MaineHealth

Comments of Deborah Deatrick, MPH
Senior Vice President for Community Health Improvement
MaineHealth

In Opposition to Cuts to the Fund for a Healthy Maine and
Cuts Proposed in the Governor's Biennial Budget 2018-2019
February 23, 2017

Good afternoon Senators Brakey and Hamper, and Representatives Gattine and Hymanson and members of the Joint Standing Committees on Appropriations and Financial Affairs and Health and Human Services. My name is Deborah Deatrick and I am Senior Vice President for Community Health Improvement for MaineHealth, the state's largest nonprofit health system.

I am here today to speak in opposition to the MDHHS's proposal to cut $10 million from the Fund for a Healthy Maine and specifically, the complete elimination of funding for tobacco prevention and treatment.

I have a personal interest in this issue because my father died at age 59 of lung cancer – a particularly swift and painful death. As a pediatrician, he should have known better, but for those of you who smoke now or have smoked in the past, you know it is an addiction. We now know that it can take up to 30 attempts to quit smoking. Let me underscore that number – up to THIRTY attempts.

I also have a longstanding professional interest in tobacco having worked in public health for 35 years, including eight years in the Maine Bureau of Health, the predecessor of the Maine CDC.

In 2000, shortly after I started working for MaineHealth, Maine had no dedicated resource for tobacco treatment services. I was one of four people, including Ed Miller, former Executive Director of the American Lung Association in Maine and Dr. Susan Swartz Woods, who came together to create the Center for Tobacco Independence in 2001. Our goal was and is to be Maine's state of the art, evidence-based center for doctors and nurses to refer their patients who smoke for expert counseling, and to train tobacco treatment specialists, medical and behavioral health providers about their role in treating this dangerous addiction.

Over the past 15 years the Center for Tobacco Independence has reached 106,465 smokers and achieved "gold standard" quit rates of 30% as of 3 months post-counseling. During this time, statewide tobacco treatment services have been supported by the Fund for a Healthy Maine and CTI's partnership with the Maine CDC to implement has been and is strong and productive. I expect the same high standards of quality and effectiveness to be met in the new tobacco prevention work.

When the DHHS released the new four-part preventive services contract RFP last winter, I applauded the Department's decision to focus and streamline funding for prevention and increase accountability for achieving outcomes like reducing the prevalence of tobacco use and exposure to second hand smoke. MaineHealth was subsequently awarded the tobacco prevention contract through a highly competitive process that stretched into mid-December before the funds were encumbered.

(please turn page)

On January 6th of this year CTI held the first meeting with the network of local organizations that will implement a series of evidence-based tobacco prevention strategies at the local level. You heard me correctly - January 6th, just 48 days ago, was the first face to face meeting with our local partners. After 18 months and countless person hours spent by state personnel – in the Maine CDC, the DHHS and the State Purchasing Office, the Governor's budget calls for total elimination of the program that has been in effect for 45 days? It simply doesn't make sense. And, what is even more troubling is the proposed total elimination of funding for tobacco treatment – including the Maine Tobacco Helpline.

You will hear assertions from the DHHS that funding for the tobacco treatment and specifically the HelpLine should be eliminated because primary care providers will provide smoking cessation counseling to their patients during office visits. This is not only inaccurate but would be a major step backward.

Testimony from Maine Medical Center's Dr. Stephen DiGiovanni and others will counter that this proposal is NOT supported by research on how health care is delivered today by primary care physicians in Maine and all across the country.

We understand the trends and current tobacco use rates are among adults and teens, and the emerging threats posed by e-cigarettes and the legalization of marijuana. We know that some populations are at higher risk for smoking: young adults between the ages of 18 and 34; those who have less than a high school education; those who make less than $15,000 a year, and poor pregnant women.

More, not fewer treatment resources need to be devoted to help these individuals and others succeed in quitting tobacco for good.

State of the art treatment is an essential component of an evidence-based, comprehensive tobacco control program but it's not enough. Aggressive prevention strategies and public policies such as those that reduce exposure to second hand smoke are also absolutely vital. This is the work that was specifically proposed by the DHHS in the preventive services RFP that MaineHealth responded to and that we are now working with our partner Eastern Maine Health Systems and others in every public health district across the state to implement. To eliminate these efforts now, barely one month in to the proposed four-year timeframe, makes no sense whatsoever.

Let me close by stating that tobacco use continues to be the number one cause of preventable death and disease in Maine, causing 2,400 deaths and more than $811 million in health care costs annually. Is progress being made? YES - as reported in MaineHealth's 2015 Health Index Report, the rate of adults who smoke every day or some days was statistically lower in 2014 than it was in 2011. More than 70% of smokers want to quit. Our job, in the public and private sectors, is to help people do just that, using sound science and evidence-based approaches that are accessible and effective.

