

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005**

	FY 2004	FY 2005	FY 2005	Difference
Financing	Estimated	Analyst	Subcommittee	Subctte/Analyst
General Fund	263,677,400	263,677,400	263,677,400	
General Fund, One-time	87,300			
Federal Funds	1,041,160,542	1,053,594,900	1,053,594,900	
Dedicated Credits Revenue	101,082,386	106,571,000	106,571,000	
GFR - Cigarette Tax Rest	3,131,500	3,131,500	3,131,500	
GFR - Kurt Oscarson Trans	100,000	100,000	100,000	
GFR - State Lab Drug Testing Account	277,600	277,000	277,000	
GFR - Tobacco Settlement	13,064,900	13,061,200	13,061,200	
Organ Donation Contribution Fund	113,000	113,000	113,000	
Transfers	110,826,306	116,009,700	116,009,700	
Beginning Nonlapsing	3,802,306	2,383,700	2,383,700	
Closing Nonlapsing	(2,383,740)	(1,098,000)	(1,098,000)	
Total	\$1,534,939,500	\$1,557,821,400	\$1,557,821,400	\$0
	Estimated	Target	Subcommittee	Subctte/Target
Total State Funds	\$263,764,700	\$263,677,400	\$263,677,400	
	Estimated	Analyst	Subcommittee	Subctte/Analyst
Programs				
Health	1,534,939,500	1,557,821,400	1,557,821,400	
Total	\$1,534,939,500	\$1,557,821,400	\$1,557,821,400	\$0
	Estimated	Analyst	Subcommittee	Subctte/Analyst
FTE/Other				
Total FTE	1,308	1,300	1,300	
Vehicles	52	52	52	

Sen. Sheldon L. Killpack, Co-Chair

Rep. Jack Seitz, Co-Chair

Intent Language

Health - Health Systems Improvement

1. *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.*
2. *It is the intent of the Legislature that civil money penalties collected for child care and health care provider violations be considered nonlapsing.*
3. *It is the intent of the Legislature that funds for the Primary Care Grants Program be considered nonlapsing.*
4. *It is the intent of the Legislature that funding for the Primary Care Grants Program not be expended for inter-departmental projects except for Community Partnered Mobil Dental Services.*

Health - Community & Family Health

5. *It is the intent of the Legislature that funding for alcohol, tobacco, and other drug prevention, reduction, cessation, and control programs be considered nonlapsing.*

Health - Medical Assistance

6. *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 people with disabilities and 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.*
7. *It is the intent of the Legislature that the Department of Health continue to reimburse nursing care facilities based on the Resources Utilization Group System (RUGS) which went into effect in FY 2003. It is further the intent of the Legislature that the Department maintain a rule which phases out over a three year period ending December 31, 2005, the component of property payments which is based on varying individual nursing facility property costs.*
8. *It is the intent of the Legislature to encourage the Department of Health to consider replacing the current property component of the Medicaid reimbursement system called Resource Utilization Groups (RUGS) with a fair rental market value model which compensates skilled and intermediate care facilities for capital improvements. It is further the intent of the Legislature to encourage the Department to consider that capital improvements recognized under the fair rental model not be based on traditional cost-based methods to calculate property rates or individual facility appraisal methodologies. It is the intent of the Legislature that the Department of Health report on the implementation of this program during the 2005 General Session.*

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 Tissue Harvest Room	
19.	Skin Graft	120.75
20.	Bone	241.50
21.	Heart Valve	63.00
22.	Eye	31.50
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 year only	3,150.00
33.	File III - for one year only	1,050.00
	Public Use Data Set, 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
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 per year)	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
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
	Multi-Year 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	15.00
77.	Additional Copies	8.00

78.	Stillbirth	12.00
79.	Affidavit	20.00
80.	Heritage Birth Certificate	22.00
81.	Adoption	40.00
82.	Expedite Fee	10.00
	Death Certificate	
83.	Initial Copy	13.00
84.	Additional Copies	8.00
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
	Written Test Fee	
101.	Basic EMT Certification Written Test/Re-test Fee	15.00
102.	All other written tests, re-tests	12.00
103.	Recertification Fee	10.00

104.	Lapsed Certification Fee	15.00
	Practical Test Fees	
	EMT	
105.	Basic Certification Practical Test	60.00
106.	Basic Certification Practical Re-Test (per station)	30.00
107.	Basic Recertification Practical Test	120.00
108.	Basic Reciprocity Practical Test	120.00
109.	Basic Recert/Recip Practical Re-Test, Medical Scenario	35.00
110.	Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00
111.	Intermediate Practical Test Fee	60.00
112.	Intermediate Practical Re-test Fee per station	30.00
113.	Intermediate Advanced Practical Test Fee	70.00
114.	Intermediate Advanced Practical Retest per station	35.00
115.	Paramedic Practical Test	105.00
116.	Paramedic Practical retest per station	35.00

