

**Oregon Health Authority**

Public Health Division

Reponses to Joint Committee on Way and Means

Human Services Subcommittee

March 31 through April 1, 2015

**Tuesday, March 31, 2015**

**Senator Bates/ Sen. Winters: Please update Committee towards the end of session on how we see our programs changing due to ACA. What is plan B for funding for diminishing funding streams and federal funding uncertainty?**

The Affordable Care Act (ACA) provided significant direction for the future of Public Health. In Oregon, the work of the Modernization of Public Health Task Force and subsequently, HB 3100 reflect this state and federal intent.

- The ACA had three significant impacts on Public Health:
  - Recognition and support for Public Health’s role in population health management through policy development and evidence based interventions. In addition, support for Public Health’s expertise in developing state health improvement plans and a “health in all policies” framework to address the social determinants of health.
  - Recognition of the essential need for public health in general preparedness and specifically the surveillance of emerging communicable diseases and the health consequences of virtually all public emergencies.
  - Finally, it reduced the ultimate role of public health to act as “the health care safety net” for the large number of low income, uninsured.
- Public Health has played (and continues to play) a historic and significant role in the direct provision of preventive and urgent services to low income, rural and vulnerable citizens.
- Examples of direct services that are being transitioned to CCO’s include:
  - Immunizations
  - Oral Health/Dental Sealants
  - Reproductive Health Services
  - Maternal & Child Health, Maternal Case Management
  - Breast/Cervical Cancer Programs
  - Public health lab services

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- Indications are that over time, Federal resources will shift to reflect the new locus of safety net care. It has already occurred in some programs.
- We are working closely with the state Medicaid program and are monitoring and adjusting to trends in volumes for direct service programs.
- Transition out of safety net services allows us to focus on epidemiology and data; and using policy, systems and environmental changes to improve population health.
- We recognize that this transition needs to be coordinated to ensure that coverage translates to access and vulnerable communities are not harmed.
- In addition, a right sized safety net needs to continue to assure preventive services for some populations (e.g. undocumented; frontier communities).
- A smooth transition is needed to ensure no gap in service delivery and the financial viability of county Public Health departments.

**Senator Steiner Hayward: How do we rate in comparison to other states with teen/young adult smoking rates?**

Oregon's cigarette smoking prevalence is similar to Washington State's, both of which are lower than surrounding states.

**Oregon 9.4%**

Washington 9.5%

California 10.5%

Idaho 12.2%

Nevada 10.3%

Source: <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>

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**Senator Bates: Can you provide the numbers supporting the tobacco use display in the presentation – slide 8?**

	State-wide	Low SES*	White**	African-American**	American Indian/Alaska Native**	Asian/Pacific Islander**	Latino	11 <sup>th</sup> graders	8 <sup>th</sup> graders
Data Source:	Oregon BRFSS 2013	BRFSS 2013	Oregon BRFSS Race Over-sample 2010/2011	Oregon BRFSS Race Over-sample 2010/2011	Oregon BRFSS Race Over-sample 2010/2011	Oregon BRFSS Race Over-sample 2010/2011	Oregon BRFSS Race Over-sample 2010/2011	OHT 2013	OHT 2013
Sample size	11,007	962	19,606	441	656	641	666	11,907	13,038
Age-adjusted, %	17.8	33.7	21.4	33.3	35.3	14.1	20.8	9.8	4.3

This graph is age-adjusted so these groups can be compared to one another.

\*Household income less than \$15,000 per year

\*\*Non-Latino

Oregon Behavioral Risk Factor Surveillance System (BRFSS)

Oregon Healthy Teens (OHT)

Additional information and resource references are provided in [Appendix A \(p. 17-18\)](#).

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### **Representative Boone: How can Public Health help fund small projects in communities such as garden plots in schools or farm to school programs?**

Public Health administers the Women, Infant and Children (WIC) program, which provides food vouchers for pregnant women and families that can be used to purchase healthy foods and promote healthy eating. This program is almost entirely funded through the federal United States Department of Agriculture (USDA). The USDA does not allow WIC funds to be used for community gardens, farm to school activities or to purchase plant seeds for participants. USDA provides funds for those activities through child nutrition programs in education departments and community grants.

In Oregon, WIC works with community partners to increase access to fresh fruits and vegetables. The state WIC office has encouraged local agencies to partner with their local farmers and farmers market managers to bring markets and farmer taught classes to the clinic. We've done outreach to farmers and farmers' market managers encouraging them to work with their local WIC programs.

