



Testimony

of

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Commissioner**

before the

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

on

FY 2013 Executive Budget

**June 4, 2012
250 Broadway
New York City**

Good afternoon Chairpersons Arroyo, Koppell, and Wills, and members of the committees. I am Dr. Thomas Farley, Commissioner of the Department of Health and Mental Hygiene. Dr. Adam Karpati, Executive Deputy Commissioner for Mental Hygiene, will join me to answer questions related to mental hygiene. Thank you for giving me the opportunity to testify today.

Program Updates

Before I discuss our budget, let me highlight a few of our programmatic initiatives.

Next week, we will submit a proposal to the Board of Health that we think will have a major impact on the obesity epidemic in New York City. Under the proposal, the City would establish a maximum size cup and bottle size of 16 ounces for sugar-sweetened beverages; people who want to drink more than that can, by requesting more than one portion. This rule would apply to all food service establishments in the city, including restaurants, mobile food vendors, movie theaters and sports arenas. This proposal is part of a larger set of recommendations of the Obesity Task Force that was convened by the Mayor and chaired by Deputy Mayors Gibbs and Holloway. The proposal has drawn both praise and criticism. We have seen controversy of this sort before when we have taken steps that are innovative, from smoke-free bars and restaurants to the trans fat ban to mandatory calorie posting. These earlier policies are now widely accepted and praised, because they work.

As the Council knows, New York City has a serious obesity problem. Our best estimates are that overweight and obesity, by increasing the risk of diabetes, heart disease, and other diseases, are responsible for the deaths of thousands of New Yorkers each year. That would make obesity the second-leading preventable cause of death in New York City, after smoking, and put the death toll at several times the deaths from homicides. Almost 60% of adults and 40% of our public school students are overweight or obese. There are many contributing factors, but studies show that Americans consume 200-300 more calories a day than 30 years ago and the largest single change is the increase in consumption of sugary beverages. And growing portion sizes are a big reason why.

Beverage sizes at McDonald's have increased more than 450% since 1955, growing from 7 ounces to 32 ounces. A "large" drink at fast food restaurants ranges from 32 ounces to 64 ounces, which is nearly 10 times the size of a standard bottle of Coca-cola in the 1960s. Sugary drinks are distinct in that they do not create a sensation of fullness, which means people typically drink them in addition to the calories they get from food. And studies show that when bigger portions are offered, people will eat and drink more without realizing it or compensating for it.

If this proposal is approved by the Board of Health, we believe New Yorkers will consume fewer calories from sugary drinks, and this would have a significant impact on

diseases associated with obesity, such as diabetes, and reduce health care costs associated with these diseases.

May 19th was National Hepatitis C Testing Day, which we marked with the launch of a new program to prevent the spread of hepatitis C virus and cure people already infected. Nationally, Hepatitis C now kills more people every year than HIV. The *Check Hep C NYC* project, which is being funded by several pharmaceutical partners, will provide 5,000 rapid Hepatitis C tests at special facilities that serve people at high risk and then link infected persons to community medical services to treat their infection. The plan includes a multilingual campaign to promote hepatitis C awareness and prevention in persons at increased risk of who live in neighborhoods with high prevalence for the disease. This comes alongside a draft proposal from the CDC to recommend that all baby-boomers born from 1945 through 1965 get a one-time test for Hepatitis C. With the release of a new Hepatitis C rapid test and better treatment, the project will increase the capacity of community organizations and health centers that serve high-risk populations to identify, facilitate access to, and provide medical services for those with Hepatitis C, regardless of their ability to pay.

On May 23, we announced that smoking in parks decreased by two-thirds one year after implementation of smoke-free parks and beaches. We also found that the policy has led to fewer cigarette butts on beaches and playgrounds.

I want to thank the City Council again for passing this law, which has helped make our public spaces cleaner and safer for everyone. And I look forward to working with the Council in the coming months on another important smoking-related proposal – our bill to require landlords to disclose a building’s smoking policy to potential tenants.

I want to be very clear – this bill would NOT ban smoking in residences. Rather, the bill would require owners of residential buildings with three or more units to inform prospective tenants and purchasers whether smoking is allowed inside apartments as well as on balconies, courtyards and rooftops. Building owners would also be encouraged to use this as an opportunity to inform current residents of their smoking policies.

Secondhand smoke can seep into apartments from neighboring units. We know that secondhand smoke can exacerbate asthma and increase the risk of heart disease and lung cancer, and that children and people with chronic health conditions are particularly susceptible. With this law, New Yorkers will better understand their risk of exposure by being informed of their building’s smoking policies.

The City Council has been extremely supportive of our tobacco control efforts, which have contributed to record-low rates of smoking in New York City and will save hundreds of thousands of lives. I look forward to working with members of these committees as well as Chairperson Dilan and members of the Buildings Committee to pass this bill.

During our testimony on the preliminary budget hearing, Chairman Wills and others expressed concern about the threat posed by synthetic marijuana. I want to publicly thank you for raising my awareness of this problem. Since then, I am pleased to report that New York State and New York City have banned the sale and distribution of synthetic marijuana. On March 29, the Department issued a Commissioner's Order to more than 10,000 retailers requiring them to immediately stop the sale and distribution of these products, which have been linked to increased heart rate, hypertension, seizure, loss of consciousness and even acute renal failure and death.

Local calls about health effects from the use of synthetic marijuana to New York City's Poison Control Center have increased in recent years, rising from 3 in 2010 to 44 in 2011 and 36 so far in 2012. About a third of these have occurred among children. In some cases, symptoms have been minor, including shortness of breath, dizziness and vomiting, and in others they have been more severe, including high blood pressure, hallucinations, and seizures. For now, the Department is focusing on educating retailers about the law, but those who fail to comply could be subject to fines and other penalties.

Budget

There are very few budget changes to report since I testified at the preliminary budget hearing in March. Despite maximizing revenue from other sources, we still face painful cuts in areas such as HIV prevention, STD outreach, and tobacco control. Unfortunately, a total of 64 positions are being eliminated, including 16 layoffs. As always, we provide assistance to employees who are losing their positions, including career and other counseling, resume writing, and computer training upon request.

At our last hearing, we discussed the proposed changes in the Governor's budget to the administration of the Early Intervention program. The final legislation transfers responsibility for contracting with Early Intervention providers from local governments to the State Health Department. It also changes the relationship between providers and third party payers like Medicaid and commercial insurers. In contrast with current practice in which the City pays for services in the first instance then seeks reimbursement from third party payers, the new system will entail providers, working through a State fiscal agent, to submit insurance claims and receive reimbursement. The City will then pay its share – which will be reduced under the new legislation to no more than 50% from the current 51% -- of unreimbursed costs. Eligibility for the program has not changed and, importantly, the City retains its authority to approve services and to monitor and audit providers. Our goals for Early Intervention remain the same: to ensure that eligible children are able to receive these important services, and to promote the highest quality of service provision.

I would also like to report a change in the management of Council discretionary capital projects. Currently, the Health Department manages those projects that involve hospitals and other health care institutions, while the Department of Design and Construction handles all other capital projects. These projects have often been delayed,

which I know has caused some frustration among Council members and I'd like to thank those Council members who made a special effort to try and help us get these projects moving. After some consideration, the administration has decided to transfer responsibility for managing these projects to the Department of Design and Construction to achieve economies of scale and efficiencies as a result of its expertise and experience.

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