



REQUIRED ANNUAL REPORTS – DEPARTMENT OF HEALTH

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: RUSSELL FRANSEN

ISSUE BRIEF

SUMMARY

This Issue Brief provides information regarding reports currently required to be given to the Health and Human Services Appropriations Subcommittee by the Department of Health. A list of other reports given to the Legislature but not specifically to the Health and Human Services Appropriations Subcommittee, that may be of interest to this subcommittee also is included. This brief is for informational purposes only and no Legislative action is required.

DISCUSSION AND ANALYSIS

Department of Health's reports that are required by statute

- 1) **Tobacco Prevention and Control in Utah** - UCA 51-9-203(3) requires the Department of Health to report on all programs and campaigns that received tobacco money funding. The following are some quotes from the report:
 - a. "Since the Utah Tobacco Quit Line began in 2001, more than 58,000 Utahns have registered for services. In FY2010, the Quit Line served an average of 525 Utahns per month with free counseling and tailored quit information."
 - b. "At 5% in 2008, the smoking rate among pregnant women is at its lowest recorded level since 1989."
 - c. "Children's exposure to secondhand smoke in their homes has declined by two thirds since 2001."
- 2) **Tobacco Settlement Restricted Account** – UCA 51-9-201 directs all agencies receiving funds from the Tobacco Settlement Restricted Account to provide a report on program activities by September 1 of each year. The following is a list of agencies and the amount of funds received as well as the status of their reports for FY 2010:
 - a. \$14,300,000 to Department of Health – included in Tobacco Prevention and Control in Utah report discussed above and the Children's Health Insurance Program report discussed below.
 - b. \$1,646,700 to Department of Human Services – Legislative staff could not find proof that the report had been submitted.
 - c. \$193,700 to Administrative Office of the Courts – combines their report with the Department of Human Services.
 - d. \$77,400 to Board of Pardons – Legislative staff could not find proof that the report had been submitted.
 - e. \$81,700 to Department of Corrections – Legislative staff could not find proof that the report had been submitted.
 - f. \$4,000,000 to State Board of Regents – attached.
- 3) **The Kurt Oscarson Children's Organ Transplant Fund** – UCA 26-18a-3(5) states that there shall be an annual report, "Regarding the programs and services funded by contributions to the trust account." The

report indicates that in FY 2010 \$58,690 was collected from tax returns and used to help 14 families with the financial costs of their children’s organ transplants.

- 4) **Organ Donation Contribution Fund** -UCA 26-18b-101(2)(c) requires annual report on the activities on the fund. The report indicates that in FY 2010 the fund received \$87,110 from voluntary donations through motor vehicle license registrations that were used to promote organ donation.
- 5) **Expansion of 340B drug pricing programs** – UCA 26-18-12 requires quarterly progress reports on expanding the use of 340B drug pricing programs within the Medicaid program. The following are some quotes from the November 21, 2010 report:
 - a. “Program staff submitted a final draft State Plan Amendment (SPA) to the Denver Regional CMS office on May 3, 2010 for review. The SPA includes the following six disease states: hemophilia, multiple sclerosis, cystic fibrosis, rheumatoid arthritis conditions, hepatitis C, and Crohn’s disease. That draft has been reviewed by CMS in both the Regional and the Central CMS offices and has received tentative approval.”
 - b. “There is no question that potential cost savings exist. Those savings are not always easily attainable given the constraints of the system, such as 340B requirements, CMS approvals, and availability of willing contractors. Medicaid has delayed revising savings calculations pending the outcome, extent, and scope of CMS approvals.”
- 6) **Autism Treatment Account Advisory Committee Annual Report** – UCA 26-52-202 requires an annual report on the activities of the Autism Treatment Account Advisory Committee. The report is available at <http://www.health.utah.gov/cshcn/AutismTxAcct/PDF/LegRpt112010.pdf>. The following is a quote from the report:
 - a. “The committee will begin quarterly meetings in [February] 2011. The first tasks of the Autism Treatment Account Advisory Committee will be to elect a chairperson, review the legislative code and propose rules for administration of the treatment account. A website has been established at <http://www.health.utah.gov/cshcn/AutismTxAcct/index.html> to provide individuals and families information about the account as well as meeting dates and time, committee minutes and annual legislative reports.”
- 7) **Annual Efficiency, Cost Avoidance, and Internal Auditing Report for Medicaid** – UCA 26-18-2.3 - this report was reported on and included starting on pdf page 21 of the Issue Brief entitled “*Medicaid Review; Status of Recommendations*” (<http://le.utah.gov/interim/2011/pdf/00000180.pdf>).

All of these reports mentioned above except for number seven have been included as attachments behind Appendix A.

Other Department of Health Reports That May be of Interest

- 1) **The Children’s Health Insurance Program (CHIP)** – UCA 26-40-109(2) instructs the Department of Health to report annually on its evaluation of the performance measures for CHIP. CHIP has both performance objectives and core performance measures. The following are some quotes from the report regarding meeting those objectives and measures:
 - a. “88.8% of parents surveyed said that they ‘Always’ or ‘Usually’ got timely care.”
 - b. “87.8% of CHIP enrollees had one or more visits with a primary care practitioner in 2008.”
 - c. “86.1% of parents said that getting necessary care for their child was ‘Not a problem’”
 - d. “89.8% rated their personal doctor or nurse as 8, 9, or 10”

- 2) **Primary Care Network** – UCA 31A-22-633 requires an annual report from the Department of Health to the Health and Human Services Interim Committee regarding the Primary Care Network. The FY 2009 report is available at <http://health.utah.gov/pcn/pdf/PCN2010LegislativeReport.pdf>. Below are some quotations from the FY 2010 report:
- a. “In FY 2010 average monthly enrollment in (Primary Care Network) was 18,248.”
 - b. “In FY 2010 total PCN claims were \$22,457,857.”
 - c. “In FY 2010, the Department received 1,972 referrals for specialty care and arranged 548 specialty care visits.”
 - d. “As of August 1, 2010, 213 adults and 393 children were enrolled in (Utah's Premium Partnership for Health Insurance).”
- 3) **Process to promote health insurance coverage for children** – UCA 26-18-15 required a one-time report from Department of Workforce Services, the State Board of Education, and the Department of Health on developing a system to promote health insurance options during appropriate times of the school enrollment process by November 19, 2008. As of January 31, 2011 this report had not been provided.
- 4) **Drug Utilization Review Board** – UCA 26-18-103 requires an annual report to legislative leadership on the activities and results from work by the board. The FY 2010 report is available at <http://health.utah.gov/medicaid/stplan/LegReports/State%20of%20Utah%20Medicaid%20DUR%20Report%20%2812-1-2010%29.pdf>. Below are some quotations from the report as well as comments:
- a. “Total paid drug claims increased \$13.5 million to \$154,845,911... The total prescription volume was 2,436,438 up from 2,213,975 the previous year.”
 - b. “The average cost of a prescription decreased by 0.4 percent to \$63.55.”
 - c. “Mental health drugs account for \$60.2 million, or 38.9 percent of all drug expenditures. The atypical antipsychotics, the number one drug class ranked by cost, accounted for \$30.7 million, or 19.9 percent of drug expenditures. Antidepressant medications account for another \$8.9 million, and the anticonvulsant medications, with continued increase in mental health uses, totaled an additional \$11.6 million.”
 - a. “The contract with the University of Utah College of Pharmacy's Drug Regimen Review Center (DRRC) has achieved at least \$1.3 million in savings for FY10. These savings were gained simply by assisting physicians to reduce the number of prescriptions that could cause potential adverse drug reactions, and to eliminate unnecessary and/or duplicate prescriptions. The DRRC currently reviews 150 cases per month.” The Department indicates that these savings are used to offset requests for caseload funding.
- 5) **Primary Care Grant Program** – UCA 26-10b-105 requires an annual report on the implementation of the grant program for primary care services. In FY 2010 \$1,624,500 in grants served 60,900 individuals. This report is available at http://health.utah.gov/primary_care/pdfs11-00/PrimaryCare/SPCGPCummulative97-11.pdf.
- 6) **Annual Financial Audit (FY 2010)** - of the Department of Health by the Utah State Auditor. This report is available at <http://www.sao.utah.gov/finAudit/rpts/2010/10-21.pdf>.
- 7) **Cigarette Tax Restricted Account** – UCA 59-14-204 directs all agencies receiving funds from the Cigarette Tax Restricted Account to provide a report on program activities by September 1 of each year. The following is a list of agencies and the amount of funds received as well as the status of their reports:

- a. \$250,000 and 22% of the 2003 tax increase to Department of Health – this is combined with the Tobacco Prevention and Control in Utah discussed above.
 - b. 36% of the 2003 tax increase to the University of Utah - Legislative staff could not find proof that the report had been submitted.
- 8) **Pilot Program for Hemophilia and Bleeding Disorders** – UCA 31A-29-113.5 requires a report “regarding the claims experience and pharmaceutical costs under the (five year) pilot program” by October 30, 2010. Here is a link to a report regarding this program <http://health.utah.gov/primarycare/pdfs11-00/BleedingDisordersFactSheet10-24-2008.pdf>.
- 9) **Emergency Medical Services Five Year Strategic Plan** – this report goes to the Judiciary, Law Enforcement, and Criminal Justice Interim Committee. This report is available at http://health.utah.gov/ems/about/strategic_plan.pdf. The report includes 15 goals with timelines for improving the Emergency Medical Services System in Utah.
- 10) **H.B 184 Medicaid Autism Waiver Service Options Report** – if the State is going to do a waiver, the Department of Health recommends serving children ages 2 to 6. This report is available at <http://health.utah.gov/medicaid/stplan/LegReports/HB%20184%20Report%209.30.10.pdf>.

