

WELLNESS & PREVENTION SERVICES

Department of Health and Human Services

**Budget Summary
State Fiscal Years Ending June 30, 2010 to 2013
House Finance Discussion Document**



Prepared February 28, 2011

WELLNESS & PREVENTION SERVICES

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WELLNESS & PREVENTION SERVICES

Governor's Adjustments to Agency Budget Request (Maintenance & Change)

Rounded to \$000

	A	B	C	D	E	F	G	H	I	J
167	WELLNESS									
168	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
169	Ref	Code			General	Total		General	Total	
170	996	6146	DFA	Reduce funding for family planning from \$300K per year to \$200K	\$0	\$100		\$0	\$100	
171										
172	MEDICAL SERVICES-ALL CLIENTS									
173	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
174	Ref	Code			General	Total		General	Total	
175	145/116	36/614	OMBP	Reduce DSH payments from 50% to 40% of MET revenues	\$20,071	\$40,142		\$21,677	\$43,354	
176	1169	6147	OMBP	Continue suspension of DME	\$439	\$878		\$439	\$877	
177	1169	6147	OMBP	Continue suspension of IME	\$1,031	\$2,062		\$1,064	\$2,128	
178	1169	6147	OMBP	Medicaid Managed Care	(\$2,000)	(\$4,000)				
179	1169	6147	OMBP	Medicaid Managed Care	\$3,000	\$6,000		\$15,000	\$30,000	
180										
181	OPERATIONS & ADMINISTRATION									
182	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
183	Ref	Code			General	Total		General	Total	
184	Var	Var	DJJS-DCYF-DFA	Access/Front Door (2% field staff)	\$744	\$1,488		\$754	\$1,508	
185			OCCOMM	Right Size District Offices (Save 5)	\$476	\$952		\$952	\$1,904	
186			All	Regional Contracting-Reduce contract line	\$1,250	\$1,422		\$2,500	\$2,843	
187	070/108	71/532	DPHS	Lab consolidation	\$42	\$80		\$43	\$81	
188										
189			DHHS	Reductions-Vacant Positions	\$4,785	\$7,504		\$4,933	\$7,737	
190	1178	5192	DCBCS	Increased FMAP	\$74	\$0		\$74	\$0	
191	1172	6128	DCSS	Administrative reductions	\$164	\$0		\$169	\$0	
192	1172/1173	6128/5684	DCSS	Personnel Services	\$264	\$777		\$279	\$820	
193	955 & 972	5842 & 5847	DCYF	Eliminate Vehicle Purchase Change Items	\$30	\$30			\$0	
194	966	5689	DCYF	Reduce Child Care Quality Spending	\$308	\$308		\$323	\$323	
195	953	5801	DCYF	Salary & Benefits Adjustment Correction		\$0		\$307	\$489	
196	996	6132	DFA	Vehicle Purchase	\$8	\$15		\$0	\$0	
197	1075	5170	DPHS	Correct general funds	(\$108)	\$0		(\$108)	\$0	
198			OADMIN	Class 20 10% Reduction	\$12	\$19		\$12	\$19	
199			OADMIN	Class 20 10% reduction in SFY 12 & 13; Removal of District Office support funding for Facilities in SFY 13	\$41	\$69		\$187	\$312	

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Governor's Adjustments to Agency Budget Request (Maintenance & Change)

