



Testimony

of

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New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

FY 2018 Preliminary Budget

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Good morning, Chairman Johnson and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Oxiris Barbot, First Deputy Commissioner, and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2018.

This is the start of my fourth year as Commissioner of the largest – and strongest – urban health department in the world. Over the last three years, my staff has worked tirelessly to protect and promote the health of all New Yorkers, but we have not done it alone. I want to thank the Council, this Committee, Chairman Johnson and Speaker Mark-Viverito for being our partners and champions in this work. Together we are well on our way to Ending the Epidemic of HIV/AIDS in New York City, the epicenter of the disease outbreak in the 1980s. In 2015, for the first time since mandated HIV reporting in New York State began, the number of new HIV diagnoses fell below 2,500, with *no* infection diagnosed among infants born in our City. And with the Council we have paved the way for more equitable treatment of transgender New Yorkers by creating an efficient process for obtaining a gender marker change on a New York City birth certificate. Since January 2015, 731 amended birth certificates have been issued to transgender individuals – up from 20 a year in 2012 and 2013. When public health surveillance showed a sharp and steady rise in emergency department visits related to synthetic cannabinoids, or K2, the Council's quick action gave City agencies the necessary powers to stop the sale of this dangerous substance and prevent further public health harm. And our response to the largest outbreak of Legionnaires' disease ever seen in this City – the first large-scale effort in North America to regulate cooling tower operations and maintenance – is being looked to as a national model.

In all of our work, we have focused relentlessly on reducing the unjust distribution of health and wellbeing in our City. We have done this in two principal ways: first, by naming racism as a key determinant of health outcomes and second, by strengthening our community presence and engagement in neighborhoods with the greatest burden of disease.

Last year, we launched Race to Justice, a comprehensive effort to examine how structural racism, implicit bias, unjust practices and discriminatory policies embedded in the health care and public health system and all of our institutions impact our decisions, interactions and priorities. This look inward reflects a message I have worked hard to push externally – that we must name racism and make injustice visible.

While Race to Justice is just starting, the preliminary feedback is telling. We surveyed more than 3,000 employees – nearly half of the agency – and the majority of staff said they would like to be more active in addressing this issue. A diverse team of employees has recommended structural and policy changes within the Department, especially with regards to community engagement, budget and contracts, communications and workforce development and inclusion. I look forward to seeing the results of this important endeavor in the years to come.

The Department will soon officially launch three Neighborhood Health Action Centers in Tremont, East Harlem and Brownsville, neighborhoods with disproportionately high rates of chronic disease and premature death. We are reimagining District Health Centers. The Action Centers will bring a number of opportunities together under one roof – for example, a Federally-Qualified Health Center, a Family Wellness Suite, a multipurpose room for fitness and group activities and so much more. Partners, including community-based organizations, clinical providers and sister agencies have already moved in, and our teams are beginning to activate the spaces. One partner in Harlem noted he has seen more people enter the building in the past three months than in the past nine years.

And the Board of Health continues to enact measures to improve the health and wellbeing of New Yorkers. I am thrilled that the New York State Supreme Court and Appellate Division upheld the sodium warning rule, the first of its kind in the country to require chain restaurants to post a warning icon on their menus indicating items that contain excessive amounts of sodium.

While we have made strides, our work is not finished yet. It's critical that we not lose sight of the leading causes of death in this city, which continue to be related to chronic disease, in particular tobacco and unhealthy food. New York has long been a leader in tobacco control. It remains true that if you smoke, the single most important thing you can do for your health is to stop smoking. Obesity and diabetes continue to cast a shadow over our future health trends. I look forward to working with the Council on these issues in the coming year.

City Budget

I want to turn now to the preliminary budget. The Department has approximately 6,000 employees and an operating budget of \$1.5 billion, of which \$597 million is City Tax Levy. The remainder is federal,

State and private dollars. The budget is the blueprint to ensuring that all New Yorkers have a chance to live a healthier life. It lays out our priorities and identifies our values as an agency, Administration and City. The fiscal year 2018 preliminary budget continues the Department's focus on improving every community's health and making strides in groups with the worst health outcomes. I thank the Mayor and the Council for their support.

Specifically, the preliminary budget includes an additional \$4.5 million for Cure Violence. For more than a decade, the Department has defined violence as a public health concern. We've used our strongest asset – surveillance data – to confirm that violence can spread through communities like an infectious disease. Even though New York City is the safest big city in the country, there are neighborhoods where gun violence continues to be a real threat. The Cure Violence program, housed within our Center for Health Equity, applies methods used to stop deadly infectious diseases, such as cholera, to violence prevention. These methods interrupt “disease” transmission, working with individuals at highest risk and changing community norms. Using this model, Cure Violence deploys credible messengers to interrupt the spread of violence fueled by revenge, mentors high-risk youth toward positive life choices and mobilizes community members and organizations to reject violence. What started as three sites in 2011 has grown to 18 sites. All sites recorded no shootings during the month of February, and in 11 sites there has not been a single shooting in more than 100 days. Fiscal year 2018 funding will allow us to increase the operating budget of all 18 sites by 50 percent, enabling them to hire additional staff and increase their capacity for supportive services. We look forward to continuing to work with the Council on this innovative public health approach to violence prevention.

