

Public Health Priorities of 2014 Massachusetts Gubernatorial Candidates



We are pleased to announce the results of this year's MPHA Gubernatorial Candidates Questionnaire. We asked each of the candidates for Governor seven questions addressing major public health issues facing Massachusetts.

We encourage you to learn about the issues at stake in this year's primary election on **September 9th** and general election on **November 4th**. We hope these answers help you cast informed votes for the candidates you think will best promote public health.

Candidate responses (in alphabetical order):

Charlie Baker, Republican
Don Berwick, Democrat
Martha Coakley, Democrat
Evan Falchuk, Independent
Steve Grossman, Democrat
Scott Lively, Independent

Please note that this information provided for educational purposes only. The Massachusetts Public Health Association does not endorse any candidate for office or any political party or affiliation.

Charlie Baker, Republican

1. What will be your top public health priorities if elected governor?

Access, affordability and transparency: Ensuring everyone in Massachusetts has access to quality, affordable health care will be a top priority of mine. The rising cost of health care and the botched and costly implementation of the Affordable Care Act in Massachusetts are problems in desperate need of a solution. As governor, I will use my years of health care experience in the private and public sector to improve care, increase cost transparency and reduce the cost of health care in Massachusetts. I have put forward a series of proposals to improve services, save families money and protect our system from unnecessary federal overreach. Massachusetts is a great place filled with great people and we need to make sure our health care system works for the people. My full plan is available here: www.charliebaker2014.com/health-care-priorities.

Addiction: We need to aggressively address the addiction crisis in Massachusetts. My priorities will be addressing both prevention and treatment and engaging stakeholders and the public in solving this problem together. Solutions will include a central state database to track overdoses, mandating doctors consult the Prescription Monitoring Program, and engaging in a frank discussion with the medical community about the treatment of pain and use of opioids, in order to slow the increasing trend of prescribing these highly-addictive drugs. . My full plan is available here: www.charliebaker2014.com/addiction.

Homeless families: I will work to end the practice of placing homeless families in hotels and motels and instead help these families to remain in, or find, stable living situations. Putting families in hotels and motels far from their communities is not a compassionate solution to this problem. I know there is a better way because the state has done it before, when I worked in the Weld and Cellucci administrations. My full plan for addressing family homelessness is here: www.charliebaker2014.com/family-homelessness.

Contraception coverage: In light of the Supreme Court's Hobby Lobby decision, I would ensure that there are funds available through the Department of Public Health for any woman who cannot access all forms of contraception through her employer.

2. We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?

First, I would work with the communities and areas most affected by this disparity to determine how best to tackle this problem. Second, I would ensure the state programs designed to increase access to health care for low-income and underserved populations are adequately funded and operating effectively. Third, now that we have near-universal health care coverage, I would work

to ensure vulnerable populations are aware of and making the most of services offered through their health insurance (such as preventative measures).

- 3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?**

As a former CEO of Harvard Pilgrim Health Care, I know well how important prevention is to controlling health care costs. We took many steps at HPHC to encourage preventative measures and healthy behaviors. I will support an adequate level of funding for chronic disease prevention programs, which are not only important to the health of Massachusetts citizens, but also to saving on future health care costs. I will also support adequate funding for smoking cessation programs, which are very important to public health.

- 4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these “non-health” agencies to consider the health impacts of their policies and practices?**

As a former Secretary of Health and Human Services and former CEO of Harvard Pilgrim Health Care, I am very passionate about health care and very aware of the health impacts public policy can have. As governor, I will ensure the leaders in my administration are aligned in working towards a common vision of a great Massachusetts, which includes a healthy and safe public.

- 5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?**

I care deeply about the individuals and families affected by this addiction crisis and, as governor, I will be proactive about addressing both prevention and treatment. I will use the power of the office to engage the health care system and the public to tackle this problem. I have the experience in state government (as a former Secretary of Health and Human Services) and in the health care industry (as former CEO of Harvard Pilgrim Health Care) to bring a fresh and effective solution to this problem, which will involve our community acting together to address the causes, improve treatment programs and end the stigma around addiction. You can read my full plan for preventing and treating addiction here: www.charliebaker2014.com/addiction

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

I don't think our tax system is perfect, but I do think it's sufficient to meet our public needs if we manage and spend those tax revenues responsibly. I will not raise taxes, but I am open to reviewing and revising our tax code to make it simpler and more equitable.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

a. Q1: Repeal of gas tax indexing

I plan to vote for the repeal of gas tax indexing. I oppose the idea of an automatic tax increase; I believe our elected officials should have to take a vote whenever they want to raise our taxes.

b. Q4: Earned paid sick leave

Although I support the principle of earned paid sick leave for workers, I do not support this ballot question. I think all employers should provide some sort of sick leave time to their full time employees, and it is encouraging that most do. I think we can and should be more creative than just a one-size-fits-all mandate. I'd like to work with both the employer community and labor community to see if we can find a way to achieve this goal, possibly by putting in place incentives that would achieve the goal while giving businesses some flexibility in how they do it. I have spoken with some employers who are concerned that this mandate would eliminate or significantly alter their existing benefit programs, which their employees value. That said, I do believe in the ballot petition process, so if voters pass this initiative, I will work hard to implement it.