- Umatilla-Morrow Head Start operates WIC gardens that participants work in and receive vegetables from at their Pendleton and Hermiston sites.
- Columbia County WIC partners with their Master Gardener programs to provide vegetable plants to participants.
- Klamath County WIC offers a hands-on container gardening class and participants get to leave with a planted vegetable seed.
- Malheur County has successfully brought a Farmers' Market to the WIC clinic since 2012.
- Numerous WIC agencies distribute FDNP coupons at the farmers' market.
- Many local WIC agencies partnered with their hospitals, Head Start programs, and farmers' markets to feature the Oregon Department of Education Harvest of the Month produce which was also highlighted by local school districts.

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In December 2014, the state WIC program invited Healthy Retail Advocates to a facilitated training/conversation about the requirements to be a WIC vendor. We discussed the role they could play in helping existing WIC vendors be "healthier." In February we began the production of a training video for small WIC vendors to offer information that would help them make money selling produce. Since then we've been discussing other ways to help WIC vendors be successful.

**Senator Bates: Track obesity rates and smoking reduction over the past 15-years and see what the difference is from 2000.**

After tobacco use, obesity is the second leading cause of death and disability in Oregon.

There is limited population based data on the correlation between smoking cessation and obesity.

Since the Tobacco Prevention and Education Program (TPEP) launched in 1997, per capita cigarette consumption and youth smoking has reduced by more than 50%.

Prevalence changes over time:

- Since 1996, obesity has increased 68% among adults in Oregon. During the same time, cigarette smoking has decreased 25%.
- Since 2001, cigarette smoking among Oregon 8<sup>th</sup> graders decreased by two-thirds. During the same time period, obesity increased over 40%.
- Since 2001, cigarette among Oregon 11<sup>th</sup> graders decreased by half. During the same time period, obesity has almost doubled (a 83% increase).

Please refer to the charts included in [Appendix B \(p. 19-21\)](#).

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**Representative Keny-Guyer: Can we putting WIC funds on an EBT card used for SNAP?**

Ten states currently use WIC Electronic Benefit Transfer (EBT) cards statewide. Federal mandate requires all states to convert to EBT for WIC by 2020. Oregon WIC will begin using EBT in 2015. Conversion to EBT is 100% federally funded.

The WIC food benefit gives participants a prescribed group of healthy foods each month that meet the growth and development needs for their specific stage of life. SNAP gives participants a set dollar amount to spend on food each month with only a few restrictions on foods that can be purchased. USDA has looked at combining the two benefit delivery systems on a single card and has determined that this is not feasible with current technology and will not approve funding for a joint card project at this time.

**Senator Winters: Provide data indicating how much economy has been related to suicide rates, especially as it relates to timber cities.**

Overall the trend in Oregon suicide rates is similar to the national trend— but rates in Oregon are much higher. The first peak age-adjusted rate in Oregon between 1981 and 2012 occurred in 1986 at 17.0 per 100,000. The lowest age-adjusted rate during this period occurred in 1999 at 13.9 per 100,000. The age-adjusted rates declined 18 percent from 1986 to 1999. A huge rate decrease occurred in late 90s, as rates fell from 16.2 per 100,000 in 1998 to 13.9 in 1999. Since 2000 Oregon suicide rates have increased 25.5 percent, reaching 17.7 in 2012. It's difficult to determine the impact of economic downturn on suicide. Researchers have recently published work that shows that the economic downturn has indeed had an impact on rising suicide rates. This and the high rate of suicide among veterans are important factors in increasing suicide rates.

Please refer to the graph included as [Appendix C \(p. 22\)](#) for additional details.

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**Senator Bates: Suicide rates involving substance abuse have decreased – is this related to methadone? Please break out the numbers accordingly.**

From 2003 – 2012, among 1,172 suicides are due to poisoning, more than 60 percent resulted from a single substance. The most often reported poisoning substance was a prescription medication. Prescription medications were involved 50 percent of male poisoning suicides and 65 percent of female poisoning suicides. In 87 cases (where toxicology results were available) methadone was involved in the suicide death. However toxicology reports were not available on all suicide cases and additionally in some cases the metabolites of a variety of opioids obscures our ability to know the specific opioid when a medication bottle is not found nearby. Detailed additional information is included in the attached [Appendix D \(p. 23\)](#).

**Wednesday, April 1, 2015**

**Senator Bates: Compare suicide rates for veterans to all other suicides. Have we started a collaboration with VA to figure a way to get on top of the number of suicides with vets?**

Approximately 26 percent of Oregon suicides are veterans. Ninety-six percent of veteran suicides were male. Based on the estimates of veterans in Oregon, the graph includes as [Appendix E \(p. 24\)](#) shows male suicide rates by age group. There were statistically significant differences in rates of suicide between veterans and non-veterans among ages 18-24, 35-44 and 45-54. Overall male veterans had a much higher suicide rate than non-veteran males (44.6 vs. 31.5 per 100,000).

