

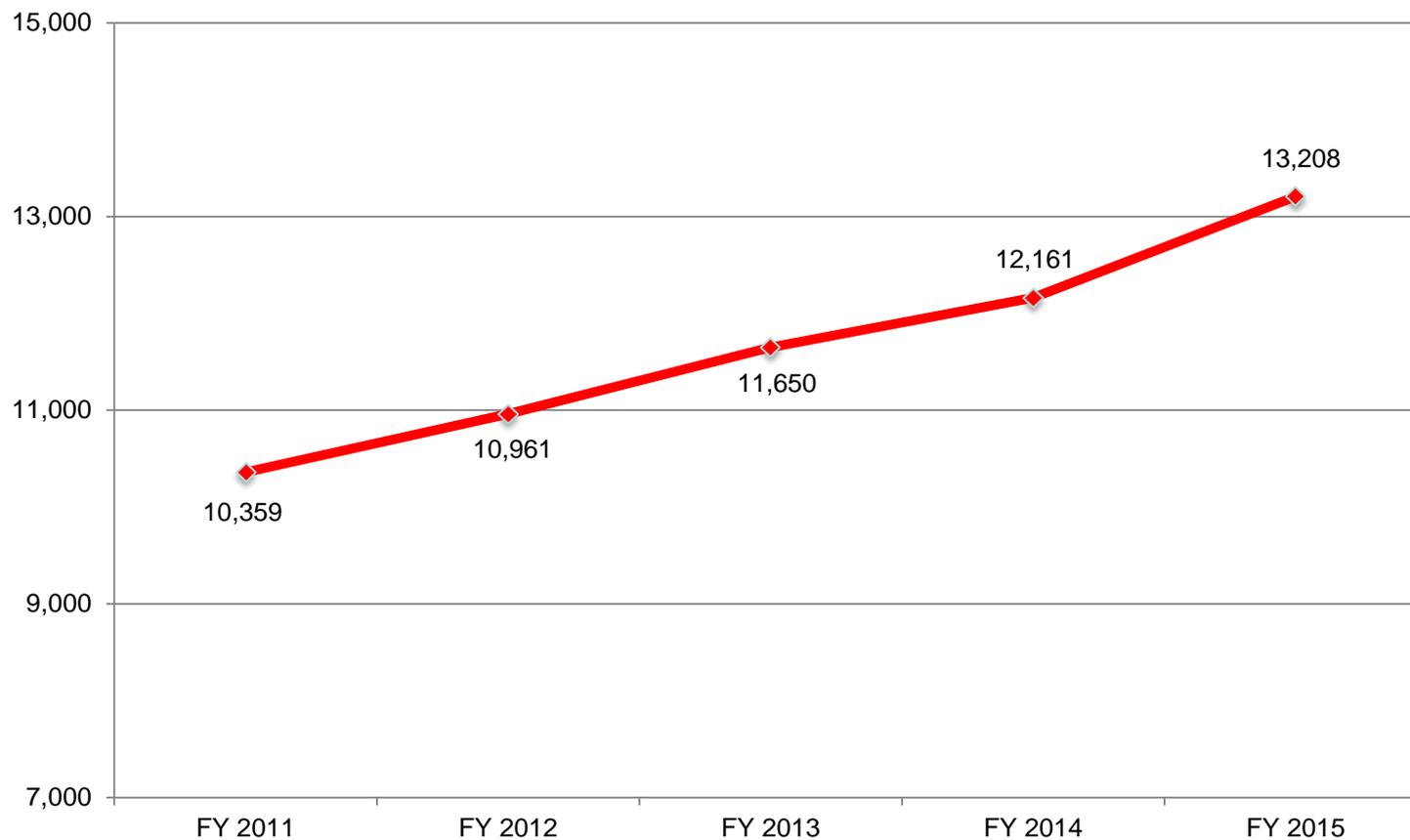
UDOH Building Block Requests

FY 2017

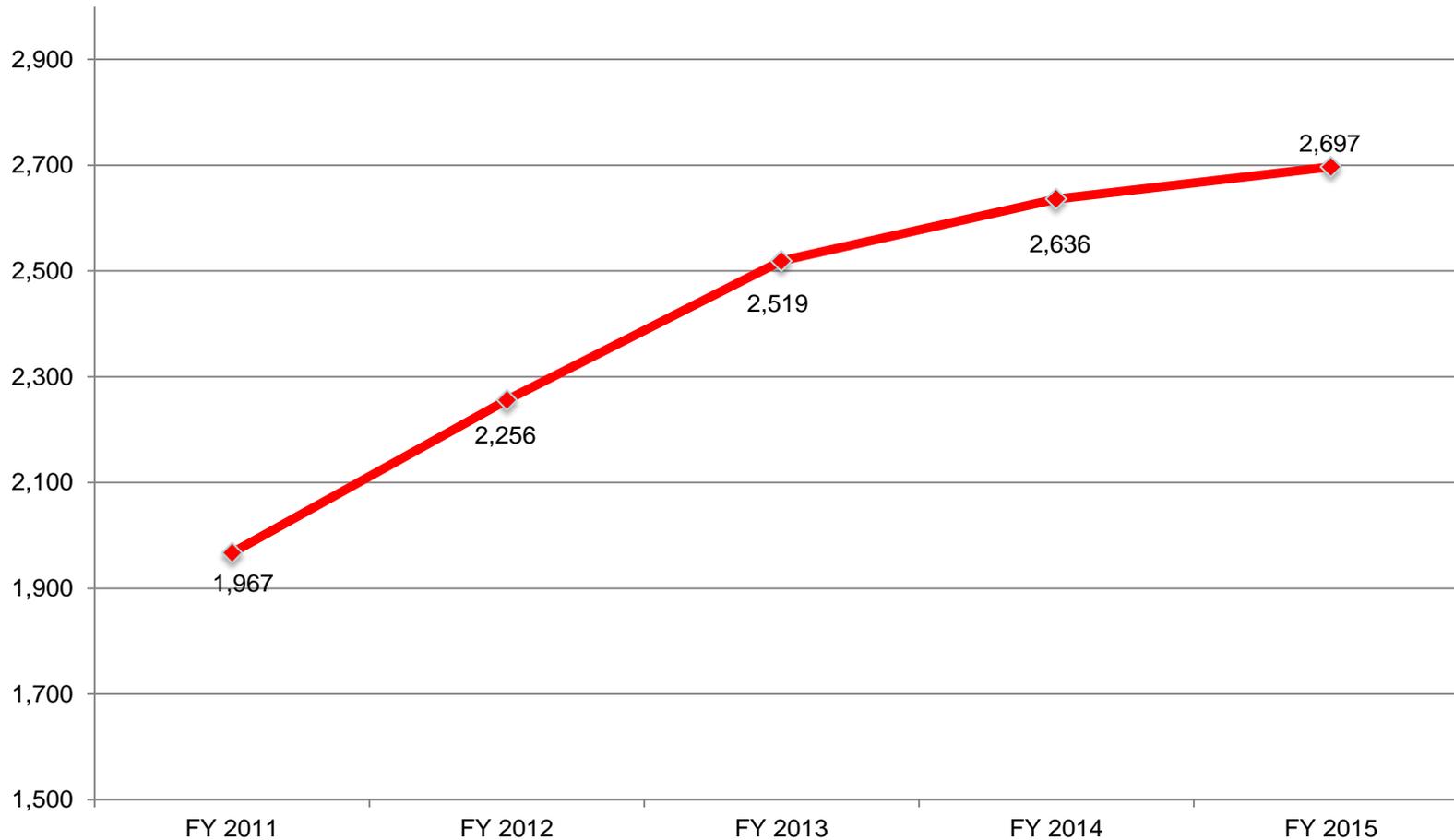
Request: \$1,077,600 ongoing

- Population growth and drug related deaths have led to an increase in case volume and complexity
- Current caseload exceeds national standards
- Delays in completing investigations harm those who need a final report for estate/insurance purposes and jeopardizes law enforcement investigations