Don Berwick, Democrat

1. What will be your top public health priorities if elected governor?

I have spent my career as a physician and an executive fighting for better health care all over the world. My top public health priorities center around what I call the Triple Aim—achieving better care, better health, and lower cost through improvement. At a time when Massachusetts spends 42% of its budget on health care, it is imperative that the next Governor understands what better care at lower cost looks like. As Governor, I will work to make our health care system simpler, less costly, and more responsive to the needs of patients:

- We will make Massachusetts the healthiest state in the nation, through smoking cessation, obesity prevention and reduction, and specific programs to curb domestic and physical violence.
- By calling on evidence-based best practices from around the world, we will reduce substance abuse and suicide rates by 50% in Massachusetts in the next decade.
- I will bring my thirty years as a leader in the national patient safety movement to Massachusetts. Together, we will make Massachusetts a leader in patient safety.

To make the kind of investments we need in public health, Massachusetts needs to reform its health care payment system. I am the only candidate for Governor favoring single payer health care, like Medicare for All. Single payer will be accountable to the public—for example, if we want our care to be more focused on prevention, mental health services, and the substance abuse epidemic, there is a transparent, publicly accountable entity that will hear those concerns. It will reduce costs and free up providers to focus to their efforts on treating patients and investing in wellness programs that improve the health of populations. And it provides leverage to move away from the fee-for-service model and towards the coordinated, integrated, team-based care that keeps people home and well.

2. We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?

As a pediatrician caring for children from disadvantaged backgrounds, I learned that the air children breath, the food they eat, the safety of the streets they walk on, the quality of their schools, the economic security of their parents, and more, played *at least* as big a role in their health outcomes as the medical care they receive. To create real health, we need

to invest in the strength and wellbeing of neighborhoods and communities. This idea is key to why I want to be Governor. As Governor, I will focus on:

- Smart growth. Through investment and proper zoning, we can promote transit-oriented development, complete streets, and vibrant downtowns with access to nutritious food, and open spaces. This will improve air quality and promote healthy lifestyles through walking, biking, and proper nutrition.
- Community health centers and primary care. The evidence is clear. Community-based health systems are extremely effective at managing chronic illness and providing preventive care. They lower costs and improve outcomes. But far too many low-income neighborhoods lack access to the primary care they need. I will double down on investments that allow for the expansion of community health centers, particularly in low-income communities.
- Fight for environmental justice. I am deeply troubled by the disproportionate impact of climate change on lower-income communities and communities of color. Beyond the damage to public health caused by polluting facilities, the damage from climate change-induced storms tends to be more highly concentrated on these communities. This is wrong. I am fully committed to addressing the issue of environmental injustice as a component of a broader effort to reduce social and economic inequality in our Commonwealth, and I will consider alternative structures to assure accountability in reaching that goal.

3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?

Absolutely. Restoring adequate state funding levels to support chronic disease prevention programs is essential to making Massachusetts the healthiest state in the nation. For example, improving access to evidenced-based smoking cessation programs, enhancing our substance abuse treatment system, and ending the obesity epidemic in our state are three vital chronic disease prevention initiatives that will require more investment on the state level. We need a Governor who understands the importance of these programs and fight for them accordingly. As Governor, that will be my fight.

4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these “non-health” agencies to consider the health impacts of their policies and practices?

“Non-health” factors play a critical role in influencing the health outcomes of all residents. I will work to strengthen neighborhoods and communities, particularly in disadvantaged areas of our state that have suffered from chronic underinvestment and neglect. Among others, I will focus my efforts on housing, transportation, and education:

Housing and Homelessness:

- Public housing. Much of our housing stock is old, outdated, and unhealthy. As a pediatrician, I know that 40% of asthma symptoms come from residential conditions. I will expand the Capital Improvement and Preservation Fund to ensure that state owned-public housing is free of lead paint, asbestos, and other health risks. I will also expand efforts to insulate and weatherize homes to reduce our carbon footprint, and lower energy costs.
- End chronic homelessness. Massachusetts spends over \$30,000 per chronically homeless individual each year. The bulk of this is spent on health care, particularly visits to the emergency room that could be easily prevented by placing individuals in housing. ‘Housing First’ models like Home and Healthy for Good and the 100,000 Homes campaign place chronically homeless individuals in permanent supportive housing and offer comprehensive supports—including mental health, substance abuse, and job training programs. These programs have shown an 85% retention rate, dramatically improve health outcomes, and save the state thousands per year. We have the resources; we have the methods; now we need the will.
- Fight family homelessness. The state spends \$4,000 a month each time it houses a homeless family in a motel. For many, this means cramming several children in one room with no kitchen, far from their schools and doctors, with minimal access to public transportation, and no access to their support system. This takes a serious toll on health and wellbeing. Instead, we can spend less than \$1,000 per month on a rental voucher that allows families to enter the housing market. The state will save money, and health outcomes will improve dramatically.

