

UTAH DEPARTMENT OF HEALTH
Executive Director's Office

Reference O95; Add Back 104
Consolidate Health into Other State Agencies

The Legislative Analyst has estimated a savings of \$1,751,400 and 15.6 FTEs that would result from a consolidation of Health Department programs into other departments.

The estimated savings are difficult to validate without an adequate study of workload and processes. Additionally, the general fund reduction would result in an equal federal revenue reduction since administrative, oversight, and financial activities receive approximately 50% of funding from the federal indirect rate reimbursement. The effect would be a total loss of over \$3 million.

Consolidation would generate no savings in certain financial processes and employee support activities including federal and state financial reporting, payroll, accounts payable, accounts receivable, purchasing, building maintenance and coordination. All of these activities would continue to require the same level of staff. Transferring these responsibilities to another department in addition to reducing staff would double the workload for the department receiving these duties.

There are several reasons why a July 1, 2009 consolidation would be difficult to implement and opposed by the Department:

- Inadequate time to evaluate proper placement of existing programs and staff. This could have an adverse effect on clients and services.
- Modification and coordination of the Federal Cost Allocation Plan
- Negotiation of the Federal Indirect Rate Proposal which currently funds oversight and administration of federal programs.
- Amendment of the Federal Cash Management agreement
- Continuity of federal and state financial reporting
- Transparency of services provided to clients

Utah has a proud tradition of promoting and protecting the public's health for over 100 years. Advocacy and advancement of Utah's public health programs would be severely compromised by this proposal. The Executive Director of the Department of Health by statute must be a licensed physician. The loss of executive staff with decades of public health experience could impact the health and safety of Utah citizens and may affect future health outcomes for generations.

Center for Health Data

Base Budget Recommendation
Ref # o40 Ad Back rank 80

The Reduction Name of this item "Reduce Contract for Data Cleaning and Duplication" should probably read "Reduce funding for Health Reform Transparency Initiative." The Department of Health has proposed to help meet the goal of 15 % reduction in the Base Budget by scaling back plans for one of the data processing contracts associated with this initiative by \$ 95,500. We felt we could keep the project viable with this reduction, but the LFA proposal to more than double the cut to \$ 195,000 risks failure in our ability to really show the true cost for episodes of health care in Utah, the goal of the Transparency initiative.

Office of the Medical Examiner

**B
U
D
G
E
T

F
A
C
T
S

H
E
E
T**

O37 Add Back 50

Oppose

Deaths that fall under the jurisdiction of the State Medical Examiner are defined in Statute 26-4-7. Any death suspected to meet these criteria must be reported to, investigated and certified by the Medical Examiner. The type and extent of examination performed is determined by the Medical Examiner based on the circumstances of death and his or her professional judgment. Local entities (cities or counties) have no authority to contravene the jurisdiction of the Medical Examiner or determine whether an examination will or will not be performed. The proposal to charge an examination fee of \$1000.00 to the county in which a death occurred is unreasonable given the counties have no say in deciding if a death is under Medical Examiner jurisdiction or if an exam will be performed. Additionally, the fee is arbitrary and does not reflect the actual costs of investigation, transportation and examination for different kinds of deaths in different areas of the state. If the intent is to transform the operations of the State Medical Examiner to a county funded system on a strict fee for service basis, the fee schedule authorized by the legislature should be applied. The difficulties of establishing a system for charging fees to local entities for the work of the State Medical Examiner will be significant.

