

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004**

Financing	FY 2003 Estimated	FY 2004 Analyst	FY 2004 Subcommittee	Difference Subctte/Analyst
General Fund	230,175,300	229,898,300	229,898,300	
General Fund, One-time	1,385,200			
Federal Funds	889,120,026	896,152,900	896,152,900	
Dedicated Credits Revenue	101,598,641	100,856,300	100,856,300	
GFR - Cigarette Tax Rest	2,868,400	3,259,600	3,259,600	
GFR - Kurt Oscarson Trans	100,000	100,000	100,000	
GFR - Medicaid Restricted	1,573,000			
GFR - State Lab Drug Testing Account	270,600	273,000	273,000	
GFR - Tobacco Settlement	11,558,500	11,561,700	11,561,700	
Organ Donation Contribution Fund	113,000	113,000	113,000	
Transfers	93,621,024	97,271,400	97,271,400	
Beginning Nonlapsing	3,874,622	2,567,600	2,567,600	
Closing Nonlapsing	(2,567,613)	(1,966,700)	(1,966,700)	
Total	\$1,333,690,700	\$1,340,087,100	\$1,340,087,100	\$0

	Estimated	Target	Subcommittee	Subctte/Target
Total State Funds	\$231,560,500	\$229,898,300	\$229,898,300	

Programs	Estimated	Analyst	Subcommittee	Subctte/Analyst
Health	1,333,690,700	1,340,087,100	1,340,087,100	
Total	\$1,333,690,700	\$1,340,087,100	\$1,340,087,100	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Subctte/Analyst
Total FTE	1,245	1,232	1,232	

Sen. David Steele, Co-Chair

Rep. Jack Seitz, Co-Chair

Intent Language

Health - Executive Director's Operations

1. *It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.*
2. *It is the intent of the Legislature that the Office of the Medical Examiner shall charge scheduled fees, except that no fees will be charged for State criminal cases.*

Health - Health Systems Improvement

3. *It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Licensing be considered nonlapsing.*
4. *It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.*
5. *It is the intent of the Legislature that funds for the Primary Care Grant Program be considered nonlapsing.*
6. *It is the intent of the Legislature that funding for Primary Care Health Grants not be expended for inter-departmental projects except for Community Partnered Mobile Dental Services.*

Health - Community & Family Health

7. *It is the intent of the Legislature that funds appropriated from the Tobacco Settlement Restricted Account be considered nonlapsing.*
8. *It is the intent of the Legislature that funds appropriated from the Cigarette Tax Restricted Account be considered nonlapsing.*
9. *It is the intent of the Legislature that there be a sliding fee schedule adopted by the Department for children's services in the Early Intervention Program.*

Health - Medical Assistance

10. *It is the intent of the Legislature that the Department of Health will review with the Executive Appropriations Committee any Medicaid Program reductions or additions.*
11. *It is the intent of the Legislature that the Department of Health continue to offer chiropractic coverage as part of the Medicaid benefit package.*
12. *It is the intent of the Legislature to improve the oral health status, and thereby improve the overall health of low-income Utahns through increased utilization and access to dental services for Medicaid recipients, especially children. It is intended that this be accomplished as funding permits, by (1) increasing the participation of dentists in the Medicaid program by increasing the Medicaid reimbursement for dental services, (2) implementing a case management system to encourage more appropriate and timely access of Medicaid dental benefits by Medicaid recipients, and (3) implementing an early intervention/prevention and education program aimed at increasing the awareness of the importance of oral health among this population.*
13. *It is the intent of the Legislature that the Department of Health and the Legislative Fiscal Analyst's Office project the effects of cuts made to the Department beginning in FY 2002. Particular notice shall be paid to the human toll of loss of services by individuals and families, and to the degree which cost-shifting to other, more expensive services occurs in the health and human services sector. The Department of Health shall report its findings to the Health and Human Services Appropriations Subcommittee.*
14. *It is the intent of the Legislature that the Department of Health, for the purpose of cost savings, design a preferred drug list in the Medicaid program. The Department shall create a list of*

reference drugs for which it will make payment without prior approval. Other drugs in the same class as the reference drug will require prior approval, unless an acceptable enhanced rebate can be negotiated with the manufacturer of the non-reference drug.

It is the intent of the Legislature that this preferred drug list is not a prohibited formulary as defined in UCA 58-17a-605.1.

The Department shall report on its progress in formulating a Preferred Drug List, including any proposed new rules or rule changes and potential savings and use of the saved funds, to the Executive Appropriations Committee during the 2003 Interim, and receive approval from the Executive Appropriations Committee before implementation. The Department shall report on its progress toward implementation to the members of the Health and Human Services Interim Committee by August 31, 2003 and shall report on implementation to the Health and Human Services Appropriations Subcommittee during the 2004 General Session.

15. *It is the intent of the Legislature that the Department of Health develop and implement a plan to expand opportunities for greater independence and community services for Medicaid recipients who reside in nursing homes on a long-term basis. This plan should include the following principles and components:*
 1. *Informed choice must be provided. Individuals must be informed of their options and freely make the choice of where they want to receive services given the amount of funding and community resources available.*
 2. *The program must be limited to those who would otherwise remain in a nursing facility without this new option. The Department may require a reasonable minimum stay in a nursing home before utilizing the individual's nursing home budget for services in a community-based setting.*
 3. *Cost neutrality must be maintained. The cost to Medicaid for each individual who moves from the nursing facility must be no more than the cost born by the Medicaid program for the individual in the nursing facility.*
 4. *Services and supports in the more integrated setting should be built around a shared responsibility among public entities, the private sector, family and community-based organizations, including faith-based organizations.*
 5. *The choice of the individual to transition to and live in a less restrictive setting must be supported by the Department's ability to maintain the individual's health and safety in the less restrictive environment. The Department's determination will be subject to challenge through the Department's formal hearing process.*

Rates and Fees

Health - Executive Director's Operations

	Autopsy	
1.	Non-Jurisdictional Case (plus cost of body transportation)	2,000.00
2.	External Examination, Non-Jurisdictional Case (plus transportation)	500.00
3.	Use of Office of Medical Examiner facilities and assistants for autopsies	500.00
4.	Use of Office of Medical Examiner facilities and assistants for external exams	300.00
	Reports	
5.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	
6.	All other requestors and additional copies	25.00