Rounded to \$000

	A	B	C	D	E	F	G	H	I	J
200	OPERATIONS & ADMINISTRATION									
201	Bud	Org	Div	Initiative	12 Reductions		SFY 13 Reductions			
202	Ref	Code			General	Total		General	Total	
203			OADMIN	Reduction in Department Wide Training	\$44	\$70		\$44	\$70	
204			OADMIN	Class 103 Reduction in District Office support funding for facilities	\$82	\$143		\$211	\$365	
205			OADMIN	Class 30 Removal of District Office support funding for facilities	\$165	\$275		\$110	\$183	
206			OADMIN	DAS reductions for DHHS facilities	\$416	\$694		\$425	\$708	
207			OCOM	Class 30 Reduction	\$20	\$32		\$21	\$33	
208			OCOM	Class 20 10% Reduction	\$67	\$109		\$68	\$110	
209			OCOM	Funding for Financial Allocation System	\$100	\$200		\$100	\$200	
210			OCOMM	HPOP		(\$2,380)			(\$2,395)	
211	1199-1200	5959	OII	Authorization to attach liens - 5959	\$25	\$25		\$50	\$50	
212	1157-1158	5680	OII-DCSS	Coordinate/consolidate collections functions	\$155	\$310		\$292	\$584	
213			OIS	DHHS IT Change Projects	\$5,089	\$8,482		\$2,173	\$3,622	
214			OIS	Health Information Exchange: Match	\$0	\$0		\$600	\$0	
215			OIS	DoIT Overtime and Current Expense	\$70	\$117		\$49	\$82	
216			OIS	DoIT ASD Staff	\$561	\$935		\$575	\$959	
217			OIS	DHHS IT Software: Purchase and Maintenance Funding Reduction	(\$181)	(\$302)		(\$144)	(\$240)	
218			OIS	DoIT Change Request	\$590	\$984		\$235	\$392	
219			OIS	DHHS IT Hardware: Purchase and Maintenance Funding Reduction	\$506	\$843		\$359	\$599	
220			OIS	DoIT Shared Services	\$1,418	\$2,363		\$1,444	\$2,406	
221	1166	6126	OMBP	Move 6126 Class 030 Equipment from Change to Maintenance Column	(\$2)	\$0		(\$2)	\$0	
222	1159-1160	5683	OOS	Board Revenue Adjustment - 5683	\$2	\$2		\$2	\$2	
223	1155-1157	5143 & 5146	OOS	Requests for vehicles - 5146-5143	\$30	\$30			\$0	
224	1157-1158	5680	OOS	MOU with AG-Org 5680 - Eliminate Administrative Overhead Expenses not part of MOU	\$37	\$37		\$37	\$37	
225	1157-1158	5680	OOS	Source of Fund Adjustments - 5680	\$132	\$184		\$132	\$184	
226	1157-1158	5680	OOS	Higher priority for retention of estate recoveries - 5680	\$41	\$0		\$96	\$0	
227	1155-1156	5143	OOS	Child Care License Background Check Fee Eliminated-Org 5143	\$47	\$47		\$48	\$48	
228	1156-1157	5146	OOS	MOU with DOS- Life Safety Positions -5146	\$234	\$0		\$235	\$0	
229	1155-1156	5143	OOS	Implement Child Care License Fee - 5143	\$41	\$0		\$41	\$0	
230	1158-1159	5682	OOS	Community Residence License Fees - 5682	\$66	\$0		\$66	\$0	
231	1199-1200	5959	OOS-OII	Coordinate OOR & ERU - 5959	\$86	\$0		\$131	\$0	

WELLNESS & PREVENTION SERVICES

040-5857 DCYF - PREVENTION PROGRAMS

CLIENT PROFILE

Services to families who are at potential risk for abusing or neglecting their children, and are coping with multiple stressors that put their children at risk of harm. In these cases, DCYF depends on a strong network of community services to support the family and prevent abuse or neglect. Families who are experiencing any number of stress factors and are at risk of child maltreatment and are at risk for entry into the child welfare system.

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$2,388	\$1,560	\$1,500	\$1,530	\$0	\$0
GENERAL FUNDS	\$2,388	\$1,560	\$1,500	\$1,530	\$0	\$0

SERVICES PROVIDED

Families are referred to Incentive Fund Programs & Family Resource Centers across the state. Services provided include home visiting, child care resources & referral, child development education, parenting education & support, family mentoring, advocacy & life skills training, family empowerment, and information and referrals to other community based agencies as needed.

