

Testimony of Commissioner Monica Bharel, MD, MPH
Massachusetts Department of Public Health
Joint Hearing of the House and Senate Committees on Ways and Means
March 11, 2019

Introduction

Senator Rush, Representative Garlick, and members of the Committee, thank you for inviting me to testify today. My name is Dr. Monica Bharel, and it is my privilege to continue to serve as the Commonwealth's Commissioner of Public Health. It is an honor to be here with you today in Needham, and I thank you for the opportunity to share with you some of the essential work of the Department of Public Health (DPH).

DPH Overview and Year in Review

This year, DPH is celebrating its 150th anniversary, a milestone that encourages us to not only look back on our robust public health history and many landmark accomplishments, but also to look ahead. Most importantly, we will use our history to drive precision public health forward. Today, DPH's nearly 3,000 staff members continue to carry out our mission: to keep people healthy and communities strong through a variety of initiatives and programs.

As you are aware, DPH has a budget of roughly \$1 billion: two-thirds represents state appropriations and trust money, and one-third represents federal grants. The number of health and safety issues we address is enormous and the breadth of our oversight is far-reaching. From food and water safety to injury and illness prevention, hospital oversight to emergency preparedness to data collection and analysis, DPH protects and promotes the health of Massachusetts residents. We emphasize data-driven, evidence based approaches in all we do. Data informs our decisions, targets our resources, and enables us to continually monitor the state of public health in Massachusetts. Just as data is a central pillar of our work, so too is a focus on social determinants of health that create health inequities. Our push to eliminate health disparities is absolutely critical to our public health mission and vision.

Our dedicated commitment to everyday excellence and the legislature's historic recognition of the key services provided by DPH to all of Massachusetts allow us to remain one of the healthiest states in the nation. I want to walk you through some of the highlights of our work, enabled by the legislature's appropriations, over the past year:

- This year Massachusetts was ranked as the second healthiest state in the country. We do well in these rankings thanks to high rates of insurance coverage for our residents, our low cardiovascular death rates, and our high rates of immunization compared to national rates.
- In fact, Massachusetts has an overall vaccination rate of 95 percent, and is ranked number one in the country for Tdap immunization rates among adolescents. That's the vaccine that prevents three life threatening bacterial diseases. We work closely with our local health partners in places where data shows that rates are lower than the state average to educate residents about immunization. We are proud of these efforts.

- In December we announced the good news that life expectancy rose in Massachusetts, bucking national trends. The average life expectancy of our residents rose to 80 years and 8 months in 2016, where national estimates over that same time period have been in decline.
- We have seen a two-year decline in the number of opioid-related overdose deaths, an indicator that our collective efforts have begun to have an impact, and an acknowledgment of the importance of continuing our intensive work together to tackle the opioid epidemic.
- The Department’s award-winning public health data warehouse continues to help inform and direct our efforts. The warehouse, which you may remember as Chapter 55, links data sets across multiple state agencies. Using this data, we were able --for the first time-- to connect the dots among agencies, and see trends. For example, there is an increased risk of overdose for people leaving incarceration, for mothers with addiction leaving the hospital, and for persons who have experienced homelessness. We are proud that the data we publish from the public health data warehouse informs our work at DPH and is available to inform the important work of the Legislature, other state agencies, community groups, and clinicians.
- We were gratified by the enactment of the “Tobacco 21” Bill which raised the minimum age for purchasing cigarettes, and importantly, vaping products from 18 to 21. The bill was the result of many years of work with local boards of health and the legislature. I thank you for that.
- Our State Public Health Laboratory does a remarkable job responding to outbreaks of illness and disease.
 - Over the past year, the State Lab conducted over 250,000 lab tests for infectious illnesses including the flu, West Nile virus, measles, HIV, and other potential biological and chemical threats.
 - Last year, State Lab staff collaborated with Bureau of Infectious Disease and Laboratory Sciences epidemiologists and the Bureau of Environmental Health Food Protection Program on an investigation of a multi-state outbreak of Salmonella and not only found the culprit, but identified a new strain of this foodborne bacterium new to the federal database.
 - Our lab efforts recently led to the early recognition of a Hepatitis A outbreak among individuals experiencing homelessness and with substance use disorder. To stop the spread, the Department engaged in on-the-ground efforts to identify cases, proactively offer vaccinations, and provide our local partners with educational materials and epidemiologic updates.
 - Our State Lab also worked with the CDC to examine an HIV cluster in Lowell and Lawrence. Department epidemiologists used molecular sequencing to identify individuals with similar HIV virus – work that identified cases not only in other parts of Massachusetts, but also outside the state. We conducted patient outreach to assist and educate newly diagnosed individuals and assist with their entry into HIV care.