	Miscellaneous case papers	
7.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	
8.	All other requestors and additional copies	35.00
	Court	
9.	Preparation, consultation, and appearance on OME Civil cases. Portal to portal expenses including travel costs and waiting time, per hour	250.00
10.	Consultation as Medical Examiner on non-OME cases. Portal to portal expenses including travel costs and waiting time, per hour	250.00
	Photographic and Video Services	
11.	Color negatives from slides, plus cost of film	2.00
12.	Slide Duplication, plus cost of film	3.00
13.	Each Video Tape	75.00
14.	Black and White 8 x 10	7.00
15.	Black and White 5 x 7	3.50
16.	Overlays	25.00
17.	Glass Slides	6.00
18.	X-rays	6.00
	Use of OME facilities for tissue harvesting activities	
19.	Eye	31.50
20.	Skin Graft	120.75
21.	Bone	241.50
22.	Heart Valve	63.00
23.	Saphenous vein acquisition	63.00
24.	Body Storage	30.00
	Daily charge for use of OME Storage Facilities 24 hours after notification that body is ready for release.	
	Public Use Data Sets - Single Year License Fee for Public Agencies and Non-Profit Organizations	
	Inpatient - Ambulatory Surgery, and Emergency Department Encounter	
25.	File I - for the latest year only	1,575.00
26.	File III - for the latest year only	250.00
	Public Use Tapes - Multi-Year License Fee - Existing User	
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use	
27.	File I - multiple year data set (3 years prior to current year)	1,500.00
28.	File III - multiple year data set (3 years prior to current year)	250.00
	Public Use Secondary Release License, Files I per year	
29.	First year (5 copies)	375.00

30.	Annual renewal fee (5 copies)	375.00
31.	Additional copies (in excess of 5)	50.00
	Public Use Data Set - Single Year License Fee for Private Sector Agencies Organizations Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use	
32.	File I - for the latest one year only	3,150.00
33.	File III - for one year only	1,050.00
	Public Use Data Sets, Multi Year License Fee for Private Sector Agencies - Existing User	
34.	File I - multiple year data set (3 years prior to current year)	3,000.00
	Public Use Tapes, Multi Year License Fee for Private Sector Agencies - Existing User	
35.	File III - multiple year data set (3 years prior to current year)	1,000.00
	Public Use Data Set - Single Year License Fee for Data Suppliers	
	File I - for the latest year only	
36.	Large System/Corp. (>35,000 discharges per year)	3,150.00
37.	Large Single Hospital or Multi. Hosp. (5,000-35,000 discharges)	1,575.00
38.	Small or Medium Single Hospital (<5,000 discharges per year)	525.00
	Private Sector Secondary Release License, File I - III per year	
39.	First Year (5 copies)	1,050.00
40.	Annual renewal fee (5 copies)	525.00
41.	Additional copies (in excess of 5)	50.00
42.	Financial Database	50.00
	Research Data Set License Fee	
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter Research Data Set	
43.	Latest Year	3,150.00
	Inpatient Research Data Set	
44.	Three years prior	1,570.00
	Research Data Set Secondary Release License Fee	
45.	Inpatient data set for the latest year	1,500.00
46.	Ambulatory surgery data set for the latest year	750.00
47.	Emergency Department encounter data set for the last year	750.00
	Research Data Set License Fee	
	HEDIS Data Set License Fee	
	Public, Educational, Non-profit Research Organizations	
48.	File I - Latest Year (per data set)	1,050.00
49.	File II - Previous Year (per data set)	750.00
50.	File III - Any Earlier Years (per data set)	500.00
	Private Sector Agencies	
51.	File I - Latest Year (per data set)	1,575.00

52.	File II - Previous Year (per data set)	1,250.00
53.	File III - Any Earlier Years (per data set)	1,000.00
	HMO Enrollee Satisfaction Survey	
	Data Set License Fee	
	Public, Educational, Non-profit Research Organizations	
54.	File I - Latest Year (per data set)	1,050.00
55.	File II - Previous Year (per data set)	750.00
56.	File III - Any Earlier Years (per data set)	500.00
	Private Sector Agencies	
57.	File I - Latest Year (per data set)	1,575.00
58.	File II - Previous Year (per data set)	1,250.00
59.	File III - Any Earlier Years (per data set)	1,000.00
	Data Suppliers (contributing HMOs)	
60.	File I - Latest Year (per data set)	420.00
61.	File II - Previous Year (per data set)	300.00
62.	File III - Any Earlier Years (per data set)	200.00
	Data Suppliers (Non-contributing HMOs)	
63.	File I - Latest Year (per data set)	840.00
64.	File II - Previous Year (per data set)	600.00
65.	File III - Any Earlier Years (per data set)	400.00
	POD Interent Module Licensing Fee	
	Patient Origin Destination (POD) Inpatient Query System - Users License	
66.	First User	315.00
67.	Additional User	50.00
68.	Fee for Data Suppliers Purchase	
69.	Hard Copy Reports Miscellaneous	10.00
70.	Standard Report 1 - Inpatient, Emergency	50.00
71.	Standard Report 1 - Ambulatory Surgery	50.00
72.	Hospital Financial Report	50.00
73.	Special Reports	15.00
74.	Special Data Request, per hour, (\$70 minimum)	55.00
	Other Fees	
75.	Data Management Fees for Reprocessing - Data Errors (To cover costs of processing resubmissions of data with system errors (may be waived as incentive for timely resubmission))	39.90
	Birth Certificate	
76.	Initial Copy	12.00

77.	Additional Copies	5.00
78.	Stillbirth	12.00
	Birth Certificate	
79.	Affidavit	20.00
80.	Heritage Birth Certificate	22.00
81.	Adoption	40.00
82.	Expedite Fee	10.00
	Death Certificate	
83.	Initial Copy	9.00
84.	Additional Copies	5.00
85.	Burial Transit Permit	5.00
86.	Paternity Search, per hour (1 hour minimum)	9.00
87.	Delayed Registration	40.00
88.	Marriage and Divorce Abstracts	9.00
89.	Legitimation	40.00
90.	Adoption Registry	25.00
91.	Death Research, per hour (1 hour minimum)	9.00
92.	Court Order Name Changes	20.00
93.	Court Order Paternity	40.00
94.	On-line Access to Computerized Vital Records, per month	10.00
95.	Ad-hoc Statistical Requests, per hour	35.00
	Utah Statewide Immunization Information System (USIIS)	
	Non-financial Contributing Partners	
96.	Match on Immunization Records in Database, per record	12.00
97.	File Format Conversion, per hour	30.00
	Financial Contributing Partners	
98.	Match on Immunization Records in Database, per record	12.00

If the partner's financial contribution is more than or equal to the number of records to be matched multiplied by \$12.00, then the partner shall not have to pay the fee.

