

MINUTES OF THE
JOINT HEALTH AND HUMAN SERVICES APPROPRIATION SUBCOMMITTEE
Thursday, February 2, 2006, 2:00 p.m.
Room W135, West Office Building, State Capitol Complex

Members Present: Sen. Sheldon L. Killpack, Committee Co-Chair
Rep. Merlynn T. Newbold, Committee Co-Chair
Sen. Allen M. Christensen
Sen. Gene Davis
Rep. Bradley G. Last
Rep. David Litvack
Rep. Steven R. Mascaro
Rep. Roz McGee
Rep. Paul Ray
Rep. Aaron Tilton

Members Excused: Sen. Chris Buttars

Staff Present: William Greer, Fiscal Analyst
Debbie Headden, Fiscal Analyst
Norda Shepard, Secretary

Public Speakers Present: Rep. Kory Holdaway
Rep. David L. Hogue
Sheila Walsh-McDonald, Salt Lake Area Community Action Program
Dr. Tamara Lewis, Intermountain Health Care
Dr. Douglas Goldsmith, Executive Director, The Children's Center
Dr. Peter Lindgren, Pediatrician, Early Intervention Program
Ted Loosli, Medical Care Advisory Committee
Stanford J. Reid, Director, Volunteer Care Medical Clinic of Utah County
Stuart Merrill, President, Campaign to End AIDS
Dr. Lorenzo Botto, Utah Birth Defects Registry
Kristin Fowles, Parent
Challey Smith, Parent
Julie Metos, Action for Healthy Kids
Dr. Catherine Wheeler, President, Utah Medical Association
Alice Daly, Teacher
Lynn Pappas, Parent
Yorrie Pappas, Student
Stan Parrish, Board Chairman, American Heart Association
Gary Thorpe, American Diabetes Association
Crawford Cragun, American Heart Association Board Member
David Gessel, Vice President, Utah Hospital and Health Systems Association
Toni Johnson, Director, People with AIDS Coalition of Utah
Brenda Chambers
Mark Elliot, Kids on the Move
Kevin Morris, DDI Vantage
Nathan Hanson, Parent
Kaelynn Oliphant, Parent
Don Antczak, Cottonwood Heights City Council
Janae Austin, Parent
Melissa Jaffa, Parent
Judi Hilman, Voices for Utah Children
Faina Raik, Capital Villa

Anatoliy Artamdov, Capital Villa
Pavel Magdalin, Capital Villa
Alevtina Sinetsyna, Capital Villa
Corwin Housley, Utah Statewide Independent Living Council
Barbara Pritchett, Utah Statewide Independent Living Council
Eric Glade, Utah Statewide Independent Living Council
Lisa Nichols, Executive Director, Midtown Community Health Center
C.J. Hansen, Executive Director, Enterprise Valley Medical Clinic
Lynn Hudgens, Executive Director, Mountainlands Community Health Center
Eligio G. White, Exe. Dir., Community Health Care Center of Salt Lake County
Joyce Dolcourt, Legislative Coalition for People with Disabilities
Eder Soriano, Legislative Coalition for People with Disabilities
Cleve Bohne, Legislative Coalition for People with Disabilities
Cheryl Law, Alliance House
Miriam Hyde, Alliance House
Bonnie Campbell
Douglas Cotant
Mark E. Towner
Joe Monset
Michael Berry
Dick Anjorden, Associate Director, Utah Health Care Association
Leon Johnson
Lopeli S. Penimgani
Lou Ann Stevenson
Darla Ball
Joel and Katie Gardner
Karen Compton, Executive Director, Voices for Utah Children
Brian Monson, Molina Health Care of Utah
Kathleen Pricher, Chairman, Utah Oral Health Coalition
Dr. Mike Miescier, Pediatrician

A list of visitors and a copy of handouts are filed with the committee minutes.

The meeting was called to order by Co-Chair Newbold at 2:13 p.m.