The fees listed above apply to the following certification levels:
Emergency Medical Technician (EMT) - Basic,
Emergency Medical Technician Intermediate,
Emergency Medical Technician Intermediate Advanced,
Emergency Medical Technician Paramedic,
Emergency Medical Technician Instructor,
Emergency Medical Dispatcher (EMD),
Emergency Medical Dispatcher Instructor

	Annual Quality Assurance Review Fee, per vehicle	
117.	Ground Ambulance, Basic	75.00
118.	Ground Ambulance, IV	
119.	Ground Ambulance, Intermediate	100.00
120.	Interfacility Transfer Ambulance, Basic	75.00
121.	Interfacility Transfer Ambulance, IV	
122.	Interfacility Transfer Ambulance, Intermediate	100.00
123.	Paramedic Rescue	125.00
124.	Paramedic Tactical Response	125.00
125.	Paramedic Ambulance	125.00
126.	Paramedic Interfacility Transfer Service	125.00
127.	Fleet fee (agency with 20 or more vehicles)	2,500.00
128.	Quick Response Unit, Basic	50.00
129.	Quick Response Unit, IV	
130.	Quick Response Unit, Intermediate	50.00

131.	Advanced Air Ambulance	100.00
132.	Specialized Air Ambulance	125.00
133.	Emergency Medical Dispatch Center, per center	50.00
134.	Resource Hospital, per hospital	50.00
135.	Out of State Air Ambulance	150.00
	Quality Assurance Application Reviews	
136.	Original Ground Ambulance/Paramedic License Negotiated	500.00
137.	Original Ambulance/Paramedic License Contested - up to actual cost	
138.	Original Designation	100.00
139.	Renewal Ambulance/Paramedic/Air License	100.00
140.	Renewal Designation	100.00
141.	Upgrade in Ambulance Service Level	100.00
142.	Original Air Ambulance License	500.00
143.	Original Air Ambulance License with CAMTS Certification	200.00
144.	Change is ownership/operator, non-contested	500.00
145.	Change is ownership/operator, contested - up to actual cost	
146.	Change is geographic service area, non-contested	500.00
147.	Change is geographic service area, contested - up to actual cost	
	Trauma Centers - Level I and II	
148.	Quality Assurance Application Review (plus all costs associated with American College of Surgeons visit)	
149.	Site Team Verification/Quality Assurance Review	
150.	Annual Verification Quality Assurance Review Fee	
	Trauma Centers - Level III	
151.	Quality Assurance Application Review - includes in-state site visit	
152.	Site Team Verification/Quality Assurance Review	
153.	Annual Verification Quality Assurance Review Fee	
154.	Quality Assurance Application Pre-Designation Fee	
	Trauma Centers - Level IV and V	
155.	Quality Assurance Application Review - includes in-state site visit	
156.	Quality Assurance Application Pre-Designation Fee	
157.	Site Team Verification/Quality Assurance Review	
158.	Annual Verification Quality Assurance Review Fee	
	Voluntary Trauma Center Designation - Level I, II, III, IV, and V	
159.	Quality Assurance Application Review	500.00
160.	Quality Assurance Application Pre-Designation Review	500.00

161.	Site Team Verification/Quality Assurance Review	1,000.00
162.	Annual Verification/Quality Assurance Review	100.00
	Course Quality Assurance Review Fee	
163.	Basic EMT Course	100.00
164.	Paramedic Course	100.00
165.	EMT-Intermediate Advanced	100.00
166.	Basic EMT-IV	
167.	EMT-Intermediate	100.00
168.	Emergency Medical Dispatch	25.00
169.	EMT-Intermediate Instructor Transition	
170.	New Instructor Course Registration	125.00
171.	Course Coordinator Seminar Registration	40.00
172.	New Course Coordinator Course Registration	40.00
173.	Paramedic Seminar	
174.	Instructor Seminar Registration	125.00
175.	Instructor Seminar Vendor Fee	165.00
176.	New Training Officer Course Registration	40.00
177.	Training Officer Seminar Registration	40.00
178.	EVO Instructor Course	40.00
179.	EMSC Pediatric Update	60.00
180.	Medical Director's Course	50.00
181.	PALS Course	90.00
182.	PEPP Course	90.00
183.	Management Seminar	35.00
184.	PHTLS Course	175.00
	Equipment delivery fee	
185.	Salt Lake County	25.00
186.	Davis, Utah, and Weber Counties	50.00
187.	Late Fee, per day	10.00
	Training Supplies, rental of equipment, and Accessories Charge for course supplies and accessories	
188.	To be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah	
189.	Invoice Fee	
190.	Background checks (name only)	10.00