Health - Health Systems Improvement

	Registration, Certification and Testing	
	Certification Fee	
99.	Initial EMT-Basic	30.00
100.	All other certifications	10.00
101.	Recertification Fee	10.00
102.	Lapsed Certification Fee	15.00

Registration, Certification and Testing		
Written Test Fee		
103.	Basic EMT Certification Written Test/Re-test Fee	15.00
104.	All other written tests, re-tests	12.00
Practical Test Fees		
EMT		
105.	Basic Certification Practical Test/Re-test	60.00
106.	Basic Recertification/Reciprocity Practical Test	120.00
107.	Basic Recert/Recip Practical Retest, Medical Scenario	35.00
108.	Basic Recert/Recip Practical Retest, Trauma Scenario	50.00
Practical Test Fees		
EMT		
109.	Intermediate Practical Test Fee	60.00
110.	Intermediate Practical Re-test Fee per station	30.00
111.	Intermediate Advanced Practical Test Fee	70.00
112.	Intermediate Advanced Practical Retest per station	35.00
Practical Test Fees		
113.	Paramedic Practical Test	105.00
114.	Paramedic Practical retest per station	35.00
<p style="text-align: center;">The fees listed above apply to the following certification levels: Emergency Medical Technician (EMT) - Basic Emergency Medical Technician IV Emergency Medical Technician Intermediate Emergency Medical Technician Paramedic Emergency Medical Technician Instructor Emergency Medical Dispatcher (EMD) Emergency Medical Dispatcher Instructor</p>		
Annual Quality Assurance Review Fee, per vehicle		
115.	Ground Ambulance, Basic	50.00
116.	Ground Ambulance, IV	50.00
117.	Ground Ambulance, Intermediate	75.00
118.	Interfacility Transfer Ambulance, Basic	50.00
119.	Interfacility Transfer Ambulance, IV	50.00
120.	Interfacility Transfer Ambulance, Intermediate	75.00
121.	Paramedic Rescue	100.00
122.	Paramedic Tactical Response	100.00
123.	Paramedic Ambulance	100.00
124.	Paramedic Interfacility Transfer Service	100.00
125.	Fleet fee (agency with 20 or more vehicles)	2,000.00

126.	Quick Response Unit, Basic	50.00
127.	Quick Response Unit, IV	50.00
128.	Quick Response Unit, Intermediate	50.00
129.	Advanced Air Ambulance	75.00
130.	Specialized Air Ambulance	100.00
131.	Emergency Medical Dispatch Center, per center	50.00
132.	Resource Hospital, per hospital	50.00
133.	Out of State Air Ambulance	150.00
	Quality Assurance Application Reviews	
134.	Original Ground Ambulance/Paramedic License Negotiated	500.00
135.	Original Ambulance/Paramedic License Contested - up to actual cost	
136.	Original Designation	100.00
137.	Renewal Ambulance/Paramedic/Air License	100.00
138.	Renewal Designation	100.00
139.	Upgrade in Ambulance Service Level	100.00
140.	Original Air Ambulance License	500.00
141.	Original Air Ambulance License with CAMTS Certification	200.00
	Quality Assurance Application Reviews	
142.	Change is ownership/operator, non-contested	500.00
143.	Change is ownership/operator, contested - up to actual cost	
144.	Change is geographic service area, non-contested	500.00
145.	Change is geographic service area, contested - up to actual cost	
	Trauma Centers - Level I and II	
146.	Quality Assurance Application Review (plus all costs associated with American College of Surgeons visit)	500.00
147.	Site Team Verification/Quality Assurance Review	8,000.00
148.	Annual Verification Quality Assurance Review Fee	500.00
	Trauma Centers - Level III	
149.	Quality Assurance Application Review - includes in-state site visit	
150.	Site Team Verification/Quality Assurance Review	3,000.00
151.	Annual Verification Quality Assurance Review Fee	500.00
152.	Quality Assurance Application Pre-Designation Fee	500.00
	Trauma Centers - Level IV and V	
153.	Quality Assurance Application Review - includes in-state site visit	1,500.00
154.	Quality Assurance Application Pre-Designation Fee	500.00
155.	Site Team Verification/Quality Assurance Review	2,000.00

156.	Annual Verification Quality Assurance Review Fee	250.00
	Course Quality Assurance Review Fee	
157.	Basic EMT Course	100.00
158.	Paramedic Course	100.00
159.	EMT-Intermediate Advanced	100.00
	Course Quality Assurance Review Fee	
160.	Basic EMT-IV	25.00
161.	EMT-Intermediate	25.00
162.	Emergency Medical Dispatch	25.00
163.	EMT-Intermediate Instructor Transition	80.00
164.	New Instructor Course Registration	125.00
165.	Course Coordinator Seminar Registration	40.00
166.	Course Coordinator Course Registration	40.00
167.	Paramedic Seminar	100.00
168.	Instructor Seminar Registration	125.00
169.	Instructor Seminar Vendor Fee	165.00
170.	New Training Officer Course Registration	40.00
171.	Training Officer Seminar Registration	40.00
172.	EVO Instructor Course	40.00
173.	EMSC Pediatric Update	60.00
174.	Medical Director's Course	50.00
175.	PALS Course	90.00
176.	PEPP Course	90.00
177.	Management Seminar	35.00
178.	PHTLS Course	175.00
	Equipment delivery fee	
179.	Salt Lake County	25.00
180.	Davis, Utah, and Weber Counties	50.00
	Late Fee	
181.	The department may assess a late fee for equipment at the daily fee plus 50% of the daily fee for every day the equipment is late.	
	Training Supplies, rental of equipment, and Accessories Charge for course supplies and accessories	
182.	To be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah	
183.	Invoice Fee	10.00

184.	Background checks (name only)	10.00
185.	Fingerprint checks in Utah only	15.00
186.	Fingerprint checks to the FBI	24.00
	Annual License Fees	
187.	Health Facilities base fee	100.00
	A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.	
188.	Annual Licensed Child Care Facility base fee	35.00
189.	Annual Residential Child Care Certificate Base Fee	50.00
	Two Year Licensing Base Fees	
190.	Health Care Facility, every other year	200.00
191.	Licensed Child Care Facility, every other year	50.00
	Change Fee	
192.	Health Care Providers	75.00
	A fee of \$75.00 is charged to health care providers making changes to their existing license.	
193.	Child Care Center Facilities Per Child fee	1.50
	Hospitals:	
194.	Fee per Licensed Bed - accredited beds	11.00
195.	Non-accredited beds	14.00
196.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	10.00
197.	Residential Treatment Facilities Licensed Bed	8.00
198.	End Stage Renal Disease Centers (ESRDs) Licensed Station	60.00
199.	Freestanding Ambulatory Surgery Centers (per facility)	1,000.00
200.	Birthing Centers, and Abortion Clinics: (per licensed unit)	200.00
201.	Hospice Agencies	500.00
202.	Home Health Agencies/Personal Care Agencies	500.00
203.	Mammography Screening Facilities	200.00
204.	Assisted Living Facilities Type I Licensed Bed	9.00
205.	Assisted Living Facilities Type II Licensed Bed	9.00
206.	The fee for each satellite and branch office of current licensed facility	75.00
	Licensed or certified child care and health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance re not received by the license expiration date.	
	Late Fee	
207.	Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee	