- To further the critical and often ground-breaking work of our lab, we are engaged with the Division of Capital Asset Management and Maintenance to develop a plan to renovate our State Public Health Laboratory and ensure that it is equipped to address 21st century public health needs.
- DPH continues to staff the Special Commission on Local and Regional Public Health which is expected to make recommendations this spring to strengthen the municipal public health system.
- As part of our continued focus on maternal and child health, in partnership with the Department of Children and Families, we launched a Safe Sleep public awareness, social media, and advertising campaign to prevent sudden unexpected infant deaths, the leading cause of death for infants. I hope you have seen some of our Safe Sleep materials which feature DPH employee babies.
- DPH continues to dedicate our work to serving those among us facing vulnerable conditions, reflecting the core of our mission.
 - Our 4 multi-specialty hospitals provide acute and chronic medical care where community facilities are not available. These hospitals, Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Massachusetts Hospital typically serve patients with complex medical, social and psychiatric needs.
 - We also manage the State Office of Pharmacy Services, which provides pharmacy services to 43 health and correctional facilities across the Commonwealth. The State Office of Pharmacy Services also operates the Municipal Bulk Purchasing Program which provides Naloxone to municipal agencies and first responders at a reduced cost.
 - Every year, more than 200,500 pregnant, postpartum, and breastfeeding women and their children receive WIC benefits in Massachusetts, strengthening families and giving children a healthy start in life.
- Last year the Department launched our voluntary certification program for Massachusetts community health workers. The program creates professional, uniform standards for this workforce, which is critical to ensuring culturally competent care and equitable outcomes.

Turning to another topic: ensuring high quality health care for our elders living in our communities and in long term care facilities. Our role is overseeing quality and safety in long term care facilities and I'd like to thank the legislature for funding our request for additional inspectors in last year's budget. This increase has enabled us to respond to consumer complaints in a timelier manner and has allowed DPH inspectors surveyors to spend more time to ensure they are conducting an independent tour, spending more time on floors to interview residents and conducting direct observations of care.

Additionally, we utilize the Nursing Home Survey Performance Tool to help consumers in selecting and evaluating a nursing home.- We are continuously inspecting these facilities, reviewing performance, and investigating consumer complaints to ensure the health and safety of our loved ones who reside in these facilities.

I'd like to move now to behavioral health care, to speak specifically about care for individuals with co-occurring mental health and addiction treatment needs. This remains a top priority of DPH. As you have heard, the current health care for these individuals is fragmented and is not meeting the needs of patients and their families.

We are working with our fellow agencies on updating regulations and new policies to improve treatment of individuals with mental illness, co-occurring disorders and substance use disorders.

Our mutual goal – as Secretary Sudders has said – is creating a system that presents a “no-wrong-door” entry point for patients. It is a system with same-day access that integrates addiction and mental health services, as well as physical health care needs.

These are just some of the highlights of what we have been achieving across the Department. Now I'd like to turn to some new initiatives.

FY19 budget update / New initiative update

Gun Violence

As recognized by your \$10 million investment, gun violence is a pressing public health issue today. DPH is in the process of executing a new grant initiative using a public health model to address gun violence among youth. In 2016, the American Medical Association adopted a policy calling gun violence a public health crisis, in need of a comprehensive public health response and solution. I welcome the opportunity to discuss gun violence as a public health concern.

