UDOH Building
Block Requests
FY 2017
Office of the Medical Examiner

Request: $1,077,600 ongoing

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

OME Total Exams, FY ‘11-’15

- FY 2011: 1,967
- FY 2012: 2,256
- FY 2013: 2,519
- FY 2014: 2,636
- FY 2015: 2,697
OME Pathologist Workload, FY ‘11–’15

- Chief ME
- Deputy ME
- Asst. ME
- Asst. ME

FY 11, FY 12, FY 13, FY 14, FY 15

Recommended
“Unacceptable”
Average Days from Death to Final Report, 2012-14

- 2012: 118.3 days
- 2013: 140.5 days
- 2014: 157.3 days
Where the money will go:

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

**Request: $500,000 one-time**

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

Utah’s drug death rate is 5th highest in the nation
Drug Overdose Prevention

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

|------|------|------|------|------|------|------|------|------|------|------|------|------|------|

Rate of Drug Poisoning Deaths Per 100,000 Population:
- 2.1-4.0
- 4.1-6.0
- 6.1-8.0
- 8.1-10.0
- 10.1-12.0
- 12.1-14.0
- 14.1-16.0
- 16.1-18.0
- 18.1-20.0
- >20
Number of prescription opioid deaths by year, Utah, 2000-2014

27.6% DECREASE of prescription opioid deaths from 2007 to 2010

26.7% INCREASE of prescription opioid deaths from 2010 to 2014

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

Key Rx Drug Legislation
- H.B. 137: In 2007, H.B. 137 provided two years of funding for UDOH to address Rx opioid deaths.
- In 2008, Use Only as Directed Campaign launched
- In 2009, UT Clinical Guidelines on prescribing opioids was released and the Utah Pharmaceutical Drug Community Project convened
- H.B. 28: In 2007, H.B. 28 provided two years of funding for UDOH to address Rx opioid deaths.
- S.B. 61: In 2007, S.B. 61 provided two years of funding for UDOH to address Rx opioid deaths.
- H.B. 119: In 2007, H.B. 119 provided two years of funding for UDOH to address Rx opioid deaths.

<table>
<thead>
<tr>
<th>Year</th>
<th>Rx Opioid Deaths</th>
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<tbody>
<tr>
<td>2000</td>
<td>60</td>
</tr>
<tr>
<td>2001</td>
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<tr>
<td>2002</td>
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*2014 data is preliminary.
Data Source: Utah Violent Death Reporting System
Drug Overdose Prevention

Where the money will go:

• Public education
• Continue the Use Only as Directed media campaign
• Develop and disseminate tools and resources for healthcare providers
• Data collection and analysis of unintentional drug overdose deaths
• Train pharmacies, first responders, and emergency department staff on opioid risk and naloxone distribution
Evidence supports that a sustainable, comprehensive public health approach will result in significant decreases in preventable drug overdose deaths and save at least 50 Utah lives each year.
Medicaid Consensus

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

<table>
<thead>
<tr>
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<th>FY 2016</th>
<th>FY 2017</th>
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<tr>
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<td>Consensus</td>
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<td>General Fund</td>
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<td>Total Funds</td>
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• In 2014, CMS informed state Medicaid agencies that they must begin providing autism spectrum disorder (ASD)-related services to children under age 21 through the general Medicaid benefit.
• As of October 1, 2015, the match rate for the Children’s Health Insurance Program (CHIP) increased to 100% federal funding
• Governor’s budget recommends $22.4 million in one-time General Fund be returned to the state’s budget
• Current federal appropriation for CHIP ends in September 30, 2017 (unless Congress takes action to extend funding to September 30, 2019), program authorized through 2019
Continue Doctor Rate Increase

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

![Medicaid Physician Rates as a Percentage of Medicare](chart.png)
Dental Coverage for Persons with Disabilities

- Expand dental coverage for individuals with disabilities to include some preventive and restorative procedures (routine exams, x-rays, cleanings, crowns, dentures, etc.)
- This benefit was cut beginning FY 2010; 39,000 adults with disabilities would be eligible for the benefit
- University of Utah School of Dentistry will care for a portion of the population and pay state match for those services
- For individuals that don’t receive care at the School of Dentistry, fee for service or a managed care dental plan will provide benefited services
- Total cost estimated at $1.65 million in state funds; General Fund needed to cover share not covered by School of Dentistry
The “Uninsured Poverty Gap” building block seeks to expand healthcare coverage to Utah citizens and families who are not categorically eligible for Medicaid under the poverty level, but whose incomes are too low to obtain federal insurance subsidies in the federally-facilitated marketplace.

The request of $10 million ongoing funds would cover the expanded populations.
Medically Complex Children’s Waiver

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

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

• Increase screening and treatment for STDs
• Provide abstinence education and personal responsibility education programs to Utah’s youth, ages 13 – 19
Reproductive Health

**Expected Outcomes:**

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

Request: $100,000 one-time

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

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