We have shared data with Kathleen Carlson PHD of the Portland VA and published a manuscript on Oregon Veterans access to care and its relationship to suicide. We participate as members of the Oregon Department of Veterans Affairs task force focusing on veterans and suicide. We publish annual reports on veterans and suicide and share those data with the National Guard, the Oregon

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Department of Veterans Affairs and the Portland VA. Our suicide prevention coordinators are linked and work with the Veterans Administration Suicide Prevention Coordinators in Portland, Roseburg and White City. OHA is developing a new suicide prevention plan that will include a focus on veterans and their families.

**Senator Winters: As it relates to veteran suicides, can you tell us whether or not the collected data shows if the vets were active in war? Were they homeless? Are there states that are already collaborating on ways to decrease suicides?**

Nearly 75 percent of male veterans ages 18-64 who died by suicide had a diagnosed mental disorder, alcohol and /or substance use problem, or depressed mood at time of death; 17 percent of them had previously attempted suicide. *Alcohol and/or other substance use problems were reported among 13 to 24 percent of those veterans.* A crisis in the two weeks was reported among about 36 percent of victims. *Only one third of victims were reported to be receiving treatment for mental health problems at the time of death.* The most common circumstances reported among male veterans were a problem with an intimate partner (34%), physical health problems (20%), lost job / job problem (18%), financial problem (17%) and crime legal problems (14%). The circumstances of suicide among male veterans were similar to those non-veterans except veteran victims reported more physical health problems.

Data on homelessness is surprisingly difficult to collect. It's important to think of housing insecurity as having several dimensions. For example, many people are not homeless in the sense that they don't have access to a bed and shelter, because they move from place to place sleeping in basement rooms, on couches and floors in the homes of friends, family and acquaintances. People experiencing this type of housing insecurity experience points in time where they don't have shelter and would be categorized as homeless. Housing insecurity has



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a staggering impact among veterans experiencing PTSD, traumatic brain injury (TBI) and mental health problems. True homelessness by the strict definition of the term is rare among people who die by suicide. From 2003 – 2012, there were 13 veterans that died by suicide that were homeless by that strict definition of the term. Housing insecurity is a critical problem and it is very difficult to quantify its impact on veteran suicide.

Both public health and mental health agencies in many states, along with state chapters of national nonprofits are collaborating with suicide prevention coordinators at VA centers.

Frequencies of circumstances surrounding suicide incidents among male veterans and non-veterans ages 18-64, 2003-2010 is included in the attached [Appendix F \(p. 25\)](#).

**Representative Stark: Does the suicide data show trends in relation to seasons? If so, do we offer increased advertising for suicide hotline during those peak seasons?**

The number of suicides in each month varies. On average there were approximately 51 suicide deaths per month from 2003-2012. Overall the greatest number of suicides occurred in July, but there was not a clear seasonal pattern. Oregon suicide data by month, 2003-2012 is included in the attached [Appendix G \(p. 26\)](#).

**Senator Bates: Can Public Health provide additional information and demographics to the Committee relating to Oregon being the fastest aging state in order to help the Committee with budgeting and understanding?**

Oregon's aging population is growing faster than other segments of the population. From 2004-2013 in Oregon, the percent increase (38.4%) in the 60+

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group was higher than in any other age group. Oregon's aging population is growing at a rate above the national average.

From 1990 - 2003, the population of older Oregonians was generally declining, compared to the overall population. Since 2004, the elderly population growth has outpacing the overall population growth rate due to the aging of the baby boomers and net in-migration of older adults (retirees). We expect this to continue as more baby-boomers reach retirement age. We expect there will be 48% more elderly in 2020 than in 2010. Wheeler and Curry counties have the oldest populations, with >40% of their populations 60+ years old. Detailed information on Oregon population growth by age group is provided in [Appendix H \(p. 27\)](#) and [Appendix I \(p. 28\)](#).

**Representative Boone: Is Public Health using the new suggestions from doctors to not do a screening for breast/cervical cancer annually unless there is an issue? Is there enough funding to get everyone who needs screening to get it?**

Related to breast cancer screening, the Oregon Breast and Cervical Cancer Program (BCCP) adheres to the National Comprehensive Cancer Network (NCCN) Guidelines for Breast Cancer Screening and Diagnosis. The NCCN recommends annual clinical breast examinations and screening mammography for women 40 years and older at normal risk. Although the interval of screening in women aged 40 to 49 remains controversial, the NCCN Guidelines clearly recommend annual screenings since mammograms can often detect a lesion two years before the lesion is discovered by a clinical breast examination.