APPENDIX A – REQUIRED ANNUAL REPORTS

TPCP Update

↓ Since Master Settlement Agreement (MSA) funds were allocated to the TPCP in 1999, Utah's smoking rates among adults, youth, and pregnant women have declined by approximately one third.^{1,3,5}

↓ Children's exposure to secondhand smoke in their homes has declined by two thirds since 2001.⁴

↓ At 5% in 2008, the smoking rate among pregnant women is at its lowest recorded level since 1989.⁵

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1989–2009*. Salt Lake City: Utah Department of Health, Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers.)
- 2 West, DR et al. (2009). *2009–2010 Evaluation of Utah's Tobacco Prevention and Control Program*. Denver: University of Colorado Denver, Department of Family Medicine.
- 3 YRBSS: Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results. Retrieved August 2, 2010, from <http://apps.nccd.cdc.gov/yrbss/>.
- 4 Utah Department of Health. *Utah Health Care Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health, Center for Health Data.
- 5 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov>. These smoking rates are based on pregnancies that led to live births.

2010 Highlights for TPCP Goals

The Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health and its partners use comprehensive strategies to reduce tobacco use and tobacco-related disease and death. Major program outcomes are listed below:

Helping Tobacco Users Quit

With an age-adjusted adult smoking rate of 9.5% (2009), Utah continues to be the only state that has reached the national Healthy People 2010 objective of reducing smoking to less than 12%.¹ Still, more than 200,000 youth and adult Utahns smoke and need help quitting.

- The TRUTH campaign continued to reach adults with messages that encouraged quit attempts and informed about quit services. In 2010, 96% of Utah adult smokers reported seeing anti-tobacco ads at least once a month during the past six months.² Ninety-four percent were aware of the Utah Tobacco Quit Line and 65% knew about the online quit service, Utah QuitNet. Adult smokers who were exposed to anti-tobacco ads were more likely to know about quit services or be in the process of quitting than smokers who were not exposed (combined data 2006-2010).²
- During FY2010, nearly 11,000 Utahns used TPCP-funded tobacco cessation services. Tailored services were offered for adults, teens, and pregnant women. These quit services greatly increased tobacco users' quit success.
- Since the Utah Tobacco Quit Line began in 2001, more than 58,000 Utahns have registered for services. In FY2010, the Quit Line served an average of 525 Utahns per month with free counseling and tailored quit information.
- In FY2010, nearly 700 Utah youth tobacco users participated in the Utah-developed teen cessation class, Ending Nicotine Dependence. Nearly 16% of participants reported quitting tobacco by the last class and an additional 44% reported reducing their tobacco use.

Preventing Youth From Starting to Use Tobacco

In 2009, 8.5% of Utah high school students (grades 9-12) reported that they had smoked in the past month. Utah's youth smoking rate is less than half the national rate of 19.5%.³

- In 2010, 93% of Utah youth ages 13 to 17 reported that they saw or heard anti-tobacco ads at least once a month during the past six months, and 90% said the TV ads made them think of the negative effects of tobacco use.²
- Since 2002, 19 of Utah's 41 school districts worked with TPCP and local health departments to strengthen school tobacco-free policies, tobacco education, and policy enforcement. These districts serve more than 216,000 students in 361 schools.
- Since 2001, illegal tobacco sales to underage youth during compliance checks declined by 61%. At 6.2%, the rate of non-compliance is at its lowest recorded level. To decrease the rate of non-compliance, local health departments educated nearly 1,000 Utah retail clerks about Utah's tobacco access laws.
- The Phoenix Alliance, Utah's statewide youth anti-tobacco advocacy group, educated Utahns about new tobacco products and their packaging that is similar to candy.



Protecting Utahns From Secondhand Smoke

More than 93% of Utahns have established rules against smoking in their homes, and 98% of Utah children live in smoke-free homes (2008).^{1,4}

- In FY2010, TPCP's partners assisted 22 worksites, nine health care entities, 17 outdoor recreation venues, and two school districts with passing policies that protect Utahns from secondhand smoke exposure.
- In the last year, the number of smoke-free apartment and condominium units in TPCP's Smoke-free Apartment and Condominium Statewide Directory grew by 19% to nearly 16,000 in 11 Utah counties.
- In addition to these private properties, two public housing authorities went smoke-free this year, encompassing 22 housing communities in Davis and Utah Counties.

Eliminating Tobacco-related Disparities

Utahns of lower socioeconomic status and in certain racial and ethnic populations smoke cigarettes at higher rates than the general population. For example, Utahns (age 25 and older) with less than a high school education were nearly 10 times more likely to report cigarette smoking than Utahns with a college degree.¹

- More than 1,500 low-income, uninsured, or Medicaid-insured Utahns, including 1,200 pregnant women, received free counseling and prescriptions for medications to help them quit using tobacco in FY2010. More than 27% of participants in the TPCP-funded Medicaid program for pregnant women quit using tobacco and 24% reduced their tobacco use.
- TPCP promoted tobacco cessation counseling and medications to Medicaid clients. Since 2006, the number of Medicaid clients who sought help quitting tripled, and totaled more than 3,000 in FY2010.
- The four TPCP-funded Ethnic Tobacco and Health Networks worked on tobacco prevention with unique strategies addressing the health, spiritual, and social implications of tobacco use in their populations.



"Dear Me" television advertisements from The TRUTH campaign motivated Utah smokers to quit through real life stories of the struggles and successes with overcoming nicotine addiction. In addition, the ads informed Utahns about local resources to quit smoking. The "Dear Me" campaign was developed by the Washington State Department of Health Tobacco Prevention and Control Program. After reviewing Washington's research on the development and effectiveness of the "Dear Me" campaign, the Utah TPCP formed a collaborative agreement with Washington State to obtain the ads at minimal cost.

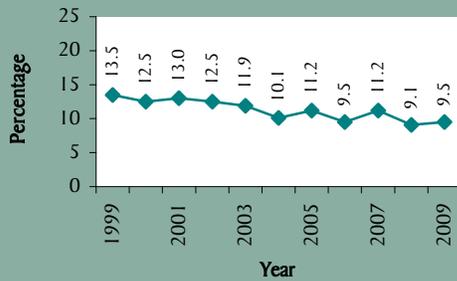
Looking Ahead to FY2011: TPCP Efforts Continue

Despite many successes, more must be done to help those at greatest risk for tobacco-related disease and death, and to combat new tobacco products that threaten public health.

- TPCP has partnered with the State Division of Substance Abuse and Mental Health to develop policies that will help Utahns with mental health and substance abuse problems to quit tobacco.
- TPCP has launched efforts to educate the public about new tobacco and nicotine products that may lead to increased tobacco use among youth and perpetuate nicotine addiction among those who want to quit smoking.
- TPCP and its partners will continue to assist community-based agencies to prevent and control tobacco use among racial, ethnic and sexual minorities in Utah, as well as the disabled population.

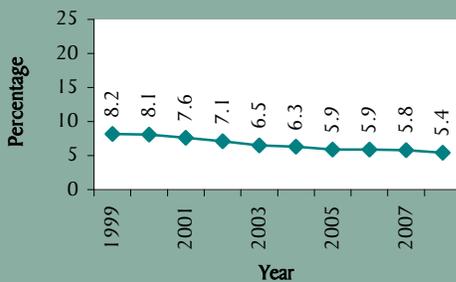
Tobacco Use in Utah

Figure 1.
Percent of Adults Who Reported Current Cigarette Smoking, Utah 1999-2009 (Age-adjusted)



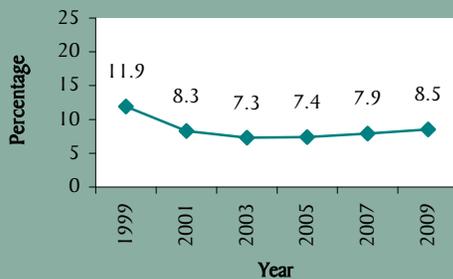
Source: Utah BRFSS¹

Figure 2.
Percent of Pregnant Women Who Reported Cigarette Smoking, Utah 1999-2008



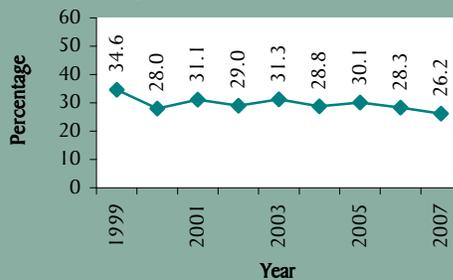
Source: Utah Birth Certificates²

Figure 3.
Percent of High School Students Who Reported Current Cigarette Smoking, Utah 1999-2009 (Odd Years)



Source: Utah YRBS³

Figure 4.
Age-adjusted Cancer Incidence Rates for Lung and Bronchus Cancer, Incidence per 100,000 Population, Utah 1999-2007



Source: Utah Cancer Registry⁴

Smoking Rates and Health Consequences

Adult Smoking

- In 2009, Utah's age-adjusted adult smoking rate was 9.5% (Figure 1). Since 1999, the rate has declined by 30%.¹ If rates had not declined since 1999, Utah would have approximately 80,000 additional adult smokers today.
- Smoking disproportionately impacts Utahns with lower incomes. In 2009, 20% of Utah adults with a household income of less than \$25,000 reported current smoking.¹ In comparison, only 6% of Utah adults with a household income of \$75,000 or higher reported current smoking.¹

Smoking Among Pregnant Women

- Since 1999, smoking among pregnant women decreased by 34% (Figure 2). At 5.4%, the 2008 smoking rate for pregnant women is at its lowest recorded level.²
- Pregnant women in their teens and pregnant women with less than a high school education continue to report smoking rates of 10% or higher.²

Youth Smoking

- Since 1991, the percentage of Utah high school students who had ever tried cigarette smoking declined by 52%.³
- Current smoking among high school students decreased from 12% in 1999 to 8% in 2001. Since 2001, it has remained unchanged at 7 to 8%.³

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1999–2009*. Salt Lake City: Utah Department of Health, Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov>. These smoking rates are based on pregnancies that led to live births.
- 3 YRBS: Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results. Retrieved August 2, 2010, from <http://apps.nccd.cdc.gov/yrbss/>.
- 4 Utah Cancer Registry. Retrieved July 12, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov>.
- 5 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health, Center for Health Data.
- 6 National Center for Chronic Disease Prevention and Health Promotion. (2010). *Tobacco Control State Highlights 2010*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 19, 2010 from http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/supplement/index.htm.