IMPACT IF SERVICES LOST

Lost of ability to referral at risk families to preventative programs, resulting in child maltreatment and DCYF involvement in families. Increase in placement of children in out of home care. Increase in court, services and placement costs. Increase in DCYF caseloads.

WELLNESS & PREVENTION SERVICES

090-5171 EMERGENCY PREPAREDNESS

090-9055 EMERGENCY PREPAREDNESS CARRYFORWARD

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
EMERGENCY PREPAREDNESS						
TOTAL FUNDS	\$6,488	\$5,992	\$6,358	\$6,449	\$6,277	\$6,358
GENERAL FUNDS	\$1,183	\$1,175	\$1,163	\$1,179	\$1,147	\$1,161
EMERGENCY PREPAREDNESS CARRYFORWARD						
TOTAL FUNDS	\$122	\$2,799	\$1,098	\$1,098	\$1,098	\$1,098
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

SERVICES PROVIDED

Emergency Preparedness funds provide the staff and the contracted services to maintain national target capabilities to effectively respond to any event whether biological, chemical, radiological or naturally occurring health threats. The public health emergency preparedness programs build and sustain specific infrastructure that will decrease the time and increase the capacities to respond to any threat. Services include the systems and capacity to monitor and analyze infectious disease surveillance, laboratory testing, and ensure an infrastructure trained in incident response. Through emergency preparedness and response funds, public health staff routinely drill and exercise capabilities to identify gaps and develop improvement plans. Preparedness and response activities will provide emergency public information and warning when a threat occurs. Program activities across public health are targeted to decrease the time needed to identify the incident and provide information in order to protect the public including vulnerable populations. Preparedness funds provide for infectious disease expertise within public health to remain informed and respond to emerging threats.

IMPACT IF SERVICES LOST

- Clusters or outbreaks of infectious disease may not be identified and may further impact the public health due to limited systems to detect a potential or actual threat.
- Readiness and target capabilities to respond to an emergency event will not be further developed or tested which will negatively impact the state's response capacity.
- Statewide readiness and incident command training will not be conducted, drills and exercises will not be completed, plans will not be tested, and gaps not identified/addressed and effective and coordinated response will be hampered.
- Inability to inform statewide providers on medical advisories and practices due to limited staff with medical expertise.
- Lack of capacity to warn and inform the public during an emergency event.
- Without pandemic and emergency preparedness planning and exercises, the impact to an event may be more severe due to a lack of a coordinated and developed public health response system.

WELLNESS & PREVENTION SERVICES

090-5608 TOBACCO PREVENTION FEDERAL

Rounded to \$000	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$979	\$1,232	\$1,007	\$1,011	\$999	\$1,001
GENERAL FUNDS	\$62	\$64	\$125	\$125	\$125	\$125

SERVICES PROVIDED

Through population based education, professional education, surveillance and service provision for quitting tobacco use, reduce youth initiation of tobacco use, reduce population exposure to second hand tobacco smoke, and provide services to NH adults who use tobacco products, to aid in quitting.

IMPACT IF SERVICES LOST

- NH health care providers would no longer have access to tobacco treatment resources for their patients that are trying to quit smoking, chewing, or dipping. This is an important public health and clinical tobacco treatment link. Many people who access quitline services are referred by a health care provider.
- Tobacco treatment materials would no longer be mailed to those requesting assistance for quitting tobacco use.
- Nicotine replacement therapy would NOT be available to callers from a low socioeconomic background.
- NH would be the only state in the country (and Canadian Provinces) with a reactive tobacco user's quitline. This means that Tobacco Treatment Specialists could provide services in real time only to incoming calls from NH residents. Outbound calls to support persons attempting to quit smoking would become cost prohibitive.
- Eligibility by callers to utilize no-cost services would be re-defined by DPHS.