Transportation and Development:

- Invest in public transportation. I will make a direct case for new investments in our public transportation system that improve service and expand access—both in the MBTA and our Regional Transit Authorities (RTA). More ridership strengthens our economy and encourages healthy living. We must, therefore, do everything we can to avoid fare increases that impact the lowest income residents.

- Encourage communities to invest in dense multi-family housing and transit oriented development. Smart growth and zoning reform are essential to increasing our housing stock, but they are also important strategies to facilitate healthy lifestyles. As Governor, I will defend 40B, expand the 40R Smart Growth Trust Fund, and recapitalize the Brownfields Program. I will work to make it easier for housing to be built closer to public transportation, allowing families easy and affordable access to jobs, school, and their communities.

Education:

- For far too many children, the meals they eat at school are their most substantial of the day. While schools did not cause the problem, they are essential to addressing it. We must make sure that school lunches are adequate and nutritious, and that school curriculums help instill healthy eating habits in children who may not receive such guidance at home.
- By investing in proven programs that provide support to high-risk youth and offer alternative pathways to a prosperous life, we can attack the root causes of youth violence, reduce gang participation, and improve the health of our communities.

5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?

Our Commonwealth faces an epidemic, and it should be treated accordingly. As Governor, I see three major components to an effective substance abuse strategy:

- Emergency response to prevent unnecessary deaths. I will work to ensure that all first responders are trained and equipped with naloxone rescue kits. We should also consider expanding this program into our criminal justice system.
- Thwart addiction before it begins. To do so, we ought to recognize that addiction is often the result of desperation—either emotional or economic—and fight these underlying causes. **In addition, although addiction is by no means a problem confined to the poor, poverty and substance abuse are often related, and I intend that we shall commit to an end to poverty in this Commonwealth. I am also struck by the high percentage of opiate addiction that begins with abuse of prescription drugs that teens and young adults find in their parent’s medicine cabinet. And I am excited by the public awareness campaigns and buy-back efforts that encourage families to get rid of narcotics they no longer need. To build on such efforts, I would work to expand substance abuse**

education and other programs specifically designed to keep prescription painkillers and other opiates out of the hands of young people. For example, I would also strengthen the state's partnership with the Brandeis University Prescription Drug Monitoring Program, and enhance related collaboration with other states and Governors in New England to have strategic regional monitoring system.

- **Expand rehabilitation services. This starts with avoiding incarceration as a solution. A week of treatment costs ten percent of what it costs to incarcerate. With these savings and additional resources, we will eliminate wait lists for treatment programs, and expand drug courts that provide addiction services that provide medically accurate, evidence-based and respectful services. We will work with individuals and their families to identify the causes of their addiction and create individualized action plans to make sure that they do not relapse.**

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

No. Any candidate who says that the state does not need new revenue simply isn't telling the truth. Massachusetts cannot afford not to invest in the essential services that support the middle class and strengthen the social safety net. We must make a choice; – it's spend now or spend (more) later.

Massachusetts needs to move towards a fair tax system that asks people with lower incomes to pay less, and people with higher incomes to pay more. I will both advocate for a constitutional amendment to implement a progressive income tax and work within existing law to further this goal. We also need to hit the reset button on loopholes and exemptions. I will join with legislators in a comprehensive and transparent review of all tax breaks. If an exemption helps to create jobs or strengthen the safety net, I will support it; if not, I will work to end it. There is no place for tax breaks that benefit only the wealthy and well connected.

But we should also look to find revenue through eliminating waste and redundancies. Single payer health care would save hundreds of millions from the state budget and new investments in other essential programs. This revenue could be spent on new investments in preventive care, or supports to programs critical to the health and wellbeing of communities.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

- a. Q1: Repeal of gas tax indexing**

I will be voting against Q1 to repeal gas tax indexing. We should keep the current indexing system to ensure we recoup some of the gas tax purchasing power lost over the last 15 years and to guard against any further erosion. The gas tax may be necessary in the current environment, but it is not our future. Moving forward, it's vital that the Commonwealth transitions to a greener vehicle fleet and an overall transportation system that relies on renewable sources energy, not fossil fuels. As we shift to such a system, we'll need to implement other models of revenue generation that ask people to pay according to what they use – methods like a “vehicle miles traveled” fee structure, (with strict attention to privacy concerns). I believe that a modernized fee system can be equitable, efficient, and responsive to the needs of travelers.

b. Q4: Earned paid sick leave

I will be voting in favor Q4 to enhance earned paid sick leave benefits for Massachusetts employees. We must provide adequate paid sick leave and unemployment benefits so people can transition back into the economy and support their families. The recent increase in the state minimum wage was an important step in ensuring living wages and secure working conditions. We still need to do more for our workers, and passing Q4 will a helpful next step.