Exposure to Secondhand Smoke

- Since 2001, the percentage of children (age 17 and younger) exposed to secondhand smoke at home declined by 68% (from 6.0% in 2001 to 1.9% in 2008).⁵ If the rate had not declined, 35,000 additional Utah children would suffer from the consequences of secondhand smoke today.
- Since 1999, the rate of Utah adults who have a rule against smoking in their homes has increased from 87% to 93%.¹
- People living in rented homes are twice as likely to be exposed to secondhand smoke in their homes as people living in owned homes (2008).⁵

Tobacco-related Disease and Death

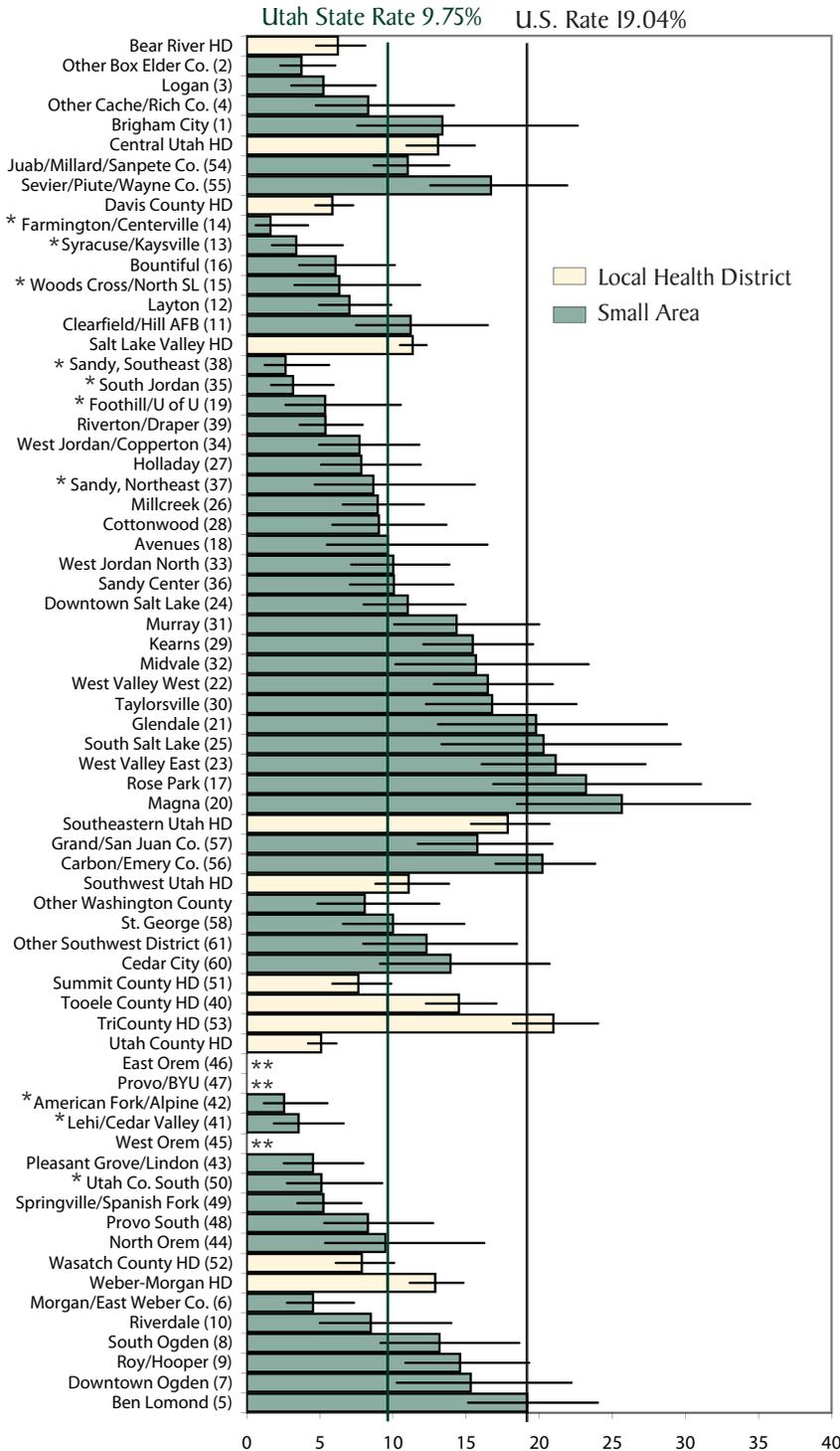
- Smoking is the leading cause of lung cancer death in men and women. Other diseases caused by smoking include esophageal, laryngeal, oral, and throat cancers; cervical, bladder, kidney, pancreatic, and stomach cancers; acute myeloid leukemia; pneumonia; chronic lung disease; cataracts; periodontitis; aortic aneurysm; and coronary heart and cardiovascular disease.
- Utah's lung and bronchus cancer incidence has decreased significantly since 1999 (Figure 4).⁴
- Despite this progress, more than 1,200 Utahns age 35 or older die each year as a result of tobacco use.⁶

Tobacco Use in Utah

Smoking Rates by Local Health Districts and Small Areas

Figure 5.

Current Cigarette Smoking by Local Health District, Small Area, Utah, and U.S. Adults, 2006-2009, (Aggregate Data, Age-adjusted)



As shown in Figure 5, Utah's adult smoking rates vary considerably by small area and local health district. The small area with the highest rate of cigarette smoking was Magna (25.6%); Farmington/Centerville had the lowest rate at 1.6%. Small area data are used to

identify and reach out to areas that are at higher risk for tobacco use. For example, in Salt Lake Valley Health District (overall prevalence 11.3%), the small area rates range from a low of 2.6% in Southeast Sandy to a high of 25.6% in Magna.¹

Note: Local health districts are represented by tan bars. The green bars beneath indicate small areas within that district. For more details about small area definitions, see the Utah Behavioral Risk Factor Surveillance System Small Area Report 2001–2005, Appendix C: Small Area Definitions and Key Maps. The horizontal lines extending from the bars indicate 95% confidence intervals. Confidence intervals are used to show the reliability of an estimate. A 95% confidence interval means that 95% of the time, the given interval will contain the true parameter value. *These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability. **The estimates for Provo/BYU, and East and West Orem have been suppressed because the relative standard error was greater than 50% or the relative standard error could not be determined. The combined adult smoking rate for Provo/BYU, and East and West Orem (age-adjusted, 2006-2009) was 2.4%.

Reference:

¹Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 2006–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers.)

Capacity and Infrastructure



"I am pleased with the progress we have made with limiting access to tobacco and nicotine products. The PTA and TPCP are proud of their record of protecting kids."

Liz Zentner, Utah PTA Health Commissioner

The TPCP Builds Local Capacity and Infrastructure

To increase the capacity, effectiveness, and sustainability of local organizations to reduce tobacco use and improve the health of their communities, the TPCP provides statewide infrastructure, technical assistance, tobacco-related data, and program evaluation services. The state and local infrastructure coordinated and supported by the TPCP ensures that Utahns benefit from a comprehensive tobacco prevention and control program informed by national standards and tailored to meet local needs.

Statewide Services

The coordination of large-scale projects organized at a state level helps ensure consistency among local agencies and decreases costs. Some examples of statewide services are:

- Carrying out statewide strategic planning and completing required progress reporting to state and federal funders.
- Implementing a statewide system and training for retailer compliance checks to enforce underage tobacco sales laws that meet national accountability standards for the Division of Substance Abuse and Mental Health's federal block grant funding.
- Establishing and maintaining statewide tobacco cessation programs for youth, adults, and pregnant women.
- Partnering with regional and statewide health systems that serve low-income Utahns to provide tobacco cessation counseling and quit medications.
- Working with healthcare providers and insurance companies on statewide systems changes that increase access to tobacco cessation assistance.
- Developing marketing materials and resources for local initiatives and high-risk groups.
- Providing outreach to disparate populations and cultivating community partnerships.

Training and Technical Assistance

To ensure that local partners have access to information about best practices and regional and national innovations in tobacco prevention and control, as well as opportunities to network and share plans and experiences with each other, the TPCP offers a variety of training and technical assistance opportunities. These include:

- Training and technical assistance for the public and partners regarding secondhand smoke, the Utah Indoor Clean Air Act and Secondhand Smoke Amendments.
- Training for community members to facilitate youth cessation programs.
- Resources and information for public distribution, such as policy guides and educational materials.
- Tailored assistance for local partners through site visits and regular communication.

Data and Evaluation

To increase access to interventions and services for populations at greatest risk for tobacco use, the TPCP relies on a variety of tobacco-related data. In addition, the TPCP requires that its funded programs are rigorously and consistently evaluated. To encourage the development of data-driven local programs and build local capacity for conducting evaluations, the TPCP offers the following support to funded partners:

- Statewide and local-level survey data that help identify population groups and geographic areas with the highest tobacco use prevalence, as well as rates of tobacco-related illnesses.
- Local health district level data that include smoking rates for adults, youth, and pregnant women, rates of under-age tobacco sales, etc.
- Technical assistance for planning evaluations, developing tailored surveys or focus group guides, and conducting data analysis and writing reports.