WELLNESS & PREVENTION SERVICES

090-5659 COMPREHENSIVE CANCER

Rounded to \$000

	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$1,863	\$1,889	\$1,872	\$1,896	\$1,865	\$1,888
GENERAL FUNDS	\$170	\$171	\$170	\$170	\$170	\$170

SERVICES PROVIDED

The Comprehensive Cancer Collaboration is a consortium with representation from NH community organizations (including hospitals, cancer centers, non-profit health organizations, insurance providers, cancer survivors, etc.) that work in all areas of cancer control. The CCC works to reduce the incidence of, and morbidity and mortality from, the five most common cancers (lung, colorectal, breast, prostate, and skin cancer). CCC 100% federal funding supports one position who represents DPHS on the Collaboration, one contract for management services for the collaboration, and the cost of the development and implementation of the NH Cancer Control Plan (a plan to reduce the incidence, suffering and death from cancer in NH).

Reduces morbidity and mortality for breast and cervical cancer by enrolling 4,000 low income, uninsured/underinsured NH women ages 18 – 64 for free screening and diagnostic tests annually. Maintains database of enrolled clients, procedures provided, and screening results, for Quality Assurance oversight of local programs. Provides professional education to ensure high quality screening and diagnostic procedures.

Services include:

- Outreach and communication to inform low-income uninsured women age 18 – 64 about the free screening program;
- Pap tests to screen for cervical cancer;
- Clinical breast exams and mammograms to screen for breast cancer;
- Diagnostic services when clinically indicated, including breast ultrasound; breast biopsy; surgical consultation; and colposcopy;
- Case management for all women enrolled in the BCCP;
- Data collection to insure the quality of all aspects of the BCCP (screening procedures, case management and referrals);
- Professional education for program providers to insure the quality of the screening and diagnostic tests, and case management.

Services provided through 11 community health center contracts, two hospital contracts, and one administration center contract that subcontracts with 14 hospitals and provider offices.

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IMPACT IF SERVICES LOST

Funds would not be available for the management of the collaboration and the objectives of the Comprehensive Cancer Control Plan would not be achieved.

4,000 low income, uninsured women would not be provided screening and diagnostic tests for breast and cervical cancer. Of the 4,000 women enrolled and those provided mammograms, approximately 24.7% (988 in actual numbers) will be referred for further diagnostic tests. Of those referred for further diagnostic tests, 2.6% (26 women) will be diagnosed with breast cancer. If these services are lost, these women will not receive the screening and diagnostic tests, and will not be provided a cancer diagnosis. Ongoing screening provides for an earlier diagnosis, easier course of cancer treatment, and better outcome. Because these women are uninsured, they would most likely present to a health care provider at a later stage of disease, which is known to be more deadly and more costly to treat.

Of the women receiving a Pap test, 10.9% (436) will be referred for further diagnostic tests and of those 2% (9) will receive treatment for precancer or cancer. Cervical cancer can be prevented when found and treated at the precancer stage. Without this funding, women are not likely to have a Pap test and to have precancerous conditions found and treated; therefore, a cervical cancer diagnosis would be likely.

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090-2239 HOSPITAL PREPAREDNESS

Rounded to \$000

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$1,879	\$2,685	\$2,295	\$2,561	\$2,293	\$2,558
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0

SERVICES PROVIDED

The services of the Hospital Preparedness Program (HPP) are focused on strengthening capabilities, specifically aimed at efficient interoperable communications between hospitals and public health programs during an emergency. The program also provides for partnership and coalition development to ensure readiness and capacity for an emergency event statewide. HPP provides the funds and personnel to sustain the Automated Hospital Emergency Department Data (AHEDD) system. In 25/26 hospitals, real time emergency visit encounters are received and analyzed to allow for rapid detection and coordination for response to an event in collaboration with hospitals. The system has detected events such as outbreaks and carbon monoxide exposures. During the H1N1 pandemic, public health and hospital partners worked collaboratively to track hospitalizations statewide in order to assess impact to the state as well as the impact to medical surge capacity within the hospitals. HPP provides contract services with the New England Center for Emergency Preparedness (NECEP) and Northern New England Poison Center (NNEPC), both serving as resources to support public health infrastructure. NEPC serves as backup to the Division's Infectious Disease Bureau in times of call surge and participates in the Health Alert Network drills and notifications to ensure adequate and timely capacity for response. The NNEPC provides weekly data indicators of poison center call data to inform public health of potential threats. NECEP provides public health with disaster medicine expertise and as such furthers the work on plan development and capabilities in medical surge. Examples of specific projects such as enhancing oxygen support plans, cache and capabilities at the regional level and increasing the availability of portable ventilators and trained personnel to increase surge capacity in hospitals are provided by the contract with NECEP.