Martha Coakley, Democrat

1. What will be your top public health priorities if elected governor?

Ensuring equitable access to health care, and to the kind of housing, transportation, and environmental conditions that lead to better health, will be one of my top priorities as Governor. As part of this effort, I believe we need to ensure that every worker in Massachusetts has access to earned sick time; that safe, healthy housing, along with access to fresh food and open space is a right for every resident; finally, that we reduce stigma and increase support for community-based services, to help support individuals and families struggling with mental health and substance abuse issues.

2. We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?

To effectively reduce the burden of illness, and increase life expectancy, in low income communities and communities of color across the state we need to address the damaging environmental conditions that lead to poor health, expand access to fresh food and open space, and make quality, community-based health care affordable.

To accomplish these goals, I will make it a priority to ensure that Massachusetts' stock of public and affordable housing is clean and safe, so we can ensure that health problems aren't created or exacerbated by a family's living conditions. I will continue my leadership on brownfields reclamation, so that these previously blighted areas can be transformed into community gardens and playgrounds, and I will promote farm-to-table and farm-to-school programs that provide regular access to fresh, healthy food. Finally, I will increase support for community health centers that provide care for underserved communities, and increase funding for culturally competent, community-based behavioral health services in underserved communities.

3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?

Yes, I support increased funding for proven prevention programs.

4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these “non-health” agencies to consider the health impacts of their policies and practices?

As Attorney General, I have experience building a team that is able to work collaboratively to reach our shared goals. As Governor, I will be committed to continuing this work, in order to break down silos and utilize all the resources available to state government. In addition, I believe our budget should be a reflection of our values and I will prioritize investments, across agencies, that leverage the greatest positive impact on public health.

5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?

Throughout my career in public service, I have seen the consequences when we fail to address the root causes of substance abuse and don't do enough to support those seeking to break the cycle of addiction. Just recently, I sat with a group of mothers in Somerville whose children have suffered from addiction and heard about their ongoing struggles; I understand the tremendous impact opiate addiction has on individuals and families, and how too many people continue to feel that they are in this fight alone.

Addressing the rising crisis of drug addiction in Massachusetts means focusing on prevention, intervention, and rehabilitation. It starts with doing more to educate young people about the dangers associated with prescription drug and opiate abuse. I support expanding programs for young people, especially in schools, that offer peer counseling and information about the signs and effects of opiate addiction. These programs will not only increase prevention and early identification, but they will also help remove the stigma around drug abuse.

We need to expand the use of specialized drug courts, to connect individuals struggling with drug addiction or other behavioral health disorders access the treatment and other services that will improve long-term outcomes, rather than simply locking them up, and failing to deal with the behavioral health issues that is the underlying cause of their crime.

We also need to increase the capacity in our service system, both for acute, inpatient care and for community-based services. I have called for more investment and better reimbursement rates for both inpatient care and community-based services, including case management, transition services, and emergency care. Access to these services is critical to helping rehabilitate individuals struggling with behavioral health disorders, and ending the cycle of admission and re-admission to hospitals, or incarceration. In addition, we need explore licensure and payment reforms that will encourage comprehensive health care, which integrates primary, physical care with behavioral health care, in order to decrease access points for patients and increase the coordination of care.

My office recently wrote a letter and worked with members of Massachusetts' congressional delegation to urge the FDA to reconsider its approval Zohydro, a high-potency pain killer that could exacerbate the problem of opiate addiction in Massachusetts and around the country. We are now working with Governor Patrick to explore banning the drug at the state level. As we become more cognizant of the challenges associated with opiate addiction, and do more research into the causes and most effective treatments, the next Governor must take the lead on implementing strategies to both stem the flow of potentially harmful opiates and connect those suffering from addiction with critical services.

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

Our first priority should be to increase economic prosperity across the board, in order to lower the tax burden on everyone. In addition, I firmly believe that those at the top should not be paying a lower effective tax rate than those at the bottom, and am open to changes that will make our tax system more progressive. I have said repeatedly that if it becomes necessary to raise new revenues to fund our shared priorities, I am committed to doing so in a manner that does not increase the burden on those in the middle class or who can least afford it.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

a. Q1: Repeal of gas tax indexing

I will vote against repealing the indexing provision that accompanied the recent 3-cent increase. The gas tax remains a critical element of our transportation funding framework, and repealing the indexing provision would eliminate hundreds of millions for projects that could improve public health by expanding public transit, as well as opportunities for walking and biking.

b. Q4: Earned paid sick leave

I will vote in favor of earned sick time and, if it fails to pass, I will make it a legislative priority as governor. Earned sick time is a matter of basic fairness for working people and their families across the state; it reduces income inequality, and actually increases business productivity. No worker should ever have to choose between keeping their job and looking after their health or the health of a loved one.