State TPCP Funding

Utah Tobacco Settlement Account: \$3,997,400

Utah Cigarette Tax Restricted Account: \$3,131,700

Draw Down of Federal Funds Through TPCP Activities

Federal and private revenues depend on matches with state funds.

- TPCP's work with retailers to prevent underage tobacco sales protects \$6.8 million in Synar block grant funding for Utah's Division of Substance Abuse and Mental Health. The Synar amendment regulates youth access to tobacco products.
- TPCP state funds allow the program to secure \$1,215,000 in funding from the Centers for Disease Control and Prevention.
- The TRUTH marketing campaign draws down \$1,540,942 in federal Medicaid match.

In-kind Revenue: Marketing Campaign Added Value

Media vendors donate approximately \$2 for every \$1 spent by TPCP on media.

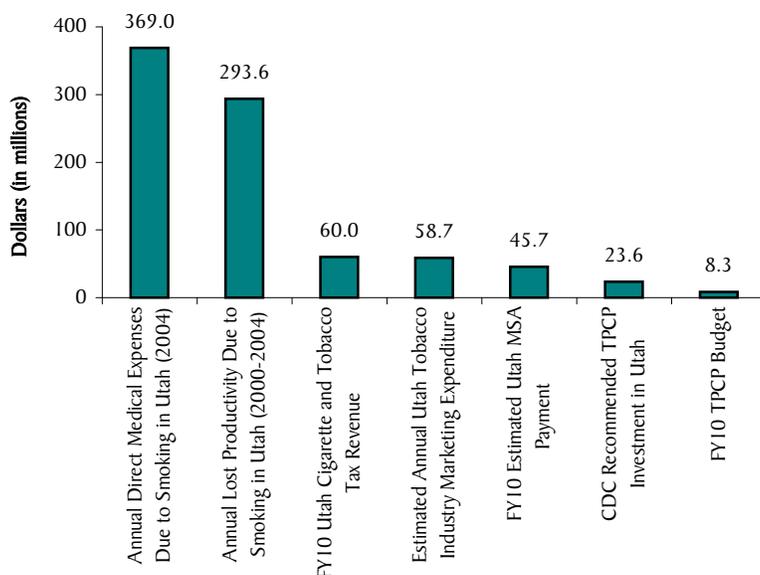
Donated airing of ads, news specials, and other media events: \$5,254,526

Tobacco-related Expenditures

Tobacco use costs the Utah economy an estimated \$663 million annually in smoking-related medical costs and lost productivity.¹ The tobacco industry spends nearly \$60 million every year to market tobacco products in Utah and recruit new tobacco users.² Net cigarette and tobacco tax revenue to Utah is estimated at \$60 million annually. Utah's FY2010 estimated tobacco settlement payment was \$45.7 million. The Centers for Disease Control and Prevention recommends that Utah spend \$23.6 million annually to reduce tobacco use.³ At \$8.3 million, the TPCP was funded at 36% of the recommended level (Figure 6).

Figure 6.

Estimated Annual Cost of Smoking in Utah, Cigarette and Tobacco Tax Revenue, Tobacco Industry Marketing Expenditures in Utah, Utah Tobacco Settlement Payment, and CDC Recommended and Actual Annual Investment in Tobacco Prevention and Control, Latest Available Data



Members of TPCP-funded local organizations discuss best practices to reduce tobacco use in their communities. In FY2010, the TPCP funded more than 70 local partners to oversee and conduct tobacco prevention and control initiatives. The TPCP's partners included local health departments, school districts, businesses, and community organizations.

References:

- 1 National Center for Chronic Disease Prevention and Health Promotion. (2010). *State Tobacco Activities Tracking and Evaluation (STATE) System*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 9, 2010 from <http://apps.nccd.cdc.gov/statesystem/DetailedReport/DetailedReports.aspx>.
- 2 Campaign for Tobacco-Free Kids. (2008). *The Toll of Tobacco in Utah*. Retrieved August 9, 2010 from <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=UT>.
- 3 National Center for Chronic Disease Prevention and Health Promotion. (2007). *Best Practices for Comprehensive Tobacco Control Programs – 2007*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved August 9, 2010 from http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.

Bear River Health Department (BRHD)

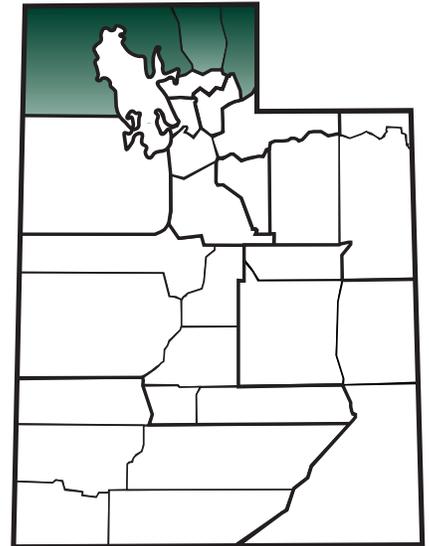


Madison Budge, 4th grade student from Providence Elementary, won Bear River Health District's local Truth From Youth Anti-tobacco Advertising Contest. Her school principal, 4th grade teacher, the PTA Health and Safety Commissioner, and staff from the health department are shown presenting her award. The Truth from Youth Anti-tobacco Advertising Contest educates 4th and 5th grade students across the state about tobacco-related risks and encourages them to create effective anti-tobacco messages for themselves and their peers.

Bear River Health District Counties: Box Elder, Cache, Rich

Bear River Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Bear River Health District has decreased by 27%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 36%.²
- The estimated rate of children exposed to secondhand smoke in their homes was 2.8% in 2001 and 1.2%* in 2004-08 (combined data).³
- During State Fiscal Year 2010, 7.2% of Bear River stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 35%.⁴



*This estimate has a relative standard error of >30% and does not meet UDOH standards for reliability.

Tobacco Statistics

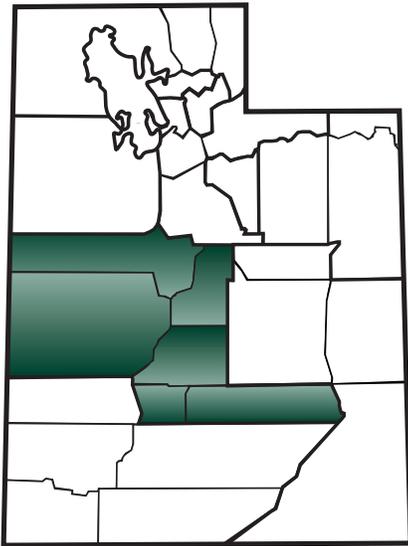
	BRHD	State
Adult Cigarette Smoking (2009) ¹	7.0%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	4.9%	6.4%
Pregnant Women Smoking (2008) ²	3.8%	5.4%
Homes with No Smoking Rule (2006-08) ¹	94.4%	92.1%
Number of Quit Line Registrations (FY2010)	269	6,305
Number of QuitNet Registrations (FY2010)	105	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	180	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	83.2%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Central Utah Public Health Department (CUPHD)

Central Utah Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Central Utah Public Health District has decreased by 32%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has remained unchanged.²
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 7.4% in 2001 to 5.4% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 3.5% of Central Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 75%.⁴



Sheryse Linton won the 2010 Truth from Youth Anti-Tobacco Advertising Contest at Mona Elementary School in Juab School District. The Truth from Youth Anti-tobacco Advertising Contest educates 4th and 5th grade students across the state about tobacco-related risks and encourages them to create effective anti-tobacco messages for themselves and their peers.

Tobacco Statistics

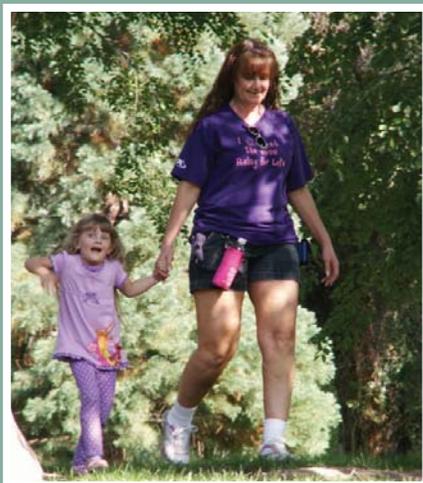
	CUPHD	State
Adult Cigarette Smoking (2009) ¹	11.1%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	7.8%	6.4%
Pregnant Women Smoking (2008) ²	9.8%	5.4%
Homes with No Smoking Rule (2006-08) ¹	91.1%	92.1%
Number of Quit Line Registrations (FY2010)	192	6,305
Number of QuitNet Registrations (FY2010)	64	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	2	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	92.2%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Central Utah Public Health District
 Counties: Juab, Millard, Piute, Sanpete,
 Sevier, Wayne

Davis County Health Department (DCHD)



Laura York, mother of seven and grandmother of seven, smoked for 25 years before quitting earlier this year. In charge of raising her five-year-old granddaughter, Laura determined, "I had to make sure I did everything in my power to be there for her. She believes in me."

As a volunteer for her granddaughter's Head Start preschool class, Laura learned about a Davis County Head Start program that helps families reduce secondhand smoke exposure and quit tobacco use.

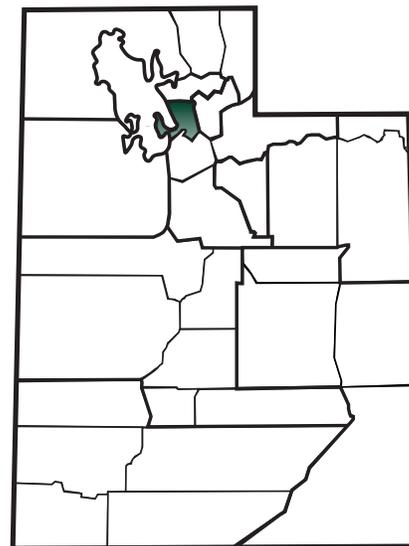
In August, Laura celebrated being smoke-free for nine months. "With the help and support of both Head Start and the Utah Tobacco Quit Line, I quit smoking within about three months and my husband quit five days later! Without their help, support and encouragement, I may have never quit."