IMPACT IF SERVICES LOST

- Medical surge capacity statewide planning will not continue at the current level.
- Public health and hospital partnerships may diminish and negatively impact statewide capacity for a public health emergency or other mass casualty event.
- Core public health infrastructure may be overwhelmed by a large outbreak or mass event and surge capacity would not be available to further support response activities.
- Large events may overwhelm the state hospital capacity and plans to provide backup capacity may not be fully developed, this may result in broader negative impact to the public's health.
- Lack of real time data to maintain situational awareness will decrease the state's ability to detect, respond and report a public health threat.

WELLNESS & PREVENTION SERVICES

090-2222 RYAN WHITE TITLE II
090-2223 BOSTON EMA TITLE I
090-5189 HIV/AIDS PREVENTION

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
RYAN WHITE TITLE II						
TOTAL FUNDS	\$1,168	\$1,695	\$1,264	\$1,279	\$1,261	\$1,375
GENERAL FUNDS	\$0	\$31	\$102	\$103	\$102	\$103
BOSTON EMA TITLE I						
TOTAL FUNDS	\$964	\$1,028	\$1,109	\$1,109	\$1,109	\$1,109
GENERAL FUNDS	\$515	\$580	\$580	\$580	\$580	\$580
HIV/AIDS PREVENTION						
TOTAL FUNDS	\$1,479	\$1,859	\$1,755	\$1,750	\$1,748	\$1,741
GENERAL FUNDS	\$255	\$108	\$180	\$180	\$180	\$180
CASELOAD						
COST PER CASE-						

SERVICES PROVIDED

Provide HIV risk identification and risk reduction counseling, conduct HIV tests, target outreach services and evaluate risk reduction education interventions. Data on new HIV infection provides the evidence needed to target risk reduction to those populations at highest risk and to intensify HIV prevention efforts in the communities where HIV is most heavily concentrated. The program activities and funding may not continue if the mission is not aligned with the National HIV Prevention Strategy which aims to move toward rare HIV infections and for those that do occur, complete access to care. Early identification of infection, linkage to care and access to medications prevents HIV from progressing and reduces health care costs. In NH FY 09, 87% of HIV clients in the program had a stable CD4/VL. (HRSA target 75 %clients with CD4/VL stable). In 2010, 473 HIV clients under-insured or uninsured received care coordination services in the following categories; case management services (463) primary care visits (137), home and community based care (24), health insurance continuation (94), substance abuse counseling (10) and oral health services (30). Staff coordinates and process prescription services through participating pharmacies statewide. In 2010, 392 HIV clients received antiretroviral therapy to stabilize care and the AIDS Drug Assistance Program (ADAP) reimbursed 10,894 prescriptions.

IMPACT IF SERVICES LOST

- No services offered statewide for HIV prevention due to loss of funds from CDC aimed at preventing HIV and working within the goals of the national strategy to expand targeted prevention efforts.
- Contract services to support HIV testing and risk reduction education will be discontinued.
- Less access to services for clients living with HIV, hospital and emergency department visits may increase as persons living with HIV may suffer more complications of infection.
- Staff to enroll and provide program service coordination for clients will be limited. Resulting in an increased costs/burden potential to other payers without CARE program funds.
- Increase in HIV/AIDS deaths without dedicated funds to support care service coordination.