Evan Falchuk, Independent

1. What will be your top public health priorities if elected governor?

Investing in public health through prevention and wellness pays enormous dividends, particularly given the increasingly significant proportions of both public and private sector budgets that are spent on caring for preventable illness in Massachusetts. The fact that nationally, almost 75% of healthcare costs are spent on preventable diseases, and that here in Massachusetts we spend *billions* of dollars on treating preventable diseases, should be enough to demonstrate the potential savings targeted investments in public health could generate. Money saved in this way would have a significant impact on public coffers and taxpayers' wallets. This of course is in addition to the obvious and very real human benefits increased wellness has on individuals, families and businesses.

Given the scale of this opportunity, we must take an aggressive approach to improving public health in Massachusetts. My top three priorities in this regard are:

1. Double state funding for the Prevention and Wellness Trust Fund. This would increase the number of needed programs it supports and maximize the enrollment in and impact of these programs. The evidence-based programs supported in this way impact public health and dollars spent on health care; as such they represent an opportunity for a significant return on investment for the Commonwealth and the taxpayers, as well as the lives affected by preventable illness.
2. Launch a strong public health marketing campaign. The campaign will educate people on different ways to prevent chronic illness. This is an opportunity for a modern campaign, with messaging that will appeal to people of all ages around important, simple steps they can take to live in a more healthy way, and be tied to existing efforts to fund the wellness programs of employers, municipalities, medical providers, and others.
3. Change the economic model of health care delivery. Implementing an all-payer fee schedule, based on global payments, will incentivize hospitals to earn their profits from keeping people well, rather than by treating them once they are sick. Hospitals should be encouraged – and compensated – for engaging in community-based public health activities.

In each of these areas, the opportunity to act is particularly meaningful for communities that have been underserved, including communities of color where racial disparities persist and barriers to healthcare, prevention and wellness services exist.

2. **We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?**

We should not understate the importance of the color of a person's skin when it comes these kinds of disparities – it is a problem that is far more pernicious than simply zip code or financial status. Recognizing the nature of the problem is part of the solution. The kind of aggressive, strategic effort by the state to confront these realities, as laid out above, is what is needed to address it. Research showing the impact of poverty and prejudice on individuals underscores the significance of the problem, and the need to deal with not just the health consequences of poverty, but to deal with the underlying causes of poverty themselves. This includes improving education in communities most affected by these problems, including addressing the significant mental health burdens facing many in these areas as a result of persistent poverty and violence. In addition, strong support for community development corporations, entrepreneurship and job training can help us implement policies that build from the “inside out” – that is, focusing resources on those areas where need and opportunity are greatest.

- 3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?**

Yes. There is a significant, demonstrated ROI from prevention-oriented solutions. Cutting these kinds of programs is unwise, given this fact. Most of my business career has been spent in the health care sector, as a senior executive of a company that dealt with population-based, but patient-specific, solutions to medical issues, integrated into broad-based prevention and wellness activities. It is critical that leadership at the highest level of state government has an understanding of the realities of how prevention impacts overall health care spending.

- 4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these “non-health” agencies to consider the health impacts of their policies and practices?**

I've called for the restoration of the Office for Commonwealth Development to cabinet-level status. The role of this office will be to hardwire coordination among the state's transportation housing, transportation, economic development and land conservation agencies. I strongly support the implementation of smart growth initiatives that will create more walkable communities in our Commonwealth that are better geared to the health and well being of the people of Massachusetts. In this respect, issues of public health must be an integral part of this kind of planning and the desired results of these efforts, such as, for example, tripling walking, biking and public transit trips over the next 15 years, which can only happen because we create the conditions that make them a reality.

As I believe that improved public health is central to my campaign's modern, pro-growth agenda, these considerations will be critical to every policy initiative we undertake, whether in the area of transportation, housing, land use, criminal justice, education, social services and other areas.

5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?

It is the next governor's job to re-frame the discussion around substance abuse for what it is, a public health issue. The next governor must play an active role in framing issues of substance abuse in this light, so that treatment and recovery are the hallmarks of our state's response to this issues – not punishment and abandonment, which has too often been the case in the past. Increased funding for mental health services and detox beds will be important practical steps that should be taken immediately.

Furthermore, we think it's important to elevate the issue of substance abuse organizationally with the Executive branch. In this respect, within the Falchuk Administration we will move – and elevate – the Bureau of Substance Abuse to a position under the Secretary of HHS. That office will act as a clearing house and ombudsman to ensure that each of the various agencies and other organizations helping individuals and families dealing with substance abuse issues are working in concert with each other. This involves breaking down barriers and ensuring effective partnerships with service providers in the community. We must maximize the attention that this important issue receives in the Executive branch and within the state government generally.

The state must also play a more active role in ensuring that the prescribing practices of physicians with respect to potentially addictive drugs are understood and acted upon. Overprescribing of these medications, including prescribing excessive quantities of these medications should be a cause for not just concern, but also, when appropriate cause for legal action against these physicians. The overwhelming majority of doctors properly prescribe these medications which can have significant benefits for patients, but those who act otherwise should be identified and disciplined.