Laura is offering help to Head Start parents who use tobacco and want to quit. She says, "Now I am part of a healthier, happier, smoke-free life. My life is also a little wealthier! With the money we are saving, we were able to buy a new car!"

Laura York, Participant in Davis County Head Start Initiative to Reduce Secondhand Smoke Exposure

Davis County Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Davis County has decreased by 49%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 40%.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 4.2% in 2001 to 1.5% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 9.2% of Davis County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 44%.⁴



Tobacco Statistics

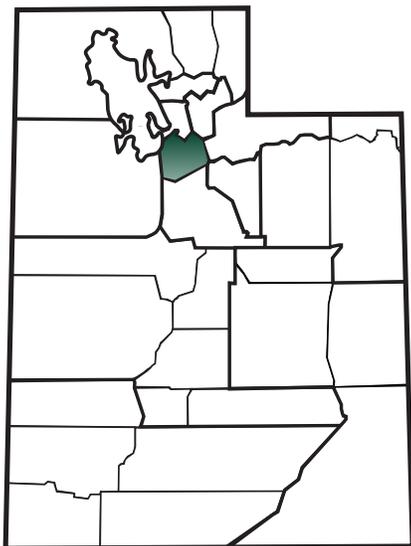
	DCHD	State
Adult Cigarette Smoking (2009) ¹	5.6%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	4.2%	6.4%
Pregnant Women Smoking (2008) ²	4.4%	5.4%
Homes with No Smoking Rule (2006-08) ¹	93.2%	92.1%
Number of Quit Line Registrations (FY2010)	448	6,305
Number of QuitNet Registrations (FY2010)	270	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	111	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	94.0%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Salt Lake Valley Health Department (SLVHD)

Salt Lake Valley Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Salt Lake County has decreased by 35%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 39%.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 7.6% in 2001 to 2.1% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 5.7% of Salt Lake Valley stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 65%.⁴



South Main Public Health Center, Salt Lake Valley Health Department

Tobacco Statistics

	SLVHD	State
Adult Cigarette Smoking (2009) ¹	10.9%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	8.5%	6.4%
Pregnant Women Smoking (2008) ²	5.8%	5.4%
Homes with No Smoking Rule (2006-08) ¹	90.5%	92.1%
Number of Quit Line Registrations (FY2010)	2,405	6,305
Number of QuitNet Registrations (FY2010)	1,011	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	90	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	87.9%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data. Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

SLVHD's six Public Health Centers and the Sanitation and Safety Building (Environmental Health) went tobacco-free on November 20, 2009. SLVHD's Tobacco-Free Health Centers include: South Main Public Health Center (PHC), Ellis R Shipp PHC, Rose Park PHC, West Jordan PHC, Salt Lake City PHC, and South East PHC. Tobacco-free policies protect patrons and visitors from the negative health effects of secondhand smoke.

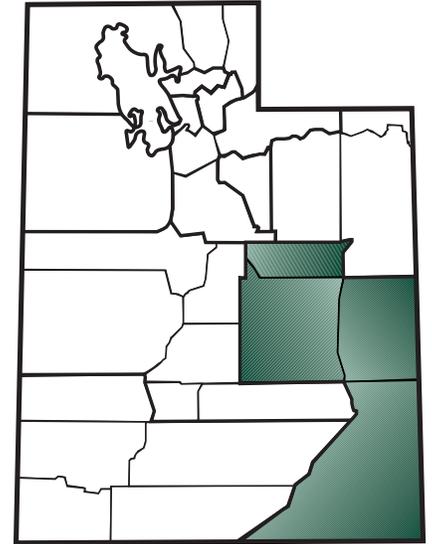
Southeastern Utah District Health Department (SEUDHD)

“Thanks to the great efforts of SEUDHD, Emery County Sheriff, and Four Corners Behavior Health Center, we have drastically reduced the illegal sale of tobacco products to underage youth in Emery County”

Shaun Bell,
Sheriff Deputy, Emery County

Southeastern Utah Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southeastern Utah Health District has decreased by 17%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 17%.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 17.6% in 2001 to 7.1% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 7.2% of Southeastern Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 42%.⁴



Tobacco Statistics

	SEUDHD	State
Adult Cigarette Smoking (2009) ¹	18.0%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	8.3%	6.4%
Pregnant Women Smoking (2008) ²	14.0%	5.4%
Homes with No Smoking Rule (2006-08) ¹	85.9%	92.1%
Number of Quit Line Registrations (FY2010)	148	6,305
Number of QuitNet Registrations (FY2010)	66	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	24	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	89.1%	88.1%

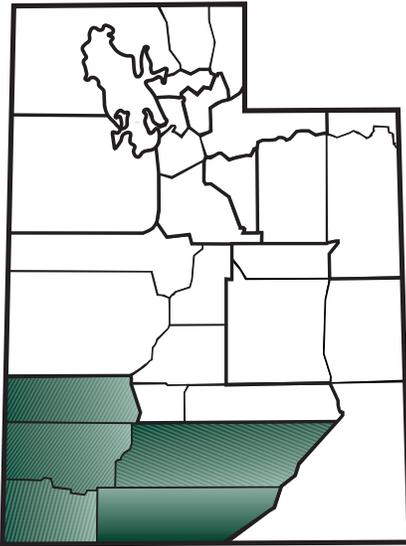
References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS). 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Southeastern Utah Health District Counties:
Carbon, Emery, Grand, San Juan

Southwest Utah Public Health Department (SWUPHD)

Southwest Utah Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Southwest Utah Public Health District has remained unchanged.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 26%.²
- The estimated rate of children exposed to secondhand smoke in their homes decreased from 3.5% in 2001 to 1.9% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 6.8% of Southwest Utah stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 71%.⁴

Tobacco Statistics

	SWUPHD	State
Adult Cigarette Smoking (2009) ¹	12.3%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	6.6%	6.4%
Pregnant Women Smoking (2008) ²	5.0%	5.4%
Homes with No Smoking Rule (2006-08) ¹	94.6%	92.1%
Number of Quit Line Registrations (FY2010)	388	6,305
Number of QuitNet Registrations (FY2010)	133	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	82	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	84.7%	88.1%

SWUPHD has been working with local healthcare providers to address tobacco use with their patients. After participating in tobacco policy-related assessments and training, Enterprise Valley Medical Clinic (shown below) is working on improving its tobacco cessation policies to ensure that patients who smoke have easy access to quit counseling and medications.

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS). 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.



Southwest Utah Public Health District
Counties: Beaver, Garfield, Iron, Kane,
Washington

Summit County Public Health Department (SCPHD)

1 OF 50

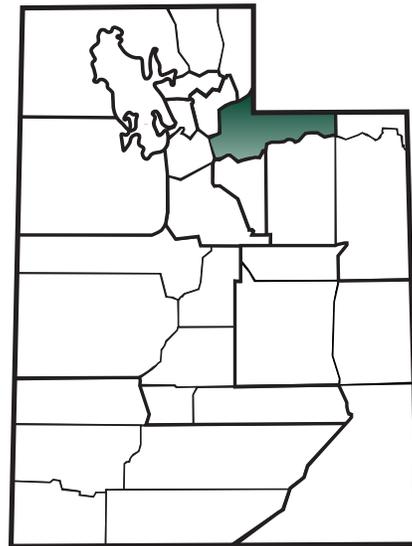
This body represents one of the 50 people who DIE EVERY HOUR from tobacco use! Don't be 1 of the 50!



The Summit County Health Department and South Summit Peer Leaders raised awareness of the harmful effects of tobacco through a school-wide campaign at South Summit High School. Outlines of bodies were placed throughout the school to represent the number of people who die from tobacco use every hour in the United States. They also placed 1,200 brightly colored lawn flags in the grass at the front of the school to show how many people die each day.

Summit County Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Summit County Health District has decreased by 22%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has declined by 40%.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 7.5% in 2001 to 2.4% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 3.2% of Summit County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 87%.⁴



Tobacco Statistics

	SCPHD	State
Adult Cigarette Smoking (2009) ¹	6.9%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	10.4%	6.4%
Pregnant Women Smoking (2008) ²	2.2%*	5.4%
Homes with No Smoking Rule (2006-08) ¹	92.1%	92.1%
Number of Quit Line Registrations (FY2010)	25	6,305
Number of QuitNet Registrations (FY2010)	11	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	-	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	84.9%	88.1%

*This estimate has a relative standard error of >30% and does not meet UDOH standards for reliability.

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Tooele County Health Department (TCHD)

Tooele County Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Tooele County has decreased by 39%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has remained unchanged.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 9.2% in 2001 to 4.2% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 2.3% of Tooele County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 90%.⁴



The TRUTH Fairy (Gayle Parker) showed up during prom week at Tooele, Grantsville, and Stansbury High Schools. The TRUTH Fairy stood outside the schools and educated students about the risks of tobacco use by asking them tobacco-related questions. Prevention education is part of the Tooele school district's efforts to reduce tobacco use through a comprehensive, district-wide tobacco-free policy.