While Massachusetts has the lowest firearm death rate in the nation, homicide is the 3rd leading cause of death for our youth and young adults. More than 80 percent of homicides are caused by firearms. Black youth are over 30 times more likely to be assaulted or die by firearms than their white counterparts, highlighting the need for a racial and health equity lens to this work. DPH is using our data to identify communities at the highest risk for youth gun violence, and will be targeting grants to these areas.

This investment will empower nonprofit organizations to provide prevention, intervention, treatment, and recovery services for young people living in neighborhoods disproportionately impacted by gun violence and other forms of violent crimes. An innovative aspect of this procurement includes supporting networks and communities where youth are at elevated risk of escalation of violence in their lives in the Massachusetts communities with the highest rates of gun violence.

Mobile Integrated Health

Last year, FY19 included \$500,000 in startup funding for DPH to implement the nation's first statewide Mobile Integrated Health program. The goal of this innovative program is to provide access to high quality non-emergency health services at the right time in the right place. Prior studies have shown that Mobile Integrated health programs increase access to care and decrease unnecessary health care utilization.

There are two components: Community EMS and Mobile Integrated Health. The Community EMS component capitalizes on our rich local public health systems in this state. Through collaborations

between local communities and their EMS providers, Community EMS provides access to high value public health services in the community which address illness or injury prevention. DPH has to date approved Community EMS applications which address issues such as needle disposal; fire and burn prevention and education; home and community falls prevention; home safety evaluations; well-being checks; and paramedic vaccination.

The Mobile Integrated Health component of the program uses a system of EMS responders and other providers to offer care in the community instead of at a hospital. This program will enable providers to establish innovative new care delivery models and serve as a critical link to supporting patient needs within the community instead of in a hospital.

Current Opioid Epidemic

The Administration remains committed to combatting the opioid epidemic that continues to devastate families and individuals across the state. Working with the legislature, DPH continues to work toward innovative solutions to reverse the trend of this epidemic.

In late February, DPH announced Massachusetts' selection for a national pilot of the Shatterproof Initiative, a system that will use data from insurance claims, provider surveys, and consumer experience surveys to measure the quality of substance use treatment programs, allowing individuals and families to seek out high-quality, evidence-based health care treatment for themselves or their loved ones.

Also announced in February, the Department released our quarterly opioid report, showing that opioid-related deaths had declined for a second straight year. Opioid overdose deaths declined by 4 percent in 2018 compared to 2017, marking the second consecutive year-over-year decrease in deaths. In total, opioid-related overdose deaths declined 6% between 2016 and 2018. Our collective efforts across prevention, access to naloxone, and enhanced access to treatment and recovery have contributed to this stabilization of the epidemic and guide us in our work ahead.

- Currently, there are 25 syringe services programs that are operational across the state. 24 of those are approved by local boards of health and receive public funding. Services include Overdose Education and Naloxone Distribution, sterile syringes, referrals to drug treatment and other services. One SSP is privately funded and allowed to operate per Supreme Judicial Court decision. We are able to continue to support this work with funding from our Bureau of Infectious Disease and Laboratory Sciences, HIV/AIDS and Bureau of Substance Addiction Services.

We are cautiously optimistic about these incremental improvements, as the availability and deadly potency of fentanyl has made treating opioid addiction particularly difficult on health care providers and communities. Fentanyl was present in the toxicology of 89 percent of those who had died of an opioid-related overdose in the third quarter of 2018.

While data showed an overall decline, it also showed that non-Hispanic black males experienced a 45 percent increase in opioid overdose deaths between 2016 and 2017. DPH has invested additional federal funding to target communities of color, trained more individuals who are black or Hispanic as certified addiction counselors, and promoted public awareness campaigns, in communities of color. In response to this data, DPH has invested additional federal funding to target communities of color, trained more individuals who are black or Hispanic as certified addiction counselors, and promoted public

awareness campaigns in communities of color. DPH is planning to establish a community advisory process to develop culturally sensitive programming, treatment, and recovery strategies.