1. Public Testimony - Department of Health

Rep. Kory Holdaway presented H.B. 276 "Medicaid Covered At Work Premium Subsidy." He explained that this bill is important for children and families. It is a premium subsidy bill designed to help those who are low income move off Medicaid or other government assisted insurance into the private sector. He indicated there are 43 people taking advantage of the premium assistance of \$50 per month. The bill would increase the amount of the assistance to \$100, which would require an appropriation of \$535,000. Shiela Walsh-McDonald, Salt Lake Area Community Action Program, distributed a handout, stating that the intent of the bill was for the uninsured workers in the work place whose employer offers insurance which the low wage worker cannot afford. She said \$50 is simply not enough.

Dr. Tamera Lewis, Medical Director of Community Health and Preventative Medicine at Intermountain Healthcare, stated that as of July the funding received from CDC to fund the state epidemiologist will end. She said if a flu pandemic hit the state of Utah, the state would be in panic and would need a physician skilled in epidemiology and public health to be at the helm for planning. She indicated health care professionals need correct guidance on population transmitted diseases to know where to focus efforts. She distributed a packet of letters from those supporting funding for a State Epidemiologist.

Dr. Douglas Goldsmith, Executive Director of the Children's Center, said the center provides mental health services to children ages birth to five who have emotional and behavioral problems. He said they continually have families

coming to them from the rural and southern part of the State expressing dismay that they do not have access to mental health providers specifically trained to treat preschoolers. He recommended that services be expanded statewide to ensure accessibility for these families with preschool aged children. He distributed a handout.

Dr. Peter Lindgren, stated he is a private pediatrician in Salt Lake City and was here to talk about the value of Early Intervention and consideration for continued funding for these programs. He said Early Intervention has favorable effects on behavior and academic achievement, as well as decreased incidents of paternal depression. He said that taking care of children with developmental disabilities is difficult. It can be socially isolating and can have negative impacts on the health of the parents. He said the \$675,000 is about one third of what was initially requested.

Ted Loosli, Chairman, Utah Medical Care Advisory Committee, distributed a letter. He said the Advisory Committee held public hearings and talked with many people throughout the year about the needs of the community. He said they have heard very compelling testimony as to the access problem that has been growing over the past few years. He indicated they had five requests: (1) Make one-time adult dental on-going; (2) Increase physician rates an additional 10 percent; (3) Make one-time adult vision funding on-going; (4) Increase dental provider rates an additional 10 percent; and (5) Provide inflation increases for other Medicaid providers by 4.3 percent.

Stanford J. Reid, Director, Volunteer Care Medical Clinic of Utah County, said their clinic is located in the Utah County Health Department in downtown Provo and is the only clinic in Utah County. He said it is completely manned by volunteers, including medical doctors, nurses, pharmacists, lab techs, interpreters and secretaries. He said the individuals they serve have no medical insurance and are at the federal level of property. The clinic received a Primary Care Grant of \$24,000. He said no money is spent on salaries but on major expenses such as liability insurance, medicines, medical supplies and secretarial supplies. He asked for consideration for additional funding to the Primary Care Grants for the benefit of the under served population.

MOTIONS: Sen. Davis moved to approve the minutes of January 26, 2006 and January 30, 2006. The motion passed unanimously with Sen. Killpack absent for the vote.

Stuart Merrill said he was the President of Campaign to End AIDS, which is a wholly volunteer organization who advocates HIV/AIDS funding. The Right of Life Program and the AIDS Drug Assistance Program is considered the service provider of last resort to fund HIV medication. He said the price of medication continues to grow and the number of people testing positive for HIV also continues to rise but funding has remained the same. He said it is less expensive to keep people in Utah healthy, working and paying taxes than to provide treatment for full blown AIDS. He asked for support for AIDS medication funding of \$250,000.

Dr. Lorenzo Botto, a physician at the Division of Medical Genetics and Pediatrics at the University of Utah, said his focus is on birth defects. He said he was speaking in strong support of the Utah Birth Defects Network. He said this is a crucial health program for children and families. It provides physicians with information to enable them in preventing birth defects, in tracking progress, and finding causes. He gave as examples that taking folic acid and controlling diabetes can prevent many birth defects. He asked for continued support of this Network.

Kristin Fowles said that two of her three children were born with oral facial clefts. She said as a parent she feels the Utah Birth Defects Network is crucially important to the state. It provides hope through research, monitoring, and prevention and is a link between families and organizations. She said she was contacted by the Utah Birth Defects Network as part of a research study. She said it was comforting to know that she was not alone and that the Network was seeking answers to the questions that parents have when a child is born with a birth defect. She distributed a handout from the March of Dimes.