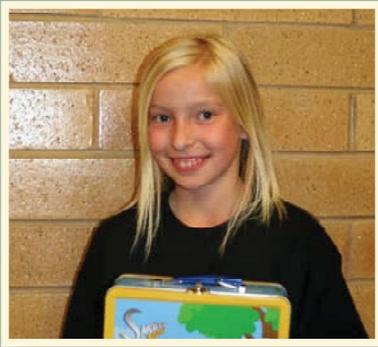
Tobacco Statistics

	TCHD	State
Adult Cigarette Smoking (2009) ¹	12.2%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	11.3%	6.4%
Pregnant Women Smoking (2008) ²	9.7%	5.4%
Homes with No Smoking Rule (2006-08) ¹	87.5%	92.1%
Number of Quit Line Registrations (FY2010)	141	6,305
Number of QuitNet Registrations (FY2010)	68	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	76	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	88.3%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

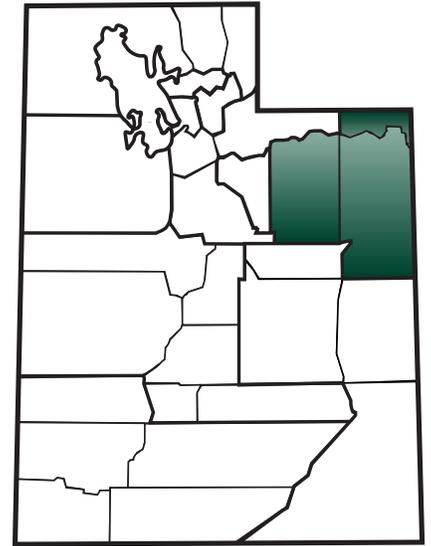
TriCounty Health Department (TRCHD)



Sarah Howell from Naples Elementary School was chosen as the second place winner in the statewide billboard category of the Truth from Youth Anti-Tobacco Advertising Contest. The Truth from Youth Anti-tobacco Advertising Contest educates 4th and 5th grade students across the state about tobacco-related risks and encourages them to create anti-tobacco messages for themselves and their peers.

TriCounty Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in TriCounty has increased by 11%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has remained unchanged.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 16.8% in 2001 to 5.9% in 2006-08 (combined data).³
- During State Fiscal Year 2009, 12.7% of TriCounty stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 31%.⁴



Tobacco Statistics

	TRCHD	State
Adult Cigarette Smoking (2009) ¹	17.1%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	6.2%	6.4%
Pregnant Women Smoking (2008) ²	15.3%	5.4%
Homes with No Smoking Rule (2006-08) ¹	81.8%	92.1%
Number of Quit Line Registrations (FY2010)	123	6,305
Number of QuitNet Registrations (FY2010)	60	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	22	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	85.3%	88.1%

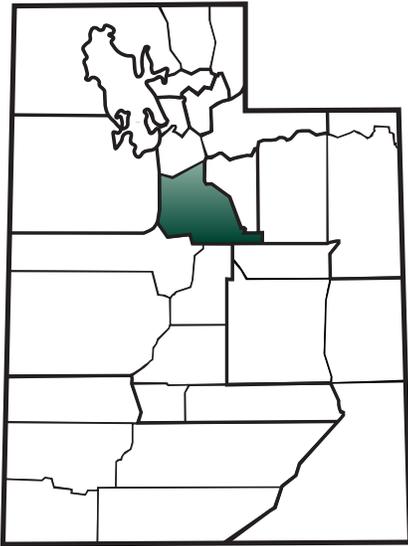
References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health, Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health, Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

TriCounty Health District Counties:
Daggett, Duchesne, Uintah

Utah County Health Department (UCHD)

Utah County Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Utah County Health District has decreased by 9%.¹ Utah County's smoking rate is the lowest in the state.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has declined by 26%.²
- The estimated rate of children exposed to secondhand smoke in their homes was 1.1% in 2006-08 (combined data).³
- During State Fiscal Year 2010, 4.3% of Utah County stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 60%.⁴



Youth from OUTRAGE, an anti-tobacco youth group from Utah County, educated the public about dissolvable tobacco products as part of their Kick Butts Day activities in Orem, Utah.

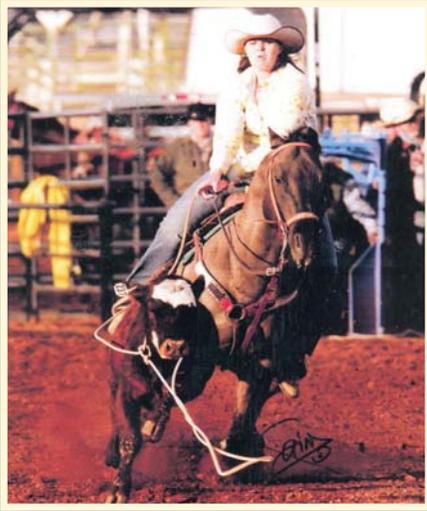
Tobacco Statistics

	UCHD	State
Adult Cigarette Smoking (2009) ¹	5.0%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	3.1%	6.4%
Pregnant Women Smoking (2008) ²	2.8%	5.4%
Homes with No Smoking Rule (2006-08) ¹	95.9%	92.1%
Number of Quit Line Registrations (FY2010)	811	6,305
Number of QuitNet Registrations (FY2010)	234	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	72	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	85.2%	88.1%

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997-2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001-2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001-2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Wasatch County Health Department (WCHD)



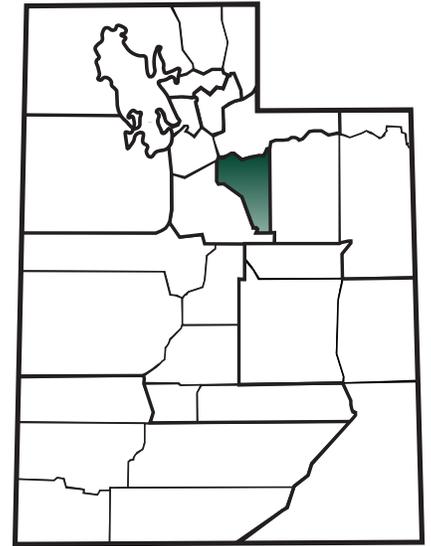
As a recipient of a The TRUTH High School Rodeo Scholarship, Janessa Potter will share anti-tobacco messages with students and will be a role model for youth training to become rodeo athletes.

"The reputation of the Marlboro Man ends here. Thank you to the Wasatch County Health Department, the Utah High School Rodeo Association and to The TRUTH for offering anti-tobacco sponsorship and scholarships to establish tobacco free norms among rodeo athletes and fans."

Janessa Potter,
High School Rodeo Scholarship
Recipient, Wasatch County

Wasatch County Tobacco-related Trends

- Since the late 1990s, the estimated age-adjusted adult smoking rate in Wasatch County has decreased by 33%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 11%.²
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 4.2% in 2001 to 1.9% in 2006-08 (combined data).³
- During State Fiscal Year 2010, no Wasatch County stores sold tobacco to underage youth during compliance checks. In FY2001, the illegal sales rate was 14%.⁴



Tobacco Statistics

	WCHD	State
Adult Cigarette Smoking (2009) ¹	8.6%*	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	9.2%	6.4%
Pregnant Women Smoking (2008) ²	5.6%	5.4%
Homes with No Smoking Rule (2006-08) ¹	90.4%	92.1%
Number of Quit Line Registrations (FY2010)	22	6,305
Number of QuitNet Registrations (FY2010)	12	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	12	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	90.0%	88.1%

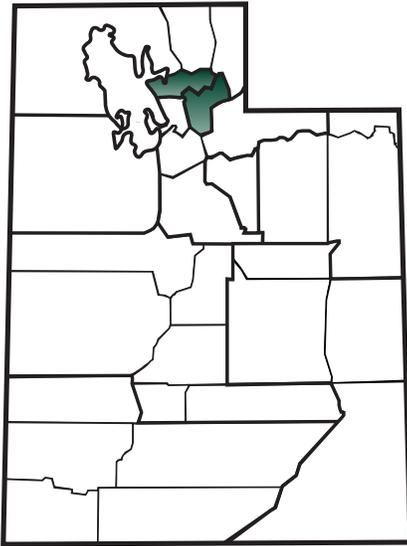
*This estimate has a relative standard error of >30% and does not meet UDOH standards for reliability.

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997–1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.

Weber-Morgan Health Department (WMHD)

Weber-Morgan Tobacco-related Trends



- Since the late 1990s, the estimated age-adjusted adult smoking rate in Weber-Morgan Health District has decreased by 23%.¹
- Birth certificates indicate that since 1999, smoking during pregnancy has decreased by 38%.³
- The estimated rate of children exposed to secondhand smoke in their homes has decreased from 9.0% in 2001 to 4.3% in 2006-08 (combined data).⁴
- During State Fiscal Year 2010, 8.7% of Weber-Morgan stores sold tobacco to underage youth during compliance checks. Since 2001, the illegal sales rate has decreased by 47%.⁴

Tobacco Statistics

	WMHD	State
Adult Cigarette Smoking (2009) ¹	11.9%	9.5%
Youth Cigarette Smoking in Grades 8, 10, 12 (2009) ⁵	6.2%	6.4%
Pregnant Women Smoking (2008) ²	8.1%	5.4%
Homes with No Smoking Rule (2006-08) ¹	92.2%	92.1%
Number of Quit Line Registrations (FY2010)	787	6,305
Number of QuitNet Registrations (FY2010)	256	2,290
Number of Participants in the Ending Nicotine Dependence Teen Cessation Program (FY2010)	18	689
Anti-tobacco Ad Recall in the Past Month (2009) ¹	93.7%	88.1%

The Weber Morgan Governing Youth Council, Boys and Girls Club, and Riverdale Elementary Kids Against Tobacco (KAT) participated in Kick Butts Day this year by creating educational displays in various parks throughout the county. The displays served as a reminder to the citizens of Weber County about the county-wide outdoor smoking regulation.