208.	Within 15 to 30 days after expiration of license facility will be assessed - 75% of scheduled fee	
	Two Year License	
209.	Issuing a two year license will double the annual fee	
	Change Fee	
210.	New Provider/Change in Ownership Applications for health care facilities	500.00
	A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	
211.	Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications:	250.00
	A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.	
212.	New Provider/Change in Ownership Applications for Child Care centers facilities	200.00
	A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection, etc. This fee will be due at the time of application.	
	Application Termination or Delay Fee	
213.	Policy and Procedure Review-50% of total fee	
214.	Onsite inspections-90% of the total fee.	
	If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained.	
215.	Child care program application fees of \$35.00 are not refundable.	
	Plan Review and Inspection Fees	
	Hospitals:	
	Number of Beds	
216.	Up to 16	2,000.00
217.	17 to 50	4,000.00
218.	51 to 100	6,000.00
219.	101 to 200	7,500.00
220.	201 to 300	9,000.00
221.	301 to 400	10,000.00
222.	Over 400, base fee	10,000.00

223.	Over 400, each additional bed	20.00
	In the cse of complex or unusual hospital plans, the Bureau of Licensing will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.	
	Nursing Care Facilities and Small Health Care Facilities	
224.	Up to 5	650.00
225.	6 to 16	1,000.00
226.	17 to 50	2,250.00
227.	51 to 100	4,000.00
228.	101 to 200	5,000.00
229.	Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00
230.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00
231.	End Stage Renal Disease Facilities, per service unit	100.00
	Assisted Living Type I and Type II	
	Number of Beds	
232.	Up to 5	350.00
233.	6 to 16	700.00
234.	17 to 50	1,600.00
235.	51 to 100	3,000.00
236.	101 to 200	4,200.00
	Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative	
	Remodels of Licensed Facilities	
237.	Definition:	
	The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities	
238.	Hospitals, Freestanding Surgery Facilities, per square foot	.16
239.	All others excluding Home Health Agencies, per square foot	.14
	Each required on-site inspection	
240.	Base fee	100.00
241.	Per mile traveled - according to approved state travel rates	

242.	Other Plan-Review Fee Policies	<p>If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows: Preliminary drawing review-25% of the total fee. Working drawings and specifications review-80% of the total fee. If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.</p>	
243.	Health Care Facility Licensing Rules - Cost plus mailing		
244.	Child Care Licensing Rules - Cost plus mailing	<p>(Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)</p>	
	Certificate of Authority -		
245.	Health Maintenance Organization Review of Application	<p>Civil Money Penalties Assessed by the Bureau will be deposited as Dedicated Credits and used for training and technical assistance.</p>	500.00
Health - Epidemiology & Lab Services			
246.	Notification and post-test counseling of patients involved in an emergency medical services (EMS) body fluid exposure		75.00
247.	Counseling of an individual with a positive HIV antibody test - Cost Recovery		
	Notification of an individual with a negative HIV antibody test		
248.	by phone		6.00
249.	by certified letter and phone		10.00
250.	Counseling and Testing Workshops		385.00
	HIV/AIDS education presentations		
251.	AIDS 101		40.00
252.	Business Responds to AIDS		40.00
253.	Emergency Medical Services		57.00
254.	TB Skin Testing (placement and reading)		15.00

255.	Other	
		The Laboratory performs a variety of tests under contract and in volume to other agencies of government. The charge for these services is determined according to the type of services and the test volume, and is based on the cost to the Laboratory and therefore may be lower than the fee schedule. Because of changing needs, the Laboratory receives requests for new tests or services that are impossible to anticipate and list fully in a standard fee schedule. Charges for these services are authorized and are to be based on costs.
256.	Chain of Custody Sample Handling	10.00
257.	Priority Handling of Samples (Surcharge) Minimum charge	10.00
258.	Expert Preparation Time (Research), per hour	25.00
259.	Expert Witness Fee (Portal to Portal), per hour	50.00
	Drinking Water Tests	
260.	Lead and Copper (Metals Type 8)	28.00
	Drinking Water Organic Contaminants	
261.	THMs EPA Method 524.2	75.00
262.	Maximum Total Potential THM Method 502.2	80.00
	Other Drinking Water Organic Tests:	
263.	Haloacetic Acids Method 6251B	130.00
264.	Haloacetonitriles Method 551	100.00
265.	TOX	100.00
266.	Chlorate/Chlorite	25.00
267.	Chloral Hydrate/THM	100.00
268.	Bromide	25.00
269.	Bromate	30.00
270.	Chlorite	25.00
271.	Ion Chromatography (multiple ions)	50.00
272.	UV Absorption	15.00
273.	TOC	20.00
	Primary Inorganics and Heavy Metals	
274.	(Type 9 Chemistry) (18 parameters)	250.00
	New Drinking Water Sources	
275.	(Total Inorganic Chemistry - 46 parameters)	535.00
	Drinking Water Inorganic Tests:	
276.	Nitrate	12.00
277.	Nitrite	20.00
278.	Asbestos - subcontract price plus handling fee	

279.	VOCs (combined regulated and unregulated)	190.00
280.	VOCs (Unregulated List 1 & List 3)	190.00
281.	Pesticides (combined regulated and unregulated)	875.00
282.	Pesticides (List II: 10 unregulated contaminants)	650.00
283.	Unregulated Organics (Lists 1, 2 & 3)	825.00
284.	Unregulated VOC List 1 (by itself)	190.00
285.	Unregulated VOC List 3 (by itself)	190.00
286.	Unregulated VOC List 1 & 3	190.00
287.	Inorganics Tests (per sample for preconcentration)	15.00
	Type 1 - Individual water chemistry parameters	
288.	Alkalinity (Total)	9.00
289.	Aluminum	17.00
290.	Ammonia	20.00
291.	Antimony	17.00
292.	Arsenic	17.00
293.	Barium	12.00
294.	Beryllium	12.00
295.	BOD5	30.00
296.	Boron	12.00
297.	Cadmium	17.00
298.	Calcium	12.00
299.	Chromium	17.00
300.	Chromium (Hexavalent)	25.00
301.	Chloride	8.00
302.	Chloride (IC)	30.00
303.	Chlorophyll A	20.00
304.	COD	20.00
305.	Color	20.00
306.	Copper	12.00
307.	Cyanide	45.00
308.	Fluoride	9.00
309.	Iron	12.00
310.	Langlier Index (Calculation: pH, calcium, TDS, alkalinity)	5.00
311.	Lead	17.00

312.	Magnesium	12.00
313.	Manganese	12.00
314.	Mercury	25.00
315.	Molybdenum	12.00
316.	Nickel	17.00
317.	Nitrogen, Total Kjeldahl (TKN)	30.00
318.	Nitrite	20.00
319.	Nitrate plus Nitrite	12.00
320.	Odor	25.00
321.	Perchlorate	30.00
322.	pH	10.00
323.	Phosphate, ortho	20.00
324.	Phosphorus, total	15.00
325.	Potassium	12.00
326.	Selenium	17.00
327.	Silica	15.00
328.	Silver	17.00
329.	Sodium	12.00
330.	Solids, Total Dissolved (TDS)	13.00
331.	Solids, Total Suspended (TSS)	13.00
332.	Solids, Settable (SS)	13.00
333.	Solids, Total Volatile	15.00
334.	Solids, Percent	13.00
335.	Solids, Residual Suspended	25.00
336.	Specific Conductance	9.00
337.	Surfactants	60.00
338.	Sulfate	15.00
339.	Sulfide	40.00
340.	Thallium	17.00
341.	Tin	17.00
342.	Turbidity	10.00
343.	Vanadium	12.00
344.	Zinc	12.00
345.	Zirconium	17.00

