budget priorities, including several accounts that are largely outside of the public eye but which have major impact on the public’s health. They include:

**School Health Services (4590-0250)** Please fund this program at \$18 million. The enormous increase in the number of children with special health needs makes this program essential. Currently, this program directly funds 103 public school districts and 287 non-public and charter schools. We need at least \$4 million more this year than was provided in FY05. The governor has recommended level funding.

**Immunizations** (4580-1000) Please fund this program at \$29 million. This is the minimum level required to preserve current levels of flu, pneumonia, meningitis, and other adult vaccines, as well as provide up-to-date pediatric and adolescent vaccines. I have attached detailed information about why the current level of \$25 million is inadequate even to maintain existing vaccine programs in the coming year.

**State Laboratory** (4516-1000) Please fund this program at \$11 million. This is the minimum required to maintain adequate tuberculosis and STD testing and clinical services, purchase necessary equipment and supplies, and provide laboratory support services to municipal health authorities. Amazingly, while Massachusetts recently ranked at the bottom of a national report card on emergency preparedness—with inadequate laboratory capacity cited as a key concern—the governor is actually recommending a slight cut in the State Laboratory Institute this year. Again, I have attached some detailed supporting information to my testimony.

**Hepatitis C** (4513-1114) Please fund this program at \$3 million. This funding is necessary to provide education, diagnosis, and treatment for 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. The legislature made a significant advance by restoring the hepatitis C line item in the FY05 budget. Now, it’s time to restore funds to these critical programs.

**Public Health Hospitals** (4590-0916) House 1 provides zero funding for maintenance to public health hospitals, cutting \$1.7 million compared to the FY05 budget. We hope that the Ways and Means committee will take a serious look at the need to systematically plan for the maintenance and capital needs for our public health hospitals, as well as to provide adequate funding for safe staffing levels across a range of medical and health care disciplines.

Finally, I would like to express strong support on behalf of the entire public health community for preserving and enhancing state revenues to the maximum extent possible. MPHA and the United We Stand for Public Health Coalition oppose the governor’s proposal to roll back the state income tax rate to 5 percent. We support the governor’s plan to close corporate tax loopholes, even as he backs away from his own proposal in the wake of criticism from conservative national leaders. We also support combined corporate tax reporting. We hope that you will take strong leadership not only to ensure maximum revenue for the array of state needs that you are seeking to balance, but also to ensure that a fair proportion of federal tobacco settlement dollars are used to support tobacco control and other public health needs. The public approved tax increases to fund these programs, the legislature endorsed long term plans to protect them, and now, we ask that you reject the governor’s proposal to devote the entire tobacco trust funds to the general treasury.

Thank you very much.