191.	Fingerprint checks in Utah only	15.00
192.	Fingerprint checks to the FBI	24.00
193.	Registration for voluntary relative care (One-time fee)	50.00
	Annual License Fees	
194.	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.	
195.	Annual Licensed Child Care Facility base fee	50.00
196.	Annual Residential Child Care Certificate Base Fee	50.00
	Two Year Licensing Base Fees	
	Plus the appropriate fee as listed below to any new or renewal license	
197.	Health Care Facility, every other year	200.00
198.	Licensed Child Care Facility, every other year	50.00
	Change Fee	
	Change Fee	
199.	Health Care Providers	75.00
	A fee of \$75.00 is charged to health care providers making changes to their existing license.	
200.	Child Care Center Facilities Per Child fee	3.00
	Hospitals:	
201.	Fee per Licensed Bed - accredited beds	22.00
202.	Non-accredited beds	28.00
203.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	20.00
204.	Residential Treatment Facilities Licensed Bed	16.00
205.	End Stage Renal Disease Centers (ESRDs) Licensed Station	120.00
206.	Freestanding Ambulatory Surgery Centers (per facility)	2,000.00
207.	Birthing Centers, and Abortion Clinics: (per licensed unit)	400.00
208.	Hospice Agencies	1,000.00
209.	Home Health Agencies/Personal Care Agencies	1,000.00
210.	Mammography Screening Facilities	400.00
211.	Assisted Living Facilities Type I Licensed Bed	18.00
212.	Assisted Living Facilities Type II Licensed Bed	18.00
213.	The fee for each satellite and branch office of current licensed facility	75.00
214.	Late Fee	

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.

215.	Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee	
216.	Within 15 to 30 days after expiration of license facility will be assessed - 75% of scheduled fee	
217.	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.	
218.	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.	
219.	New Provider/Change in Ownership Applications for Child Care center 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, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	

Application Termination or Delay Fee

If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:

220.	Policy and Procedure Review-50% of total fee
221.	Onsite inspections-90% of the total fee.
222.	Child care program application fees of \$35.00 \$50.00 are not refundable.

Plan Review and Inspection Fees

Hospitals:

	Number of Beds	
223.	Up to 16	2,000.00
224.	17 to 50	4,000.00
225.	51 to 100	6,000.00
226.	101 to 200	7,500.00
227.	201 to 300	9,000.00
228.	301 to 400	10,000.00
229.	Over 400, base fee	10,000.00
230.	Over 400, each additional bed	20.00

In the case 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	
231.	Up to 5	650.00
232.	6 to 16	1,000.00
233.	17 to 50	2,250.00
234.	51 to 100	4,000.00
235.	101 to 200	5,000.00
236.	Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00
237.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00
238.	End Stage Renal Disease Facilities, per service unit	100.00
	Assisted Living Type I and Type II	
	Number of Beds	
239.	Up to 5	350.00
240.	6 to 16	700.00
241.	17 to 50	1,600.00
242.	51 to 100	3,000.00
243.	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.	
244.	Remodels of Licensed Facilities	
	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.	
245.	Hospitals, Freestanding Surgery Facilities, per square foot	.16
246.	All others excluding Home Health Agencies, per square foot	.14
	Each required on-site inspection	
247.	Base fee	100.00
248.	Per mile traveled - according to approved state travel rates	

249. Other Plan-Review Fee Policies

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.

250. Health Care Facility Licensing Rules - Cost plus mailing

251. Child Care Licensing Rules - Cost plus mailing

(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.)

Certificate of Authority -

252. Health Maintenance Organization Review of Application 500.00

Health - Epidemiology & Lab Services

253. Notification and post-test counseling of patients involved in an emergency medical services (EMS) body fluid exposure. 75.00

254. Counseling of an individual with a positive HIV antibody test - Cost Recovery

255. Notification of an individual with a negative HIV antibody test by phone. 6.00

256. Notification of an individual with a negative HIV antibody test by certified letter and phone. 10.00

257. Counseling and Testing Workshops 385.00

HIV/AIDS education presentations

258. AIDS 101 40.00

259. Business Responds to AIDS 40.00

260. Emergency Medical Services 57.00

261. TB Skin Testing (placement and reading) 15.00

262.	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.
263.	Chain of Custody Sample Handling	10.00
264.	Priority Handling of Samples (Surcharge) Minimum charge	10.00
265.	Expert Preparation Time (Research), per hour	25.00
266.	Expert Witness Fee (Portal to Portal), per hour	50.00
	Drinking Water Tests	
267.	Lead and Copper (Metals Type 8)	28.00
	Drinking Water Organic Contaminants	
268.	THMs EPA Method 524.2	75.00
269.	Maximum Total Potential THM Method 502.2	80.00
	Other Drinking Water Organic Tests:	
270.	Haloacetic Acids Method 6251B	130.00
271.	Haloacetonitriles Method 551	100.00
272.	TOX	100.00
273.	Chlorate/Chlorite	25.00
274.	Chloral Hydrate/THM	100.00
275.	Bromide	25.00
276.	Bromate	30.00
277.	Chlorite	25.00
278.	Ion Chromatography (multiple ions)	50.00
279.	UV Absorption	15.00
280.	TOC	20.00
	Primary Inorganics and Heavy Metals	
281.	(Type 9 Chemistry) (18 parameters)	250.00
	New Drinking Water Sources	
282.	(Total Inorganic Chemistry - 46 parameters)	535.00
	Drinking Water Inorganic Tests:	
283.	Nitrate	12.00
284.	Nitrite	20.00
285.	Asbestos - subcontract price plus handling fee	