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

For nearly a century, Massachusetts has had a "flat tax," which means that everyone – no matter their income – pays the same rate. This is inherently regressive. Modernizing our tax code requires changing our state constitution. To do this, my Administration will form a non-partisan Tax Modernization Commission that will create the framework for a tax code that is built for the 21st century.

In an environment where voters don't feel they're getting a good value from state government services, this does not represent a call to universally raise taxes. Rather, it would entail a more modern tax code less regressive in nature; for example, a structure where people who spend less pay less in taxes.

Furthermore, what we need to be focusing on is reallocating state spending in a way that better fits voters' actual priorities, and makes it possible for the state to consider not just reducing the tax burden but changing our model of taxation. This is why I'm calling for a Tax Modernization Commission.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

a. Q1: Repeal of gas tax indexing

I am against repeal of this law. The indexing makes the gas tax – like the sales tax and income tax – move with inflation. No one likes to pay taxes, but having them align with inflation is just common sense. I am deeply concerned about a political process in Massachusetts in which duly passed laws of the legislature seem to increasingly be subject to ballot initiatives by the losing side. For a democracy to function properly, the side that loses in a fair and open vote must be able to join the majority and move forward. We need our legislature to be able to deal with these issues, and for the public to have confidence in our legislative process.

b. Q4: Earned paid sick leave

I will vote yes on this question. In spite of some concerns I have about the ballot initiative language, I'll be voting yes on it in recognition of the countless employees who currently cannot afford to take a single day of sick time off for themselves, or for a dependent child or parent in need. However, as with the other question noted above, the ballot initiative itself is a blunt instrument for dealing with this complex issue. Our legislature should be brave and capable enough to iron out these issues, without needing for things to resort to a ballot initiative.

Steve Grossman, Democrat

1. What will be your top public health priorities if elected governor?

To truly build One Commonwealth that levels the playing field and leaves no one behind, we need to revolutionize the delivery of health care services to reduce or eliminate health disparities, primarily by significantly increasing our investment in community hospitals and community health centers. At the same time we must use every appropriate tool to reign in excessive price increases at our largest medical institutions that would severely undermine the goals of Chapter 224.

We must also refocus our efforts to address the crisis of mental illness hurting so many families. While Massachusetts has parity in the legal sense, we still do not yet have true mental health parity. Patients in an acute psychiatric emergency spend hours, sometimes days waiting in emergency rooms for the care they need. Outpatient mental health clinics are not paid adequately, and the result has been a reduction in service. In the face of financial challenges, psychiatric units of community hospitals face being closed. Long-term care patients remain stuck in state hospital beds after they are ready to return to the community because there are no community placements for them. We must significantly reverse the downward trend in Massachusetts, where we have cut our funding for mental health services more than any other New England state since 2009.

My administration will commit the funds to ensure a robust community mental health system and eliminate the systemic obstacles to ensuring that mental health consumers are able to receive services at the appropriate level of care. My administration will also bring together the health plans, public and private sector providers, advocates, and consumers to make sure that the health care system works as well for those with mental illness as it does for those with any other medical illness. Given the tremendous growth of immigrant populations with dozens of languages spoken across Massachusetts, we need to recruit, train, and retain mental health professionals with both language skills and cultural competence. In regards to the opioid epidemic, given the tremendous increase of 12-17 year olds who have used illegal drugs, I believe we need to enhance drug awareness and education programs for middle and high school students. I will partner with the federal government to launch a statewide drug awareness campaign that targets teenagers, highlighting the impact of drug abuse, particularly with prescription drugs and opiates.

Our Commonwealth has a proven record of success with similar types of programs. In the early 1990s, Massachusetts partnered with the American Cancer Society to launch a statewide anti-smoking program that in addition to hotlines, new legislation, and 2 initiatives aimed at young people, also launched an intense advertising campaign. The results were dramatic: per capita cigarette consumption declined by more than 47 percent in the state.

I will also invest \$10 million in a new competitive grant program called “Massachusetts Healthy Living,” building on the Obama administration’s Mental Health First Aid program. We need to provide local communities and schools with access to the resources they need to increase prevention, awareness, and training around the issues of mental illness, substance misuse, and

behavioral health care, particularly among our vulnerable teen and young adult population. We must recognize the need to treat issues of addiction and mental illness as issues of public health, not criminal justice.

- 2. We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?**

I believe that the quality of your health care should not depend on the size of your paycheck. This is a fundamental principle and issue of fairness. I support affordable health care for all. Massachusetts led the nation in access to health care, and now we're poised to lead again on the critical issue of cost control. But fundamentally, we need to revolutionize the delivery of health care to better serve our most vulnerable populations.

First, our shared goal is for quality care to be delivered at the lowest cost setting possible, and we need to seek ways to shift care and invest more heavily in our community hospitals and our community health centers. Particularly in rural areas on the state, we need to address the shortage of primary care doctors and nurse practitioners.