Inorganic Chemistry Groups:		
346.	Type 2 - Partial Chemistry (19 Major Anions/Cations)	120.00
347.	Type 4 - Total Surface Water Chemistry (33 parameters, Metals are dissolved)	280.00
348.	Type 5 - Total Surface Water Chemistry (33 parameters as in Type 4, Metals are acid soluble)	280.00
349.	Type 6 - Total Surface Water Chemistry (33 parameters as in Type 4, Metals are totals)	290.00
Metals Tests:		
350.	Type 1 - Metals (Tissues, Paint, Sediment, Soil)	16.00
351.	Sample preparation	20.00
352.	Type 2 - Acid Soluble Metals (12 Metals - Acidified, Unfiltered Water - No Digestion)	145.00
353.	Type 3 - Dissolved metals (12 Metals - No Digestion)	145.00
354.	Type 7 - Total Metals In Water (12 Metals - Digested)	195.00
Nutrient Tests:		
355.	Type 9 - 4 parameters	62.00
Organics Tests		
356.	BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	75.00
357.	EPA 8020 (BETXN soil)	75.00
358.	Chlorinated Pesticides (Soil) 8082	175.00
359.	Chlorinated Acid Herbicides (Soil) 8150	250.00
360.	EPA 8270 Semi Volatiles	400.00
361.	EPA 8260 (VOCs)	200.00
362.	Ethylene Glycol in water	75.00
363.	Aldehydes (Air) TO-11	85.00
364.	Oil and Grease	100.00
365.	EPA 508A Total PCBs	200.00
366.	EPA 8082 PCBs	175.00
367.	PCBs in oil	75.00
368.	PCE	75.00
369.	EPA Method 625 Base/Neutral Acids by GC/MS	400.00
370.	Total Organic Carbon (TOC)	20.00
371.	Total Petroleum Hydrocarbons (non-BTEX)	75.00
372.	Volatiles (Purgeables - EPA Method 624)	200.00
373.	EPA Method 508.1 Chlorinated Pesticides	175.00
374.	EPA Method 531.1 N-Methy Carbamates and Carbamoyloximes	200.00

375.	EPA Method 515.1 Chlorinated Acids and Herbicides	200.00
376.	EPA Method 525.2 Semivolatiles (A/B/Na) by GC/MS	350.00
377.	EPA Method 524.2 VOCs (Volatiles Purge and Trap) by GC/MS	190.00
378.	Unregulated contaminant Monitoring Regulation	650.00
	Miscellaneous Organic Chemistry	
379.	TLCP - Extraction procedure	100.00
380.	TCLP Zero Headspace Extraction (ZHE)	160.00
	Radiochemistry	
381.	Gross alpha or beta	60.00
382.	Gross alpha and beta	60.00
383.	Radium226, (Deemanation)	125.00
384.	Radium228, (ppt/separation)	155.00
385.	Uranium (Total Activity)	100.00
386.	Uranium (ICP/MS)	50.00
387.	Radon by Liquid Scintillation	65.00
388.	Tritium	80.00
389.	Gamma Spectroscopy By HPGe (water and solid samples.)	150.00
390.	Toxicology	
391.	Alcohol in Urine	25.00
392.	Alcohol in Beverage	35.00
393.	Blood alcohol	50.00
394.	Blood or Tissue Drug Analysis	200.00
395.	Confirmation of positive blood cannabinoid screen	150.00
396.	Cannabinoid Screen (Urine)	25.00
397.	Cannabinoids Screen (Blood)	40.00
398.	EPIA (urine)	40.00
399.	EPIA (blood)	40.00
400.	Confirmation of positive drug screens by GC/MS	75.00
401.	Confirmation of positive urine cannabinoid screen	60.00
402.	Confirmation of positive urine amphetamine screen	50.00
403.	Drug preparations (identification)	50.00
404.	Drug preparations (quantitation)	50.00
405.	Expert testimony (portal to portal), per hour	75.00
406.	Date rape panel	220.00

407.	GHB in urine	70.00
	Copy Fee	
408.	(1 - 15) case file data	15.00
409.	case file report - each additional copy	1.00
	Environmental Laboratory Certification	
	Annual certification fee (chemistry and/or microbiology)	
410.	Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed for each category in each they are to be certified.	
411.	Utah laboratories	500.00
412.	Out of state laboratories (plus travel expenses)	6,000.00
413.	Reciprocal certification fee	600.00
414.	Certification change fee	50.00
	Safe Drinking Water by Analyte and Method	
415.	Microbiological - Each Method	40.00
	Inorganic test procedure each method	
416.	Group I	25.00
417.	Group II	30.00
	Miscellaneous each method	
418.	Group I	25.00
419.	Group II	30.00
420.	Group III	25.00
	Organic Compounds each method	
421.	Group I	50.00
422.	Group II	70.00
423.	Group III	80.00
424.	Group IV	160.00
425.	Radiological each method	30.00
	Clean Water by Analyte and Method	
426.	Microbiological each method	40.00
427.	Toxicity Testing	150.00
	Inorganic test procedure each method	
428.	Group I	25.00
429.	Group II	30.00
430.	Group III	35.00
	Organic Compounds each method	
431.	Group I	70.00

432.	Group II	130.00
433.	Group III	160.00
434.	Radiological each method	30.00
	RCRA by Analyte and Method	
435.	Microbiological each method	40.00
	Inorganic test procedure each method	
436.	Group I	25.00
437.	Group II	30.00
	Miscellaneous Groups each method	
438.	Group I	25.00
439.	Group II	30.00
440.	Group III	35.00
441.	Group IV	40.00
442.	Radiological each method	30.00
443.	Hazardous Waste Characteristics each method	35.00
	Sample Extraction Procedures each method	
444.	Group I	30.00
445.	Group II	25.00
446.	Group III	70.00
	Organic Compounds each method	
447.	Group I	70.00
448.	Group II	80.00
449.	Group III	130.00
450.	Other Programs Analytes by Method	300.00
	Each individual analyte by each specific method	
451.	Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery	
	Permits for authorized individuals to withdraw blood for the purpose of determining alcohol or drug content.	
452.	Triennial fee	30.00
	Impounded Animals Use Certification	
453.	Annual fee	300.00
	Immunology	
454.	Hepatitis B Surface Antigen(HBsAg)	10.00
455.	Hepatitis B Surface Antibody (HBsAb)	15.00
456.	Hepatitis C	30.00
457.	HIV-1 - Antibody (Note: this test includes a confirmatory Western Blot if needed)	10.00

