UTAH DEPARTMENT OF HEALTH

Utah Health Status Update:
The Patient Protection and Affordable Care Act and Utah's Public Health System

June 2015

In 2010, the ***Patient Protection and Affordable Care Act*** (ACA) was signed into law. The ACA is divided into ten titles dealing with affordable care for Americans, the role of public programs, quality, workforce, transparency, and financial support for public health.

Several components of the ACA support and strengthen Utah's and the nation's capacity to improve the public's health, including:

- *The Prevention and Public Health Fund (PPHF)*: the PPHF is a critical source of funding in Utah to prevent tobacco use, obesity, heart disease, stroke, diabetes and cancer, and to increase immunizations.
- *The National Prevention Council and National Prevention Plan*: the National Prevention Council includes national experts charged with developing and implementing a National Prevention Plan that involves all sectors of society and addresses many facets of good health.
- *Nutrition labeling*: requires disclosure of the nutritional content of standard menu items at chain restaurants and food sold from vending machines to help consumers make more informed choices about the food they eat.
- *Wellness Programs*: encourages employers to promote wellness among employees by allowing financial rewards to employees for participating.
- *Title I*: requires insurers to cover services (free of cost-sharing) with an A or B rating from the U.S. Preventive Services Task Force, outlaws lifetime benefits limits, extends existing dependent coverage until the dependent turns 26, and specifies that plans may not discriminate on the basis of salary for health-plan eligibility.

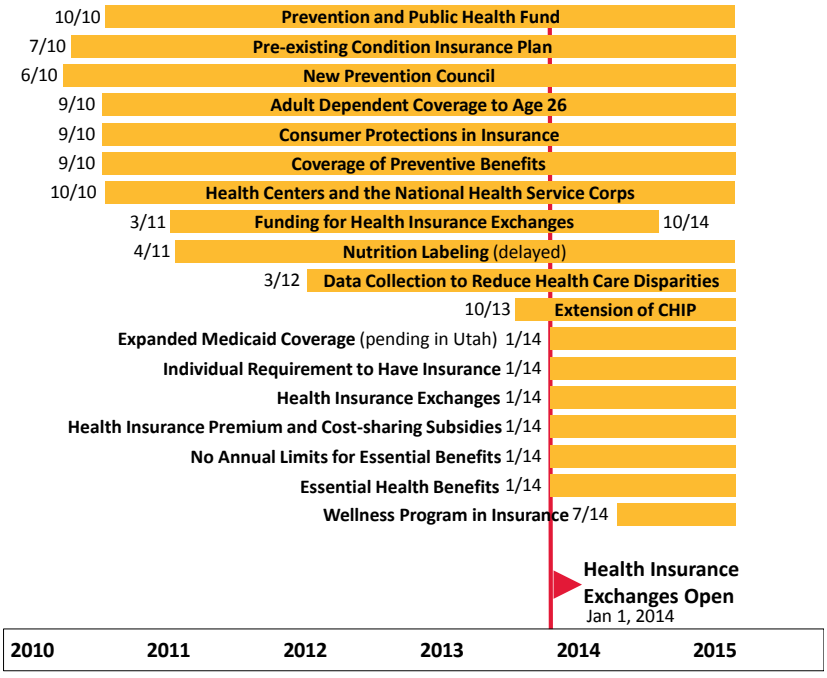
The timing of the implementation of various components of the ACA can be seen in Figure 1.

In order to assess the effects of Title I on preventive services in Utah, percentages of persons receiving recommended preventive services are shown for 2010 through 2013. Colorectal cancer screening increased from 65.2% in 2010 to 75.0% in 2013. Mammography, cholesterol screening, cervical cancer screening and daily folic acid consumption remained steady over the period (Table 1).

- **While the effects of the ACA are not yet known, public health in Utah has benefited from the ACA. More young people in Utah have health care coverage and early indications are that use of preventive services has increased. The Prevention and Public Health Fund has provided funding to prevent tobacco use, obesity, heart disease, stroke, diabetes, and cancer, and to increase immunizations.**
  - » **Colorectal cancer screening increased from 65.2% in 2010 to 75.0% in 2013.**
  - » **Among adults aged 19–26, uninsured rates declined from 23.6% in 2011 to 18.4% in 2013.**
  - » **Among adult Utahns 0–138% of the federal poverty level (FPL), uninsured rates declined from 32.0% in 2011 to 25.7% in 2013.**
  - » **From FY 2011 to FY 2014, the percentage of Ryan White Part B Clients enrolled in ADAP-I increased from 24% to 60% and the total number of individuals receiving assistance increased from 461 to 760, respectively.**

ACA Implementation Timeline

Figure 1. Implementation of the key provisions of the ACA by month and year



The percentage of Utahns of all ages without insurance remained fairly constant from 2011–2013. However, among adults aged 19–26 uninsured rates declined from 23.6% in 2011 to 18.4% in 2013. Among adult Utahns 0–138% of the federal poverty level (FPL), uninsured rates declined from 32.0% in 2011 to 25.7% in 2013 (Table 2).