Challey Smith said she had a son born with spina bifida and they were told that he may never walk. She said that was a devastating day. She stated she also felt guilt that maybe she had done something to cause this. She said her son has done much better than anticipated and is a healthy two year old. She indicated that she had support from family and friends but many other mothers do not. The Utah Birth Defects Network can give parents help and support. It can also be a financial burden going through the medical costs of birth defects. She urged continued funding for the Network.

Julie Metos stated she is on the faculty of the Division of Nutrition at the University of Utah, and was here today as a volunteer for the American Heart Association and Utah Action for Healthy Kids. She said she is in support of the building block from the Department of Health for obesity prevention. She distributed a handout containing graphs showing obesity percentages of Utah children. She said her passion for this issue could be summed up in a single statistic, that children born after 2000 will have a shorter life expectancy than their parents. This is the first time this has happened in American history and is due mostly to childhood obesity. The only possible solution is prevention.

Dr. Catherine Wheeler, President, Utah Medical Association, distributed a brochure entitled "The Medicaid Foundation is Being Destroyed, Fix it Before it Fails" and physician comments and a survey concerning Medicaid access. She said it is important to obtain access for care for Medicaid patients. Doctors in Utah have a real desire to care for these patients but need increased provider rates. She indicated that physicians expenses are increasing. She asked for support of a 10 percent "good faith" increase in provider reimbursements.

Alice Daly, a fourth grade teacher at Bellview Elementary in Jordan School District, urged the subcommittee to consider funding for the Obesity Prevention Initiative. She indicated the issue is so important to her that she got a substitute so she could attend the meeting today. She said when she teaches health and nutrition in her class and stresses eating healthy foods, she feels she is fighting an uphill battle because of all the other foods available in the school. She said PE class time in schools has been reduced and children are not getting the physical activity they need. She said since Bellview became a Gold Metal School their students have become healthier. Every school should have this opportunity.

Lynn Pappas, a parent with children at Bellview Elementary, said she wanted to speak about the importance of funding the Obesity Prevention Initiative. She indicated she has a child with a weight problem and when she visits the school she sees other children struggling with weight problems. She said she is pleased that Bellview is a Gold Metal School and that her son, Yorrie, tells her about running the Gold Metal Mile and what snacks are appropriate. He has even started reading the labels on everything. She indicated that because of the interest her son has in the Gold Metal School and the changes made in their family, she has lost ten pounds.

Yorrie Pappas a fourth grade student at Bellview said he liked to eat healthy snacks and run the Gold Medal Mile with his friends. He said it was easy for him because he is skinny, but other kids have a harder time. He said he hoped other schools could be helped to become Gold Metal Schools.

Stan Parrish, Board Chairman of the American Heart Association said we have a pandemic problem of obesity in our country and in our state that needs to be addressed. We need to educate the citizens of this state. He said he is also alarmed by the fact that his grandchildren will have a shorter life expectancy than his children. He said that about 25 percent of elementary age children are obese or at weight risk and about 20 percent of high school students. He said there are three areas that people can impact their health: tobacco use, alcohol, and obesity. We need to step up our education which will help to reduce health costs. He stated that the Gold Metal Schools program is a good start but it needs expansion.

Gary Thorpe representing the American Diabetes Association reported that one in four children aged kindergarten to eighth grade are overweight or at risk of being overweight. Overweight pre-school children have increased 47 percent since 2003. He said obesity in children leads to obesity in adults. Health consequences from obesity include Type II diabetes and diseases associated with diabetes. Obesity costs are increasing at an alarming rate and \$393 million are spent by the state of Utah every year in treating obesity related illnesses. He said the American Diabetes Association would urge consideration of funding for the Obesity Prevention Initiative.

Crawford Cragan a board member of the American Diabetes Association stated he is a father of seven and a recovering fat man. He said he had lost 100 pounds. He said if you have never been obese you don't realize the emotional concerns. He explained it is like being a dead person among the living. He said he did not wish that on his children or any of the other children in this state. He stated it is not about sculptured bodies or sports stars, it is about healthy kids who become healthy, contributing adults. It is a matter of life and death and affects every family in the

state, and if it doesn't today, it will if things do not change. It is about investing in health care now instead of disease care later. He said he recommends funding of the Obesity Prevention Initiative on behalf of these children.