Related to cervical cancer screening of women age eligible for BCC services (40 and older), the Oregon BCCP adheres to the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines, which recommend women age 30 to 65 receive Cytology (Pap test) every 3 years or HPV and cytology "co-testing" every 5 years (preferred). The ASCCP guidelines generally advise a reduction in the

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number of tests women get over their lifetime to better ensure that they receive the benefits of testing while minimizing the harms.

BCCP provides breast and cervical cancer screening services to Oregon's medically underserved women through a statewide network of clinical providers. The program is funded by the Centers for Disease Control and Prevention (CDC), Susan G. Komen Oregon and SW Washington, and state General Fund. The BCCP is part of the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which funds programs in all 50 states.

Current patient volumes appear to have stabilized at approximately 3,000 per year or 250 per month.

This continues to be a program that provides critical services to women who lack access to care under the Affordable Care Act (ACA). While these women are fewer in number, they are harder to reach. PHD is working closely to monitor and adjust to volume trends for these services, and right size access to preventive services for women without access to care under the ACA.

The BCCP caseload from January 2013 through January 2015 can be found in [Appendix J \(p. 29\)](#).

**Representative Olson: What funding is used for to match WIC funding? What interactions does WIC have with TANF?**

There is no required state or other match for the WIC program. All funds are federal.

States must match 30% of the administration costs of USDA's WIC Farmers' Market Nutrition Program grant. When enrolling families in WIC, staff ask about TANF and SNAP participation and routinely refer participants to those programs. The programs differ in eligibility requirements.

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WIC serves pregnant, postpartum or breastfeeding women and children under 5 years old whose household income is 185% of the federal poverty level or lower. TANF has stricter income limits, requires U.S. citizenship and includes children up to 18 years old.

In 2014, 17% of WIC participants were also enrolled in TANF.

The state WIC office has provided and helped update a training curriculum for TANF staff on promoting and supporting breastfeeding mothers in the TANF program. This program has helped working mothers receiving TANF continue to provide their milk to their babies.

SNAP uses the same income level as WIC but does require verification of legal immigrant status.

In 2014, 62% of WIC participants were also enrolled in SNAP.

**Senator Winters: What is the data feed to get stats for poverty in Oregon?**

The source of the data for the poverty map on slide 15 of the Public Health presentation is: [U.S. Census Bureau, Small Area Income & Poverty Estimates \(SAIPE\)](#). It represents 2013 data and the measure is "Percent of the population below 100% of federal poverty level".

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**Representative Keny-Guyer: What is the need for funding in the C-Care program? How many people are served in this program?**

CCare patient volume has leveled off at approximately 3,000 clients per month or 36,000 per year. A review of current 2013-15 resources and actual expenditures indicates that there will likely be a carryover of Other Fund Medical Marijuana dollars into the 2015-17 biennium. This carryover in conjunction with Other Funds Medical Marijuana funds authorized in the 2015-17 Governor’s Budget, appears to provide sufficient funding to continue service provision for an estimated 72,000 clients during the 2015-17 biennium. During this time, Public Health is committed to working with MAP to identify a permanent funding and administrative solution for this program. The agency will carefully monitor caseload and available funding during 2015-17, and continue to keep CFO and LFO analysts informed of the program’s fiscal position throughout the biennium.

CCare Clients Served, CY 2014

Unduplicated CCare clients:	34,213
CCare visits:	51,189

2015-17 CCare Total Fund Budget and Projected Costs

2015-2017 Governor’s Budget:	\$2,943,914
2015-2017 Program Projected Costs*:	\$4,461,298

\*The 2015-17 Program Projected Costs as based upon the following assumptions:

- Estimated 36,000 CCare clients per year
- Current service level staffing, using a 50/50 Medicaid administrative match, and current service level services and supplies
- The Governor’s Budget does not include expenditure limitation for the Other Fund Carryover of Medical Marijuana revenues.

The actual CCare case load for July 2013 through January 2015 is provided in

[Appendix K \(p. 30\)](#).

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**Representative Keny-Guyer: What programs were funded with the Tobacco Master Settlement Agreement (TMSA) funding in the current biennium? What is the impact of removing this funding from the Public Health budget?**

In the current biennium, \$4 million of TMSA funding is directed to the Tobacco Prevention and Education Program (TPEP). This funding increased intensity of activity across all program areas, including community programs, cessation support, and health education campaigns.

In collaboration with the Conference of Local Health Officials (CLHO), the Tobacco Reduction Advisory Committee, representatives from Coordinated Care Organizations (CCOs), and the Governor's Office, TPEP awarded six competitive grants covering nine counties with TMSA money.

TPEP supported these grantees with training and technical assistance, a statewide health education campaign to motivate tobacco users to quit, a statewide health education campaign to inform local communities about the retail practices of the tobacco industry, and a statewide tobacco quit line available 24/7 by phone and online.