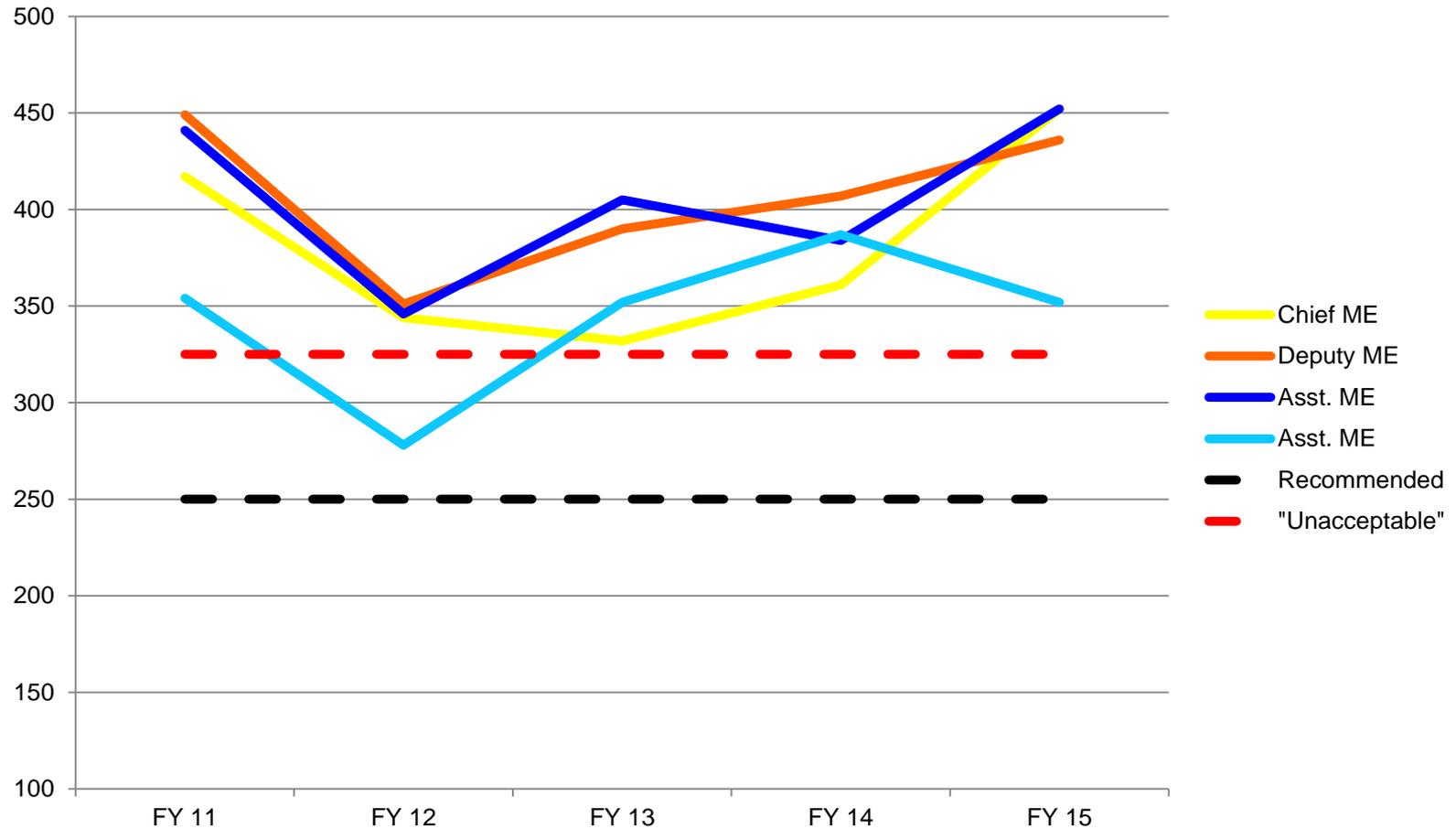
OME Total Caseload, FY '11-'15



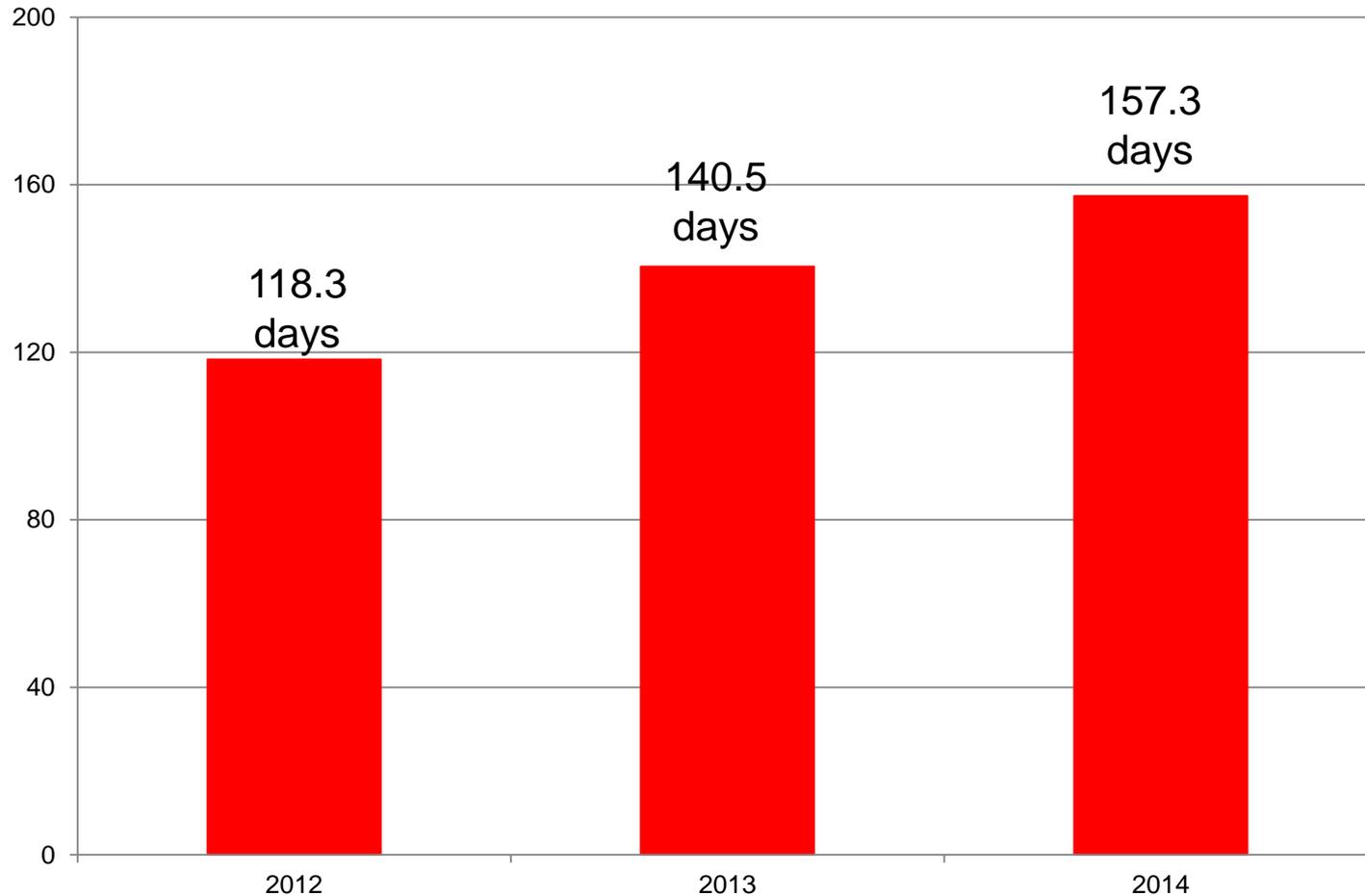
OME Total Exams, FY '11-'15



OME Pathologist Workload, FY '11-'15



Average Days from Death to Final Report, 2012-14



Where the money will go:

- 2.5 forensic pathologist positions
- 2 medical transcriptionists
- 2 autopsy assistants
- Additional funding for toxicology testing

Drug Overdose Prevention

Request: \$500,000 one-time

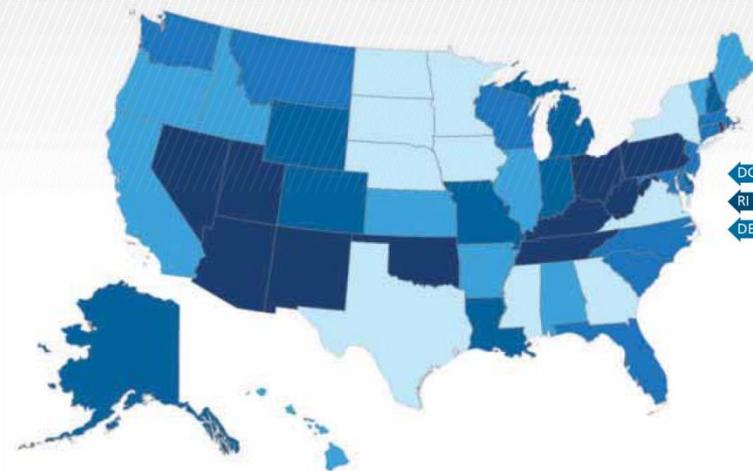
- Drug poisoning deaths are a preventable public health problem
- These deaths have outpaced deaths due to firearms, falls, and motor vehicle crashes
- Every month, 49 Utahns die from a drug poisoning
- Most of these deaths involve opioids

Drug Overdose Prevention

Drug Deaths by State

Number of deaths due to drug injury of any intent (unintentional, suicide, homicide, or undetermined) per 100,000 population

Legend: <11.1, 11.1 to <13.0, 13.0 to <14.4, 14.4 to <17.6, >=17.6



Top 5 States

North Dakota	2.7
South Dakota	6.4
Nebraska	7.3
Iowa	8.7
Minnesota	9.4
United States	13.5

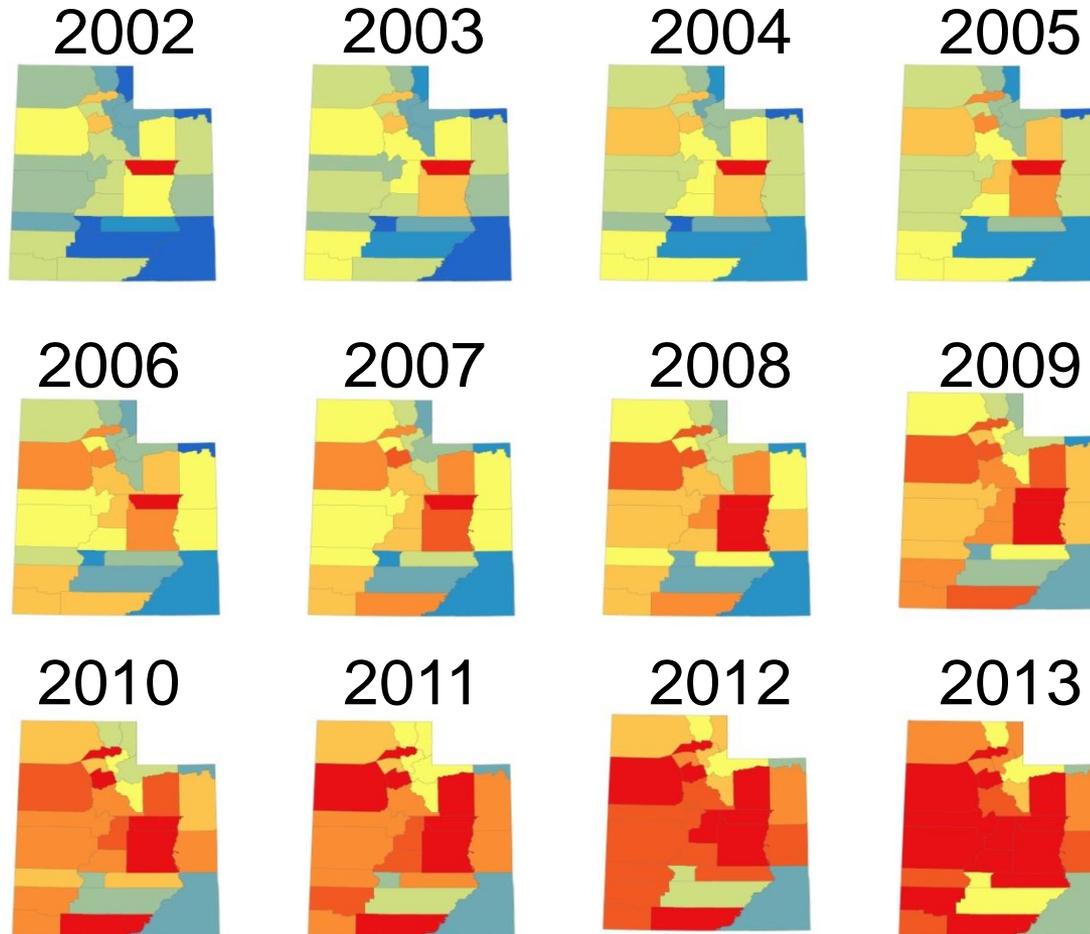
Bottom 5 States

West Virginia	32.4
New Mexico	24.4
Kentucky	24.0
Nevada	22.4
Utah	21.9
United States	13.5