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

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

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

382.	EPA Method 515.1 Chlorinated Acids and Herbicides	200.00
383.	EPA Method 525.2 Semivolatiles (A/B/Na) by GC/MS	350.00
384.	EPA Method 524.2 VOCs (Volatiles Purge and Trap) by GC/MS	190.00
385.	Unregulated Contaminant Monitoring Regulation (UCMR)	650.00
	Miscellaneous Organic Chemistry	
386.	TLCP - Extraction procedure	100.00
387.	TCLP Zero Headspace Extraction (ZHE)	160.00
	Radiochemistry	
388.	Gross alpha or beta	60.00
389.	Gross alpha and beta	60.00
390.	Radium226, (Deemanation)	125.00
391.	Radium228, (ppt/separation)	155.00
392.	Uranium (Total Activity)	100.00
393.	Uranium (ICP/MS)	50.00
394.	Radon by Liquid Scintillation	65.00
395.	Tritium	80.00
396.	Gamma Spectroscopy By HPGe (water and solid samples)	150.00
	Analysis includes nuclide identification and quantitation, per nuclide.	
397.	Water Bacteriology	15.00
398.	Swimming pool bacteriology (MF and HPC)	15.00
399.	Polluted water bacteriology per parameter	15.00
400.	Environmental legionella (swab)	7.00
401.	Environmental legionella (liter of water)	30.00
	Drinking Water Microbiology	
402.	Aeromonas	50.00
403.	E. Coli	15.00
	Cryptosporidium and Giarrdia	
404.	Method 1623 analysis	300.00
405.	Filter	100.00
406.	MPA	225.00
407.	Bacillus subtilis	25.00
408.	PFGE	30.00
	Toxicology	
409.	Alcohol in Urine	25.00
410.	Alcohol in Beverage	35.00

411.	Blood alcohol	50.00
412.	Blood or Tissue Drug Analysis	200.00
413.	Confirmation of positive blood cannabinoid screen	150.00
414.	Cannabinoid Screen (Urine)	25.00
415.	Cannabinoids Screen (Blood)	40.00
416.	EPIA (urine)	40.00
417.	EPIA (blood)	40.00
418.	Confirmation of positive drug screens by GC/MS	75.00
419.	Confirmation of positive urine cannabinoid screen	60.00
420.	Confirmation of positive urine amphetamine screen	50.00
421.	Drug preparations (identification)	50.00
422.	Drug preparations (quantitation)	50.00
423.	Expert testimony (portal to portal), per hour	75.00
424.	Date rape panel	220.00
425.	GHB in urine	70.00
	Copy Fee	
426.	(1 - 15) case file data	15.00
427.	case file report - each additional copy	1.00
	Environmental Laboratory Certification	
	Annual certification fee (chemistry and/or microbiology)	
428.	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.	
429.	Utah laboratories	500.00
430.	Out of state laboratories (plus travel expenses)	6,000.00
431.	NELAP recognition Reciprocal certification fee	600.00
432.	Certification change fee	50.00
	Safe Drinking Water by Analyte and Method	
433.	Microbiological - Each Method	40.00
	Inorganic test procedure each method	
434.	Group I	25.00
435.	Group II	30.00
	Miscellaneous each method	
436.	Group I	25.00
437.	Group II	30.00
438.	Group III	25.00

	Organic Compounds each method	
439.	Group I	50.00
440.	Group II	70.00
441.	Group III	80.00
442.	Group IV	160.00
443.	Radiological each method	30.00
	Clean Water by Analyte and Method	
444.	Microbiological each method	40.00
445.	Toxicity Testing	150.00
	Inorganic test procedure each method	
446.	Group I	25.00
447.	Group II	30.00
448.	Group III	35.00
	Organic Compounds each method	
449.	Group I	70.00
450.	Group II	130.00
451.	Group III	160.00
452.	Radiological each method	30.00
	RCRA by Analyte and Method	
453.	Microbiological each method	40.00
	Inorganic test procedure each method	
454.	Group I	25.00
455.	Group II	30.00
	Miscellaneous Groups each method	
456.	Group I	25.00
457.	Group II	30.00
458.	Group III	35.00
459.	Group IV	40.00
460.	Radiological each method	30.00
461.	Hazardous Waste Characteristics each method	35.00
	Sample Extraction Procedures each method	
462.	Group I	30.00
463.	Group II	25.00
464.	Group III	70.00
	Organic Compounds each method	
465.	Group I	70.00