458.	HIV-1 - Confirmation (Note: this is for a Western Blot only, a reactive EIA is not required)	38.75
459.	HIV-1 - Orasure (includes confirmatory Western Blot)	20.00
460.	Hantavirus	40.00
461.	Syphilis RPR	5.00
462.	Syphilis FTA	10.00
463.	HIV prostitute law - research and testimony, per hour	100.00
464.	Chain of Custody sample surcharge	15.00
465.	Samples for research	5.00
	Virology	
466.	Herpes culture	10.00
467.	Viral typing	135.00
468.	Verotoxin bioassay	25.00
469.	Gonorrhea (GenProbe collection kit req.)	4.50
470.	Chlamydia (GenProbe collection kit req.) - Genprobe	6.00
471.	GenProbe collection kit	2.50
472.	Rabies (mice, squirrels)	75.00
473.	Rabies (no human exposure)	30.00
474.	CMV culture	10.00
475.	Chlamydia unpooled amplified test	15.00
476.	Chlamydia pooled amplified test	8.50
477.	Gonorrhea unpooled amplified test	15.00
478.	Gonorrhea pooled amplified test	8.50
479.	GC and CT unpooled amplified test	22.50
	Bacteriology	
	Clinical	
480.	TB (bone marrow and blood samples only)	10.00
481.	Direct TB test	300.00
	Environmental	
482.	Drinking water bacteriology	15.00
483.	Swimming pool bacteriology (MF and HPC)	25.00
484.	Polluted water bacteriology per parameter	15.00
485.	Environmental legionella (swab)	7.00
486.	Environmental legionella (water)	30.00

	Water Microbiology	
	Drinking water parasitology (Cryptosporidium and Giardia)	
487.	Method 1623 analysis	300.00
488.	Filter	100.00
489.	MPA	225.00
490.	Bacillus subtilis	25.00
491.	PFGE	30.00
	Food Microbiology	
492.	Total and fecal coliform	20.00
493.	Plate count, per dilution	15.00
494.	pH and water activity	15.00
495.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	75.00
496.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	270.00
497.	Salmonella isolation and speciation	205.00
498.	Shigella isolation and speciation	50.00
499.	Campylobacter isolation and speciation	65.00
500.	Listeria isolation and speciation	140.00
501.	E. coli O157:H7	90.00
502.	Botulism toxin assay	125.00
503.	Environmental swab	12.00
504.	Coliform count	20.00
	Newborn Screening:	
505.	Routine first and follow-up screening	35.00
506.	Diet Monitoring	7.00
	Molecular Biology	
507.	Bordetella pertussis	10.00
508.	Norwalk virus	12.00
509.	Chlamydia pneumoniae	10.00
510.	Mycoplasma pneumoniae	10.00
	Health - Community & Family Health	
	Cardiovascular Disease Program	
	Cholesterol/Hypertension Control	
511.	Blood Pressure Standardization protocol	5.00
512.	Cholesterol Procedure Manual	5.00
513.	Total Cholesterol/HDL Testing	10.00

514.	Total Lipid Profile (special audience only)	15.00
	(No fees are charges to local health departments. However, private agencies are charged for class materials and instructor services.)	
	5-A-Day	
515.	Adult White T-shirt	10.00
516.	Children's T-shirt	8.00
517.	Aprons	5.00
518.	Puppet Show (rental/cleaning fee)	5.00
519.	Tool Kit	10.00
520.	Costumes (rental/cleaning fee)	5.00
521.	Note:	
	The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector will be assigned.	
	Office Visit, New Patient	
522.	99201 Problem focused, straightforward	41.00
523.	99202 Expanded problem, straightforward	52.00
524.	99203 Detailed, low complexity	77.00
525.	99204 Comprehensive, Moderate complexity	103.00
526.	99205 Comprehensive, high complexity	120.00
	Office Visit, Established Patient	
527.	99211 Minimal Service or non-MD	14.00
528.	99212 Problem focused, straightforward	37.00
529.	99213 Expanded problem, low complexity	51.00
530.	99214 Detailed, moderate complexity	62.00
531.	99215 Comprehensive, high complexity	94.00
	Office Consultation, New or Established Patient	
532.	99242 Expanded problem focused, straightforward	77.00
533.	99243 Detailed exam, low complexity	86.00
534.	99244 Comprehensive, moderate complexity	124.00
535.	99245 Comprehensive, high complexity	186.00
536.	99361 Med Conference by Phys/Int Dis Team	63.00

537.	99373 Telephone Consultation, complex or lengthy	41.00
	Nutrition	
538.	97802 Nutrition Assessment	22.00
	Psychological	
539.	96100 Psychological Testing	130.00
540.	96110 Developmental Test	64.00
541.	90801 Diagnostic Exam, per hour	130.00
542.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00
543.	90846 Family Med Psychotherapy, w/o 30 minutes	66.00
544.	90847 Family Med Psychotherapy, conjoint 30 minutes	130.00
545.	90882 Environmental Intervention w/Agencies Employers, etc.	46.00
546.	90882-52 Environmental Intervention, Reduced Procedures	23.00
	Physical and Occupational Therapy	
547.	97001 Physical Therapy Evaluation	43.00
548.	97002 Physical Therapy Re-evaluation	36.00
549.	97003 Occupational Therapy Evaluation	44.00
550.	97004 Occupational Therapy Re-evaluation	37.00
	Speech	
551.	92506 Speech Basic Assessment	83.00
552.	92506-22 Speech Assessment, unusual procedures	132.00
553.	92506-52 Speech Assessment, reduced procedures	53.00
	Ophthalmologic, New Patient	
554.	92002 Ophthalmologic, Intermediate	55.00
	Ophthalmologic, Established Patient	
555.	92012 Ophthalmologic, Intermediate	50.00
	Audiology	
556.	92551 Audiometry, Pure Tone Screen	33.00
557.	92552 Audiometry, Pure Tone Threshold	36.00
558.	92553 Audiometry, Air and Bone	44.00
559.	92557 Basic Comprehension, Audiometry	80.00
560.	92567 Tympanometry	19.00
561.	92582 Conditioning Play Audiometry	80.00
562.	92589 Central Auditory Function	86.00
563.	92591 Hearing Aid Exam Binaural	108.00
564.	92587 Evaluation of Alternate Communication Device	42.00
565.	92596 Ear Mold	84.00

566.	92579 Visual Reinforcement Audio	35.00
567.	92593 Hearing Aid Check, Binaural	97.00

The Division assigns a charge to all services performed regardless of the client's or third party insurer's financial responsibility or the likelihood of receiving payment for the services. Projected numbers of units of services are based on past experiences but are subject to significant variation determined by the actual needs of patients and changes in medical practices. Hence, it is not possible to calculate the change in revenue resulting from a change in the charge for a given service.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Executive Director's Operations**