Second, we need to incentivize and encourage employers to invest in wellness programs, by promoting wellness programs, which research demonstrates return \$3.27 for every \$1 invested.

Third, I'm deeply disturbed that we have cut our funding for mental health services more than any other New England state since 2009. As governor, I will be an unwavering advocate to increase this funding and ensure our Commonwealth invests in its most vulnerable citizens during times of urgent need.

- 3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?**

Yes, I support increasing state funding for chronic disease prevention programs. I also support increasing funding for family planning programs that serve low-income communities.

Underfunding programs that provide HIV testing and counseling, contraception, and treatment for sexually transmitted infections, among other services, not only denies our most vulnerable residents the health care coverage, treatment, and counseling they desperately need, but it is also economically wrong. You judge a society by how it spends its resources. As governor, I will be deeply committed to ensuring that we spend the appropriate amount of funds on these services and programs.

4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these “non-health” agencies to consider the health impacts of their policies and practices?

To address the disproportionate impact of state actions and policies, particularly regarding pollution, on low-income communities, I will hire a Director of Environmental Justice, and invite them to a new working group, co-chaired by secretaries of energy and environmental affairs, housing and economic development, and transportation, to better integrate both the design and impact of policies aimed to reduce our carbon footprint and prepare the state for the challenges of climate change in the 21st century.

In particular, our commitment to fully fund the Governor’s \$13 billion “The Way Forward” transportation plan, which among other things is designed to dramatically reduce carbon emissions, will create a far healthier environment than we currently have.

If our housing plans, which call for a dramatic increase in multi-family unit housing construction, are aligned with our modern transportation plan, significantly more people will live closer to transportation hubs and either bike, walk, or use transit. This will create healthier communities and dramatically reduce carbon emissions.

5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?

An addiction epidemic is destroying too many Massachusetts families. As governor, I will take bold, urgent steps to respond and implement policies to treat addiction as a public health crisis and encourage treatment, rather than stigmatize it.

- I will enhance drug awareness and education programs for middle school and high school students. My administration will partner with the federal government to launch a statewide drug awareness campaign that targets teenagers, highlighting the impact of drug abuse.
- I will invest \$10 million in a new competitive grant program called “Massachusetts Healthy Living,” building on the Obama administration’s Mental Health First Aid program. We’ll provide local communities and schools with access to the resources they need to increase prevention, awareness, and training around the issues of mental illness, substance misuse, and behavioral health care, particularly among our vulnerable teen and young adult population.
- We need to invest in addiction treatment programs to increase the number of detoxification units and enhance the full continuum of care, including step-down programs for individuals in need of treatment and those recently released from the criminal justice system. We also need to increase the availability of residential recovery houses and community-based care to provide safe and stable living environments.

- We need to develop a regional task force, co-chaired by the governors of all six New England states and New York, and their secretaries of health and human services, public safety, and education, to coordinate prevention efforts, encourage treatment, and increase the availability of counseling.
- We must treat mental health and addiction disorders with health care, not jail time by curtailing inflexible and often counterproductive mandatory minimum sentences for low-level, non-violent drug offenses to provide judges with wider discretion in sentencing and encourage diversion to care over incarceration.
- Within a month of taking office, I will freeze the expansion and new construction of state and county prisons, reinvesting these funds for rehabilitation and treatment facilities, including in detox beds, step-down units, and recovery centers.

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

I believe we need to create a fairer tax system in our Commonwealth to alleviate the burden and financial stress facing low-income families. We can do this through the use of expanded exemptions, increasing the earned income tax credit, and expanding the property tax circuit breaker. I look forward to carefully reviewing the recommendations of the Tax Expenditure Commission and the Tax Fairness Commission, recently chaired by Representative Jay Kaufman, as we looking for ways to better align our tax code and tax policies to the needs of all citizens, particularly the most vulnerable.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

a. Q1: Repeal of gas tax indexing

I will vote against repeal of indexing the gas tax to inflation. There's a clear consensus throughout the state that losing \$1 billion dollars of funding would undermine our ability to build critical transportation projects that will improve our quality of life. I also believe it's irresponsible for my opponent, Republican Charlie Baker, to oppose a critical source of transportation funding without offering any plan to replace it.

b. Q4: Earned paid sick leave

I strongly support requiring businesses to provide earned sick time. In fact, in 2006, I was proud to be the first business owner in Massachusetts to testify in favor of earned sick time. My family

business, Grossman Marketing Group, has offered paid family leave for more than 25 years and it has been a critical ingredient in our company's success over the years.

Nearly one million people woke up this morning without a single hour of earned sick time all year, forced to choose between caring for a child with the flu and getting fired from their job. Earned sick time is not only the right thing to do; it's also smart business. I was proud to participate in the campaign to put the earned sick time question on the November 4 ballot, and I fully support the ballot question to provide workers with five days of earned sick time each year.