466.	Group II	80.00
467.	Group III	130.00
468.	Other Programs Analytes by Method	300.00
	Each individual analyte by each specific method	
469.	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.	
470.	Triennial fee	30.00
	Impounded Animals Use Certification	
471.	Annual fee	300.00
	Immunology	
472.	Hepatitis B Surface Antigen(HBsAg)	10.00
473.	Hepatitis B Surface Antibody (HBsAb)	15.00
474.	Hepatitis C HVC Antibody	30.00
475.	HIV-1 - Antibody (Note: this test includes a confirmatory Western Blot if needed)	10.00
476.	HIV-1 - Confirmation	38.75
	(Note: this is for a Western Blot only, a reactive EIA is not required)	
477.	HIV-1 - Orasure (includes confirmatory Western Blot)	20.00
478.	Hantavirus	40.00
479.	Syphilis RPR	5.00
480.	Syphilis FTA	10.00
481.	HIV prostitute law - research and testimony, per hour	100.00
482.	Chain of Custody sample surcharge	15.00
483.	Samples for research	5.00
	Virology	
484.	Herpes culture	10.00
485.	Viral typing	135.00
486.	Verotoxin bioassay	25.00
487.	Gonorrhea (GenProbe collection kit req.)	4.50
488.	Chlamydia (GenProbe collection kit req.)	6.00
489.	GenProbe collection kit	2.50
490.	Rabies (mice, squirrels)	75.00
491.	Rabies (no human exposure)	30.00
492.	CMV culture	10.00
493.	Chlamydia unpooled amplified test	15.00

494.	Chlamydia pooled amplified test	8.50
495.	Gonorrhea unpooled amplified test	15.00
496.	Gonorrhea pooled amplified test	8.50
497.	GC and CT unpooled amplified test	22.50
	Bacteriology	
	Clinical	
498.	TB (bone marrow and blood samples only)	10.00
499.	Direct TB test	300.00
	Environmental	
500.	Drinking water bacteriology	
501.	Swimming pool bacteriology (MF and HPC)	
502.	Polluted water bacteriology per parameter	
503.	Environmental legionella (swab)	
504.	Environmental legionella (water)	
	Water Microbiology	
	Drinking water parasitology (Cryptosporidium and Giardia)	
505.	Method 1623 analysis	
506.	Filter	
507.	MPA	
508.	Bacillus subtilis	
509.	PFGE	
	Bacteriology	
	Food Microbiology	
510.	Total and fecal coliform	20.00
511.	Plate count, per dilution	15.00
512.	pH and water activity	15.00
513.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	75.00
514.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	270.00
515.	Salmonella isolation and speciation	205.00
516.	Shigella isolation and speciation	50.00
517.	Campylobacter isolation and speciation	65.00
518.	Listeria isolation and speciation	140.00
519.	E. coli O157:H7	90.00
520.	Botulism toxin assay	125.00
521.	Environmental swab	12.00
522.	Coliform count	20.00

	Newborn Screening:	
523.	Routine first and follow-up screening	35.00
524.	Diet Monitoring	7.00
	Molecular Biology	
525.	Bordetella pertussis	10.00
526.	Norwalk virus	12.00
527.	Chlamydia pneumoniae	10.00
528.	Mycoplasma pneumoniae	10.00
529.	SARS PCR (respiratory samples)	12.00
530.	Monkey Pox PCR	20.00
531.	V2V Chicken Pox PCR	15.00
532.	Vaccinia PCR	15.00
533.	SARS ELISA serum (not screened by EPI)	15.00
534.	Human WNV ELISA serum (not screened by EPI)	15.00
	Health - Community & Family Health	
	Cardiovascular Disease Program	
	Cholesterol/Hypertension Control	
535.	Blood Pressure Standardization protocol	5.00
536.	Cholesterol Procedure Manual	5.00
537.	Total Cholesterol/HDL Testing	
538.	Total Lipid Profile (special audience only)	
	(No fees are charges to local health departments. However, private agencies are charged for class materials and instructor services.)	
	5-A-Day	
539.	Adult White T-shirt	10.00
540.	Children's T-shirt	8.00
541.	Aprons	5.00
542.	Puppet Show (rental/cleaning fee)	5.00
543.	Tool Kit	10.00
544.	Costumes (rental/cleaning fee)	5.00
	Gold Medal Schools	
545.	Step It Up Pedometers	10.00

546. 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	
547.	99201 Problem focused, straightforward	41.00
548.	99202 Expanded problem, straightforward	52.00
549.	99203 Detailed, low complexity	77.00
550.	99204 Comprehensive, Moderate complexity	103.00
551.	99205 Comprehensive, high complexity	120.00
	Office Visit, Established Patient	
552.	99211 Minimal Service or non-MD	14.00
553.	99212 Problem focused, straightforward	37.00
554.	99213 Expanded problem, low complexity	51.00
555.	99214 Detailed, moderate complexity	62.00
556.	99215 Comprehensive, high complexity	94.00
	Office Consultation, New or Established Patient	
557.	99242 Expanded problem focused, straightforward	77.00
558.	99243 Detailed exam, low complexity	86.00
559.	99244 Comprehensive, moderate complexity	124.00
560.	99245 Comprehensive, high complexity	186.00
561.	99361 Med Conference by Phys/Int Dis Team	63.00
562.	99373 Telephone Consultation, complex or lengthy	41.00
	Nutrition	
563.	97802 Nutrition Assessment	22.00
564.	97803 Nutrition Reassessment	22.00
	Psychology	
565.	96100 Psychological Testing	130.00
566.	96110 Developmental Testing	64.00
567.	96111 Extended Developmental Testing	60.00
568.	90801 Diagnostic Exam, per hour	130.00
569.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00
570.	90846 Family Med Psychotherapy, w/o 30 minutes	66.00