Financing	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	5,753,700	5,792,700	5,792,700	
General Fund, One-time	209,400			
Federal Funds	12,598,200	6,466,100	6,466,100	
Dedicated Credits Revenue	1,871,725	1,596,000	1,596,000	
GFR - Kurt Oscarson Trans	100,000	100,000	100,000	
Organ Donation Contribution Fund	113,000	113,000	113,000	
Transfers	826,400	713,600	713,600	
Beginning Nonlapsing	345,450	508,600	508,600	
Closing Nonlapsing	(508,575)	(406,600)	(406,600)	
Total	\$21,309,300	\$14,883,400	\$14,883,400	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Executive Director	2,058,200	1,963,300	1,963,300	
Program Operations	3,729,400	3,624,000	3,624,000	
Medical Examiner	1,845,200	1,821,800	1,821,800	
Bio Terrorism Grants	8,184,000	2,091,600	2,091,600	
Center for Health Data	5,492,500	5,382,700	5,382,700	
Total	\$21,309,300	\$14,883,400	\$14,883,400	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	160	153	153	

Dedicated Credits Revenue Source	Amount
2157 DOH VITAL STATISTIC FEES	1,038,000
2158 DOH MEDICAL EXAMINER FEES	67,000
2168 HEALTH DATA FEES	84,000
2936 PRIVATE PAYMENTS	91,000
2974 CONTRIBUTIONS FROM PRIVATE	312,500
2981 SUNDRY REVENUE COLLECTION	2,000
2986 PAPER RECYCLING	1,500
Total	\$1,596,000

Intent Language

It is the intent of the Legislature that the budget analysis for the Department of Health be presented with a breakdown between costs of administration and services delivered and the number of citizens served and categorized by cost and type of service.

It is the intent of the Legislature that the Office of the Medical Examiner shall charge scheduled fees, except that no fees will be charged for State criminal cases.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Health Systems Improvement**

Financing	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	3,895,700	3,895,700	3,895,700	
General Fund, One-time	141,500			
Federal Funds	4,606,200	4,757,600	4,757,600	
Dedicated Credits Revenue	2,880,300	2,885,300	2,885,300	
Transfers	1,152,800	1,095,000	1,095,000	
Beginning Nonlapsing	1,275,000	702,100	702,100	
Closing Nonlapsing	(702,100)	(399,100)	(399,100)	
Total	\$13,249,400	\$12,936,600	\$12,936,600	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	787,600	778,300	778,300	
Emergency Medical Services	5,680,000	5,548,800	5,548,800	
Licensing	2,985,900	2,809,000	2,809,000	
Program Certification and Resident Assessment	3,173,900	3,256,100	3,256,100	
Primary Care Grants	622,000	544,400	544,400	
Total	\$13,249,400	\$12,936,600	\$12,936,600	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	136	136	136	

Dedicated Credits Revenue Source	Amount
2162 DOH \$3.50 EMRG MED SRV SURCHRG	2,500,000
2164 DOH PLAN REVIEW FEES	80,300
2848 TRAINING-STUDENT FEES	305,000
Total	\$2,885,300

Intent Language

It is the intent of the Legislature that the fees collected for the purpose of plan reviews by the Bureau of Licensing be considered nonlapsing.

It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.

It is the intent of the Legislature that funds for the Primary Care Grant Program be considered nonlapsing.

It is the intent of the Legislature that funding for Primary Care Health Grants not be expended for inter-departmental projects except for Community Partnered Mobile Dental Services.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Workforce Financial Assistance**

	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
General Fund	510,300	510,300	510,300	
General Fund, One-time	18,500			
Beginning Nonlapsing	1,152,400	888,900	888,900	
Closing Nonlapsing	(888,900)	(693,000)	(693,000)	
Total	\$792,300	\$706,200	\$706,200	\$0
Programs	Estimated	Analyst	Subcommittee	Difference
Workforce Financial Assistance	792,300	706,200	706,200	
Total	\$792,300	\$706,200	\$706,200	\$0
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE				

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Epidemiology and Laboratory Services**

	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
General Fund	4,070,200	4,070,200	4,070,200	
General Fund, One-time	147,800			
Federal Funds	7,714,100	6,872,100	6,872,100	
Dedicated Credits Revenue	2,103,700	2,064,000	2,064,000	
GFR - State Lab Drug Testing Account	270,600	273,000	273,000	
Transfers	704,600	678,500	678,500	
Beginning Nonlapsing	313,800			
Total	\$15,324,800	\$13,957,800	\$13,957,800	\$0

	Estimated	Analyst	Subcommittee	Difference
Programs				
Director's Office	1,265,900	463,900	463,900	
Environmental Testing and Toxicology	2,354,500	2,247,200	2,247,200	
Laboratory Improvement	955,600	958,100	958,100	
Microbiology	1,918,000	1,850,500	1,850,500	
Communicable Disease Control	6,788,800	6,591,700	6,591,700	
Epidemiology	2,042,000	1,846,400	1,846,400	
Total	\$15,324,800	\$13,957,800	\$13,957,800	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	129	127	127	

Dedicated Credits Revenue Source	Amount
2159 DOH METABOLIC SCREENING	847,000
2160 DOH HEALTH LABORATORY FEES	1,213,900
2167 DOH ENV LAB CERTIFICATION	3,100
Total	\$2,064,000

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Community and Family Health Services**

Financing	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	7,526,800	7,487,800	7,487,800	
General Fund, One-time	63,200			
Federal Funds	59,567,500	58,313,300	58,313,300	
Dedicated Credits Revenue	13,678,600	13,852,500	13,852,500	
GFR - Cigarette Tax Rest	2,868,400	3,259,600	3,259,600	
GFR - Tobacco Settlement	6,061,700	6,061,700	6,061,700	
Transfers	6,169,466	6,209,800	6,209,800	
Beginning Nonlapsing	319,934			
Total	\$96,255,600	\$95,184,700	\$95,184,700	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	2,303,600	2,255,300	2,255,300	
Health Promotion	19,182,500	18,505,400	18,505,400	
Maternal and Child Health	51,805,700	52,746,800	52,746,800	
Children with Special Health Care Needs	22,963,800	21,677,200	21,677,200	
Total	\$96,255,600	\$95,184,700	\$95,184,700	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	286	283	283	

Dedicated Credits Revenue Source	Amount
2159 DOH METABOLIC SCREENING	660,000
2163 DOH HEALTHY UTAH	650,500
2166 DOH / FHS THIRD PARTY RECEIPTS	1,314,400
2469 CONFERENCE REGISTRATION FEES	3,200
2701 SALE OF GOODS & MATERIALS	10,000
2710 PUBLICATION SALES	16,000
2933 LOCAL GOV FROM FED PROGRAMS	331,200
2934 PRIVATE/NON-PROFIT GRANTS	570,100
2943 WIC FORMULA REBATES	9,825,000
2974 CONTRIBUTIONS FROM PRIVATE	472,000
2995 AGENCY SALES TAX CLEARING	100
Total	\$13,852,500

Intent Language

It is the intent of the Legislature that funds appropriated from the Tobacco Settlement Restricted Account be considered nonlapsing.

It is the intent of the Legislature that funds appropriated from the Cigarette Tax Restricted Account be considered nonlapsing.