Scott Lively, Independant

1. What will be your top public health priorities if elected governor?

I believe the greatest threat to health in our society today is the breakdown in the natural family. Intact nuclear families built upon strong marriages and traditional roles in which both parents devote themselves to raising their children with good values are the best environment for preserving wellness and speeding healing, while broken homes tend to produce dysfunction of varying kinds with varying degrees of severity. My first priority will be to strengthen the natural family.

My second priority will be to actively discourage behaviors such as sexual promiscuity, substance abuse and bad eating habits which contribute so heavily to our health-care burden.

My third priority will be to turn health care consumers back into stake-holders by giving them more direct responsibility for choosing and paying for health services to create systemic incentives to drive prices down.

2. We know that our health is closely related to our zip code – people living in low income communities and communities of color live shorter lives and have a higher burden of illness. What are three specific actions you would take to change this?

I am the pastor of an inner-city mission church in Springfield and my wife and I live in the same neighborhood in a formerly abandoned house which we are renovating as an example of "redemptive living." I work every day with people at the lowest rungs of the social and economic ladder. What inner-city families most need is a sense of personal empowerment and help to break free from a culture of perpetual government dependency that has been created by the Democrats to preserve minority communities as a voting block.

The Black family, for example, was once a model of strength and health, with households led by responsible bread-winning fathers. Today, Dad has been largely replaced by government social-service bureaucrats, leaving men feeling worthless: creating tens of thousands of households of women and children entirely dependent on government aid, while the men all-too-often turn to substance abuse and criminal behavior because their role as providers for their families has been rendered moot. The young men from these homes gravitate to gangs because they have no strong father figures to keep them on the right path. Every member of these broken homes is more prone to sickness, dysfunction and disorders of every sort.

In my ministry we help individuals follow Biblical guidelines to rebuild a sense of worth and purpose and steer them toward restoration of the family-centered model of healthy living. I would adopt a similar approach as Governor through a statewide office of Faith Based Initiatives.

- 3. We know the best way to control healthcare costs is through focusing on prevention-oriented solutions before we ever get sick; however, Department of Public Health programs whose purposes are to prevent chronic diseases have been affected most by budget cuts during the recent recession. As governor, would you support increased state funding for chronic disease prevention programs?**

Indeed, as Benjamin Franklin said, "an ounce of prevention is worth a pound of cure." I would shift spending priorities throughout the healthcare sector toward prevention and "root causes" and away from treating symptoms. I would not increase state funding as I believe that, properly allocated, there is more than enough money in the system to accomplish our goals.

- 4. We know that actions by state agencies related to housing, development, and transportation impact our health. How would you support and encourage these "non-health" agencies to consider the health impacts of their policies and practices?**

I would be willing to listen to suggestions for improvements but I am reluctant to take any action that would create an overlap of mission objectives across agency lines with potential to incite turf battles and/or unnecessarily expand government bureaucracy through duplication of services.

- 5. This year hundreds of people in Massachusetts died as a result of opiate overdoses. As governor, what would you do to prevent substance abuse and overdose?**

Before I became a Christian 28 years ago I was a drug addict and alcoholic, so I have special knowledge of and concern about this issue.

Again, the first and best line of defense against the drug culture is strong natural families. My own substance abuse began in the context of the breakdown of my own family of origin and this was true of almost everyone I hung out with in those days. I would strengthen families.

Secondly, I would take a strong stand against gateway drugs, especially marijuana, that are leading young people into substance abuse as a lifestyle. My church operates a Christian coffee house right next to Commerce High School. Every day before school dozens of kids openly smoke pot behind our building and at other nearby hang-outs. We continually confront them and try to get them to stop, but they just laugh. They think the legalization of marijuana is inevitable and that adult authorities are deliberately turning a blind eye (an assumption that may be correct). I would crack down hard on drug use by students and increase criminal penalties for dealers who directly or indirectly sell to minors. My educated guess is that the lion's share of the blame for student academic failure and related problems in Massachusetts, especially in the inner-cities, is caused by marijuana use.

Thirdly, I would mandate drug-free lives and require regular drug testing for all recipients of government financial assistance, in combination with a graduated system of institutional treatment for those unable to get and stay clean on their own.

6. Do you think our state's tax system is stable, equitable, aligned with health policy, and sufficient to meet our public needs? If not, what changes do you support?

I don't think there is enough transparency in the system to make this determination. I believe the entire Massachusetts budget is bloated and filled with waste, and I assume this is true of the health agencies as well. I would do a top-to-bottom analysis of the health care sector and make appropriate modifications throughout the process. I fully expect to find more than enough money to meet the legitimate needs within the existing budget.

7. How do you plan to vote on ballot questions 1 and 4 on the upcoming November ballot?

a. Q1: Repeal of gas tax indexing

I Support the Repeal. There should be no automatic tax increases in our system.

b. Q4: Earned paid sick leave

I do not support burdening businesses with this additional expense. I would support some form of voluntary workplace medical savings accounts supplemented by insurance that would protect both the worker and the employer.