



Testimony

of

Thomas A. Farley, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

**New York City Council Committee on Health
Committee on Mental Health, Mental Retardation, Alcoholism, Drug
Abuse and Disability Services
Committee on Finance**

On the

FY 2014 Executive Budget

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Good afternoon Chairpersons Recchia, Arroyo, Koppell, and Wills, and members of the committees. I am Dr. Tom Farley, Commissioner of the New York City Department of Health and Mental Hygiene. Dr. Adam Karpati, Executive Deputy Commissioner for Mental Hygiene, joins me to answer questions related to mental hygiene. As you know, the Department is responsible for protecting and promoting the physical and mental health of all New Yorkers. We want to help New Yorkers live longer, healthier lives. Thank you for supporting our programs, and for the opportunity to testify on the Department's executive budget for Fiscal Year 2014.

Program Updates

First, let me update you about some policies and programs that we believe are important to health. Earlier this month, I testified before Speaker Quinn, Health Committee Chair Arroyo, and other council members on a package of three tobacco control bills to help reduce youth smoking in our City. While New York is recognized as a worldwide leader in smoking prevention, tobacco use is still a leading cause of death in our City, so we need to do more. In particular, we must reduce the youth smoking rate, which has remained flat at 8.5 percent since 2007. These complementary bills will help do that by eliminating the highly visible tobacco product displays in retail stores that entice young people to smoke; by reducing access to illegal and low-cost tobacco products; and by increasing the legal age to purchase tobacco products to 21.

I thank the Council for its support of these proposals. We have nearly twenty co-sponsors for each bill. These pieces of legislation have the added benefit of helping adult smokers who want to quit succeed, and I urge the City Council to pass them quickly.

The abuse of prescription painkillers, or opioids, is a problem we continue to worry about. This problem affects the entire United States and all of New York City, but it is particularly severe in Staten Island. Between 2005 and 2011, opioid-related deaths on Staten Island skyrocketed - increasing 261 percent. This rate is approximately four times as high as that of any other borough. In 2011 alone, we lost 220 neighbors, friends and family members to opioid overdoses, including 40 Staten Islanders. It is time to start a broader dialogue on how we, as health care providers, can reverse the epidemic of opioid misuse. The Department will be convening two meetings with doctors in June on Staten Island to discuss the problem and what medical professionals can do to address it.

At the same time, the Department continues to address this issue City-wide, through efforts which include: developing voluntary clinical guidelines on opioid prescribing in general medical practice; developing emergency department-specific prescribing guidelines, which have been adopted by 20 hospital emergency departments to date; and participating in implementation workgroups for the Internet System for Tracking Over-Prescribing Act, known as I-STOP, to reduce overprescribing of opioids.

The Department also continues to address preventable diseases in our City. For example, we see about two dozen cases of meningitis a year in New York City. This year, however, our staff has been working hard to combat an outbreak of a particular strain of meningitis. What is unique about this situation is that we have found 22 cases of infections from this strain, and all of these cases have been in men who have sex with men (MSM).

To try to prevent additional cases, the Department has issued three official notices to encourage vaccination against this form of meningitis, and has conducted an extensive outreach campaign. I want to thank Speaker Quinn and her staff for their help with this effort, as we have worked with them to connect with local and state legislators and with community groups. We have engaged in a targeted campaign with the mainstream and MSM-friendly media with press releases and articles. Extensive digital outreach has also been conducted, with more than 100 blog posts, banners, pop-ups, and targeted e-mail blasts. More than 65,000 posters and flyers have been distributed in physician offices, community centers, and MSM-friendly venues. We also continue to provide vaccines to private community providers, and offer anonymous, free vaccinations at Health Department clinics. We have not seen any new cases of this infection in men who have sex with men for three months now, and we are hopeful that the vaccination might be helping slow or stop this outbreak.

FY 2014 Budget

Let me now turn to the Department's fiscal year 2014 budget. As you know, in September 2013, most City agencies were directed to decrease their budgets by eight percent for fiscal year 2014 and beyond. And overall, there are very few budget changes to report since I testified at the preliminary budget hearing in March. We still face painful cuts in areas such as school-based health centers, the nicotine patch and gum giveaway program, and mental hygiene contracts.

Layoffs are the most difficult and painful cuts. Unfortunately, a total of 152 positions are being eliminated, including 42 positions that are currently filled. As in previous rounds of cuts, we do expect that the actual number of employees laid off will be less than 42 because some employees will find positions in the agency or elsewhere. This number of layoffs represents a 72 percent reduction in the originally published number of positions being eliminated. As always, we provide assistance to employees who are losing their positions, including career counseling, résumé writing, and computer training.