Thank you – I'd be happy to answer any questions.

Deborah A. Deatrick

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February 23, 2017

Good afternoon Senator Hamper, Senator Brakey, Representative Gattine, Representative Hymanson and Members of the Committees.

My name is Dr. Shuli Bonham. I am a Portland resident and a practicing physician in Lewiston. I am speaking today in opposition to the proposed position cuts in the Maine Center for Disease Control and Prevention, specifically against the elimination of Public Health Nursing positions. I have the honor of caring for a broad cross-section of Mainers in my work. I'm the lead physician of a primary care office in Lewiston where we see everyone from CEOs to refugees; college professors and citizens entrenched in generations of poverty. I also work in hospital care in Farmington, ME and I was formerly the Medical Director of the Health care for the Homeless program for the City of Portland. I can tell you that Public Health Nursing is essential to every area in our state in which I've worked.

I treat tuberculosis infections. Active infections can be destructive and deadly, although they are almost always preventable. The US standard of medical care is to treat TB infection before it becomes active in the body; this means that if we catch it early enough, the patient needs fewer and cheaper medications for their treatment, and once it's completed successfully their chances of becoming sick from TB or passing it on to others is almost zero. The trick is, even this simplified early treatment requires 4 to 9 months of daily therapy. Too many missed doses and the treatment doesn't work; even worse, drug resistance can develop. It's very hard to complete any long medication regimen perfectly; it's even harder for the many who don't have transportation to pharmacies and doctor's offices; or who don't speak the language well; or whose literacy is so limited that they can't understand the instructions on their bottles. These are the very real struggles many of my patients face every day, often in silence and shame.
Public health nurses are essential to coordinating care for these most vulnerable patients; they coordinate screening clinics to identify TB-infected patients who are as yet undiagnosed and untreated; they facilitate getting the necessary testing so that I can safely prescribe treatment; then they help make sure patients actually get the medication and can complete their therapies. It is a powerful collaboration that has worked well and that I believe is essential to our communities' health and safety. Public health nurses can accomplish this more effectively than any doctor's office or private agency, despite our best attempts. Without them, individual patients will go without treatment, and deadly infections will spread through our schools and communities.

Over the last few years, I have watched my patients suffer as the public health nursing programs experienced increased cuts and insufficient state support. I am frankly dismayed that there may be even further cuts, and I'm frightened by the prospect of our losing this essential resource. There are desperate needs for medical care in Maine right now, and doctors can't do it alone. Please do not eliminate the public health nursing positions. Our safety and our future depend on them.

Thank you for your consideration
Shulamith C. Bonham, MD
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Testimony of
Commissioner Mary C. Mayhew
Department of Health and Human Services

Before the Joint Standing Committee on Appropriations and Financial Affairs and The Joint Standing Committee on Health and Human Services

LD 390 "An Act Making Unified Appropriations and Allocations for the Expenditures of State Government, General Fund and Other Funds, and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2018 and June 30, 2019

Hearing Date: February 23, 2017

Senator Hamper, Representative Gattine, Senator Brakey, Representative Hymanson, Members of the Joint Standing Committee on Appropriations and Financial Affairs and Members of the Joint Standing Committee on Health and Human Services; I am Mary Mayhew, Commissioner of the Department of Health and Human Services (DHHS). I am here today to speak in support of LD 390, the Governor's Biennial Budget proposal for State fiscal years 2018 and 2019.

Unlike DHHS budgets that dominated this process for many years and overshadowed other state priorities, this budget proposal is not seeking a bail out of hundreds of millions of dollars to sustain current programs. In fact this budget does not include a request to fund a massive structural gap as had become the expected submission from DHHS for more than a decade. In fact, the budget proposal before you represents a 5.9% reduction from the '18/'19 biennial baseline budget of $2.3 billion or a $139 million reduction and a 4.5% reduction from the '16/'17 spending level or $109 million. The reduction in the Department's budget is intended to support funding needs elsewhere in state government and the proposed tax reductions. It is imperative that we focus our efforts on revitalizing Maine's economy to support critical pathways for employment for so many who need temporary assistance from DHHS.