David Gessel, Vice President, Utah Hospital and Health Systems Association, distributed a Hospital Medicaid Impact Brief which shows the gap between inflation and reimbursement rates are widening significantly. He also distributed a historical percentage increase for Medicaid provider reimbursements. He said that physicians and hospitals are the backbone of the program and with low reimbursements it is becoming increasingly difficult to continue in that role. He said he hoped it will be decided that this year is the year to fund physicians an additional 10 percent increase and hospitals an additional 3 percent inflation increase.

Toni Johnson, Director, People With AIDS Coalition of Utah, said she would ask for endorsement of \$250,000 on-going funding for AIDS medication. She said it is not only the morally responsible thing to do but is also the fiscally responsible thing to do.

Brenda Chambers with the Campaign to End AIDS said she was to the point where she was not able to work, go to school, or be with her grandchildren but because funding was available for life saving medications she is now in school and working full time. She said if medications can prevent HIV patients from developing AIDS, it saves taxpayers in the long run.

Sheila Walsh-McDonald, Healthcare Advocate, Salt Lake Community Action Program, said since Congress finalized action that cut the Medicaid and other low income programs, this is not a good reason to discontinue funding dental and vision programs. She said our Medicaid consumers still find the services of dental and vision beyond their financial reach. She said the top priority of her committee is a request to fund these services. She indicated another growing concern is the access to doctors and dentists. The primary reason behind this issue is Utah's reimbursement rates for medical and dental professions.

Mark Elliott said he works for Kids on the Move, an Early Intervention Program located in the northern part of Utah County. He is also a parent of a child who has been served by Early Intervention. He said the \$675,000 level that made it to the Governor's budget will help fund the basic growth in the State, however will not cover the cost of living expenses. He said the \$2 million level recommended by the Baby Watch Program would help meet costs that have not been funded in the program for three years. Costs of doing business continue to increase and in order to provide the many services that early intervention provides, additional funding is needed.

Kevin Morris said he would speak on fully funding the Baby Watch/Early Intervention Program. He said there are fifteen Early Intervention Programs across the state that provide services to infants and toddlers under three years of age who have developmental disabilities. He said they are required by law to make available individualized services, such as physical therapy, occupational therapy, speech and language pathology, nursing, hearing and vision, and child and family education. He said Early Intervention aims to reduce the need for long term support throughout the child's school years. The number of children requiring these services continues to grow.

Nathan Hanson said he would like to share a success story of Early Intervention. He brought his daughter, Whitney, who is two years old. When she was six months old, she was diagnosed with 1B36 Deletion Syndrome, a rare and debilitating disease. At six months, she could only lie on the floor. After treatment through Early Intervention Services, she can now roll over, sit up, get on her hands and knees and even crawl. He said Early Intervention works. The program is a success but funding has been flat for three years. Costs grow and the program is growing. He asked that the money they need be given to continue helping children like his daughter.

Kaelynne Oliphant, showed a picture of her daughter, Makayla and said that she and her husband are highly educated individuals but when they noticed their daughter had developmental delays, even with their education they were lost. Their pediatrician suggested they go to the Department of Health for developmental treatment and to the Jordan School District for hearing and speech screening. They were treated at the Department of Health for eighteen months but it was very unproductive. She said after contacting Jordan Valley they were instantly assigned a speech pathologists who came into the home and evaluated their daughter in her setting and on her level. The pathologist

came each week and had material, information, and goals that empowered the parents which enabled them to empower their child. She said because of Early Intervention when her daughter reaches first grade she will not be a burden to the district, the teachers, or the class.

Don Antczak, Cottonwood Heights City Council, said he is the grandfather of Makayla, and would echo his daughter's testimony. He said he has witnessed what this program has done for his granddaughter who would not be where she is today without Early Intervention. He said he has had the challenge in public service of setting budgets and appropriating funds and knows that it is not easy. This is not a frivolous program. It is definitely a beneficial program. He encouraged the committee to put funding where it would do the best good at this time.