It is the intent of the Legislature that there be a sliding fee schedule adopted by the Department for

children's services in the Early Intervention Program.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Health Care Financing**

Financing	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	9,116,600	9,116,600	9,116,600	
General Fund, One-time	337,600			
Federal Funds	45,687,526	44,841,600	44,841,600	
Dedicated Credits Revenue	10,657,016	10,637,000	10,637,000	
Transfers	14,632,458	14,632,500	14,632,500	
Total	\$80,431,200	\$79,227,700	\$79,227,700	\$0
Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	3,998,000	4,016,300	4,016,300	
Financial Services	6,318,900	5,620,000	5,620,000	
Managed Health Care	2,297,500	2,199,200	2,199,200	
Medical Claims	3,104,600	3,052,200	3,052,200	
Eligibility Services	13,678,600	14,182,700	14,182,700	
Coverage and Reimbursement	3,108,800	3,057,000	3,057,000	
Contracts	47,105,300	47,100,300	47,100,300	
Utah Medical Assistance	819,500			
Total	\$80,431,200	\$79,227,700	\$79,227,700	\$0
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	460	460	460	
Dedicated Credits Revenue Source				Amount
2934 PRIVATE/NON-PROFIT GRANTS				4,300
2962 MEDICAID TITLE XIX SEED (REV)				10,632,700
Total				\$10,637,000

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Medical Assistance**

Financing	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	197,289,400	197,012,400	197,012,400	
General Fund, One-time	394,100			
Federal Funds	736,492,600	752,442,300	752,442,300	
Dedicated Credits Revenue	68,732,300	68,146,500	68,146,500	
GFR - Medicaid Restricted	1,573,000			
Transfers	70,030,300	73,837,000	73,837,000	
Beginning Nonlapsing	468,038	468,000	468,000	
Closing Nonlapsing	(468,038)	(468,000)	(468,000)	
Total	\$1,074,511,700	\$1,091,438,200	\$1,091,438,200	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Medicaid Base Program	899,233,800	901,630,000	901,630,000	
Title XIX for Human Services	170,233,500	189,808,200	189,808,200	
Utah Medical Assistance Program	5,044,400			
Total	\$1,074,511,700	\$1,091,438,200	\$1,091,438,200	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	60	60	60	

Dedicated Credits Revenue Source	Amount
2940 MEDICAID DRUG REBATES	32,200,000
2941 MEDICAID TITLE XIX REIM	14,253,900
2944 SUPPORT COLLECTIONS	585,800
2962 MEDICAID TITLE XIX SEED (REV)	21,106,800
Total	\$68,146,500

Intent Language

It is the intent of the Legislature that the Department of Health will review with the Executive Appropriations Committee any Medicaid Program reductions or additions.

It is the intent of the Legislature that the Department of Health continue to offer chiropractic coverage as part of the Medicaid benefit package.

It is the intent of the Legislature to improve the oral health status, and thereby improve the overall health of low-income Utahns through increased utilization and access to dental services for Medicaid recipients, especially children. It is intended that this be accomplished as funding permits, by (1) increasing the participation of dentists in the Medicaid program by increasing the Medicaid reimbursement for dental services, (2) implementing a case management system to encourage more appropriate and timely access of Medicaid dental benefits by Medicaid recipients, and (3) implementing an early intervention/prevention and education program aimed at increasing the awareness of the importance of oral health among this population.

It is the intent of the Legislature that the Department of Health and the Legislative Fiscal Analyst's Office project the effects of cuts made to the Department beginning in FY 2002. Particular notice

shall be paid to the human toll of loss of services by individuals and families, and to the degree which cost-shifting to other, more expensive services occurs in the health and human services sector. The Department of Health shall report its findings to the Health and Human Services Appropriations Subcommittee.

It is the intent of the Legislature that the Department of Health, for the purpose of cost savings, design a preferred drug list in the Medicaid program. The Department shall create a list of reference drugs for which it will make payment without prior approval. Other drugs in the same class as the reference drug will require prior approval, unless an acceptable enhanced rebate can be negotiated with the manufacturer of the non-reference drug.

It is the intent of the Legislature that this preferred drug list is not a prohibited formulary as defined in UCA 58-17a-605.1.

The Department shall report on its progress in formulating a Preferred Drug List, including any proposed new rules or rule changes and potential savings and use of the saved funds, to the Executive Appropriations Committee during the 2003 Interim, and receive approval from the Executive Appropriations Committee before implementation. The Department shall report on its progress toward implementation to the members of the Health and Human Services Interim Committee by August 31, 2003 and shall report on implementation to the Health and Human Services Appropriations Subcommittee during the 2004 General Session.

It is the intent of the Legislature that the Department of Health develop and implement a plan to expand opportunities for greater independence and community services for Medicaid recipients who reside in nursing homes on a long-term basis. This plan should include the following principles and components:

- 1. Informed choice must be provided. Individuals must be informed of their options and freely make the choice of where they want to receive services given the amount of funding and community resources available.*
- 2. The program must be limited to those who would otherwise remain in a nursing facility without this new option. The Department may require a reasonable minimum stay in a nursing home before utilizing the individual's nursing home budget for services in a community-based setting.*
- 3. Cost neutrality must be maintained. The cost to Medicaid for each individual who moves from the nursing facility must be no more than the cost born by the Medicaid program for the individual in the nursing facility.*
- 4. Services and supports in the more integrated setting should be built around a shared responsibility among public entities, the private sector, family and community-based organizations, including faith-based organizations.*
- 5. The choice of the individual to transition to and live in a less restrictive setting must be supported by the Department's ability to maintain the individual's health and safety in the less restrictive environment. The Department's determination will be subject to challenge through the Department's formal hearing process.*

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Children's Health Insurance Program**

	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
Federal Funds	22,453,900	22,459,900	22,459,900	
Dedicated Credits Revenue	1,675,000	1,675,000	1,675,000	
GFR - Tobacco Settlement	5,496,800	5,500,000	5,500,000	
Transfers	105,000	105,000	105,000	
Total	<u>\$29,730,700</u>	<u>\$29,739,900</u>	<u>\$29,739,900</u>	<u>\$0</u>
Programs	Estimated	Analyst	Subcommittee	Difference
Children's Health Insurance Program	29,730,700	29,739,900	29,739,900	
Total	<u>\$29,730,700</u>	<u>\$29,739,900</u>	<u>\$29,739,900</u>	<u>\$0</u>
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	12	13	13	
Dedicated Credits Revenue Source				Amount
2944 SUPPORT COLLECTIONS				1,675,000
Total				<u>\$1,675,000</u>

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Fiscal Year Ending June 30, 2004
Department of Health
Local Health Departments**

	FY 2003	FY 2004		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
General Fund	2,012,600	2,012,600	2,012,600	
General Fund, One-time	73,100			
Total	<u>\$2,085,700</u>	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$0</u>
Programs				
Local Health Department Funding	2,085,700	2,012,600	2,012,600	
Total	<u>\$2,085,700</u>	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$0</u>