571.	90847 Family Med Psychotherapy, conjoint 30 minutes	130.00
572.	90882 Environmental Intervention w/Agencies, Employers, etc.	46.00
573.	90882-52 Environmental Intervention Reduced Procedures	23.00
574.	90885 Evaluation of hospital records	36.00
575.	90889 Preparation of reports	39.00
	Physical and Occupational Therapy	
576.	97001 Physical Therapy Evaluation	43.00
577.	97002 Physical Therapy Re-evaluation	36.00
578.	97003 Occupational Therapy Evaluation	44.00
579.	97004 Occupational Therapy Re-evaluation	37.00
580.	97110 Therapeutic Physical Therapy	24.00
	Speech	
581.	92506 Speech Basic Assessment	83.00
582.	92506-22 Speech Assessment, unusual procedures	132.00
583.	92506-52 Speech Assessment, reduced procedures	53.00
	Ophthalmology	
584.	92002 Ophthalmologic, Intermediate, new patient	55.00
585.	92012 Ophthalmologic, Intermediate, established patient	
586.	92015 Determination of refractive state	50.00
	Audiology	
587.	92285 Photoscreen	17.00
588.	92551 Audiometry, Pure Tone Screen	33.00
589.	92552 Audiometry, Pure Tone Threshold	36.00
590.	92553 Audiometry, Air and Bone	44.00
591.	92555 Speech Audiometry threshold testing	28.00
592.	92556 Speech Audiometry threshold/speech recognition testing	40.00
593.	92557 Basic Comprehension, Audiometry	80.00
594.	92567 Tympanometry	19.00
595.	92579 Visual reinforcement audiometry testing	35.00
596.	92579-52 Visual reinforcement audiometry, limited	31.00
597.	92582 Conditioning Play Audiometry	80.00
598.	92587 Evaluation of Alternate Communication Device	42.00
599.	92587 Evoked Otoacoustic emissions testing	42.00
600.	92589 Central Auditory Function	86.00
601.	92591 Hearing Aid Exam, Binaural	108.00

602.	92596 Ear Mold	84.00
603.	92579 Visual Reinforcement Audio	35.00
604.	92592-52 Hearing aid check, monaural	31.00
605.	92593-52 Hearing aid check, biaural	44.00
606.	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 Year Ending June 30, 2005
Department of Health
Executive Director's Operations**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	5,388,200	5,388,200	5,388,200	
General Fund, One-time	14,700			
Federal Funds	19,439,800	18,221,800	18,221,800	
Dedicated Credits Revenue	2,930,000	2,491,300	2,491,300	
GFR - Kurt Oscarson Trans	100,000	100,000	100,000	
Organ Donation Contribution Fund	113,000	113,000	113,000	
Beginning Nonlapsing	324,936	554,800	554,800	
Closing Nonlapsing	(554,836)	(407,900)	(407,900)	
Total	\$27,755,800	\$26,461,200	\$26,461,200	\$0
Programs	Estimated	Analyst	Subcommittee	Difference
Executive Director	1,959,000	1,954,100	1,954,100	
Program Operations	3,433,000	3,392,000	3,392,000	
Medical Examiner	1,886,900	1,882,700	1,882,700	
Bio Terrorism Grants	14,533,900	14,533,900	14,533,900	
Center for Health Data	5,943,000	4,698,500	4,698,500	
Total	\$27,755,800	\$26,461,200	\$26,461,200	\$0
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	209	208	208	
Vehicles	5	5	5	
Dedicated Credits Revenue Source				Amount
2157 DOH VITAL STATISTIC FEES				1,400,800
2158 DOH MEDICAL EXAMINER FEES				89,000
2168 HEALTH DATA FEES				110,800
2802 CONTRACTS FOR SERVICES				615,700
2936 PRIVATE PAYMENTS				28,000
2974 CONTRIBUTIONS FROM PRIVATE				245,000
2981 SUNDRY REVENUE COLLECTION				2,000
Total				\$2,491,300