WELLNESS & PREVENTION SERVICES

- Without provision of ADAP services, federal funds will not be provided and increased cost burden to other payers.
- Persons living with HIV will have less access to medications; deaths due to HIV/AIDS will increase.
- Inability to provide access to health care and case management services for individuals with HIV infection that are uninsured, under-insured and meet federal and state eligibility requirements.
- Early identification of HIV infection may not occur and persons infected may go undiagnosed and unaware of infection, rates of HIV infection may increase which may increase other STD rates.

WELLNESS & PREVENTION SERVICES

090-5390 FOOD PROTECTION

Rounded to \$000	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
FOOD PROTECTION						
TOTAL FUNDS	\$1,129	\$1,316	\$1,481	\$1,409	\$1,461	\$1,383
GENERAL FUNDS	\$734	\$957	\$1,070	\$998	\$1,056	\$980

SERVICES PROVIDED

The Food Protection Section inspects and licenses dairy farms, milk processors, beverage and bottled water producers, commercial shellfish processors and food establishments including schools throughout the state.

The Food Protection Section is the only state agency responsible for the safety and security of the food supply provided to 1.3 million residents and 33.3 million annual visitors to NH. The Section also has the primary responsibilities for assuring the safety of food after natural disasters including embargoing or destroying unsafe food, for alerting the food industry of recalled food products, following up on food-related consumer complaints and maintenance of a state wide consumer complaint database, conducting environmental inspections during food borne disease outbreaks, assisting new food businesses to open and be in compliance with food safety regulations. The program charges all food establishments annual licensing fees and levies non-compliance fines for certain violations based on established rules.

The programs within the section provided the following services in SFY 10:

- The Food Sanitation Program completed 4,600 licenses and 5,785 inspections of food establishments (including 318 schools).
- The Dairy Sanitation/Beverage Bottled Water Program completed 105 licensing applications and 1,400 inspections and sampling of milk producers, milk processors, milk haulers and tankers; beverage/bottled water plants.
- The Commercial Shellfish Program completed 21 certification and 50 inspections of commercial shellfish processors.
- The Food Defense/Emergency Response/Complaint Investigation program responds to illness and sanitation complaints from consumers; food recalls; natural and man-made disasters affecting the food supply; and maintains the NH Food Emergency Response Plan. The program conducted 300 investigations; 50 recalls; and responded to 250 complaints.

IMPACT IF SERVICES LOST

- Food inspections reduce risk factors related to food borne illnesses (such as sick people handling food with bare hands, temperature control). If unfunded inspections will not take place and Food safety would be reduced and result in greater numbers of food borne illnesses.
- The # of food borne illnesses in 2009 even with inspections: included salmonellosis (261), shingelosis (21), campylobacteriosis (185), E coli (37).
- Potential economic and health impact if greater numbers of food borne illness in NH – could impact tourism as well as health costs.
- The commercial shellfish and dairy industries in NH would be out of compliance with federal inspection requirements.

WELLNESS & PREVENTION SERVICES

• **PUBLIC HEALTH LABORATORIES**

- | | |
|--|--|
| 090-3026 FDA FERN Grant (Chemistry) | 090-5316 State Based Biomonitoring |
| 090-3056 USDA FERN Grant | 090-3063 Assoc of Public Health Labs |
| 090-5317 Red Tide | 090-3067 Emer Response Radiochemistry |
| 090-5350 FED FERN Micro (FDA) | 090-5230 Public Health Laboratories |
| 090-9059 FDA FERN Radiochemistry | |