Janae Austin distributed a letter and pictures of her son, Alex. She said Alex is a graduate of the Early Intervention Program that serves southern Utah County called Kids Who Count. She said she was here to ask the committee's help for families with \$2.1 million funding for Early Intervention. She reported that twenty weeks into her pregnancy she was told Alex had an extremely rare genetic anomaly. After receiving services from Kids Who Count, at eighteen months Alex was able to participate in Kids Who Count playgroups twice a week. He is now in preschool. He walks, runs, plays, laughs and speaks. She said to please keep up the funding to help other children like Alex.

Melissa Jaffa stated she wanted to tell how the Early Intervention Program has helped her son, Alex, and her family. Alex has a disease which causes extreme discomfort or pain when anything touches his body. He was delayed in all areas and was also diagnosed with Autism. She said she and her husband had no idea how to handle these problems but luckily there was a program that could help them. Early Intervention helped them cope with the problems and showed them many steps to help their son. They also took advantage of the classes offered. She said some may think of these classes as glorified playgroups, but they are therapy classes and lifesavers for families. She said her son has progressed, he is beginning to walk, to crawl, picking up toys and playing with them, all thanks to the Early Intervention Program. She asked to please keep funding available for families in the future.

Rep. David Hogue distributed handouts explaining H.B. 197, "Medicaid Resource Standards and Methodologies," and H.B. 288, "Health Care Amendments for Foster Children." He said H.B. 197 raises the asset limit in determining Medicaid eligibility for children and exempts one functional vehicle in this determination. The Department of Health estimates that H.B. 197 will shift 2,400 kids from CHIP to Medicaid because they would now qualify. The amount for the appropriation of H.B. 197 is \$990,900. He said H.B. 288 will help high-risk adolescents in foster care transition successfully into adulthood by extending the age of Medicaid eligibility for foster youth from nineteen to twenty-one. He indicated that states now have the option to do this. He indicated this would require a \$450,000 appropriation and would be matched by an additional \$1,048,500 in federal funding.

Judi Hilman, Voices for Utah Children, distributed handouts and said that Utah should be very proud that our Medicaid program is the leanest and probably the most efficient in the nation. She said as painful as it is to manage all of these worthy Medicaid funding requests, there is no better way to fund medically necessary care, including dental and vision. She stated there are no frills or fancy expansions in our Medicaid program. She said there are consequences of having a high uninsured population. There are costs to individuals, to families, and to the community. She said they are proposing modest initiatives to cover the uninsured or to address critical gaps in our health care infrastructure: removal of the asset test from pregnant women; raising the asset limit for children; healthcare for foster children; and the Workforce Financial Assistance Program addressed in H.B. 118, "Utah Health Care Workforce Financial Assistance Act Amendments." She said all of these are worthy.

Faina Raik, Capital Villa, distributed "Medicaid Matter to Me," a booklet containing twenty-nine stories from residents of Capitol Villa Apartments, which is a housing complex for low-income seniors and people with disabilities. She expressed appreciation for the help they have received and asked that vision and dental funding be kept. She served as interpreter for the next three individuals.

Anatoliy Artamdnov, Capital Villa, said he was very fortunate to come to America at the old age of 73. He expressed appreciation that he has a roof over his head and is alive. He said he is thankful for Medicaid and supplement security income because he had nothing before. He has a problem with his dentures and a problem with his stomach because

of the dentures. He said the state will pay more if he cannot get his dentures fixed.

Pavel Magdalin, Capital Villa, said he is 77 years old and came to America fourteen years ago because of religious persecution. He said he had no opportunity to worship in previous years. He appreciates all our government and especially the state of Utah because it is special to be alive here. He said he appreciated help to change his dentures and his glasses.

Alevtina Sinetsyna, Capital Villa, stated she has a lot of medical problems and is alive only because of being in Utah because the medical assistance in Utah is excellent.. She said thank you very much. She indicated she needs glasses to help her read and learn English.

Corwin Housley, Utah Statewide Independent Living Council, said he is a medicaid recipient and for three years had to go without vision coverage and needs corrective lenses to drive. He said since funding was restored he has required major dental work because of the lack of care during those three years without coverage. He said those years did not save the state money because he needs more work now. He said keeping vision and dental coverage is beneficial, not only to the poor and disabled, but to the state as well.