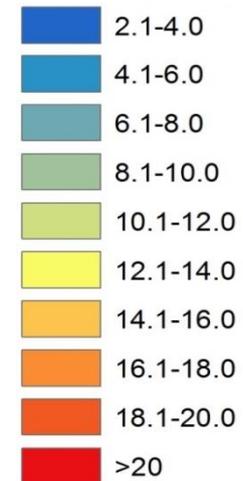
Utah's drug death rate is 5th highest in the nation

Drug Overdose Prevention

Rate of Drug Poisoning Deaths per 100,000 Population, Utah
2002-2014



Rate of Drug Poisoning Deaths
Per 100,000 Population

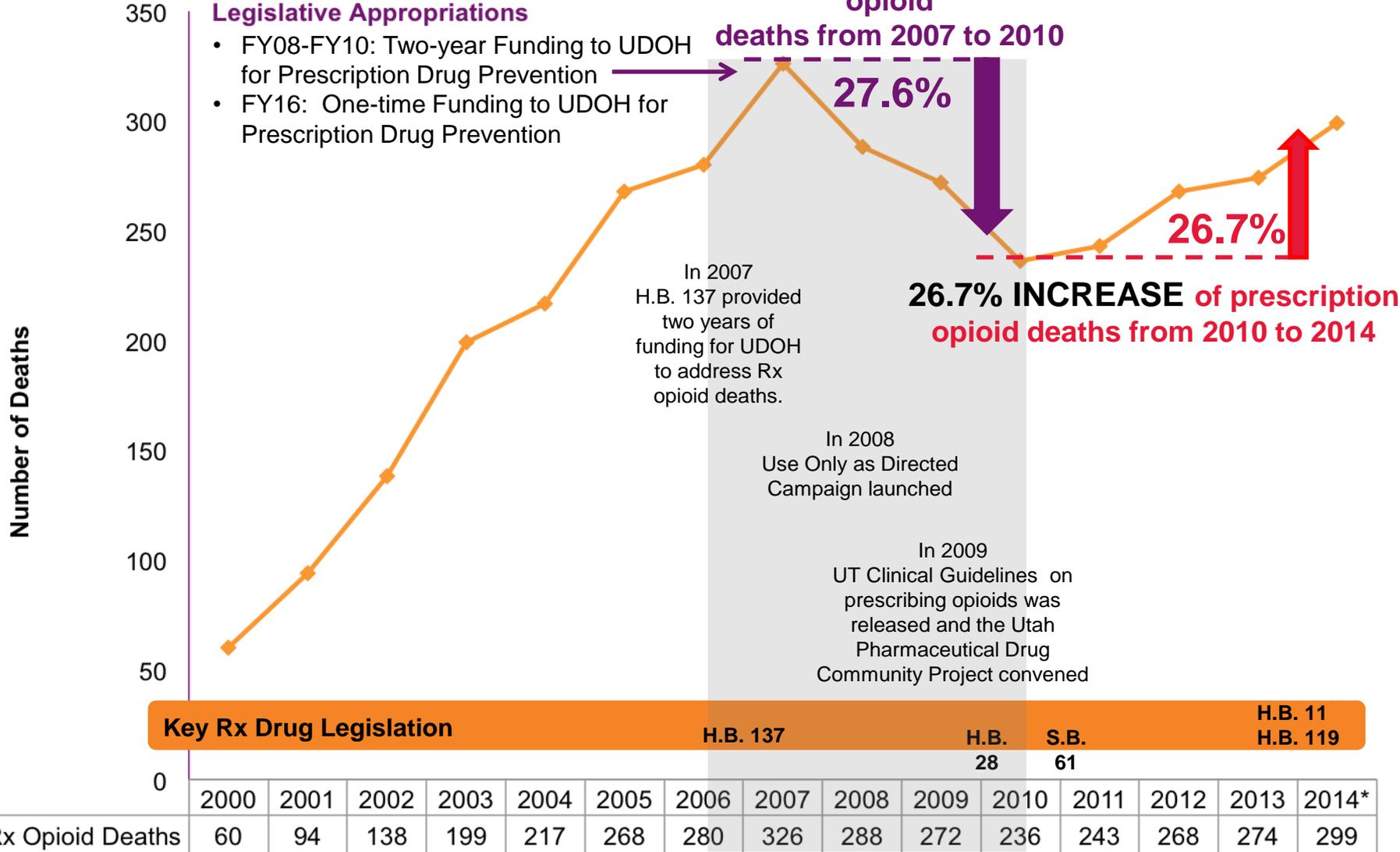


Number of prescription opioid deaths by year, Utah, 2000-2014

27.6% DECREASE of prescription opioid deaths from 2007 to 2010

Legislative Appropriations

- FY08-FY10: Two-year Funding to UDOH for Prescription Drug Prevention
- FY16: One-time Funding to UDOH for Prescription Drug Prevention



Key Rx Drug Legislation

H.B. 137

H.B. 28

S.B. 61

H.B. 11
H.B. 119

*2014 data is preliminary.
Data Source: Utah Violent Death Reporting System

Drug Overdose Prevention

Where the money will go:

