



State of Utah

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**Utah Department of Health
Executive Director's Office**

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DATE: February 24, 2017
TO: Mark D. Andrews, Office of Legislative Research and General Counsel
FROM: Joseph K. Miner, M.D.
RE: Utah Legislature's Commission on Federalism

Here are some recommendations for the Commission regarding Health:

a. The proper role of the federal government in the delivery of Public Health services and the regulation of private and commercial health services.

The federal government should be limited to broad general guidance over what is expected states should do to assure preventive and curative health services are available to the citizens within their jurisdictions.

Whoever controls the funding has the primary control. Almost seventy percent of all of our funding at the Utah Department of Health is from the federal government. And federal control is maintained by that funding leverage. The federal government also maintains control of private and commercial health activities because of the very large percent of that funding from federal Medicaid and Medicare dollars. Funding from the federal government should come equitably on a per capita basis to states with very limited requirements other than it be spent for healthcare.

The federal government should be responsible for coordinating Public Health services for conditions that are not confined to individual states. This would apply to the control of infectious or communicable diseases that easily spread across multiple states and nations through interstate and international travel of individuals and transportation of food and other products which facilitate the transmission of these infections.

The federal government should also coordinate and regulate the interstate or international spread of toxic chemicals or environmental pollutants that are dangerous to human health. The federal government should coordinate other public health risks of emergencies which cross state borders.

b. Federal activities that with regulatory change could be managed more effectively and efficiently at the state or local level of government,

The federal government provides 68% of our \$3 Billion Medicaid/CHIP funding to provide health care to our low-income children and disabled uninsured citizens. And this covers only low-income parents up to 60% of the federal poverty level. So in Utah there are still about 65,000 uninsured low-income adults below 100% of the federal poverty level. The benefits required to be offered through Medicaid are frequently much more generous than are those offered by good commercial health insurance plans available to other citizens.

If states had the flexibility to prioritize health benefits they could cover at the same cost many more if not all of those individuals below the federal poverty level with the most essential preventive and curative health services. States should be allowed to prioritize health benefits and provide these benefits in prioritized order to stay within budget. Oregon has used this prioritization of health benefits but no other states have been authorized to do this.

The federal government provides 73% of our \$249 Million funding for all of our other disease control and prevention and family health and preparedness Public Health programs. These programs include immunizations and other infectious disease investigation and control, home visitation and nutrition programs to high risk mothers and babies, emergency preparedness for bioterrorism and other public health emergencies, tobacco control and prevention, health facility and day care licensing, primary care incentive programs, children's special health care needs services, unexplained or traumatic death investigations and autopsies, laboratory detection of rare diseases, infections or toxic substances and chronic disease management education.

The federal government should give much more flexibility to states to decide what the priorities should be for the \$156 Million in federal funding we receive for all of the non-Medicaid preventive public health programs. A substantial amount of that federal funding is restricted to be used very specifically for programs which may not be high on our priority list of public health importance.

Attached is a summary of the Utah Department of Health funding for programs.

Utah Department of Health
 Fiscal Year 2018 Budget Federal Funds

	<u>FY18 Budgeted Federal Funds</u>
Medicaid	
Children's Health Insurance Program	1,890,717,400
<u>Total Medicaid Federal Funding</u>	<u>1,890,717,400</u>
<u>Public Health Programs</u>	
Infectious Disease Surveillance and Control - TB, STDs, etc.	9,255,500
Vaccines for children - measles, mumps, Hep A, etc.	30,550,600
HIV treatment and Care	5,886,400
State Public Health Laboratory -identification of infectious diseases, water testing, and biohazard threats	8,775,100
Chronic Disease Interventions - cancer, diabetes, asthma, etc.	17,488,100
Emerging Public Health Threats - Opioid Epidemic	1,875,600
Maternal and Child Health Services - Women and Child Nutrition, Home Visiting for at risk mothers and developmentally delayed infants and toddlers	74,811,000
Other Department of Health Programs - Vital statistics, Rural Health, etc.	2,072,200
Utah Department of Health Administration	4,886,900
<u>Total Non-Medicaid Federal Funding</u>	<u>155,601,400</u>
Total Federal Funding	<u>2,155,502,400</u>
	\$2,155,502,400

67.12% Total federal funding as a % of total budget

Total Budget	3,211,492,200	
Total Medicaid Funding (Federal and State)	2,962,313,670	
Total Public Health Funding (Excluding Medicaid)	249,178,530	
Vaccine Commodities	27,154,000	
Total Public Health Funding Less Medicaid and Vaccine Commodities	222,024,530	
Public Health Federal Funding	155,601,400	Total non-Medicaid, non-commodity federal funding as a % of total non-Medicaid, non-commodity budget 70.08%
Public Health General Funds and Dedicated Credits	66,423,130	Total public health non-federal funding as a % of total non-Medicaid, non-commodity budget 29.92%