

Evan Falchuk Candidate Questionnaire Responses 2014

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.