TESTIMONY – Russ Toal, Georgia Public Health Association

February 25, 2010

Joint Health Appropriations Committees Hearing on FY 2011 Budget

Chairmen:

I am Russ Toal and am here representing the Georgia Public Health Association. I appreciate this opportunity to speak to you about the proposed public health budget for 2011.

I stand before you celebrating a birthday of sorts. This year marks the 30th year I have had the privilege of working with the General Assembly. In fact, I have been around so long that I can testify that I knew Senator Hooks when he was a YOUNG man.

During those thirty years I have seen a lot of budgets, but never one as tough as this one. I also have seen a lot of good health legislation over the years, and one of the best was HB 228 which you and a number of the other legislators in this room were instrumental in passing last year. That reorganization of Georgia's health and human services was a very positive action that was badly needed. The GA Public Health Association is grateful for the bill and the way in which you worked with us.

A demonstration of the importance of that bill occurred this fall when the state faced its first pandemic – H1N1. We are proud of the job public health did in combating that epidemic, and while it is not over (get your shot if you have not yet done so!), the success that was displayed speaks to the quality and commitment of public health staff across the state. It also is testimony to the leadership and engagement of DCH Commissioner Medows, who was very invested in making sure that we responded in an appropriate manner. We are appreciative of the department's (and CDC's) efforts.

But despite that recent success story, the state of public health across Georgia is not good. With the FY11 budget we are facing the seventh consecutive year of funding reductions to public health, most of it in grant-in-aid to the counties. The proposed cut for FY10 is $7.7 million, and another $6.2 million has been proposed for FY11. Almost 40% of the public health positions across the state are vacant, and if the full proposed budget reduction for FY11 goes through, more staff will be let go, more positions will be kept vacant, existing staff will be given more furlough days, and programs will be negatively impacted. There is no way to have these personnel reductions and not have service cutbacks become reality.

Some of the program reductions that we have experienced over the past few years are penny wise and pound foolish. An example of that has been the reduction of state funding for the Stroke and Heart Attack Prevention Program that was begun by this legislature in the early 80s. That program, at the cost of pennies per recipient per year, helps those with hypertension and other cardiac risk problems get the medications they need to avoid strokes and heart attacks. By eliminating the program we are inviting

higher costs for the Medicaid program and safety net hospitals when the strokes and heart attacks occur. Ironically, we have cut funding at the very time that the Institute of Medicine has taken note of the potential of population-based management of hypertension.

At a time when more of our population is afflicted and at risk of chronic disease, we have cut funding for the adult and adolescent health promotion programs. These programs are needed now more than ever. We will bear a greater cost in the near future by neglecting prevention.

We also are facing worsening infant and child health statistics for the first time in decades. Georgia has made considerable progress over the years, but now our infant mortality rates are increasing, and premature and low birth weight deliveries are climbing. The impact of bad pregnancy outcomes has an immediately negative impact on families, communities, providers and the state Medicaid program. In many instances these are avoidable costs. We had, for example, a very successful perinatal care case management program run by health departments across the state for years. That program has been given to the CMOs, who are trying to do it – permit me to try to say this with a straight face – telephonically. NO one I know – not the public health community, not the GA OB/Gyn Society, the GA Perinatal Association, the community health centers nor the advocate community – thinks that trying to do case management with this population telephonically makes any sense. It does not work.

A key provision of the reorg bill was the provision that directed DCH to maximize federal funding (including Medicaid) to public health. While cost allocation is certainly better under DCH, more direct Medicaid funding to public health can and should be provided. The GPHA has offered to assist with this in any way we can.

We are pleased the department is considering a demonstration program – the Planning for Healthy Babies Waiver program – that will make service for appropriate spacing available to women at risk, but we hope that the department will make sure that health departments are a prime provider of these services. We hope too that the department will not wait until statewide funding is identified. There are some parts of the state that need help now, not later. In SW Georgia, for example, more than 17% of the births are premature. The national prematurity target is 7.6%.

The cuts in public health are coming at a time when there are more demands than ever. The state's population has grown significantly over the past seven years, the number and percent of uninsured have increased, more are unemployed, the duties of public health have been expanded, expectations with respect to emergency response, disaster preparedness, bioterrorism surveillance, reporting and accountability are all up, but we do not have the staff or the tools to do the job properly or in the manner you would like us to. The health departments have paper medical record and referral systems and archaic billing systems. Staff doesn't have the time or support to participate in continuing education and our ability to recruit new personnel is severely hampered.

We understand that everyone has to take a haircut this year. Public Health has and will. But I implore you to recognize that this is one of a series of reductions, and there has to

be a limit to the cutting. Public Health is key to our state's safety and wellbeing, it is a proven tool for controlling future health costs, and it is an essential component of community infrastructure. While we are effectively organized into 18 districts, public health has an active presence in all 159 counties. In fact, if it weren't for those counties and their commitment to public health, we would be hurting even more. The counties have stepped up and now contribute more to local operations than the state does. But it is unrealistic to think that the counties can continue to pick up the slack given the current economy.

And speaking of money, Georgia needs to increase the tobacco tax. The cost of smoking on human health is huge, a cost estimated to approximate $9 per pack. A tax increase of $1 per pack would reduce the number of teens who take up the deadly habit, reduce the current number of smokers, reduce the smoking cost impact on the state's own health programs, and provide the state with some badly needed revenue.

The GPHA also believes it is time for Georgia to lose its distinction of being the only state in the nation that doesn't require pickup truck drivers – and I am one – to wear their seatbelts. It costs the state millions in federal transportation dollars annually and results in preventable injury, disability and death. These injuries impose a financial burden on families, businesses, insurers, and the state's own health programs.

Georgia has a long and proud tradition of investment in public health. We need to honor that commitment. We cannot continue to cut public health and expect things to get better. They will not.

Thank you for time and attention, chairmen. I am happy to answer any questions you may have.