The \$4M in Tobacco Master Settlement Agreement increased the TPEP budget by approximately 20%. Removing this funding from the Tobacco Prevention and Education Program budget returns it the previously funded levels provided by the Tobacco Use Reduction Account revenues and federal grants from the CDC.

With less money, TPEP will decrease activities across the comprehensive program, including:

- Community interventions to reduce tobacco use and encourage adults to quit
- Health education and communications

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- Data collection and program evaluation
- Training for public health, health care and community partners
- Technical assistance to support community health

County Health Department recipients of the Tobacco Master Settlement Agreement (TMSA) Strategies for Policy and Environmental Change - Tobacco Free (SPArC) grants are:

<b>SPArC Recipient</b>	<b>Total award (April 2014 – June 2015)</b>
Benton, Linn, Lincoln (joint proposal)	\$226,719
Douglas, Coos (joint proposal)	\$165,354
Klamath	\$111,095
Lane	\$222,636
Multnomah	\$339,617
Yamhill	\$110,608

Please also see fact sheets entitled “Putting Tobacco Master Settlement Agreement (TMSA) Dollars to Work” and “Helping People Quit and Tobacco in the Retail Environment” attached as [Appendix L \(p. 31-32\)](#) and [Appendix M \(p. 33-34\)](#).

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**Senator Bates: Please provide a comprehensive review of all of PH fees within the next couple of weeks.**

Please refer to the Public Health Fee Table – Projected Revenue for 15-17 included as [Appendix N \(p. 35-38\)](#).



**2013-2015 TPEP Program Report**

**Current cigarette smoking prevalence among Oregon adults, 2013**

	<b>Cigarette smoking prevalence (%)</b>
Adults	17.0%

**Note:** Prevalence estimate is not age-adjusted

**Data source:** Oregon Behavioral Risk Factors Surveillance System (BRFSS) 2013

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**2013-2015 TPEP Program Report**

**Current cigarette smoking prevalence among Oregon adults by household income, 2013**

	<b>Cigarette smoking prevalence (%)</b>
Less than \$10,000	42.7%
Less than \$15,000	33.7%
Less than \$20,000	25.3%
Less than \$25,000	23.8%
Less than \$35,000	22.0%
Less than \$50,000	17.5%
Less than \$75,000	12.5%
\$75,000 or more	7.3%

	<b>Cigarette smoking prevalence (%)</b>
Less than \$20,000	33.9%
\$20,000 to \$49,999	20.7%
\$50,000 or more	9.2%

**Note:** Prevalence estimates are age-adjusted

**Data source:** Oregon Behavioral Risk Factors Surveillance System (BRFSS) 2013

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## 2013-2015 TPEP Program Report

### Current cigarette smoking prevalence among Oregon adults by race and ethnicity, 2010-2011

	Cigarette smoking prevalence (%)
White, non-Latino	21.4%
African American, non-Latino	33.3%
Asian or Pacific Islander, non-Latino	14.1%
American Indian or Alaska Native, non-Latino	35.3%
Latino	20.8%

**Note:** Prevalence estimates are age-adjusted

**Data source:** Oregon Behavioral Risk Factors Surveillance System (BRFSS) Race Oversample 2010-2011

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## 2013-2015 TPEP Program Report

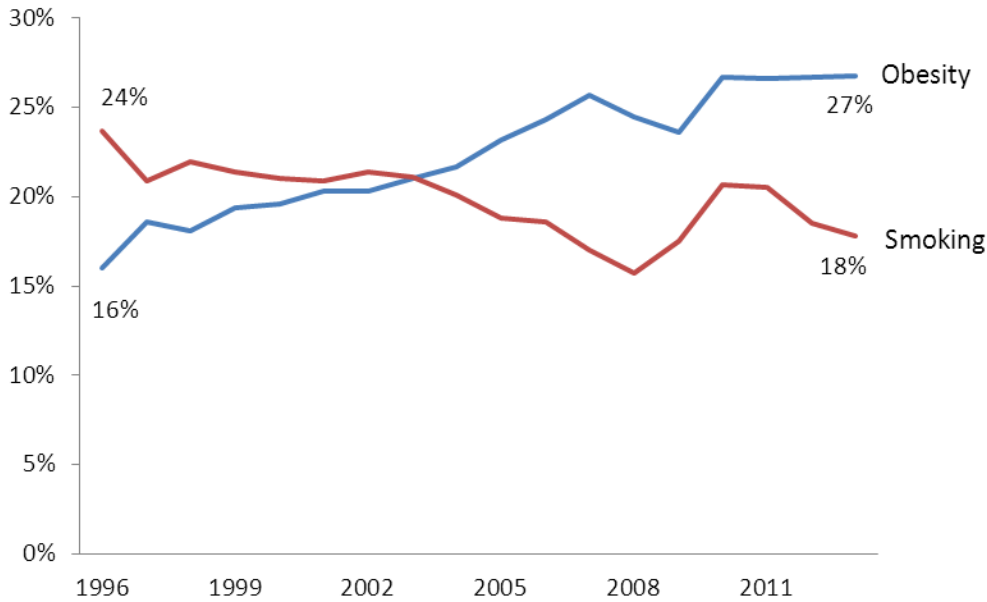
### Current cigarette smoking prevalence among Oregon 8th and 11th graders, 2013