For historical context in SFY 2016, the Department's expenditures were $ 3.6 billion state and federal. MaineCare accounted for $2.6 billion. The total state expenditures in SFY 2016 were $1.6 billion with a state General Fund component of $1.2 billion. MaineCare accounted for $1 billion of the total state expenditures including $782 million in general fund spending. The baseline General Fund budget for DHHS in SFY 2018 is $1.183 billion and in SFY '19 it is $1.186 billion. Inclusive of the Department's proposed initiatives, those figures would decline to $1.13 billion in SFY 2018—or a 4.14% reduction from the legislatively approved baseline General Fund budget—and to $1.10 billion in SFY 2019, a 7.3% reduction from the baseline.

For purposes of today's public hearings, the focus is largely on the Maine Center for Disease Control (CDC) (including DLRS). CDC had expenditures in SFY 2016 of $117.4 million with $17 million of that in General Fund expenditures. We are anticipating expenditures of $120.8 million in SFY 2017 with $20.3 million of that in General Fund expenditures. The baseline General Fund budget for CDC in SFY 2018 is $20.9 million and 2019 is $21.1 million. Inclusive of the Department's proposed initiatives, those figures would decline to $19.4 million in SFY 2018—or a 7.17% reduction from the legislatively approved baseline General Fund budget—and to $19.6 million in SFY 2019, a 7.32% reduction from the baseline.

Public Health Initiatives

Page 293, CDC C-A-1122, Reduce Community Family Planning (0466) General Fund, FY'18 $(223,105): FY'19 $(223,105)

This initiative reduces funding in the Community Family Planning program, General Fund on an ongoing basis. In 2015, Medicaid was significantly expanded for family planning services, ensuring broad access to services and eliminating the need for additional General Fund support.

Pages 315, 328, CDC C-A-1101, Public Drinking Water Fund (0728, 0143) Other Special Revenue, FY'18 $0: FY'19 $0

This initiative adjusts allocation for expenditures relative to anticipated transfers of liquor revenues. Public Law 2013, c. 269 incorrectly established allocation in the Lead Poisoning Prevention Fund account for the state share to match available federal funds for the drinking water projects. This allocation should have been established in the Public Drinking Water Fund account. Additionally, the liquor revenue transfers have increased and this initiative reflects that increase.

Page 327, CDC C-A-1119, Extend FHM Funding for Lead Poisoning Prevention (0143) Funds for Healthy Maine, FY'18 $374,988: FY'19 $0

This initiative continues 5 limited-period Environmental Specialist III positions established in Public Law 2015, chapter 267 funded 100% in the Fund for Healthy Maine Public Health Infrastructure program through April 2018. Public Law 2015, chapter 267 redefined lead poisoning which increased the number of inspections.

Based on the rate of increase in needed lead inspections, and the anticipated need for these positions going forward, we will be requesting the continuation of these limited period positions in the change package for the entire biennium. Additionally, we will seek funding to continue the current contracts within the lead inspection program for another two years.

Page 329, CDC C-A-1112, Tobacco Licensing Revenue (0143) Other Special Revenue, FY'18 $221,500: FY'19 $221,500

This initiative adjusts funding to cover the costs of administering the Health Inspection Program by redirecting the tobacco licensing fees revenue that are currently forecasted through the Revenue Forecast Committee process from the General Fund to the Other Special Revenue Funds.

The Health Inspection Program in the Other Special Revenue Funds is responsible for licensing tobacco retailers; however, the revenue from the collection of tobacco licensing fees is deposited directly into the General Fund. This initiative would move the tobacco licensing fees revenue to the Other Special Revenue Funds to cover the cost of administering this program.

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Part CCCC: This Part reassigns the application fee for a retail tobacco license that is now deposited in the General Fund, to the Health Inspection Program account in Maine Center for Disease Control and Prevention program, Other Special Revenue Funds to cover the costs of administering licensing for tobacco retailers.

Pages 330, 345, SAMHS C-A-1904, Personnel Services Transfer (Z198, 0143) General Fund, FY'18 $(81,124): FY'19 $(81,573); (0143) Other Special Revenue, FY'18 $87,927: FY'19 $88,391
This initiative transfers and reallocates one Public Service Manager II position and related All Other from 100% Mental Health Services - Community program, General Fund to 35% General Fund and 65% Other Special Revenue Funds in the Maine Center for Disease Control and Prevention program.

This initiative places the position in the appropriation functional location.

Pages 330, 370, SAMHS C-A-1905, Personnel Services Transfer (Z199, 0143) General Fund, FY'18 $(43,435): FY'19 $(43,754); (0143) Federal Funds, FY'18 $51,185: FY'19 $51,515
This initiative transfers one Social Services Program Specialist II position and transfers and reallocates one Education Specialist II position from 100% General Fund in the Office of Substance Abuse and Mental Health Services program to 50% General Fund and 50% Federal Expenditures Fund in the Maine Center for Disease Control and Prevention program to align duties with the proper funding source.