Barbara Pritchett said she was representing the Utah Statewide Independent Living Council. She said her family suffers from a degenerative bone disease. This requires frequent visits to dentists because part of the bone disease cause the teeth to become bad quickly. She indicated that during the three years without coverage she had major dental problems, including infections and loss of teeth. She said if coverage had been available, much of this could have been prevented and a lot of money would have been saved.

Eric Glade, also from the Utah Statewide Independent Living Council, said he wanted to come and say he hoped that vision and dental funding could continue. He said there is a lot of need for both and it is very much appreciated.

Lisa Nichols, Executive Director, Midtown Community Health Center in Ogden, said she was here to discuss the State Primary Care Grants. She indicated they turn away an average of twenty-nine patients from receiving services every day. She said her clinic provides primary health care services to the under served. She said they currently serve 14,000 people, 71 percent of them completely uninsured and would not otherwise have access to health care and 76 percent are living below 100 percent of poverty. She said the Governor has included an additional \$200,000 for the Primary Care Grants and urged support of that and also support for an appropriation increase of \$500,000.

C. J. Hansen, Executive Director, Enterprise Valley Medical Clinic, said he was representing all the rural health care providers who are grant recipients through the Primary Care Grants program. He said the main goal of this program is to create access. In rural Utah this is a challenge because of travel distances and isolated populations. He said without these clinics in rural areas, most would not receive the services they need. He said the Primary Care Grant funding goes directly into patient care. He said he would encourage consideration of the \$500,000 increase to the State Primary Care Grants program.

Lynn Hudgens, Executive Director, Mountainlands Community Health Center in Provo, stated he, too, was here in support of the Primary Care Grants program and the increase of \$500,000 to that program. He said Mountainlands is the only community health center in Utah County. They see about 9,000 patients, with 73 percent being uninsured and 70 percent under 100 percent of the federal poverty level. He said it is very beneficial for these people to receive care and the increase in funding would enable more patients to be served.

In answer to committee questions, Eligio G. White, Executive Director, Community Health Care Centers in Salt Lake County, stated that the U.S. House passed a Senate bill including a rescission that will take place across the federal government and community health care centers' federal funding will be reduced by 1 percent.

Joyce Dolcourt with the Legislative Coalition for People with Disabilities distributed fact sheets. She said there was one issue she wished to address that might get lost in the appropriation process if Medicaid is underfunded. She said the Division of Health Care Financing has administrative authority for services through Institutional Intermediate Care Facilities for the Mentally Retarded (ICFMR) and the Division of Services for People with Disabilities has

responsibility for the Home and Community Based Waivers. She said services through the ICFMR are entitlements and services through the waiver are optional and are dependant on an appropriation from the Legislature. The waiver has a waiting list and the ICFMR has immediate access. Because of the separate funding streams attached to these two Medicaid programs, residents have had significant barriers moving between systems. In 1998, Rep. Hogue sponsored legislation that brought portability between the ICFMR and the waiver systems. That process is funded through Medicaid utilization and without adequate funding or specific intent language from the Legislature, transition from ICFMR will not occur in the next fiscal year.

Eder Sorino, speaking through a pathfinder, indicated he has cerebral palsy. He said his muscles do not work but his brain can think, learn and understand like anyone else. He said the pathfinder is a miracle in his life and before he had this technology his methods of communication were extremely limited. He said now that he has a voice he will use it to advocate for himself and other people. He said he lives in a care center and wants to move out and make his own decisions but realizes that with his disease, he will need assistance. He urged approval of funding for transition projects.

Cleave Bohn said he was representing and speaking for his brother, Ernest. He said when his brother was young he had a high fever and the family was not allowed medication to take care of the problem which left his brother in a mentally challenged situation. He said he has the mental capability of a four year old. Until 2002 he lived with his parents and then with his sister, who did not understand his condition and kept him heavily medicated. His stay in a care center was unsuccessful also. Due to limited finances, the family looked to the state for other options. Under the transition project he was able to move him into a community based setting which was the answer to his needs.

