



Testimony

of

Mary T. Bassett, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Health

on

FY 2016 Preliminary Budget

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City Hall
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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, the Department's First Deputy Commissioner, and Sandy Rozza, the Deputy Commissioner for Finance. Thank you for the opportunity to testify on the Department's Preliminary Budget for Fiscal Year 2016.

Before I discuss the Department's budget and programmatic highlights, I want to acknowledge the tremendous partnership between this Committee and the Department. Since I presented my testimony on the Department's Preliminary budget last year – some four weeks after I began as Commissioner - the Department and this Committee have worked together in several areas, including: enrolling people in the health insurance under the Affordable Care Act; finally changing a 19th century law, so the City has the authority to control its own dog licensing fee; funding a significant expansion of Cure Violence, the largest municipal violence prevention program nationwide; making it easier for transgender people to amend their birth certificate; improving the regulatory environment for food service establishments; and celebrating a memorable World AIDS Day at the Apollo Theater. I am proud of all the work we have done together to make our City healthier.

City Budget

The Department has approximately 6,000 employees and a current operating budget of \$1.4 billion, of which \$629 million is City Tax Levy and the remainder is federal, state and private dollars. I am pleased that the Mayor has increased the Department's City Tax Levy budget from \$597 million in Fiscal Year 2015 to \$629 million in Fiscal Year 2016. This City Tax Levy increase includes: \$8 million to enhance criminal justice-related health services, \$8.2 million to create additional community health clinics, \$2.6 million for early childhood services and \$5.3 million to prepare for and respond to future emergencies. These funding increases will help the Department strengthen these programs and build on the successes we have had in these areas; I thank the Mayor and the Council for their support.

State Budget

The State budget presents a more mixed picture, and I hope that we can work together to make improvements before the Legislature adopts a final budget at the end of the month.

Our concerns start with the need for more supportive housing. As the New York/New York III agreement comes to a close, the Governor has proposed creating just 5,000 units of supportive housing statewide. Stable housing enables people to make doctors' appointments, take medication, and do other things necessary to maintain and improve their health. Moreover, we know that the need for supportive housing is much greater than 5,000 units, and for every supportive housing unit we create, we save \$10,000 in health care costs, primarily by avoiding hospitalizations. New York City asked the State to provide 12,000 units of supportive housing in

the five boroughs over the next decade. We also opposed language in the Governor's proposed Executive Budget - which the Senate and Assembly thankfully rejected - that would require New York City to pay 50 percent of the operating costs of units designated for people with mental illness. I urge this Committee to support the Legislature's changes, so that the City will not have to cover these additional costs.

Tobacco control also remains a priority for the Department, and I am extremely concerned that the smoking rate in New York City increased to 16.1 percent in 2013, bringing the total number of smokers to over one million for the first time since 2007. In this context, we need the State to increase its funding for tobacco control from the \$33.1 million proposed by the Governor. These funds support critical programs, such as nicotine replacement therapy and the State Quitline, and should not be understated.

We are pleased that the Governor has set a goal to end the AIDS epidemic, and are proud that two of the Department's senior leaders have participated in the statewide task force charged with implementing a three-point plan to decrease new HIV infections in New York State to 750 per year by 2020. To date, this initiative has received a \$10 million dollar appropriation for Fiscal Year 2016 in the budget proposed by the Governor and Senate, and \$11.1 million from the Assembly. I urge this Committee to advocate for the Assembly's proposal in the final negotiations, but to also recognize that the need for funding is greater; in particular, we must support the Pre-Exposure Prophylaxis Assistance Program, known as PrEP-AP, which reimburses eligible providers for services that include HIV testing, STI/STD testing and supportive care services.

It is also gratifying that for the first time, the Governor's proposed Executive Budget includes funding, in the amount of \$3 million, for the Nurse-Family Partnership program. However, because the program has been so successful in improving health outcomes for low-income, first-time mothers and their babies, while also reducing health care and other costs, we believe funding should be increased to at least \$4 million, the amount proposed by the Assembly. Nurse-Family Partnership is a voluntary, evidence-based intervention that pairs new mothers with registered nurses who provide individual home visits from before birth through the child's second birthday. The program has been shown to improve pregnancy outcomes, child health and development, and family economic self-sufficiency, while saving New York City an average of more than \$10,000 per child by the time that child turns 18. I want to thank the Council for supporting this terrific program and hope you will continue to advocate for additional funding.