The Utah Ryan White Part B Program (Part B Program) at the Utah Department of Health, directly administers the AIDS Drug Assistance Program (ADAP) which provides HIV-related medication assistance (ADAP-M) and assistance paying for health insurance premiums, pharmacy co-payments and deductibles (ADAP-I) for low-income people living with HIV (PLHIV) without adequate health coverage. In order to assess the effects of Title I on the Part B Program, ADAP-I client enrollment rates are shown for Fiscal Years (FY) 2011–2014.

From FY 2011 to FY 2014, the percentage of Part B clients enrolled in ADAP-I increased from 24% to 60% and the total number of individuals receiving assistance increased from 461 to 760, respectively.

In FY 2011, prior to the opening of the Federally Facilitated Marketplace (FFM), Utah's Part B Program was the only program in the nation to have a wait-list due to limited funding and an increased need from PLHIV. In FY 2012, the Health Resources and Services Administration (HRSA) granted Emergency Relief Funds to Utah and the Part B Program expanded services to assist 775 clients, with 132 (17%) on ADAP-I.

In FY 2013, 256 (36%) clients were enrolled in ADAP-I and 57% had enrolled in a plan through the FFM and by the end of FY 2014, a total of 460 (61%) clients were enrolled in ADAP-I (Table 2).

While the effects of many of the components of the ACA are not yet known, public health in Utah has benefited from the ACA. More young people in Utah have health care coverage and early indications are that preventive services have increased. Future evaluation efforts will be needed to assess the effectiveness of the health insurance exchanges, nutrition labelling, wellness programs, health coverage, and potential Medicaid expansion.

Title I Impact on Preventive Services

Table 1. Percentages of recommended preventive services [rated A or B from the United States Preventive Services Task Force (USPSTF)] over time, Utah, 2010–2013

USPSTF Topic	Grade	2010	2011	2012	2013
Recommended colorectal cancer screening (ages 50–75)	A	65.2%	-	70.1%	75.0%
Mammogram in past 2 years (women 40 and older)	B	64.5%	66.8%	67.8%	65.9%
Cholesterol screening in past 5 years (women 45 and older)	A	-	87.9%	89.2%	88.6%
Cholesterol screening in past 5 years (men 35 and older)	A	-	79.7%	78.9%	80.4%
Cervical cancer screening in past 3 years (women 20–65)	A	79.8%	-	80.2%	-
Daily folic acid (women aged 18+)	A	-	-	40.2%	-
Percent Uninsured		**2010**	**2011**	**2012**	**2013**
All ages		10.6%	13.4%	13.2%	11.6%
Ages 19–26		28.6%	23.6%	20.9%	18.4%
0–138% FPL		-	32.0%	28.5%	25.7%

Note: Data not available for all years for some measures.
Source: Utah Behavioral Risk Factor Surveillance System, age-adjusted rates

Title I Impact on Utah Ryan White Part B Program

Table 2. Number and percentage of Part B Program clients enrolled in the AIDS Drug Assistance Program (ADAP) and number and percentage of insured clients who enrolled through the Federally Facilitated Marketplace (FFM), Utah, FY 2011–FY 2014

	(n) Insurance	(n) Total Clients	% of Clients w/ Insurance	(n) Insured Clients Enrolled FFM	% of Insured Clients Enrolled FFM
FY 2011	110	461	23.9%	-	-
FY 2012	132	775	17.0%	-	-
FY 2013	256	713	35.9%	146	57.0%
FY 2014	460	760	60.5%	315	68.5%

Source: Utah Ryan White Part B Program

Utah Health Status Update

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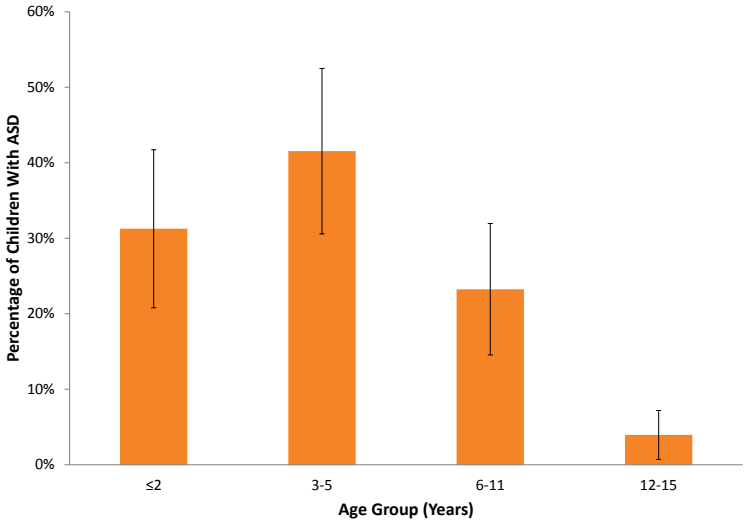
Breaking News, June 2015