Also, the Mayor and First Lady recently launched HealingNYC, a comprehensive effort to reduce opioid overdose deaths by 35 percent over 5 years. I am excited to report that this plan will add \$9.5 million to the Department's fiscal year 2018 budget for critical investments to address the opioid epidemic. The funding will be used to quadruple our naloxone distribution each year at full ramp up, conduct outreach to high risk communities, expand buprenorphine treatment and launch public awareness campaigns to make more New Yorkers aware of the risks of opioids.

State Budget

Before a final State budget is adopted, I want to bring a couple of items to your attention that could affect the Department's operating budget going forward. I have also expressed my concerns to your colleagues in Albany.

The Governor's executive budget includes a cut in State aid provided to the Department under Article 6. As you know, Article 6 funding provides partial reimbursement to every county in the State to support local public health activities and services. The proposed cut, which would only affect New York City, would reduce our reimbursement from 36 percent to 29 percent. For fiscal year 2018, this translates to a loss of \$32.5 million. If the cut stands, the Department would be forced to reduce the number of TB public health advisors and asthma counseling staff, reduce funding for tobacco and obesity media campaigns, distribute fewer naloxone kits and close one of our eight Sexual Health clinics. The rationale for singling out New York City is that we have greater access to federal funding than other counties. However, the federal funding we receive is earmarked for specific programs and cannot be used for the programs affected by cuts to Article 6. Moreover, federal funding itself is at risk, which I will describe in a moment. I want to thank the Senate and Assembly for rejecting this cut in their one house budget bills.

The Governor's executive budget also threatens the fiscal stability of the nearly 150 School-Based Health Centers in New York City, which provide comprehensive primary medical care, dental, vision and mental health services at no out-of-pocket costs to all students, regardless of insurance status. These facilities increase access to health care for youth in our public schools, help reduce emergency department visits and prevent unnecessary hospitalizations. As in past years, the Governor's plan would fold these vital programs into the State's Medicaid Managed Care program, ending fee-for-service billing, causing some centers to close. The Assembly and Senate have included language that would permanently carve out School-Based Health Centers from Medicaid Managed Care in their one-house budget bills, and I hope you will lend your support as you have in prior years. At a time when our safety net providers are more important than ever, we cannot afford to lose any of these vital facilities that serve children in the neighborhoods that need them the most.

Federal Budget

The Department is also closely monitoring Congress and the White House. As we all know, there is much uncertainty in Washington these days, and a lot is at stake that concerns the health of New Yorkers. I am pleased that the House pulled the American Health Care Act from the floor last week. However, the dismantling of the Affordable Care Act (ACA) remains a threat under this Administration. In New York City, since 2010, we have seen the uninsured rate across all ages drop by more than a third, to a current all-time low of 9.3 percent. The repeal of the ACA would likely reverse this trend, and up to 1.6 million New York City residents could lose their coverage. Those that manage to keep their health insurance may pay more for fewer benefits or go without needed care. New Yorkers have come to rely on the protections afforded by the ACA – preventive services like immunizations and cancer screenings, annual wellness visits for Medicaid patients and prescription drug coverage for Medicare recipients. All of these potential reductions will put a strain on the public health and public hospital systems and lead to poorer health outcomes for our neighbors, families and friends.

The President's budget blueprint does not provide many details regarding public health funding, but the proposed 18 percent cut to the Health and Human Services budget would likely have a significant impact on the Department's federal funding. Specific areas of concern include the Prevention and Public Health Fund, which may be impacted by the appropriations process and is 12 percent of the Centers for Disease Control and Prevention's (CDC) budget. The Department receives \$12 million from the Fund each year to target lead poisoning prevention programs, prevent chronic conditions like diabetes and hypertension, support our Public Health Laboratory and support activities related to vaccine preventable disease. And the Department's CDC emergency preparedness grants amount to around \$30 million each year. New York City is one of four cities directly funded by the federal government, which allow us to efficiently respond to public health emergencies and bioterrorism threats.

We also face the threat of a funding cut to Title X, and the elimination of federal funding to Planned Parenthood. The loss of financial support for lifesaving preventive care, including cancer screenings, prenatal visits and contraception services, would have a devastating impact for many New Yorkers who rely on organizations like Planned Parenthood for this health care.

Concluding Thoughts

Despite the very real challenges we face in Albany and Washington, I am grateful for a City budget that supports the Department's work and advances our goals to protect New Yorkers, preserve communities and make our City healthier. And I'm grateful for the strong support, both budgetary and programmatic, that we have from this Committee and the Council. Before closing, I want to acknowledge my excellent leadership team, who are here with me today, and all of the Department's employees for continuing to achieve so much on behalf of all New Yorkers. They bring expertise and passion to our work every day. I am happy to answer your questions.