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Health Systems Improvement**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	4,007,400	4,007,400	4,007,400	
General Fund, One-time	16,100			
Federal Funds	4,266,700	4,304,500	4,304,500	
Dedicated Credits Revenue	3,985,300	4,028,200	4,028,200	
Transfers	300,300	140,000	140,000	
Beginning Nonlapsing	845,500	407,400	407,400	
Closing Nonlapsing	(407,400)	(320,000)	(320,000)	
Total	\$13,013,900	\$12,567,500	\$12,567,500	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	1,102,200	1,101,600	1,101,600	
Emergency Medical Services	4,958,800	4,583,700	4,583,700	
Licensing	3,008,900	2,935,700	2,935,700	
Program Certification and Resident Assessment	3,291,000	3,343,300	3,343,300	
Primary Care Grants	653,000	603,200	603,200	
Total	\$13,013,900	\$12,567,500	\$12,567,500	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	130	131	131	
Vehicles	22	22	22	

Dedicated Credits Revenue Source	Amount
2162 DOH \$3.50 EMRG MED SRV SURCHRG	2,500,000
2164 DOH PLAN REVIEW FEES	80,300
2802 CONTRACTS FOR SERVICES	1,035,000
2848 TRAINING-STUDENT FEES	412,900
Total	\$4,028,200

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 Grants Program be considered nonlapsing.

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

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Workforce Financial Assistance**

	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
General Fund	419,300	419,300	419,300	
General Fund, One-time	100			
Beginning Nonlapsing	1,177,900	945,100	945,100	
Closing Nonlapsing	(945,100)	(370,100)	(370,100)	
Total	<u>\$652,200</u>	<u>\$994,300</u>	<u>\$994,300</u>	<u>\$0</u>
Programs	Estimated	Analyst	Subcommittee	Difference
Workforce Financial Assistance	652,200	994,300	994,300	
Total	<u>\$652,200</u>	<u>\$994,300</u>	<u>\$994,300</u>	<u>\$0</u>
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE				

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Epidemiology and Laboratory Services**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	4,037,800	4,037,800	4,037,800	
General Fund, One-time	9,200			
Federal Funds	7,548,600	7,453,700	7,453,700	
Dedicated Credits Revenue	2,867,400	2,856,900	2,856,900	
GFR - State Lab Drug Testing Account	277,600	277,000	277,000	
Transfers	6,100			
Beginning Nonlapsing	313,800			
Total	\$15,060,500	\$14,625,400	\$14,625,400	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	777,100	463,700	463,700	
Environmental Testing and Toxicology	2,451,500	2,405,000	2,405,000	
Laboratory Improvement	958,200	949,500	949,500	
Microbiology	1,785,600	1,754,000	1,754,000	
Communicable Disease Control	6,636,000	6,657,000	6,657,000	
Epidemiology	2,452,100	2,396,200	2,396,200	
Total	\$15,060,500	\$14,625,400	\$14,625,400	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	141	141	141	
Vehicles	3	3	3	

Dedicated Credits Revenue Source	Amount
2159 DOH METABOLIC SCREENING	918,000
2160 DOH HEALTH LABORATORY FEES	1,066,000
2801 SALE OF SERVICES - DED CR	137,600
2802 CONTRACTS FOR SERVICES	735,300
Total	\$2,856,900

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Community and Family Health Services**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	8,391,900	8,391,900	8,391,900	
General Fund, One-time	9,900			
Federal Funds	61,211,900	61,069,200	61,069,200	
Dedicated Credits Revenue	14,941,834	14,332,200	14,332,200	
GFR - Cigarette Tax Rest	3,131,500	3,131,500	3,131,500	
GFR - Tobacco Settlement	6,061,700	6,058,400	6,058,400	
Transfers	4,027,700	4,644,400	4,644,400	
Beginning Nonlapsing	663,766			
Total	\$98,440,200	\$97,627,600	\$97,627,600	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	2,189,900	2,228,500	2,228,500	
Health Promotion	20,002,000	18,647,300	18,647,300	
Maternal and Child Health	52,083,700	53,076,700	53,076,700	
Children with Special Health Care Needs	24,164,600	23,675,100	23,675,100	
Total	\$98,440,200	\$97,627,600	\$97,627,600	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	301	294	294	
Vehicles	8	8	8	

Dedicated Credits Revenue Source	Amount
2159 DOH METABOLIC SCREENING	660,000
2163 DOH HEALTHY UTAH	691,800
2166 DOH / FHS THIRD PARTY RECEIPTS	1,473,100
2469 CONFERENCE REGISTRATION FEES	10,000
2537 OTHER SERVICE FEES	40,000
2701 SALE OF GOODS & MATERIALS	10,000
2710 PUBLICATION SALES	5,000
2802 CONTRACTS FOR SERVICES	640,300
2933 LOCAL GOV FROM FED PROGRAMS	411,800
2934 PRIVATE/NON-PROFIT GRANTS	119,500
2943 WIC FORMULA REBATES	9,850,000
2974 CONTRIBUTIONS FROM PRIVATE	420,600
2995 AGENCY SALES TAX CLEARING	100
Total	\$14,332,200