References:

- 1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS), 1997–2009*. Salt Lake City: Utah Department of Health. Center for Health Data. (Note: These BRFSS data may underestimate adult smoking prevalence because the samples did not include mobile phone numbers. Data from the late 1990s refer to combined BRFSS data from 1997-1999.)
- 2 Utah Birth Certificate Database. Retrieved July 29, 2010 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health web site: <http://ibis.health.utah.gov/query/selection/birth/BirthSelection.html>. These smoking rates are based on pregnancies that led to live births.
- 3 Utah Department of Health. *Utah Healthcare Access Survey, 2001–2008*. Salt Lake City: Utah Department of Health. Center for Health Data.
- 4 Tobacco Prevention and Control Program. (2010). *Tobacco Compliance Check summary data, SFY2001–2010, (provisional data)*. Salt Lake City: Utah Department of Health.
- 5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, 2009*. Salt Lake City: Utah Department of Health.



Acknowledgments

The Utah Department of Health would like to thank the Tobacco Control Advisory Committee for its support, dedication, and expert advice.

- Scott Brown, M.S., American Heart Association of Utah, Committee Chair
- Lloyd Berentzen, M.B.A., Bear River Health Department
- Heather Borski, M.P.H., Utah Department of Health*
- Craig Cutright, American Lung Association of Utah
- Gary Edwards, M.S., Salt Lake Valley Health Department
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- Sharon Hansen, M.S., Cornerstone Counseling Center
- Brent Kelsey, Utah Division of Substance Abuse and Mental Health
- Beverly May, M.P.A., National Campaign for Tobacco-Free Kids
- Robert Rolfs, M.D., M.P.H., Utah Department of Health*
- Jesse Soriano, M.A., M.S., State Office of Ethnic Affairs
- Teresa Theurer, Community Member
- Liz Zentner, R.T., Utah Parent Teacher Association

*non-voting member

Utah Department of Health
Tobacco Prevention and Control Program
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www.health.utah.gov

To view a copy of the Tenth Annual Tobacco Prevention and Control report online, please go to www.tobaccofreeutah.org and click on the "FY2010 Annual Report" link or go directly to www.tobaccofreeutah.org/tpcpfy10report.pdf.

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September 2, 2010

Mark D. Andrews
Office of Legislative Research and General Counsel
W210 State Capitol Complex
Salt Lake city, UT 84114

Dear Mark,

In accordance with Tobacco Settlement Restricted Account – UCA 51-9-201, the University hereby reports that for the year ended June 30, 2010, all scheduled payments on Huntsman Cancer Hospital-related bonds (Utah State Building Ownership Authority Lease Revenue Bonds, Series 2001A and 2001C) were made consistent with the original financing plan.

Please find enclosed a report from the Huntsman Cancer Institute on the expenditure of Tobacco Settlement Funds for fiscal year 2010.

Regards,

Kim Wirthlin
Vice President
Government Relations

Enclosure

Tobacco Funding Allocation
8/31/2010



	<u>FY2010</u>
State Revenue	2,000,000
Expense Allocation	
GENERAL RESEARCH:	
INFORMATICS	1,456,610
RESEARCH ADMINISTRATION	9,247
SHARED RESOURCES	585,249
OTHER (EQUIP/SUPPLIES, RES COMMUNICATION)	240,376
Subtotal	<u>2,291,483</u>
Total Expenses	<u>2,291,483</u>
Revenue Less Expenses	<u><u>(291,483)</u></u>

THE KURT OSCARSON CHILDREN'S ORGAN TRANSPLANT FUND

November 2010

The Kurt Oscarson Children's Organ Transplant Fund was established in 1992 (UCA 26-18a) to provide financial support for children who require organ transplants and to promote organ donor awareness. A five-member committee oversees this restricted fund, which is funded through "check-off donations" on the Utah State Income Tax Form. Authority to make expenditures from the fund is granted by an appropriation from the Legislature. The committee may award financial assistance to eligible families through interest-free loans. The committee establishes the terms of repayment, which may include a waiver of the loan repayment. The committee works actively with families to help them secure other financial assistance as well as referring families to other agencies for support services. The committee has also approved expenditures to encourage organ donation. (Lack of donors is a greater problem than actually paying for the transplants.) Utah code requires the committee to make an annual report to the Appropriations Subcommittee.

During the 2010 Fiscal year, \$58,690 was collected through the tax check-off on the Utah State Tax Form. The fund assisted 14 transplant recipients (children under the age of 18 years) with transplant related expenses totaling \$17,141. In addition, the committee worked toward promoting organ donation awareness through Intermountain Donor Services. A total of \$45,000 was expended for promotion and awareness purposes in FY10.

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected From Tax Returns	Donor Promotion Expenses	Medical Assistance Expenses	Fund Balance Year End	Number Families Assisted
Fiscal Year 2010	\$58,690	\$49,729	\$17,141	\$151,171	14
Prior 3 year Average	\$71,718	\$46,643	\$32,472	\$161,760	18
Fund 18 year History	\$1,274,020	\$613,041	\$509,808	\$151,171	92

Contact: Lori Utley, Fund Support Services Coordinator

LORIUTLEY@utah.gov

Work Phone: 801 341 6304

THE ORGAN DONATION CONTRIBUTION FUND

November 2010

The Organ Donation Contribution Fund was established in 2002 (UCA 26-18b) to promote and support organ donation, assist in maintaining an organ donation registry, and provide donor awareness education. The fund receives revenue from voluntary donations collected with motor vehicle registrations and driver licenses. A committee of five members administers and approves expenditures from the fund. This committee also administers the Oscarson Children's Transplant Fund. Authority to make expenditures from the fund is granted by an appropriation from the Legislature.

During the 2010 Fiscal year, \$87,110 in donations was collected through the Motor Vehicle and Driver License registrations, from which \$17,422 was reimbursed to the Divisions of Motor Vehicles (DMV) and Driver's License (DDL) for collection expenses. Expenditures of \$82,000 were made to Intermountain Donor Services for donor promotion services leaving the fund with a balance of \$73,704 as of June 30, 2010.

Below is a summary of current and historical data:

Fiscal Period	Revenue Collected from Motor Vehicle License Registration	Less: Collection Expenses	Donor Promotion Expenses	Fund Balance Year End
Fiscal Year 2010	\$87,110	\$17,422	\$82,000	\$73,704
Prior 3 yr Average	\$101,458	\$20,292	\$86,667	\$85,239
Fund 8 yr History	\$749,737	\$143,304	\$532,729	\$73,704

Contact: Lori Utley, Fund Support Services Coordinator

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Division of Medicaid and Health Financing

Expansion of 340B Drug Pricing Programs

Volume 11

Report to

The Utah Legislature's

Health and Human Services Interim Committee

and

Health and Human Services Appropriations Subcommittee

Presented

November 21, 2010

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H.B. 74 –Expansion of State Medicaid 340B Drug pricing program

The 2008 Legislature directed the State Medicaid agency to expand program use of savings under the 340B drug pricing program. Specifically, the Department of Health shall determine:

- The feasibility of developing and implementing one or more 340B pricing programs for a specific disease, similar to the hemophilia disease management program;
- Whether the 340B program results in greater savings for the department than other drug management programs for the particular disease. The Department shall report regarding:
 - Potential cost savings to the Medicaid program from the expansion of use of the 340B program;
 - Amendments and waivers necessary to implement increased use of 340B pricing;
 - Projected implementation of 340B pricing programs;
- The Department shall work with the Association for Utah Community Health to identify and assist community clinics that do not have 340B drug pricing programs to determine whether:
 - Patients of the Community Health Center would benefit from establishing a 340B drug pricing program on site or through a contract pharmacy;
 - The Community Health Center can provide 340B drug price savings to the Health Center’s Medicaid patients

Previous versions of this report have provided explanations and descriptions of program requirements, limitations, expectations, and obstacles. Attention should be directed to these earlier versions for information concerning those details. This version will focus on progress since the August 2010 report.

Feasibility of Additional Disease Management Programs

Designing a disease management program and securing approval from the Centers for Medicare and Medicaid Services (CMS) presents challenges. Program staff submitted a final draft State Plan Amendment (SPA) to the Denver Regional CMS office on May 3, 2010 for review. The SPA includes the following six disease states: hemophilia, multiple sclerosis, cystic fibrosis, rheumatoid arthritis conditions, hepatitis C, and Crohn’s disease. That draft has been reviewed by CMS in both the Regional and the Central CMS offices and has received tentative approval. Follow-up with CMS occurred on June 23, 2010 and August 9, 2010.

A Request for Proposal (RFP) needs to be completed before approval of the SPA and a new waiver needs to be approved simultaneously with the SPA. The RFP may need to be submitted before the final SPA can be officially approved according to CMS staff. CMS does not have a template for this waiver type as they have never done one like this before. The template provided needs to be heavily adapted to this situation and CMS has to collaborate on that requirement. Since the August report, two additional conference calls with CMS have taken place to discuss details involving the necessary waiver. An additional conference call to further discuss the waiver is scheduled by CMS later this month.

The feasibility of additional disease management programs is likely since approval of this SPA looks promising. After additional reviews with the CMS central office, other conference calls will be scheduled by CMS to discuss the next steps.

Potential Cost Savings

The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of covered outpatient drugs to certain federal grantees, federally-qualified health center look-alikes and qualified disproportionate share hospitals. Significant savings on pharmaceuticals may be seen by those provider entities that participate in this program. The 340B program is operated under the jurisdiction of the Office of Pharmacy Affairs (OPA). A component of the Health Resources and Services Administration (HRSA), of the U.S. Department of Health and Human Services (HHS), the Office of Pharmacy Affairs has three primary functions:

1. Administration of the 340B Drug Pricing Program, through which certain federally funded grantees and other safety net health care providers may purchase prescription medication at significantly reduced prices.
2. Development of innovative pharmacy services models and technical assistance, and
3. Service as a federal resource about pharmacy.