- Public education
- Continue the Use Only as Directed media campaign
- Develop and disseminate tools and resources for healthcare providers
- Data collection and analysis of unintentional drug overdose deaths
- Train pharmacies, first responders, and emergency department staff on opioid risk and naloxone distribution

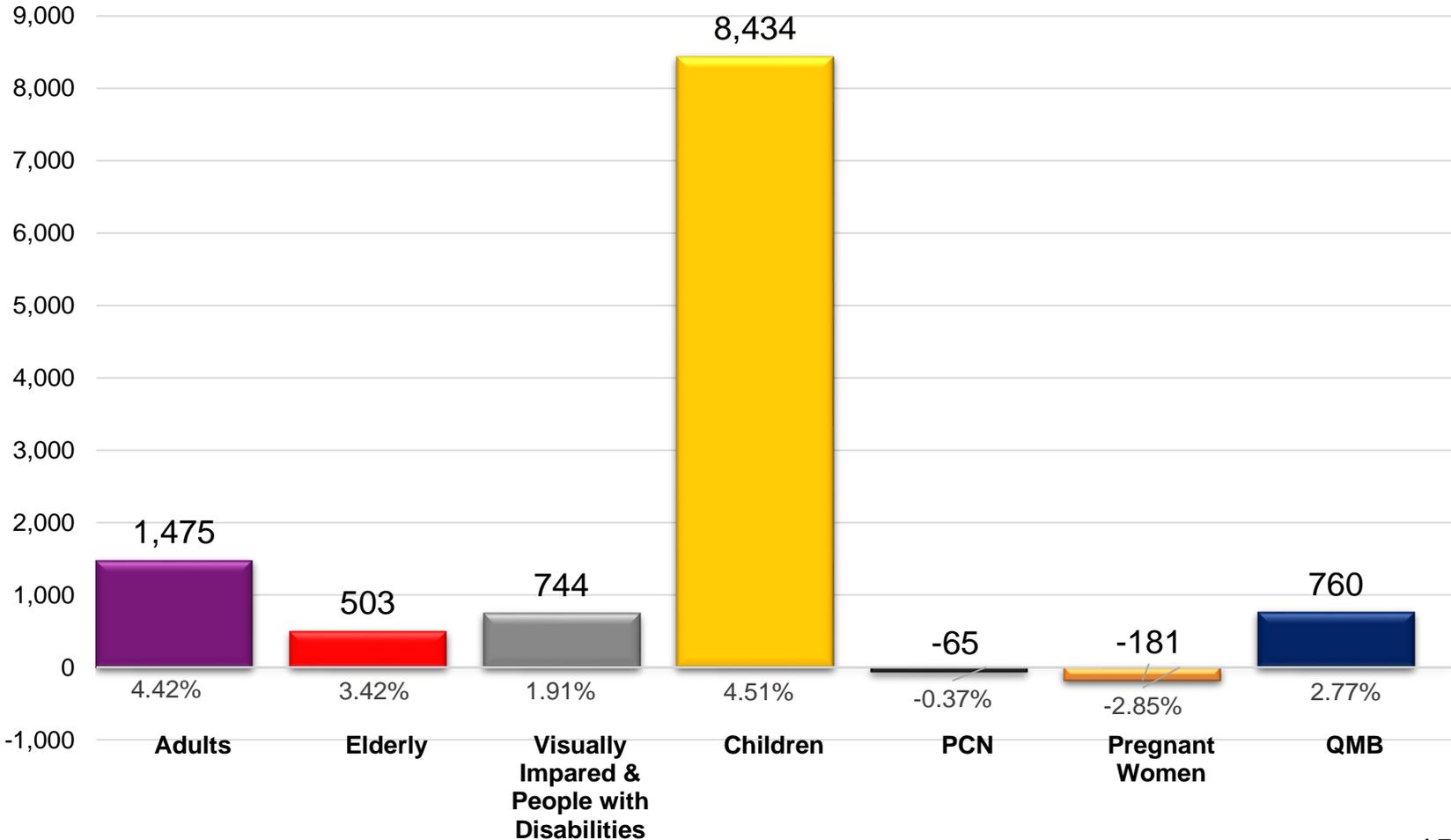
Evidence supports that a sustainable, comprehensive public health approach will result in significant decreases in preventable drug overdose deaths and save at least 50 Utah lives each year.

Medicaid Consensus

- UDOH, GOMB, and LFA develop consensus in Oct. and Feb.
- Consensus process estimates include:
 - Change in federal match rate
 - Increased Medicare premiums paid by Medicaid
 - Population growth
 - Inflationary increases in national measures
 - Base budget increase for Accountable Care Organizations (ACOs) - SB 98, 2015
 - Federal mandates, new drugs, etc.