	Cigarette smoking prevalence (%)
8th graders	4.3%
11th graders	9.8%

**Data source:** Oregon Healthy Teens (OHT) survey 2013

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**Obesity and cigarette smoking among adults in Oregon, 1996-2013**

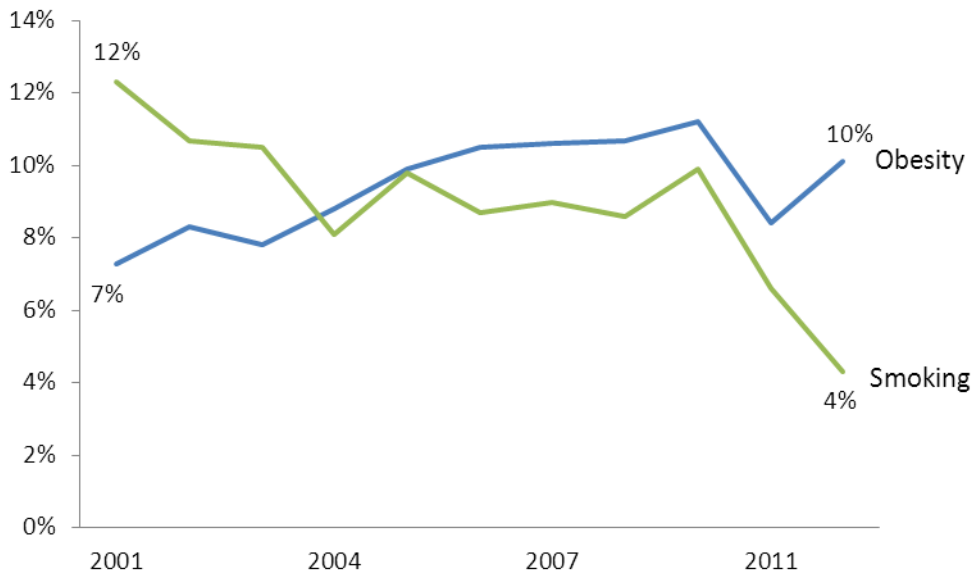


Since 1996, obesity has increased 68% among adults in Oregon. During the same time, cigarette smoking has decreased 25%.

Source: Oregon Behavioral Risk Factor Surveillance System

Note: Estimates are age-adjusted. Starting in 2010, a different adjustment method was used and cellular phones were included in the sample. Estimates prior to 2010 are not comparable.

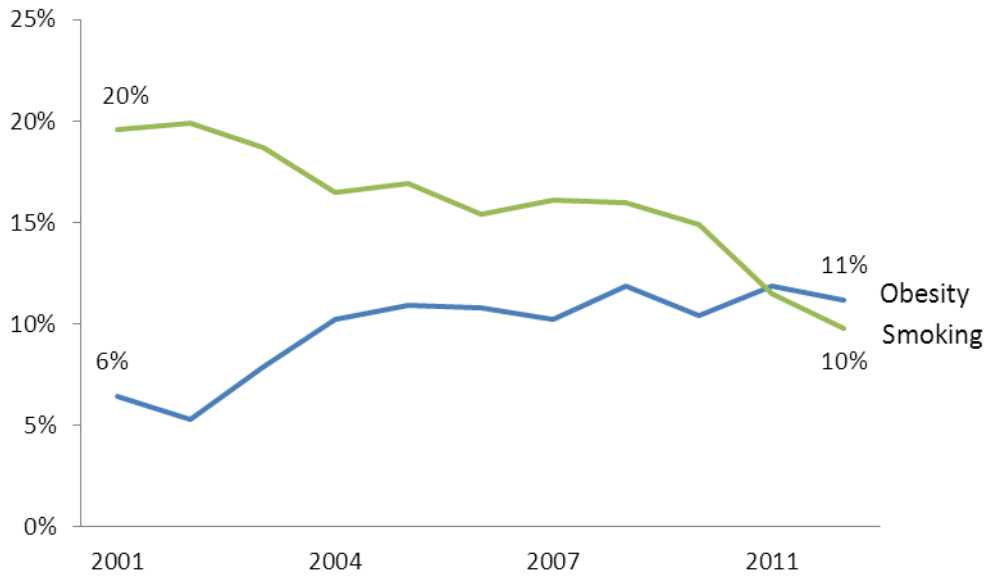
### Obesity and cigarette smoking among 8<sup>th</sup> graders in Oregon, 2001-2013



Source: Oregon Healthy Teens Survey

Since 2001, cigarette smoking among Oregon 8<sup>th</sup> graders decreased by two-thirds. During the same time period, obesity increased over 40%.