	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
FOOD EMERGENCY RESPONSE -						
OTHER						
TOTAL FUNDS	\$467,829	\$2,135,080	\$1,465,121	\$1,522,095	\$1,532,627	\$1,581,449
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
ASSOC OF PUBLIC HEALTH LABS						
TOTAL FUNDS	\$0	\$80,000	\$140,000	\$140,000	\$140,000	\$140,000
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY RESPONSE RADIOCHEMISTRY						
TOTAL FUNDS	\$232,415	\$263,801	\$367,817	\$349,419	\$364,194	\$344,927
GENERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
PUBLIC HEALTH LABORATORIES						
TOTAL FUNDS	\$2,963,990	\$3,665,314	\$3,913,960	\$3,950,129	\$3,686,941	\$3,708,517
GENERAL FUNDS	\$2,121,220	\$2,558,491	\$2,770,083	\$2,778,897	\$2,622,591	\$2,621,668

SERVICES PROVIDED

The New Hampshire Public Health Laboratories (PHL) was established in 1901 and has since protected the citizens of the State of NH with responsive, unbiased, quality laboratory testing. The need for a functional PHL is evident with the responsibility of the State to respond to emerging infectious diseases such as EEE and pandemic influenza. Hospital/clinical laboratories participate in a statewide laboratory system by providing diagnostic laboratory testing. The PHL performs testing that is not within the scope of these hospital laboratories to control the spread of infection and perform disease surveillance of the population. The PHL provides 24/7 availability for testing such as:

- Surveillance of infectious disease agents such as influenza, Eastern equine encephalitis (EEE), norovirus and tuberculosis. Surveillance is not performed in the private sector.
- Emergency response testing for biological, chemical and radiological agents. No definitive testing for bioterrorism or chemical agents is performed in the private sector.
- Radiological surveillance around Nuclear Power plants in NH and Vermont.
- Dairy and shellfish testing to support food safety and industries in the State of NH
- Training for hospital/clinical laboratory partners for detection of newly emerging pathogens and continuing threat agents.

IMPACT IF SERVICES LOST

- Loss of rapid detection of outbreaks of disease agents such as norovirus and tuberculosis would impact control and spread. Time and money is saved with rapid diagnosis in order to eliminate further unnecessary testing and provide timely treatment.

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- Loss of surveillance for vectorborne disease such as Lyme disease and EEE will impact prevention and education efforts for those areas in the state where risk is high.
- The loss of nuclear power plant monitoring would put citizens at risk of radiological exposure.
- Industries such as dairy and shellfish rely on timely testing and surveillance for continued operation. Loss of laboratory testing would impact business operations.
- Biosafety Level 3 containment facilities are located at the NH PHL and are the only such facilities in the State of NH. Testing for bioterrorism agents like anthrax must be performed in such facilities and would no longer be available in NH.
- Laboratory support for the Federal Bureau of Investigation (FBI), United State Postal Service (USPS), Homeland Security and Emergency Management (HSEM), Department of Safety (DOS), Department of Corrections (DOC) and Department of Environmental Services (DES) would be discontinued.

WELLNESS & PREVENTION SERVICES

090-2217 STATE LOAN REPAYMENT PROGRAM

Rounded to \$000

	SFY10	SFY11	SFY12	SFY13	SFY12	SFY13
	Actual	Adj Auth	Maint Req	Maint Req	Governor	Governor
TOTAL FUNDS	\$300	\$600	\$400	\$400	\$400	\$400
GENERAL FUNDS	\$285	\$400	\$400	\$400	\$400	\$400

SERVICES PROVIDED

The State Loan Repayment Program (SLRP) provides loan repayment to primary care providers including physicians, physician’s assistants, advanced practice nurses, mental health providers, dentists and dental hygienists. Providers receive reimbursement for educational loans in return for providing services in areas that are underserved and practices that serve those who have difficulty accessing services due to being uninsured or underinsured. The State Loan Repayment Program has a retention rate of 90%, which means those providers remained serving in underserved areas of NH after their service commitment under SLRP was completed.

IMPACT IF SERVICES LOST

For SFY 2012 we have 22 primary care providers contracted to receive loan repayment and for SFY 2013 we have 10 primary care providers contracted to receive loan repayment. Without these funds we would be unable to meet these obligations. We would also be unable to award new contracts to primary care providers serving in those areas. This would result in the potential loss of current providers and decreased ability to recruit new providers to provide primary care in underserved areas.

