

**HB 5100 Unspecified Reductions**  
**Agency: Department of Human Services**  
**Appropriation: Health Division (HD)**

Program Description by Appropriation	Impact of reduction	Date Implemented	2001-03 Fiscal Impact						2003-05 Fiscal Impact					
			General Fund	Lott-ery Funds	Other Funds	Federal Funds	Total Funds	FTE	General Fund	Lott-ery Funds	Other Funds	Federal Funds	Total Funds	FTE
<b>Across-the-Board Reductions (\$88 Million Target)</b>														
Central administrative staff reductions														
Eliminate core funding for 20 School Based Health Clinics and technical support to all 43 clinics throughout the state. Clinics served 25,193 children in 2001, with a total 89,627 visits. Effective February 2003.	Would reduce primary health care and referral services for youth at SBHC's. Staff reductions in local clinics are likely, but unknown. Reimbursement funding from insurance reimbursement would likely be eliminated.	2/1/03	(512,595)				(512,595)	(0.63)	(2,684,763)				(2,684,763)	(3.00)
Reduction of general funding for administrative services resulting from indirect funding from the National Bioterrorism Federal grant that was not budgeted for in this biennium.	Increased indirect funding of administrative cost reduces the need for General Fund. The savings should not impact administrative operations.	2/1/03	(240,800)			240,800	-		(1,390,079)				(1,390,079)	
Reduce General Fund support of contracted perinatal and prenatal programs. Effective February 2003.	These funds are used at county level for maternity case management to help insure pregnant women receive necessary care, avoiding costly birth complications, and needs for further social services.	2/1/03	(96,920)				(96,920)	-	(536,556)				(536,556)	

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Reduce by \$200,000 the state support to local health departments (LHDs) for communicable disease investigation and control. The 2001-2003 biennial pass through to counties for this program was \$4.5 million before this reduction. Effective February 2003.	<p>LHDs investigate an annual average of 762 cases of hepatitis A, 95 cases of meningococcal, and 120 cases of E. coli O157 infection each year. LHDs also have primary responsibility for assuring completeness of therapy for patients with tuberculosis, for identifying source cases, and for testing close contacts and administering prophylactic antibiotics to those who test positive.</p> <p>LHDs identify outbreaks of reportable diseases - with subsequent investigations that reveal the source of transmission, enabling it to be interrupted. Failure to flag these outbreaks would result in their prolongation. When individual citizens notice disease outbreaks, it is to LHDs that they report them.</p> <p>During 2001, 69 outbreaks were recorded. LHDs have the primary responsibility for investigating and controlling these outbreaks. Lack of funding would allow these outbreaks to proceed without detection or mitigation.</p>	2/1/03	(203,437)				(203,437)		(546,556)				(546,556)	
Subtotal			(1,053,752)				(812,952)	(0.63)	(5,157,954)	-	-	-	(5,157,954)	(3.00)