## Obesity and cigarette smoking among 11<sup>th</sup> graders in Oregon, 2001-2013



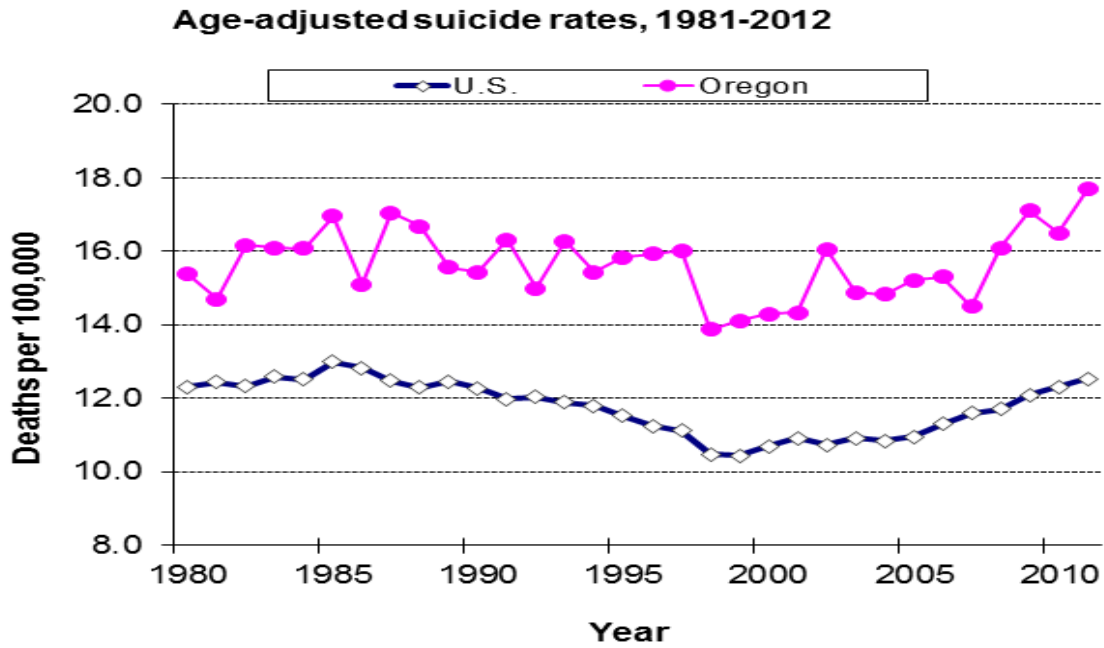
Source: Oregon Healthy Teens Survey

Since 2001, cigarette among Oregon 11<sup>th</sup> graders decreased by half. During the same time period, obesity has almost doubled (an 83% increase).

Many factors affect obesity prevalence. Community, home, child care, school, health care, and workplace settings can all influence people's health decisions. Therefore, it is important to create environments in these locations that make it easier to engage in physical activity and eat a healthy diet.

A combination of multiple efforts working together have contributed to the decline in smoking prevalence. There is limited population based data on the correlation between smoking cessation and obesity.