This initiative places the positions in the appropriate functional location.

Pages 320, 371, SAMHS C-A-1920, FHM Budget Transfer to CDC (Z199, 0143) Fund For Healthy Maine, FY'18 $0: FY'19 $0
This initiative transfers funding between the Office of Substance Abuse and Mental Health Services program and the Maine Center for Disease Control and Prevention program within the same fund to consolidate prevention services within the office charged with overseeing prevention services.

Pages 328, 338, CDC C-A-1123, Reduce FHM: Community/School Grants & Statewide Coordination (0147) General Fund, FY'18 $(4,684,150): FY'19 $(4,684,150), (0143, 0147) Funds for Healthy Maine, FY'18 $0: FY'19 $0
This initiative adjusts funding between the Maine Center for Disease Control and Prevention program and the Medical Care - Payments to Providers program in the Fund for a Healthy Maine to focus on direct healthcare for low-income member services.

These funds are necessary to support primary care in Medicaid, early intervention and prevention activities related to smoking, the prevention of chronic diseases related to smoking, and the prevention of other unhealthy behaviors that lead to conditions like diabetes and hypertension. It is imperative that we aggressively support the funding of direct services within the primary care physician office as one of the most effective forms of clinical preventive services. Practices participating as health homes and behavioral health homes through the Department's transformation initiatives are already showing improvements in the clinical outcomes of the members. The redirection of this portion of the tobacco settlement funding allows for a corresponding General Fund reduction in the Medical Care - Payments to Providers program.

Pages 338, 328, CDC C-A-1124, Reduce FHM: Tobacco Control & Prevention (0143, 0147) General Fund, FY'18 $(5,698,647): FY'19 $(5,698,647), Funds for Healthy Maine, FY'18 $0: FY'19 $0

This initiative adjusts funding between the Maine Center for Disease Control and Prevention program and the Medical Care - Payments to Providers program in the Fund for a Healthy Maine to shift the focus of tobacco prevention and control of related health issues to MaineCare recipients.

This FHM funding is redirected to address the disproportionate use of tobacco products by the MaineCare population (43%) as compared to the state general population. This initiative advances the primary care, evidence based approach of individual level interventions that consider stages of change which is more effective when coupled with the very concrete resource of the Maine Tobacco Helpline. Reducing expenditures for indirect activities with marginal results to instead support proven clinical strategies by primary care providers through the FHM-Medical Care program, allows for a General Fund reduction in the Medical Care - Payments to Providers program. Although Maine ranks 7th in the country for use of the tobacco settlement dollars on tobacco cessation, our smoking rates for adults mirrors the national rates. This initiative will allow direct, primary care intervention and prevention services to measurably address this public health challenge.

In the initial submission of the budget, the entire amount in this account was included inadvertently. Our intention is to continue to fund the tobacco helpline, and in the coming weeks we will communicate to the committee a path to address our intent.

Page 381, OMSA C-A-2001, Increase Allotment (Z055) Other Special Revenue, FY'18 $100,000: FY'19 $100,000

This initiative increases allocation to align with available resources. The Legislature established the Prescription Drug Academic Detailing program in Maine Revised Statutes, Title 22, §2685. Beginning April 1, 2012, each manufacturer of prescription drugs that are provided to Maine residents through the MaineCare program or the elderly low-cost drug program was required to pay a fee of $500 per calendar year to the department to provide funding for the program. This initiative aligns the allocation with available resources and program needs.

Thank you for the opportunity to present the Governor's proposed budget for SFY 2018 and SFY2019 for the Department of Health and Human Services.

City of Bangor Maine

www.bangormaine.gov

Testimony of Patricia Hamilton, Public Health Director, City of Bangor

Before the Committee on Appropriations and Financial Affairs

Senator Hamper, Representative Gattine, Senator Brakey, Representative Hymanson and members of the Appropriations Committee and Health & Human Services, my name is Patty Hamilton and I represent the City of Bangor. I feel we in Maine are at a critical point and facing some alarming trends in maternal child health including:

•Maine as the only state in the U.S. with a worse infant mortality rate in this decade than in the last.

•Physical maltreatment trends are rising for infant's age 0-1 from 67 in 2010 to 193 in 2015 (MCD 2016)

•According to the CDC, Maine leads the nation in drug affected/substance exposed newborns-costing 1.5 billion in 2012

- A recent report indicates an increase in foster/kinship care for children in Maine
- The 2016 US Surgeon general report notes only one evidence based prevention program to address addiction, called the Nurse Family Partnership and this does not exist in Maine

Opiate addiction continues to ravage our communities and maternal child public health nurses (PHN'S) have been working on the front lines in this crisis. They work closely with pediatricians and obstetricians to get mothers and babies to their visits and to communicate medical issues early saving unnecessary health problems or office visits. They are teaching mothers how to identify neonatal abstinence syndrome and linking them to good quality care, preventing birth defects, and sadly, at times connecting with child protective services.