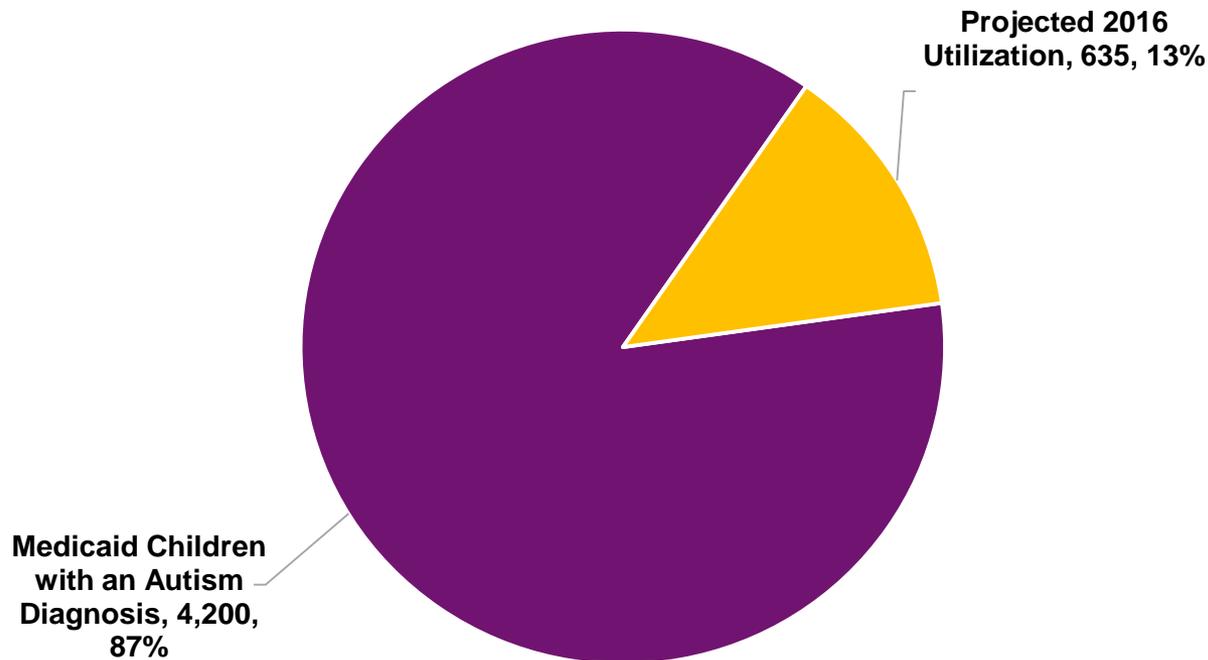
	FY 2016		FY 2017	
	Consensus	Governor	Consensus	Governor
General Fund	\$17,979,600	\$15,000,000	\$37,815,500	\$20,000,000
Restricted Fund		\$4,600,000		
Federal Funds	\$42,598,566	\$46,437,736	\$88,173,172	\$46,633,350
Total Funds	\$60,578,166	\$66,037,736	\$125,988,672	\$66,633,350

Consensus – Enrollment Growth



Consensus – Autism

- In 2014, CMS informed state Medicaid agencies that they must begin providing autism spectrum disorder (ASD)-related services to children under age 21 through the general Medicaid benefit



CHIP Consensus

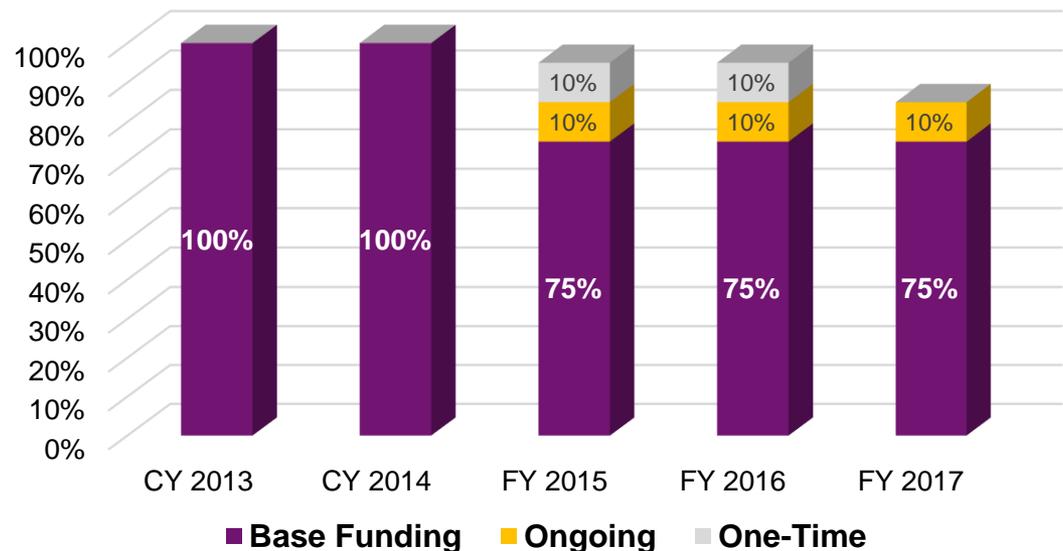
- As of October 1, 2015, the match rate for the Children's Health Insurance Program (CHIP) increased to 100% federal funding
- Governor's budget recommends **\$22.4 million** in one-time General Fund be returned to the state's budget
- Current federal appropriation for CHIP ends in September 30, 2017 (unless Congress takes action to extend funding to September 30, 2019), program authorized through 2019



Continue Doctor Rate Increase

- This building block maintains the FY 2016 rates for Medicaid primary care physicians, with a General Fund Request of \$2.5 million
- Current funding pays primary care physicians at approximately 95% of Medicare rates
- If this funding request is not adopted, Medicaid rates will drop back to 85% of Medicare rates
- As of July 1, 2015, Medicaid has 14,135 distinct physicians enrolled