DPH was awarded \$48 million in targeted funding for opioids from the federal Substance Abuse and Mental Health Administration, resulting in increased access to services including medication-assisted treatment and wrap-around supports for pregnant women and their families as well as individuals re-entering the community from incarceration.

With these dollars, DPH has increased overdose education and Naloxone funding, expanded and enhanced the community-based, first responder post-overdose follow up programs, increased the number of Office-Based Opioid Treatment sites and expand the *Moms Do Care* program, which serves pregnant women with opioid use disorder and places them with a perinatal peer supporter.

DPH will continue its diligence and openness to forging new paths toward saving lives and preventing the next generation from becoming addicted. As a result of our coordinated effort with MassHealth, in 2017 the Commonwealth received approval for its first ever 1115 SUD waiver which allows the state to collect federal Medicaid dollars for Residential Rehabilitation Services (RRS), Family Residential beds and Transitional Support Services. Prior to this waiver, the Commonwealth bore the full cost of these services from BSAS appropriations. EHS estimates it will generate \$290M over the 5 year waiver period.

With the support of the legislature, an SUD Trust was established to retain these new dollars and use them to expand SUD services. A critical first step of this service expansion was the issuance by BSAS of a competitive procurement for the operation of co-occurring mental health and substance use disorder beds, an area where we know that treatment gaps remain. Co-occurring beds assist individuals who struggle to treat mental illness and drug or alcohol addiction simultaneously, with the goal of enabling long-term recovery. DPH plans to license approximately 400 residential rehabilitation service beds with co-occurring enhanced programming through this procurement.

This past year, 184 additional ATS, CSS, TSS, Adult Residential and Section 35I treatment beds were added, bringing the total number of inpatient treatment beds to more than 5,212. DPH's Substance Use Helpline fielded nearly 14,000 calls resulting in more than 10,500 referrals to treatment. H.1 will sustain the current services that DPH provides, from prevention to treatment to recovery services.

Authorized by the 2018 CARE Act, DPH is working closely with many of the Sheriffs to deliver medication-assisted treatment for opioid use disorder to individuals in the custody of these Sheriff's departments. This new pilot program will provide all three forms of FDA approved medications to incarcerated individuals regardless of their adjudication status. As we uncovered through the initial Public Health Data Warehouse report, the overdose death rate for individuals with histories of incarceration are 120 times higher than the rest of the adult population. As part of this pilot, the Sheriffs will connect individuals with community-based health services and provide Naloxone and overdose prevention materials upon release.

The Governor's budget proposal includes a 15 percent excise tax on gross receipts of manufacturers of opioids from the sale of their opioid products. This tax will generate an estimated \$14 million for the state's outreach efforts. These revenues will further contribute to addressing the costs of the prevention and treatment of opioid misuse. Medications provided to patients in an inpatient setting would be exempt from this provision as would medications used to treat opioid use disorder.

H.1 Initiatives

Childhood Lead Poisoning Prevention Program

Another issue I'd like to discuss today is lead poisoning among children – and a state program in need of critical funding to ensure the health and safety of young children in the Commonwealth. Childhood lead exposure has lifelong negative health effects and there is NO safe level of lead exposure. Lead harms every organ system and is of particular concern for the developing nervous systems of fetuses, infants, and young children. Numerous studies have associated childhood lead poisoning with poor school performance, increased unemployment, and higher rates of crime, violence, and incarceration. Lead exposure is a social determinant of health with harmful lifelong and potentially generational impacts.

State law requires blood-lead level testing during routine health and wellness check-ups for children under age six. When a child tests positive for a high blood level of lead, the results are sent to DPH's Childhood Lead Poisoning Prevention Program for follow up. We provide case management services, assist families with the enforcement of housing code laws for children living in a home with lead, and collect data on the families affected by lead. Last year, thanks to the dedication of our Childhood Lead Poisoning Prevention Program, the Bureau of Infectious Diseases and Laboratory Sciences, and clinicians across the state, more than 175,000 children were screened for lead poisoning.