Providing these prevention services these past few years have been more difficult as cuts to the state program have left gaps and challenges. Communication between the state, hospital and community providers is erratic. The process and eligibility criteria developed as a multidisciplinary team thru rigorous testing, and that was working well to serve all families, has been changed multiple times without input from frontline providers. We are no longer really sure of who does and does not qualify for our services under the state contract. This confusion means people, at risk mothers and babies are most likely unserved or served by the wrong level of provider.

We need to invest in our children and families; PHNs are an essential component of this investment and in the prevention of multigenerational impacts. In concert with our *Maine families'* (MF) colleagues we can work together to reverse these alarming trends but MF workers cannot do it alone nor should they. Much like nurses do not replace doctor's work, MF workers do not replace skilled nurses. The proposed cuts would leave one nurse per county without any supervisors, working from home without secretarial support.

With a declining birth rate and our youth leaving the state we need all our children to grow to be successful productive adults. Funding through the MCH block grant and opiate addiction funding can and should be used to keep the remaining positions and restore those lost and not filled in prior budgets, our families are worth the investment.

Testimony Regarding Allocations From the Fund for a Healthy Maine
February 23, 2017

Good afternoon, Senators Hamper and Brakey, Representatives Gattine and Hymanson, and members of the Appropriations and Financial Affairs and Health and Human Services Committees.

My name is Lisa Kavanaugh and I am the CEO of Community Dental. We operate dental centers in Rumford, Lewiston, Farmington, Portland, and Biddeford. We are the oral health home for approximately 20,000 children and adults, providing over 48,000 oral health visits each year. Our Mission "improves the lives of children and adults in our communities by providing needed, accessible, comprehensive, quality oral health care."

Approximately 76% of our patient population is living at or below 150% of federal poverty, with almost 50% over the age of twenty-one. We are a key component of the "Health Care Safety Net" for Maine's most vulnerable citizens; including almost 3,000 adults with special needs.

Low income adults are the most challenged population trying to access comprehensive oral health care. Even our deeply discounted fees for care can be unaffordable for many low income individuals. As you know, Mainecare will only reimburse for care to treat "urgent or emergency needs" for its members.

In the past five years, Community Dental has been allocated approximately $52,000 per year to help "offset" the true cost of providing care to patients who meet the income eligibility for our Income Based Sliding Fee Scale. In previous years, our allocation from the Fund for a Healthy Maine varied between $150,000 to a high of almost $300,000.The overwhelming number of individuals who qualify for the Sliding Fee Scale are adults who are living at, or below, 150% of the Federal Poverty level.

We believe that no child, adult, or older adult should go without access to comprehensive, high quality oral health care. By offering a Sliding Fee Scale, Community Dental is able to offer "**ACCESS**" to low-income and uninsured patients who are offered dramatically reduced fees for their oral health care. Fulfilling our mission means providing care for patients who cannot afford our full fees, despite the fact that our full fees are discounted by 20% or more relative to average Maine private practice fees. The lowest fees we offer are even more affordable; on average, approximately 65% of our already reduced full fees. Funds from the Fund for a Healthy Maine help to sustain this program referred to as **"ACCESS."** Unfortunately, the ongoing sustainability of this program is continually threatened by inadequate funds to offset the true cost of providing comprehensive care to eligible individuals.

In 2016, Community Dental provided a community benefit of approximately **$532,391** in discounts to patients living at or below 150% of federal poverty level. **The Community Dental full fee value of the oral health care rendered to these individuals was around $1,440,545 . Organization wide, every $1 spent yielded the equivalent of approximately $1.59 in oral health care to individuals living at or below 150% of federal poverty.**

Funding from the Fund for a Healthy Maine, and a return to previous allocations, is crucial to our ability to provide care at a lower charge for our low-income, uninsured patient population. In 2016, "ACCESS" made it possible for 3081 individuals (more than 7298 visits with the dentist and/or hygienist) who used the sliding fee scale to receive comprehensive oral healthcare they would not otherwise be able to afford. Ongoing funding from the Fund for a Healthy Maine will help *ACCESS* continue providing this important assistance, and keep comprehensive oral health care a reality for Maine's most vulnerable and at risk individuals.

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