Cheryl Law said she was speaking for herself and others from Alliance House who need to have dental coverage. She said she does not have a decent smile and cannot get a job because she has bad teeth. She said she cannot afford them on her own. She stated her dentist said she would have to pay herself because Medicaid would not fund it. She said it is also difficult to find a dentist because of low reimbursement. She stated others will go through the same experiences she has had if funding for dental and vision is not available.

Miriam Hyde said she had distributed a red folder containing letters from residents of Reliance House. She said she is a Medicaid consumer, the wife of a consumer and the mother of a consumer. She said she is an advocate of consumer recovery. She said without Medicaid her family would not be able to have mental or physical health care. She stated she is grateful for the services they receive and the providers they work with. She stated during the past year they have taken advantage of the restored dental and vision services and hope that can continue. She said she would also like to see increased physician reimbursement rates.

Bonnie Campbell said she has cancer, problems in her mouth, and an undiagnosed nerve condition. She said she appreciates the help that Medicaid has given to her. Without that help she would not be here today. She stated she will need to have cataract surgery and will need help with vision problems. She said she hoped that help would be available again this year by supporting Medicaid with dental and vision funding.

Douglas Conant distributed a copy of a letter he wrote to the Deseret Morning News concerning the renewal of dental and vision benefits. He said he appreciated the help he has had and was able to receive new eye glasses and is currently receiving dental assistance. He said he would appreciate continued funding for Medicaid dental and vision so he can continue his dental treatments.

Mark. E. Towner said he was a reporter for the *Utah Policy Daily* but was here as a member of the Health Data Committee which is chartered to control the data collecting for the state of Utah. He distributed a copy of "Consumer Health Reporting System," which was sponsored on S.B. 132 last year without funding. He said the committee has functioned as well as they could without funding using volunteers and available staff. He said they have created a web site called "My Health Care" which lists where to find help for every health program in the state. However, not many people know about this site because there is no funding to advertise. They are asking for one time funding of \$75,000 to accomplish the purpose of this reporting system.

Joe Monet said he was here in support of the \$250,000 request for AIDS. He said he has been living with AIDS for a

number of years and prior to the time of available medications, he came close to death several times. Through receiving medications he has been able to rebuild his health and become a contributing member of society again. He indicated he does have insurance to help with his medications but there is a gap requiring him to pay \$1,000 of the medication costs. He stated he worries about those who are on Medicaid who have to spend down their Social Security to the poverty level in order to obtain medications. This puts people in an impossible position to either pay the rent or buy medicine.

Michael Berry said he is also asking for the \$250,000 for AIDS. He said he also has a private insurance policy but with a large gap, which leaves him short of meeting the expense of his medications. He said he has to make the choice of eating properly or buying the medication. He stated he has not worked for the last two years because of his illness but is looking forward to returning to the work force if possible.

Dick Anjorden, Associate Director, Utah Health Care Association, said they are looking for one time funding of \$1.5 million to refurbish and upgrade nursing homes in the state of Utah. He said many of the facilities are old and need this update to make them more comfortable for the people who need to be there. This request would be matched with federal funds to allow for these renovations and should be enough to last for the next five to seven years.

Leon Johnson said he would like to thank the Legislature for temporarily restoring the dental and vision funding and would like to ask that it be made permanent. He stated this is not a partisan issue but a moral issue and the great state of Utah has a moral responsibility to take care of the vulnerable population. He said dental and vision care must be made permanent because everyone needs these services. He said he wanted to thank those Legislators who support this cause.

Lopeti S. Penimngani said he has come up to the Legislature for the last three or four years to ask what would happen to those who depend upon dental care services funded through Medicaid if they were not funded. He said he appreciates the temporary funding that has been provided. He said that each year when there was no funding he continued to lose teeth because of being unable to have proper care. He stated this brings embarrassment and ill health and hoped that funding can be continued so others do not have to suffer as he has.

Lou Ann Stevenson thanked the Legislators for the restoration of dental and vision funding to the Medicaid program and said she urgently asked that they become a permanent part of the Medicaid program. She said it would be immoral not to keep these services when the state has a surplus. She said an ounce of prevention is worth a pound of cure and it would cost less to catch the problems early than to fix more serious ones in the future. She distributed a thank you note to committee members.