DPH data finds that despite reductions in blood-lead levels statewide, the children in Massachusetts testing positive for high levels of lead are disproportionately children of color and children from low-income families. Massachusetts has the fourth oldest housing stock in the country and DPH data shows that almost 90 percent of homes built before 1978 may not be lead-safe. Families seeking affordable housing may not know of their right to live in a de-lead home, or may be housing insecure.

To better address these disparities, H1 funds the Childhood Lead Poisoning Prevention Trust at \$2.7 million, an increase of \$2.7 million over FY19. This funding will allow DPH to hire 15 additional staff to conduct critical case management work. DPH seeks to create a truly robust lead poisoning prevention program for kids who are most at risk. A child's opportunity to grow up healthy should not be limited by his or her family income or neighborhood.

E-cigarette - Vaping Tax

Another issue of great concern is the current use of e-cigarettes and vaping products by young people. This has become a public health epidemic. Our 2017 Youth Risk Behavior Survey, conducted with the Department of Elementary and Secondary Education, found that nearly half of Massachusetts high-school students say they've tried e-cigarettes and nearly a quarter say they have used the device in the past month. This number has risen drastically over the last few years.

I am committed to addressing this health crisis. Thanks to you, our legislators, for passing the new Tobacco 21 law which restricts sales to those under 21. Our extensive statewide vaping prevention campaign is working to educate the public about these products and the risks to our young people. The longer a teenager is delayed from beginning smoking, the less likely they are to become a regular smoker for life.

The Governor's H1 budget extends the current 40 percent excise tax imposed on cigars and smoking tobacco to vape products and imposes a 13.75 percent retail tax on electronic cigarettes,

generating an estimated \$6 million. We welcome these actions which would make these products less accessible to youth.

Vaccine Purchase Trust Fund

The Childhood Vaccine Trust Fund has enabled Massachusetts to provide every CDC recommended childhood and adolescent vaccine without cost to providers or families by receiving a surcharge payment from health insurance carriers operating in MA. However, the Trust has to date been unable to accept voluntary contributions to the Fund from insurance carriers not explicitly named in the original legislation, such as federal insurance providers. We are seeking changes that will allow us to maximize funding from other sources, which could be as much as \$4 million annually, and reduce the surcharge amount for Massachusetts health insurers for this critical service. This fund is a monumental part of our state's 95 percent vaccination rate.

HIV Drug Assistance Program Retained Revenue Account

The Governor's House 1 budget increases the HIV Drug Assistance Program Retained Revenue account ceiling to \$15 million to keep pace with increasing client demand for the program as well as increasing related HIV medication and insurance costs. The revenues in this account are derived from pharmaceutical manufacturer rebates that represent negotiated discounts on HIV medications purchased or reimbursed by the program. With over 600 new diagnoses of HIV infection each year in MA we project needing this higher account ceiling to make full use of available manufacturer rebates and avoid tapping general state revenues to meet this demand.

Sexual Assault and Domestic Violence Prevention

Prevention is a major tenet of public health and helping teens to recognize the signs of sexual and domestic violence is an important component of healthy growth. The Governor's H1 budget includes a \$1 million or 567 percent increase to the Healthy Relationships line to be used to support a prevention program focused on promoting healthy relationships and addressing teen dating violence. This is a priority that has emanated from the Governor's Council on Sexual Assault and Domestic Violence

Unhealthy relationships can start early and last a lifetime. In Massachusetts in 2017, 12.7 percent of high school girls and 6.3 percent of boys reported experiencing physical or sexual dating violence. DPH looks forward to furthering our partnership with domestic violence and sexual assault service providers and other community and school based organizations to develop evidenced-based and outcomes – focused prevention strategies to promote healthy relationships among teenagers.

Conclusion

In closing, I appreciate your attention today and your commitment to the work we do at the Department of Public Health. I want to thank the Chairs and the members of the Committee again for hosting me at today's hearing. I look forward to working with you to continue to provide critical public health services to keep people healthy and communities strong across the Commonwealth.

Thank you.