



Connecticut Department of Public Health

Testimony Presented Before the Appropriations Committee

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Good morning, Senator Osten, Representative Walker, Senator Berthel, Representative Nuccio, Senator Hartley, Representative Exum, and Representative Paris. Thank you for the opportunity to testify before you today in support of the Governor's Budget Proposal for the FY 2024 and FY 2025 Biennium for the Department of Public Health (DPH).

Over the past year and a half, I have had the honor of leading the Department of Public Health through some of its most challenging times and while the COVID-19 pandemic is certainly not over, it feels like we are finally coming up for air and can look back and understand how the past 3 years, with the support of our state and federal partners, have made the Department of Public Health stronger.

At the State Public Health Laboratory, we were able to make historic infrastructure investments to improve our response to the ongoing COVID-19 pandemic, while also preparing us for future emerging infections and improving the lab's day to day operations. For example, with federal COVID-19 funding, we can invest \$50 million in long needed updates to the Laboratory Information Management System (LIMS), which allows the lab to communicate with health care providers across the state. When these updates are complete, we will improve quality of newborn screening, environmental health, infectious disease testing, improve test result turnaround times, and reduce transcription errors of test results. We also invested in a generator, which will allow the entire lab to continue running at full capacity, should there be an event that threatens the power source. Additionally, we made capital investments, allowing us to renovate laboratory space to operate a biosafety level two space that will support research and testing related to future emerging public health threats.

While we made several capital investments across the department in response to the COVID-19 pandemic, we also had the opportunity to look within and drive change in our day-to-day operations and organization. I'm proud to report that during my tenure as Commissioner, we have built organizational infrastructure and resiliency that have prepared us to act fast in response to other outbreaks. MPox (formerly known as Monkeypox) was our first test.

MPox emerged over the summer and aggressively took a toll on our LGBTQ+ and Black, Indigenous, People of Color (BIPOC) populations in a way that once again highlighted health inequities in Connecticut and nationally. With MPox, we took our lessons learned from COVID-19 and had a swift and robust response. Behind the scenes, we initiated an incident command structure months before Connecticut had its first

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case. The state public health lab moved quickly, working with the Centers for Disease Control and Prevention (CDC) to validate testing for MPox and was the sole lab doing this testing in Connecticut for several weeks. The Yellow Vans set up pop-up MPox vaccination sites in addition to their COVID-19 vaccination sites. We developed a coordinated communications plan with stakeholders to be responsive to the populations most affected by MPox. I am proud to say that we were ready for this emergency and that the actions we took helped stop the spread, keeping MPox from reaching its full outbreak potential.

When I started as Commissioner on September 20, 2021, I had the opportunity to outline my priorities for the Department and determine where I planned to focus my efforts as its leader. You may remember that in September 2021, we were in the midst of the Delta outbreak, so responding to COVID-19 was at the top of my priority list. Since then, we have learned how to continue living in a COVID-19 world, where the virus is still very much present, but it no longer consumes the work we do. With this shift, I am able to reevaluate my priorities as DPH Commissioner. Now is the Department's chance to remind Connecticut what public health can do outside of an emergency. This phase is the real opportunity for change, and it is exciting.

Outside of continuing to monitor and respond to emerging infectious diseases, my priorities for the department include:

- Climate and Public Health
- Revitalizing Public Health
- Workforce Development
- Local Health Capacity Building
- Reimagining the Long-Term Care Industry

Engrained in each of these priorities is a focus on health equity and as the DPH Commissioner, health equity will remain at the forefront of all decision making. Additionally, the pandemic showed us that public health communications are essential to inform the public and guide individual and collective decision making. Developing a proactive communications strategy to address each priority area of public health is essential to being recognized as the trusted source of reliable information for all Connecticut residents. We will work to develop this strategy so that we are prepared for any reactive communications that are necessary to address the next public health threat.

Climate and Public Health

In collaboration with The Governor's Council on Climate Change (GC3) and through the Office of Climate Change and Public Health (OCCPH), we will establish guidance, policies, and laws to reduce illness and death among Connecticut's residents from climate-related disease and exposures. We will develop an action plan to address and mitigate extreme heat exposure in urban heat islands related to extreme weather events. The plan will provide adequate shelters for cooling and heating centers as temporary mitigation for inner city areas that have extreme heat, extreme cold and extreme flooding while permanent mitigation plans are developed and implemented. The Department will also endeavor to improve Connecticut's adaptation and mitigation strategies to combat the health impacts from poor air quality, including improving air quality monitoring for ozone and allergens. We are also addressing the

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impacts of climate on our infrastructure resiliency through federal investments in safe drinking water, lead service line removal, and PFAS mitigation.

Revitalizing Public Health

During the COVID-19 pandemic, we were forced to prioritize our response, which meant many other public health crises like gun violence, maternal health, mental health, and the opioid crisis were left without the proper resources and attention. As we start to re-evaluate our priorities, we are faced with exacerbated long term public health challenges and the various solutions they will require.

Regarding community gun violence, we have strengthened our response by instituting the Commission on Community Gun Violence Intervention and Prevention. The Commission includes stakeholders from all around the state, to advise the department on our efforts to address the rise in community gun violence. We are developing our Community Gun Violence Prevention Program with a \$400,000 General Fund investment provided in the FY2023 midterm budget adjustments, which the Governor proposes to continue in each year of the biennium, and we look forward to updating you on their progress. Together, the Commission and the Community Gun Violence Prevention Program are working to distribute an existing \$2.5 million in American Rescue Plan Act (ARPA) funds to organizations working to reduce gun violence in their communities. We were pleased to see that the Governor proposed directing another \$2.5 million in ARPA funds in FY 2024 to this work and know that this investment will make important strides in reducing gun violence in our communities.