Intent Language

It is the intent of the Legislature that funding for alcohol, tobacco, and other drug prevention, reduction, cessation, and control programs be considered nonlapsing.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Health Care Financing**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	9,452,800	9,452,800	9,452,800	
General Fund, One-time	37,300			
Federal Funds	40,625,948	39,228,700	39,228,700	
Dedicated Credits Revenue	10,912,796	10,901,000	10,901,000	
Transfers	11,208,356	11,208,400	11,208,400	
Total	\$72,237,200	\$70,790,900	\$70,790,900	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Director's Office	4,256,000	4,001,000	4,001,000	
Financial Services	8,792,300	7,508,300	7,508,300	
Managed Health Care	2,375,700	2,385,400	2,385,400	
Medical Claims	3,071,900	3,079,600	3,079,600	
Eligibility Services	14,900,200	14,984,700	14,984,700	
Coverage and Reimbursement	3,033,300	3,004,100	3,004,100	
Contracts	35,807,800	35,827,800	35,827,800	
Total	\$72,237,200	\$70,790,900	\$70,790,900	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	455	455	455	
Vehicles	14	14	14	

Dedicated Credits Revenue Source	Amount
2537 OTHER SERVICE FEES	736,800
2802 CONTRACTS FOR SERVICES	2,281,400
2934 PRIVATE/NON-PROFIT GRANTS	254,500
2962 MEDICAID TITLE XIX SEED (REV)	7,628,300
Total	\$10,901,000

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Medical Assistance**

Financing	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
General Fund	229,967,400	229,967,400	229,967,400	
Federal Funds	879,143,294	894,413,300	894,413,300	
Dedicated Credits Revenue	64,795,056	71,311,400	71,311,400	
Transfers	95,148,450	99,881,500	99,881,500	
Beginning Nonlapsing	476,404	476,400	476,400	
Closing Nonlapsing	(476,404)			
Total	\$1,269,054,200	\$1,296,050,000	\$1,296,050,000	\$0

Programs	Estimated	Analyst	Subcommittee	Difference
Medicaid Base Program	1,084,088,800	1,101,996,300	1,101,996,300	
Title XIX for Human Services	180,965,800	190,014,100	190,014,100	
DOH Health Clinics	3,999,600	4,039,600	4,039,600	
Total	\$1,269,054,200	\$1,296,050,000	\$1,296,050,000	\$0

FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	62	63	63	

Dedicated Credits Revenue Source	Amount
2802 CONTRACTS FOR SERVICES	2,298,600
2940 MEDICAID DRUG REBATES	39,507,600
2944 SUPPORT COLLECTIONS	854,000
2962 MEDICAID TITLE XIX SEED (REV)	28,651,200
Total	\$71,311,400

Intent Language

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 people with disabilities and 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 continue to reimburse nursing care facilities based on the Resources Utilization Group System (RUGS) which went into effect in FY 2003. It is further the intent of the Legislature that the Department maintain a rule which phases out over a three year period ending December 31, 2005, the component of property payments which is based on varying individual nursing facility property costs.

It is the intent of the Legislature to encourage the Department of Health to consider replacing the current property component of the Medicaid reimbursement system called Resource Utilization Groups (RUGS) with a fair rental market value model which compensates skilled and intermediate

care facilities for capital improvements. It is further the intent of the Legislature to encourage the Department to consider that capital improvements recognized under the fair rental model not be based on traditional cost-based methods to calculate property rates or individual facility appraisal methodologies. It is the intent of the Legislature that the Department of Health report on the implementation of this program during the 2005 General Session.

**Recommendations of the Appropriations Subcommittee for
Health & Human Services - Department of Health
For the Year Ending June 30, 2005
Department of Health
Children's Health Insurance Program**

Financing	FY 2004 Estimated	FY 2005 Analyst	FY 2005 Subcommittee	Difference Sub/Analyst
Federal Funds	28,924,300	28,903,700	28,903,700	
Dedicated Credits Revenue	650,000	650,000	650,000	
GFR - Tobacco Settlement	7,003,200	7,002,800	7,002,800	
Transfers	135,400	135,400	135,400	
Total	\$36,712,900	\$36,691,900	\$36,691,900	\$0
Programs	Estimated	Analyst	Subcommittee	Difference
Children's Health Insurance Program	36,712,900	36,691,900	36,691,900	
Total	\$36,712,900	\$36,691,900	\$36,691,900	\$0
FTE/Other	Estimated	Analyst	Subcommittee	Difference
Total FTE	9	9	9	
Dedicated Credits Revenue Source				Amount
2944 SUPPORT COLLECTIONS				650,000
Total				\$650,000

**Recommendations of the Appropriations Subcommittee for
 Health & Human Services - Department of Health
 For the Year Ending June 30, 2005
 Department of Health
 Local Health Departments**

	FY 2004	FY 2005		Difference Sub/Analyst
	Estimated	Analyst	Subcommittee	
Financing				
General Fund	2,012,600	2,012,600	2,012,600	
Total	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$0</u>
Programs				
Local Health Department Funding	2,012,600	2,012,600	2,012,600	
Total	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$2,012,600</u>	<u>\$0</u>