In addition, there will be sustained cuts in federal funding as a result of the sequestration process. We do not yet know the full impact that sequestration will have on our agency, but we do know that cuts to communities across the nation could be as high as \$230 million. For fiscal year 2013 alone, the Centers for Disease Control and Prevention will implement a five percent reduction to all of its individual grant programs, and the Prevention and Public Health Fund will be cut by \$51 million. We receive a total of \$136 million in funding from CDC in many different grant programs. These cuts will adversely affect the Department's prevention activities in areas such as: HIV and STD testing; tuberculosis treatment and case management; and emergency preparedness and response.

We expect cuts in State funding as well. As part of the 2013-2014 State Budget, a 5.6 percent cut will likely be administered to all State public health grants. Reductions will adversely affect program activities such as lead poisoning prevention, HIV partner notification, maternal and infant health services, testing of New York City drinking water, and health promotion programs.

I do want to report, however, that the Office of Management and Budget has restored the majority of the School Health Vision program; there will be no service impact to the 190,000 children that receive vision screening in our schools. The Executive Budget also includes

funding for certain mandated services. This includes an expansion of the Assisted Outpatient Treatment program, in which we oversee court-ordered treatment for persons with mental illness, funded through newly identified Medicaid administration revenues. Funds will be used to add staff and comply with new State mandates for this program including: handling the increase in casework; conducting reviews of expiring court orders; and preparing petitions for court.

In addition, we received financial support to improve mental health facilities and treatment at Rikers Island. The Department of Correction currently houses mentally ill inmates who have violated rules and require segregated housing in a unit known as the Mental Health Assessment Unit for Infracted Inmates. This funding will permit the Health Department instead to care for the most seriously ill inmates with infractions in a purely clinical unit. We are working with the Department of Correction to design this unit as well as four new Restricted Housing Units, in which inmates with lower levels of mental illness who have broken jail rules will receive treatment to help them change their behavior.

The Health Department will also develop a pilot initiative called the First Episode Psychosis Link to Care program. This two-year effort will work with individuals experiencing a first episode of psychotic illness, such as schizophrenia. Health Department staff will assist them and their families by providing information and support and linking them to high quality care. We estimate that there are more than 1,000 young adults in New York City each year who are hospitalized with a first-episode of psychosis. Unfortunately, today it often takes years for people to get into ongoing care, when the health and social consequences of these illnesses have already accumulated. The goal of this pilot program is to facilitate intensive early treatment and support to reduce the risk of relapse and deterioration.

Before I conclude, I want to ask for the Council's support for legislation we are pursuing in Albany as the current session winds down. I said earlier that we support a bill that would help the City enforce the law against retailers who evade state and city tobacco taxes. A stronger system of enforcement, though, also requires action in the state legislature, so we are also pursuing a companion bill in Albany that would help address cigarette trafficking and tax evasion by increasing penalties for cigarette tax violations, and expanding the Department of Finance's authority to penalize violators, seize untaxed tobacco products, and revoke cigarette licenses for businesses that are caught violating the law.

In addition, the Health Committee has recently had hearings on animal control in the City; we are continuously working to improve the care of the City's dogs and cats. Currently, there is state legislation which would authorize the Council to raise the fee for dog licenses. The City also proposes simplifying the licensure process. This proposal will place New York City in line with all other jurisdictions in the State, which already have the authority to increase their own dog license fees. The City needs this revenue to fund City budgeted animal care and control expenses and to pay for better protection of lost, strayed, homeless, and abandoned animals. The New York City dog license fee of \$8.50 has not changed for almost 40 years and is one of the lowest among major cities nationwide.

Lastly, we are working on a legislative effort stemming from the meningitis outreach, which I mentioned earlier in this testimony. State bills have currently been introduced to expand the authority of pharmacists to offer immunizations; our focus is on permitting them to administer vaccines for influenza among children and meningitis in adults. Vaccination is the best defense against these diseases, yet New York is one of only nine states that do not allow

pharmacists to administer all CDC-recommended vaccines. Pharmacies provide a reliable and accessible venue for people at risk throughout the city, and their ability to administer influenza vaccine has helped boost our immunization coverage rates in the City. We believe that our state should expand its law, and join the vast majority of the country in expanding access to this necessary service.

Thank you for the opportunity to testify. Dr. Karpati and I would be pleased to answer any questions.