Last session, the legislature voted to reestablish the Tobacco and Health Trust Fund Board and allocated a transfer of \$12 million from the Tobacco Settlement Funds to the Tobacco and Health Trust Fund. This deposit for FY 2023 is scheduled for April 2023. The Governor is proposing a transfer of an additional \$6 million in each year of the biennium to the Tobacco and Health Trust Fund which, coupled with the FY 2023 transfer, commits \$24 million for the board by the end of the biennium. That amount nearly equals the total allocation dedicated to the Tobacco and Health Trust Fund under the prior 13 years that the Trust Fund operated (2003-2016). This money will fund initiatives that reduce the prevalence and impact of tobacco and nicotine use. Disbursements will follow CDC recommendations, scientific research, and evidence-based analysis. We believe these investments in the Tobacco and Health Trust Fund are sufficient to offset the Governor's proposed \$1 million reduction in FY 2024 and FY 2025 to our Tobacco Prevention account in the General Fund. We look forward to working with the board to make important strides in reducing tobacco usage across the state.

During the 2021 legislative session, the legislature voted to legalize cannabis in Connecticut. I commend the various agencies that have worked very hard over the last year and a half to implement this work. With the Governor's proposed investment of \$899,318 over the biennium, DPH can monitor and ensure safe use of cannabis across the state. Funding will allow the department to support three staff who will collect and clean cannabis data, track use and adverse events so that we can protect the health and safety of those who use cannabis. This investment will also support adding questions on cannabis use to the Behavioral Risk Factor Surveillance System, which will allow the department to monitor cannabis use in high school aged children.

This session, the Governor has proposed starting a Public Health Infant Mortality Review Committee (PHIMRC), coupled with an additional employee to support this work. The goal of the PHIMRC will be to

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identify gaps in care and delivery of services that will improve maternal and infant outcomes. Given the rising poor birth outcomes and the fact that they disproportionately affect BIPOC populations, this work is vital to reducing health disparities and improving maternal care in the state.

Workforce Development

Over the last 3 years, the public health workforce has been operating in overdrive, leaving many burnt out and chronically stressed, resulting in a short-staffed working environment. We have seen this at the national, state, and local public health office levels. In response to these ongoing workforce challenges, I established the Office of Public Health Workforce in the Commissioner's office to work closely with our own staff, local health, and our universities to identify ways to rebuild the workforce and generate resiliency within it. These efforts are supported by a recent \$32 million grant from the CDC. Through this grant, we will offer enhanced professional training and new wellness programs for our existing workforce, support local health departments in their efforts to build their workforces, and create a new associate's degree in public health to build an additional pipeline for people interested in beginning careers in public health.

Local Health Capacity Building

With the COVID-19 pandemic, we have seen an increase in funding available to our local health departments that have allowed us to lean more heavily on them in responding to the pandemic on the community level. Moving forward, I plan to maintain and build on these relationships to maximize the effect our programs can have on the micro level. Local health professionals are our boots on the ground. Enriching that relationship, facilitating collaboration with departments and districts, and strengthening their workforce will ultimately serve to improve the health of all citizens in Connecticut.

Reimagining the Long-Term Care Industry

As we all know, the COVID-19 pandemic hit nursing homes hardest, both nationwide and in Connecticut. But even before the pandemic hit, Connecticut, like other states and our federal partners, was wrestling with the challenge of improving the quality of care in the nursing home industry. The pandemic highlighted the need for more attention to this work. We share work on this goal with our sister human services agencies, particularly the Department of Social Services and OPM. As the Department of Social Services strives to drive quality through a new value-based payment initiative, we are working to complement that initiative with a more data-driven, strategic approach to regulatory enforcement. To drive this effort and with the Governor's proposed investment of \$531,068 over the biennium to support three positions, DPH will build a quality assurance program in the Healthcare Quality and Safety Branch to help us prioritize our regulatory enforcement authority in the homes that are struggling the most so that we can ensure quality health care and living conditions to their residents.

We also have recognized, along with our sister human services agencies, that the system of long-term care providers – a system of providers and a regulatory framework that dates back decades – may not provide the kind of service levels that people need in this decade. Trends we are seeing across the nation and in our state show a long-term care industry struggling to be responsive to clients of today who have

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more co-morbidities, higher incidence of behavioral health and substance use issues, and need specialized levels of care that the current licensing and regulatory framework may not support adequately or effectively. Providers want to step in to fill the service gaps, but sometimes our licensing and regulatory system doesn't support this. I am planning to appoint a Senior Advisor for Long Term Care to help the Department and the state identify the gaps in our system and ways the Department can help to improve the system for now and decades to come.

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Since beginning my time as Commissioner, I have worked to build new and strengthen existing programs, creating a framework for what I want public health and the Department of Public Health to look like well into the future. It is this infrastructure, with the support of the Governor, the legislature, sister agencies, community partners and the hard-working people of the Department of Public Health that will allow us to continue responding to the challenges we are facing as a community, decrease health disparities, and allow us to embrace the future of public health.

Thank you for the opportunity to testify before you today. I look forward to answering any questions you may have.