Autism Rates and Screening Practices in Children

Utah is among the states with the highest reported prevalence of autism spectrum disorder (ASD) according to CDC report estimates.[1] To better understand ASD diagnostic patterns in Utah, questions were added to the 2014 Behavioral Risk Factor Surveillance System (BRFSS). Previous studies about ASD prevalence in Utah were conducted in limited geographic areas. This is the first attempt in Utah to obtain statewide data on the prevalence and associated features of ASD.

Percentage Distribution of Children With Autism Spectrum Disorder by Age at First Diagnosis, Utah, 2014



Source: 2014 Utah BRFSS, preliminary data

The prevalence of ASD among Utah BRFSS households with at least one child was 20.1 (95% CI: 15.5 to 24.7) per 1,000 children, similar to other Utah ASD data sources. ASD prevalence varied based on the urbanicity of respondent's residential county with ASD prevalence estimated to be 21.3 (95% CI: 15.6 to 27.1) per 1,000 children in urban counties and 16.7 (95% CI: 9.8 to 23.6) per 1,000 children in rural counties. Among households with a child with ASD, the child's age at which the family was first told the child had ASD ranged from less than one year to 15 years. Although approximately one third of children were identified before they were two years of age, the average age at which a child with ASD was first identified with ASD was 4.5 years, consistent with recent CDC reports. Among families with a child with ASD, 63% of families were first informed that their child had ASD in a medical setting largely by pediatricians (44%) while 20% of families were first informed that their child had an ASD in an educational setting.

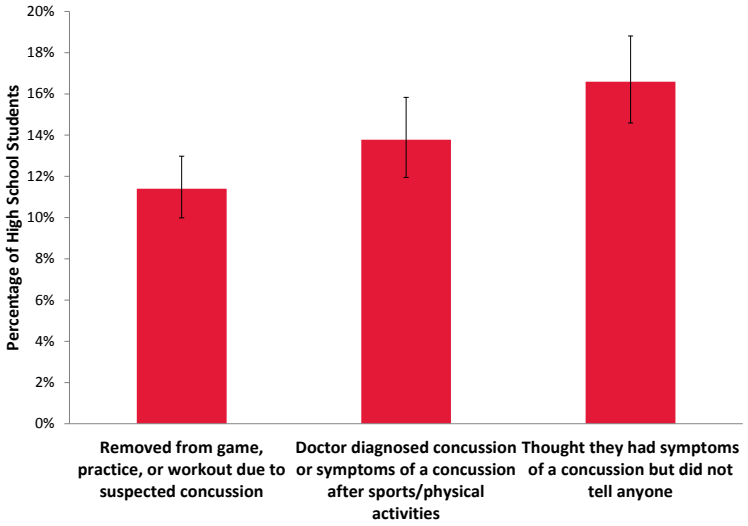
1. Prevalence of Autism Spectrum Disorder Among Children Aged 8 Years, http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6302a1.htm

Community Health Indicators Spotlight, June 2015

Concussions Among Utah High School Students

Concussions are a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head. In 2013, 7,097 Utahns were treated and released from the emergency department for a concussion. Youth ages 10–19 accounted for more than a quarter (29%) of these visits.[1] Youth sports concussions are of particular concern. In 2011, the Utah State Legislature passed a law requiring amateur sports organizations and schools to enforce a concussion policy and to get written approval of the policy by parents before their child participates in a sport activity. A child who gets a head injury must be removed from play and may return only after getting written clearance from a qualified health care provider. However, data[2] show nearly 17% of high school students who played sports said they had symptoms of a concussion but never told anyone. Approximately 14% of high school students said they were told by a doctor that they had a concussion or symptoms of a concussion and almost 12% said they were removed from play by a coach because a concussion was suspected. All concussions are serious. The culture of sports can negatively influence athletes' self-reporting of concussion symptoms and their adherence to return-to-play guidance. Athletes, coaches, and parents may not fully understand or appreciate the impact of concussions on the health of youth.[3]

Concussion Injury or Symptoms Within the Past 12 Months Among Utah High School Students, 2013



Source: Utah Youth Risk Behavior Surveillance System, Utah State Office of Education

1. Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health.
2. Utah Youth Risk Behavior Surveillance System, Utah State Office of Education
3. Sports-Related Concussions in Youth, 2014

Monthly Health Indicators Report

(Data Through April 2015)