Federal Budget

Let me turn briefly to federal budget issues. The Department fully supports prevention activities under the Prevention and Public Health Fund, which finances innovative, evidence-based initiatives. Although funding was maintained in the most recent spending bill at roughly \$914 million, cuts have been proposed numerous times, and protecting the Fund should be a

priority. Preventing chronic disease in New York City will save millions in future health care costs. Programs supported by the Fund make healthier food more accessible, increase physical activity, reduce tobacco use, and promote breastfeeding. These are health promotion strategies that can help reduce racial and ethnic health disparities and avert costly medical conditions, such as diabetes or heart disease. For these reasons, we support a funding level of \$1 billion.

Another important area of federal funding is emergency preparedness. The City supports the President's Fiscal Year 2016 budget request of \$254.6 million for the Hospital Preparedness Program, which funds areas such as hospital and health care system emergency planning and response. In addition, the Administration supports \$643.6 million for the Public Health Emergency Preparedness Cooperative Agreements, used for detecting and responding to all hazards, including disease outbreaks. New York City is both a gateway to this nation and its largest city; it is more vulnerable to emergencies than other cities. For example, New York City remains at risk for Ebola as a result of the West Africa outbreak. It is vital that we support federal programs that strengthen long-term public health preparedness. We rely on robust funding to build capabilities and effectively respond to health emergencies.

Programmatic Initiatives

I would now like to highlight a few programmatic initiatives within the Department. As you know, our work has and will continue to pursue the idea that no one's chance for good health and long life should be determined by where she or he lives. Every neighborhood should be a healthy neighborhood. To that end, we recently solicited requests from other City agencies to participate in a project we are calling Health Hubs. The idea, which originated under Mayor La Guardia in the 1930s, provides physical space in seven of our District Health buildings for a co-location of community-based organizations, providers of medical services, and other City government agencies. The aim is to move beyond current models of collaboration and foster cross-sectoral work that addresses the root causes of health inequities in communities with the greatest burden of disease, while building on the wealth of existing assets in those neighborhoods. The Hubs will be overseen by the former head of our Brooklyn District Public Health Office, Dr. Aletha Maybank, who is now Associate Commissioner for the Center for Health Equity. I created the Center last year to focus the Department's efforts around reducing disparities.

Early childhood is another Department priority, because so many of the important health outcomes we seek to achieve, and the disparities we want to reduce, can be addressed in a child's first few years of life. To ensure a greater focus on these early years, I created a new Division of Child and Family Health, which includes Maternal, Infant, and Reproductive Health as well as the Department's work in School Health. The division is headed by Dr. George Askew, who previously served as the first Chief Medical Officer for the Administration for Children and Families at the U.S. Department of Health and Human Services. I want to thank the Council

again for enabling us, through legislation, to include the Early Intervention program in this new division; this is an important change that enables us to coordinate our work with young children.

I would be remiss, finally, if I did not mention the initiative that consumed a great deal of the Department's energy over the last year – our response to Ebola. Fortunately, all of that work, coordinated with City, State, and federal agencies, paid off, and we have had no further cases of Ebola. This response was one of the finest examples of public service I have witnessed. Yet it is critical to remember that while the patient was admitted to Bellevue in October 2014, preparedness efforts began in the summer. Months before the case, we addressed hospital readiness, risk communication and emergency transport, and we also increased lab capacity. As a result, when our public health lab had to test for Ebola Virus Disease, it delivered results in record time, just three to four hours for each of the nine tests conducted. Our public health surveillance and epidemiology staff investigated hundreds of suspect cases. And we prioritized community engagement; our community outreach teams distributed over 100,000 “Am I at Risk?” palm cards and spoke at over 100 public events to address the public health concerns of New York City's diverse communities. I want to thank the more than 1,000 Department staff who participated in the response, and particularly Dr. Jay Varma, our Deputy Commissioner for Disease Control and the Incident Commander for our response, for his leadership and service. I also want to thank Marisa Raphael, our Deputy Commissioner for Emergency Preparedness and Response and Deputy Incident commander, who had a key role in coordination. I thank you, Mr. Chairman, for supporting our outreach to the West African community in Staten Island. Thank you to the entire Council for the recent resolution acknowledging the work of this Department. And thank you to our Mayor; he set an important standard by making science the guidepost of our response. It is important to remember that reliable information is a great antidote during times of fear.

I am grateful for a City budget that advances goals to protect New Yorkers, preserve communities and make our City healthier. I look forward to working with the Council on these important priorities in the months ahead, and I would be happy to answer your questions.