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095-6178 BCC PROGRAM

CLIENT PROFILE

This program is a Medicaid eligibility group created through a State Plan Amendment in 2000. To be eligible for Medicaid a woman must meet all of the Public Health BCCP program criteria (Age 18 – 64, uninsured, income < 250% FPL) including receiving their screening tests through one of the Public Health screening sites. Once a diagnosis is established, women may choose to enroll in the Medicaid program in order to access treatment services.

Cost Figures Rounded to \$000

BCC Program Provider Payments	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$1,937	\$3,411	\$2,718	\$2,829	\$2,718	\$2,829
GENERAL FUNDS	\$678	\$1,194	\$951	\$990	\$951	\$990
CASELOAD	358	364	378	389	370	373
COST PER CASE-TOTAL FUNDS (Not Rounded)	\$5,412	\$9,365	\$7,186	\$7,272	\$7,351	\$7,577
BCC Program Pharmacy	SFY10 Actual	SFY11 Adj Auth	SFY12 Maint Req	SFY13 Maint Req	SFY12 Governor	SFY13 Governor
TOTAL FUNDS	\$318	\$363	\$398	\$436	\$398	\$436
GENERAL FUNDS	\$111	\$127	\$139	\$153	\$139	\$153
CASELOAD	358	364	378	389	370	373
COST PER CASE-TOTAL FUNDS (Not Rounded)	\$888	\$998	\$1,052	\$1,120	\$1,076	\$1,167

SERVICES PROVIDED

Mandate	Patients	Top Categories of Service
Fed	292	OUTPATIENT HOSPITAL GENERAL
Fed	313	PHYSICIANS SERVICES
Fed	166	OTHER FED MANDATE
State	7	OTHER STATE MANDATE
Opt	97	OTHER OPTIONAL
Opt	223	DISPENSE PRESCRIBED DRUGS
		SFY 2010 Unique Count of Patients in Group
	358	

WELLNESS & PREVENTION SERVICES

SERVICES PROVIDED

Below is a table of optional Medicaid State Plan services. The list includes drugs, which are considered optional Medicaid Services by CMS, but are considered elementary to primary and preventive healthcare by NH Medicaid.

Category of Service Description	Comment on Current Utilization Controls
Drugs	Over-The-Counter (OTC) drug restrictions; dose optimization program requires a Prior Authorization (PA) for the two tablet dosage form, thus encouraging the prescriber to use an "optimized" dosage form; Maximum Allowable Cost (MAC): A program which sets a MAC price for over 4,000 drugs; preferred drug list
Durable Medical equipment and supplies	Prior Authorized, ability to reduce affected by mandatory Medicaid requirements to cover supplies used in home.
Private Duty Nursing	Requires prior authorization per He-W 540.
Personal Care Services	Requires care plan reviewed every 60 days per He-W 552.
Wheelchair van	Limited to 24 trips per year to medical related appointments per He-W 573.
Ambulance Services	Requires medical necessity (emergency)
Psychology	Service limited to 12 visits annually, ability to reduce may be affected by mental health parity requirements in Troubled Assets Relief Program (TARP)
Adult Medical Day Care	Currently requires presence of chronic illness and imminent danger of institutionalization.
Eyeglasses	Currently competitively procured, requires medical necessity. eyeglass frames purchased under this agreement are guaranteed against breakage for two years from date of purchase.
Medical Services Clinic (Methadone Clinics)	Budget reduced per HB 2, 2009, Rates reduced by 33% in Step 2.

IMPACT IF SERVICES LOST

This eligibility category is subject to the maintenance of effort requirement as found in the PPACA federal legislation as it pertains to Medicaid eligibility. If optional benefits are eliminated 360+ women with breast and/or cervical cancer would lose access to chemotherapy and other pharmaceuticals necessary to treat their cancer.