Medicaid Physician Rates as a Percentage of Medicare



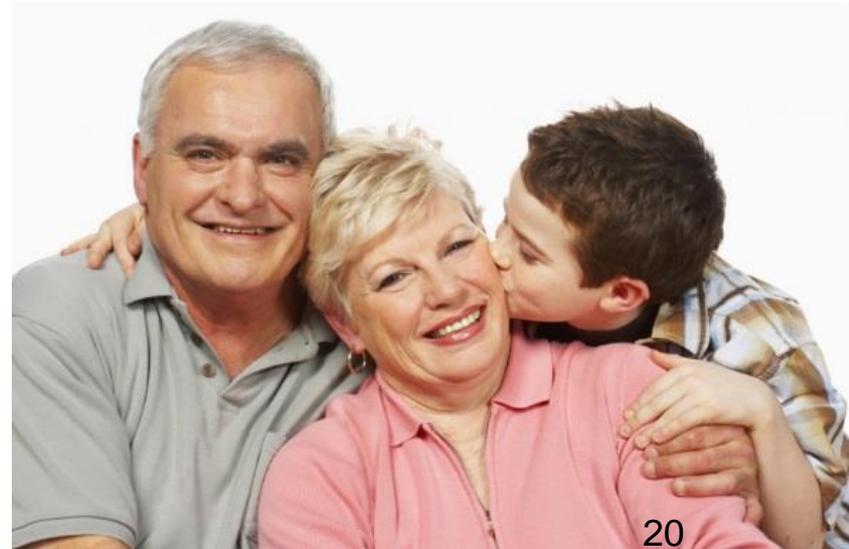
Dental Coverage for Persons with Disabilities



- Expand dental coverage for individuals with disabilities to include some preventive and restorative procedures (routine exams, x-rays, cleanings, crowns, dentures, etc.)
- This benefit was cut beginning FY 2010; 39,000 adults with disabilities would be eligible for the benefit
- University of Utah School of Dentistry will care for a portion of the population and pay state match for those services
- For individuals that don't receive care at the School of Dentistry, fee for service or a managed care dental plan will provide benefited services
- Total cost estimated at \$1.65 million in state funds; General Fund needed to cover share not covered by School of Dentistry

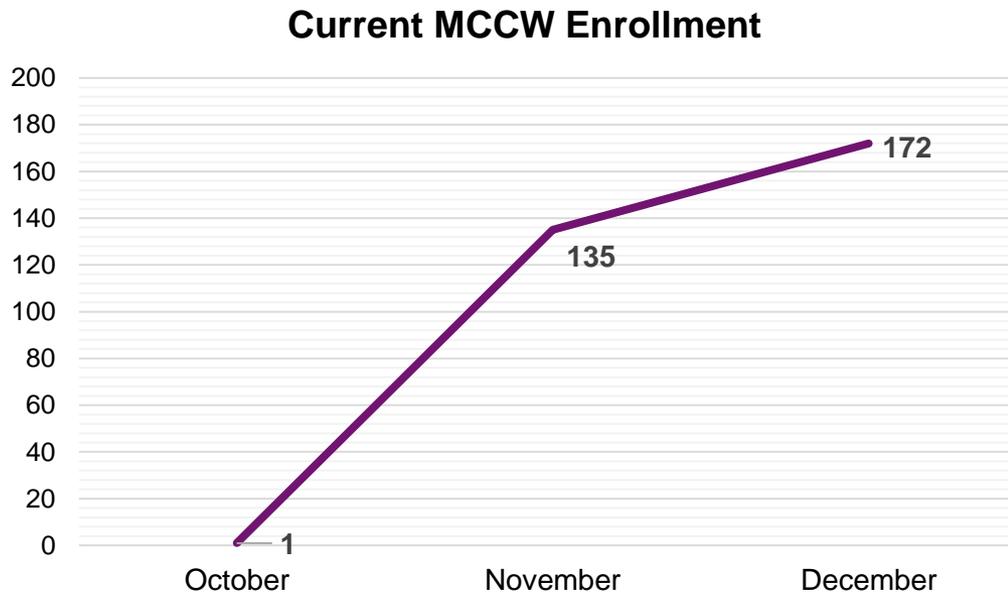
Uninsured Poverty Gap

- The “Uninsured Poverty Gap” building block seeks to expand healthcare coverage to Utah citizens and families who are not categorically eligible for Medicaid under the poverty level, but whose incomes are too low to obtain federal insurance subsidies in the federally-facilitated marketplace
- The request of \$10 million ongoing funds would cover the expanded populations



Medically Complex Children's Waiver

- Three year pilot program to serve children with disabilities and complex medical conditions
- Current funding allows to serve 172 children
- \$1 million to add additional 70 children in the pilot program for the remaining 2 years



Reproductive Health

Request: \$262,000 one-time, \$414,000 ongoing

- Increase screening and treatment for STDs
- Provide abstinence education and personal responsibility education programs to Utah's youth, ages 13 – 19

Reproductive Health

Expected Outcomes:

- Provide STD testing and treatment for 10,000 incarcerated women and youth
- Increase the number of local health departments offering abstinence education and personal responsibility programs
 - 5 new abstinence programs and 4 new personal responsibility programs

Baby Watch/Early Intervention

Request: \$100,000 one-time

- Evaluate caseload growth in program
- Determine future funding required to fund provider rates and caseload growth

Baby Watch/Early Intervention

Expected Outcomes:

- Provide an accurate methodology for determining future funding needs
- Base future building block request upon the outcomes of the evaluation