Monthly Report of Notifiable Diseases, April 2015	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	20	33	85	113	0.8
Shiga toxin-producing Escherichia coli (E. coli)	5	3	12	12	1.0
Hepatitis A (infectious hepatitis)	1	1	1	3	0.4
Hepatitis B, acute infections (serum hepatitis)	0	0	2	3	0.6
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	1	0	2	0.0
Pertussis (Whooping Cough)	43	90	147	305	0.5
Salmonellosis (Salmonella)	26	34	109	89	1.2
Shigellosis (Shigella)	0	4	9	11	0.8
Varicella (Chickenpox)	10	30	64	144	0.4
Quarterly Report of Notifiable Diseases, 1st Qtr 2015	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	28	29	28	29	1.0
Chlamydia	2,197	1,881	2,197	1,881	1.2
Gonorrhea	361	140	361	140	2.6
Syphilis	10	10	10	10	1.0
Tuberculosis	4	8	4	8	0.5
Medicaid Expenditures (in Millions) for the Month of April 2015	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance - over (under) budget**
Capitated Mental Health	$ 11.7	$ 11.9	$ 138.6	$ 133.9	$ 4.7
Inpatient Hospital	$ 12.5	$ 12.5	$ 108.8	$ 112.4	$ (3.6)
Outpatient Hospital	$ 5.2	$ 4.9	$ 48.5	$ 50.8	$ (2.3)
Long Term Care	$ 14.5	$ 13.6	$ 142.4	$ 138.9	$ 3.6
Pharmacy	$ 11.0	$ 11.2	$ 109.5	$ 102.6	$ 6.9
Physician/Osteo Services	$ 4.5	$ 5.1	$ 50.2	$ 52.2	$ (2.1)
TOTAL MEDICAID	$ 197.9	$ 195.6	$ 1,952.0	$ 1,956.1	$ (4.2)

Program Enrollment for the Month of March 2015	Current Month	Previous Month	% Change‡ From Previous Month	1 Year Ago	% Change‡ From 1 Year Ago
Medicaid	286,090	283,944	+0.8%	277,677	+3.0%
PCN (Primary Care Network)	15,708	16,760	-6.3%	11,914	+31.8%
CHIP (Children's Health Ins. Plan)	16,412	16,271	+0.9%	15,814	+3.8%
	Annual Visits			Annual Charges	
Health Care System Measures	**Number of Events**	**Rate per 100 Population**	**% Change‡ From Previous Year**	**Total Charges in Millions**	**% Change‡ From Previous Year**
Overall Hospitalizations (2013)	279,393	9.0%	-2.8%	$ 6,513.8	+5.9%
Non-maternity Hospitalizations (2013)	177,191	5.6%	-2.5%	$ 5,554.8	+6.6%
Emergency Department Encounters (2013)	683,415	22.3%	-1.5%	$ 1,555.4	+7.1%
Outpatient Surgery (2012)	369,752	12.2%	-3.3%	$ 1,944.7	+3.5%
Annual Community Health Measures	**Current Data Year**	**Number Affected**	**Percent/ Rate**	**% Change‡ From Previous Year**	**State Rank§ (1 is best)**
Obesity (Adults 18+)	2013	483,800	24.1%	-0.5%	9 (2013)
Cigarette Smoking (Adults 18+)	2013	207,000	10.3%	-2.2%	1 (2013)
Influenza Immunization (Adults 65+)	2013	162,900	57.4%	+2.5%	39 (2013)
Health Insurance Coverage (Uninsured)	2013	336,500	11.6%	-12.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2013	192	6.6 / 100,000	-7.8%	9 (2013)
Poisoning Deaths	2013	630	21.7 / 100,000	-6.2%	47 (2013)
Suicide Deaths	2013	570	19.6 / 100,000	+2.9%	49 (2013)
Diabetes Prevalence (Adults 18+)	2013	142,500	7.1%	-1.1%	10 (2013)
Poor Mental Health (Adults 18+)	2013	328,700	16.4%	+4.6%	21 (2013)
Coronary Heart Disease Deaths	2013	1,515	52.2 / 100,000	+1.0%	1 (2013)
All Cancer Deaths	2013	2,961	102.1 / 100,000	+1.9%	1 (2013)
Stroke Deaths	2013	831	28.6 / 100,000	+3.1%	18 (2013)
Births to Adolescents (Ages 15-17)	2013	573	8.6 / 1,000	-16.3%	11 (2013)
Early Prenatal Care	2013	38,905	76.4%	+1.2%	n/a
Infant Mortality	2013	262	5.1 / 1,000	+6.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2013	40,600	80.5%	+7.5%	16 (2013)

* Influenza activity is sporadic in Utah. Influenza-like illness activity is below baseline statewide. As of May 16, 2015, 1,365 influenza-associated hospitalizations have been reported to the UDOH since the start of the influenza season on September 28, 2014. More information can be found at http://health.utah.gov/epi/diseases/influenza/index.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

‡ % Change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for West Nile Virus until the 2015 season.