Darla Bell said she recently went to the dentist and was told she should return in six months but that Medicaid would not pay for it. She stated she cannot go if Medicaid will not pay because she cannot afford it herself. She said with the State having a surplus there is no reason why this cannot be funded. She said she is not the only person who needs these services.

Joel Gardner said when their daughter was born they discovered that she was deaf. After receiving this news they had dozen of questions, worries, and concerns about how best to help their daughter develop and grow. He said the answers came through Early Intervention. They were given support from advisors and therapists who provided them with the things they needed to help their daughter. He said it has been shown by the testimonies heard today that this program is definitely needed and is successful. By increasing the funding for Early Intervention it will not only help those already being helped but will reach out further to help others. By funding this now, we help to reduce higher costs in the future. Katie Gardner echoed what her husband had said.

Karen Compton, Executive Director, Voices for Utah Children, stated she was here to support Rep. Hogue's H.B. 288 which would provide health care coverage through Medicaid for kids who age out of foster care. She said there has never been a lot of discussion concerning these children. These are a group of particularly vulnerable children who at age eighteen leave foster care. National statistics show that after five years 60 percent of them are either homeless, in the judicial system or dead. These are grime statistics and anything that can be done to help them make the transition to successful adulthood would be tremendous. The appropriation for this bill is \$450,000 with a federal match of

three to one. She distributed a fact sheet.

Brian Monson, from Molina Health Care of Utah, one of the providers for the Medicaid CHIP program, said during the last three years Molina Health Care of Utah has lost 338 providers because the Medicare reimbursement rates are not sufficient for them. Other health plans have also lost a number of providers. Patients of those providers now have to see other providers in the network which creates a heavy caseload for those still willing to accept Medicaid patients. He asked for support of the additional 10 percent increase for provider reimbursements.

Kathleen, Chairman, Utah Oral Health Coalition, distributed a position paper from the Coalition supporting H.B. 24 and a letter from Dr. J. Jerald Boseman. She said she also works for the Caring Foundation for Children which is a safety net provider, helping more than 2,000 children per year who do not qualify for Medicaid or CHIP services. These children are in desperate need of dental care services. She said safety net providers in the state are stretched to capacity. She stated many times they receive calls from mothers who say their children are eligible for Medicaid but they simply cannot find a dentist who will take them.

Dr. Mike Miescier, a pediatrician, stated he is not a dentist but he was here to speak in behalf of the many Medicaid children he has cared for who have developed medical problems from their dental problems. He said as a hospital based pediatrician he has seen many children come into the ER or be admitted to the hospital with true medical problems that have evolved out of a lack of preventive dental care. He distributed a fact sheet which included a picture of a patient who had an untreated dental abscess. He said it is vital that we support continued dental funding. He said the figure included on the fact sheet reflects the magnitude of the problem. He said he was in support of increasing Medicaid reimbursement rates to dentists to help alleviate the access problem.

2. Other Committee Business

Co-chair Newbold asked Analyst Debbie Headden to read through the additional items mentioned today that are not on the priority list

Analyst Headden stated there was one item for The Department of Human Services, H.B. 288, "Health Care Amendments for Foster Children," which addresses high risk adolescence who age out of foster care - \$450,000.

For the Department of Health:

1. H.B. 197, "Medicaid Resource Standards and Methodologies," which raises the access level for children who qualify for Medicaid - \$990,900, on-going.
2. HIV-AIDS funding - \$250,000.
3. H.B. 276, "Medicaid Covered At Work Premium Subsidy," - \$535,000 on-going.
4. Utah Children - \$500,000, on-going.
5. Inflation adjustment for private and Medicaid providers - 10 percent.
6. Nursing home renovations - \$1.5 million, one time.
7. Children's Mental Health - \$1 million, on-going.
8. Baby Watch/ Early Intervention - \$2.1 million, on-going.
9. Consumer Healthcare Information - \$75,000, one-time.

Chair Newbold said individual priority lists should be completed, signed, and turned in to the Analysts by Friday. Finalization of budgets will be on Monday.

MOTION: Rep. Litvack moved to adjourn.

Co-Chair Newbold adjourned the meeting at 5:05 p.m.

Minutes reported by Norda Shepard, Secretary.

Sen. Sheldon L. Killpack
Committee Co-Chair

Rep. Merlynn T. Newbold
Committee Co-Chair