In all of its activities, OPA emphasizes the importance of comprehensive pharmacy services being an integral part of primary health care. Comprehensive pharmacy services include:

- patient access to affordable pharmaceuticals,
- application of "best practices"
- efficient pharmacy management, and
- the application of systems that improve patient outcomes through safe and effective medication use.

The interest that HRSA (a sister agency to CMS under HHS) maintains in Medicaid 340B programs stems from the fact that all parties involved must take strict measures to ensure that drug manufacturers are not exposed to a "double" rebate. Medicaid drug expenditures are entitled to a manufacturers rebate back to Medicaid. Drugs reimbursed to a 340B covered provider entity under the OPA program are prohibited from being subject to any rebate.

All savings to Medicaid from implementing a 340B based program come entirely from the providers. Additional revenues from the 340B program were intended to help 340B providers offset losses resulting from the high volumes of discounted and free medical services provided to the uninsured and underinsured, which volumes qualify them for participation in the program. A change requiring 340B providers to fill prescriptions and bill Medicaid at 340B cost pricing requires providers to share all of their savings with Medicaid and would essentially eliminate that revenue, thus discouraging provider participation. Therefore it becomes important to find a means to maintain provider interest.

340B pricing information is not accessible directly to Medicaid, as this information is considered proprietary. Cost savings were originally calculated based on estimated 340B prices. Bill Von Oehson, president and general counsel of “The 340B Coalition,” a national organization of safety net Disproportionate Share Hospitals (DSH) based in Washington D.C. maintains that 340B prices are on average AWP minus 49 percent. The actual price varies by drug product. There is no question that potential cost savings exist. Those savings are not always easily attainable given the constraints of the system, such as 340B requirements, CMS approvals, and availability of willing contractors. Medicaid has delayed revising savings calculations pending the outcome, extent, and scope of CMS approvals.

Necessary Amendments and Waivers

There are several distinct components for the 340B program. The medical component deals with services provided in a physician’s office setting (e.g., hospital clinics, or community clinics). The point-of-sale (POS) component, deals with prescriptions obtained through a pharmacy. A third component, referred to as disease management, is administered through a POS setting with some medical services also provided.

In previous reports, the Division has addressed the third component, expansion of the current 340B Disease Management program, which includes the management of additional disease states. As reported under the section addressing feasibility, the Division is currently in negotiations with CMS to finalize a SPA, waiver, and RFP for Disease management. In June 2009, CMS indicated that if only a single provider can meet the prescribed needs of the program, a new Freedom of Choice waiver may not be necessary. CMS continues to take this position. That need cannot be determined until an RFP has been written along with a new waiver.

Projected implementation of 340B programs

Fill-and-Bill and Buy-and-Bill at 340B Pricing

In 2009 Medicaid met multiple times with Point-of-Sale (POS) (the second component) and clinic medical providers (the first component) to seek input to ensure 340B cost billing could be supported by the providers. Both the providers (also known as 340B covered entities) and Medicaid face challenges with 340B billing. A narrative of the issues involved was provided in

the May 2009 report. Accordingly, staff seeks solutions to make it possible to implement a savings program that requires all 340B covered entities to fill-and-bill at POS, and buy-and-bill for clinic medical claims, with 340B purchased drugs for all Medicaid clients of the covered 340B provider.

Meetings continue with medical providers to develop needed solutions to current billing processes. Meetings with providers resulted in postponement of implementation dates for this program. Due to the issues referenced in the May 2009 report, provider dissatisfaction over reimbursement potential and legal requirements with Medicare cost reporting, implementation of this program was placed on hold while disease management programs were developed. Given the differences between current reimbursement methodologies and a 340B reimbursement methodology, arriving at an equitable reimbursement has proven difficult. However, recent meetings with hospitals have provided a renewed opportunity to pursue these options with a slight variation of the program.

Historically, Medicaid has maintained a relationship with a system of 340B hospital outpatient pharmacies as a result of the Hemophilia program whereby seven system outpatient pharmacies fill-and-bill Medicaid POS claims for regular reimbursement. On a quarterly basis, Medicaid then compiles and bills the provider pharmacy for all primary rebates, removing those claims from the manufacturer rebate invoice, and collecting the rebate from the provider pharmacy rather than the manufacturer. This allows the facility to take advantage of its 340B purchased drugs but does not cost the manufacturer a double discount since rebates cannot be sought from manufacturers for 340B purchased drugs. The magnitude of the 340B discount has been discussed previously in this report. This discount is better than a primary rebate, although that has not always been the case. Approaching the issue from a cost settlement perspective such as this offers several advantages. First, Medicaid gets a faster turnaround on the rebate invoice, and without manufacturer disputes. Second, the provider gets the benefit of using 340B purchased drugs used with regular claims giving them a better reimbursement even after paying the rebate. Third, the manufacturer does not pay a double discount. Disadvantages are that the amount of the rebate paid to Medicaid by the providers is less than the value of the 340B discount. Renewed interest on the part of hospitals in this methodology includes negotiation of a rebate rate slightly higher than the primary rate, yet still below the 340B discounted rate so that both Medicaid and the providers have an incentive to collaborate successfully. Programming would satisfy all federal, state and industry standards while working within current MMIS system constraints. For 340B POS claims and 340B clinic medical claims done under a cost settlement arrangement, dispensing fee differentials that providers indicated would have to be part of any solution, would no longer be an issue.

The last meetings with medical providers resulted in identification of areas where additional data exchanges and analysis are necessary. Additional meetings with medical providers are planned for early December. If planned negotiations with the providers are successful, there are no known obstacles inhibiting a rapid implementation of this methodology. Even though the net gain is less than a full 340B discount, the net result will be additional savings to the Medicaid program.

Disease Management

The aforementioned Freedom of Choice waiver, with disease management programs, has proven to take a long time to work through the approval process with CMS. Such was the case with the original hemophilia program, although to a lesser degree as CMS did not require a separate Freedom of Choice Waiver for that program. Given the pace of the process with CMS in working to expand the disease management program, it is difficult to estimate the completion date at this time. Table 1 in previous reports outlined specific implementation tasks for the suggested multiple sclerosis program expansion. This time line was to be revised. Lacking final approval from CMS in regards to the submitted draft SPA, this timeline cannot be revised at present.

Association for Utah Community Health

The Association for Utah Community Health (AUCH) is an organization of 340B qualifying community health centers, federally qualified health centers, and family planning clinics. There are 29 covered entities in the AUCH organization. AUCH pharmacies charge 340B clients the cost of the 340B drugs plus a five dollar co-pay, providing a great benefit to their patients. Medicaid patients of the 340B AUCH providers do not use the 340B program and, in fact, are sensitive as to whether or not 340B purchased drugs are used since using 340B drugs would change their co-pay (Medicaid clients cannot pay more than three dollars for a co-pay).

Past negotiations with the AUCH organization focused on methods to make it attractive for the Medicaid client while maintaining the revenue for the covered entity. Similar to other 340B providers, as stated previously, the contracted pharmacy retailers providing services to 340B AUCH clients have also voiced discontent with participation unless reimbursement issues (e.g., higher dispensing fees or co-pays) are addressed. A cost settlement approach has not been discussed with the AUCH organization at this time.

A 340B covered entity by definition buys 340B drugs for use in the facility. All covered entities provide 340B purchased medications, at least in the physicians' offices, whether or not pharmacy services are available onsite or through a contracted pharmacy. Most AUCH members have onsite pharmacies or have a contracted pharmacy. Presently, covered entities can elect whether or not they will choose to fill-and-bill with 340B purchased drugs for their Medicaid patients; none have elected to do so. AUCH has indicated to Medicaid that its organization of covered entities will, however, work towards participation pending satisfactory resolution of reimbursement issues.

FY 2010 Report to Legislature Autism Treatment Account

Overview

The Autism Treatment Account was established in March 2010 by the Utah Legislature with the passing of House Bill 311. This account is a restricted special revenue account for the receipt and expenditure of funds to be used for assistance in funding evaluation and treatment to eligible Utah children less than 8 years of age with Autism Spectrum Disorders (ASD). In addition to legislative appropriations, the account may accept “gifts, grants, donations, and bequests of real property, personal property, or services, from any source, or any other conveyance that may be made to the account from private sources, interest and other earnings derived from the account money.”

The Executive Director of the Utah Department of Health is responsible for administering the Account, with staff support from the Bureau of Children with Special Health Care Needs Bureau (CSHCN), in the Division of Family Health and Preparedness. Once funds become available and policies and procedures are established, they may be expended to:

- a. assist eligible families of young children with ASD with the cost of evaluating and treating children with an autism spectrum disorder;
- b. provide young children with treatments for ASD that utilize early intensive behavior therapy; and
- c. provide grants to persons or organizations to provide the services described in a or b.

Autism Treatment Fund Advisory Committee

The legislation required establishment of an Autism Treatment Account Advisory Committee for the purpose of recommending how funds should be managed and expended. In summer of 2010, five committee members were approved by the UDOH Executive Director, Dr. David Sundwall and appointed by Governor Gary Herbert. The members include Harper Randall, MD (representing Utah Department of Health), Peter Nicholas, PhD (providing expertise in treatment of ASD), Paul Carbone, MD, (pediatrician), Leeann Whiffen (parent advocate/family member), and Cheryl Smith (president of the Autism Council of Utah). The members will serve 2 year terms and represent individuals who are knowledgeable about Autism Spectrum Disorders (ASD).

The committee will begin quarterly meetings in January 2011. The first tasks of the Autism Treatment Account Advisory Committee will be to elect a chairperson, review the legislative code and propose rules for administration of the treatment account. A website has been established at <http://www.health.utah.gov/cshcn/AutismTxAcct/index.html> to provide individuals and families information about the account as well as meeting dates and time, committee minutes and annual legislative reports.

Contact:

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Children with Special Health Care Needs
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Submitted: November 16, 2010