Appendix C—Data Reflecting Suicide Rates 1981 - 2012



Source: CDC WISQARS

## Appendix D—Suicide Rates Involving Substance Abuse

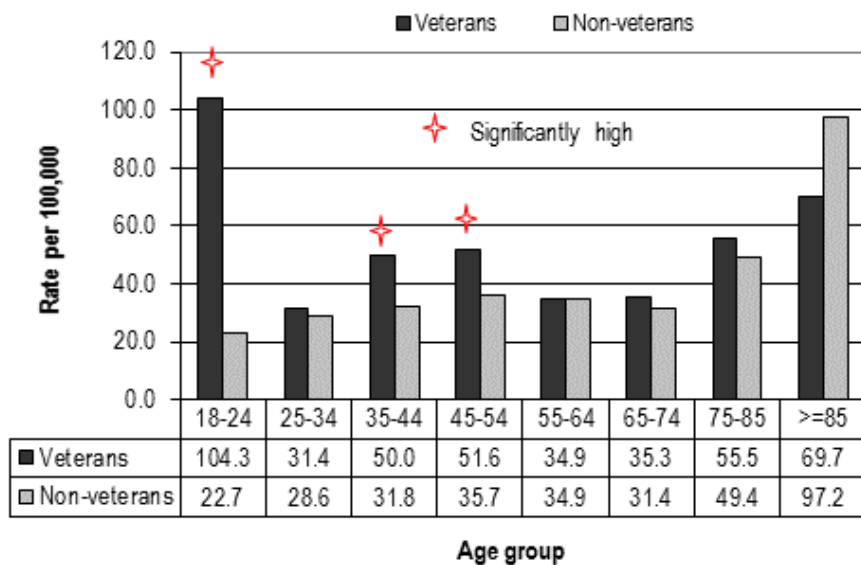
### Type of substance among persons who died in mechanism of poisoning suicide

	Males (N=595)	%	Females (N=577)	%
Single substance	406	68	346	60
Prescription drug only	179	30	222	38
Antidepressant	39	7	44	8
Opiate	86	14	89	15
Over-counter drug only	20	3	22	4
Carbon monoxide only	131	22	51	9
Alcohol only	5	<1	2	<1
Street / Recreation drug only	9	2	1	<1
Multiple substances	179	30	226	39
Prescription drug	119	20	156	27
Antidepressant	34	6	52	9
Opiate	56	9	79	14
Alcohol	35	6	36	6
Over-counter drug	14	2	21	4
Street / Recreation drug	7	1	6	1
Carbon monoxide	8	1	2	0
Unknown	10	2	5	1

Source: ORVDRS

## Appendix E—Oregon Suicide Rates Veterans and Non-Veterans

**Figure 9. Age-specific suicide rates among male veterans and non-veterans, Oregon, 2003-2010**



Source: ORVDRS



## Appendix F—Circumstances Surrounding Oregon Veteran Suicide Incidents

**Table 5F. Frequencies of circumstances surrounding suicide incidents among male veterans, by age group (years), Oregon, 2003-2012**

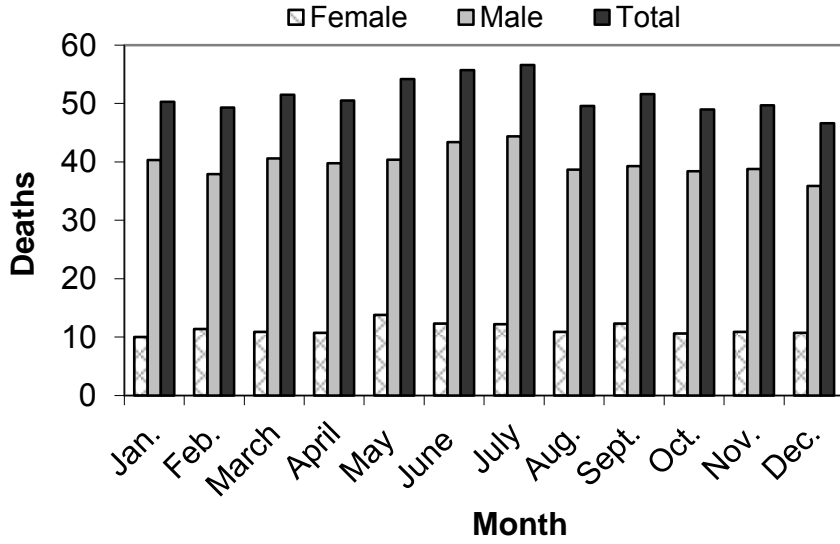
Circumstances	Ages 18-54 (N=516)		Ages >=55 (N=956)		All (N=1472)	
	Count	%	Count	%	Count	%
<b>Mental Health Status</b>						
Mentioned mental health problems *	389	75	554	58	943	64
Diagnosed mental disorder	219	42	249	26	468	32
Problem with alcohol	128	25	117	12	245	17
Problem with other substance	86	17	29	3	115	8
Problem with alcohol and other substance	35	7	14	1	49	3
Diagnosed mental disorder and problem with alcohol and /or other substance	89	17	52	5	141	10
Current depressed mood	236	46	417	44	653	44
Current treatment for mental health problem **	180	35	217	23	397	27
<b>Interpersonal Relationship Problems</b>						
Intimate partner problem	209	41	119	12	328	22
Other relationship problem	101	20	71	7	172	12
Victim of interpersonal violence within past month	2	<1	1	0	3	0
Perpetrator of interpersonal violence within past month	40	8	28	3	68	5
Death of family member or friend within past five years	30	6	112	12	142	10
Suicide of family member or friend within past five years	12	2	7	1	19	1
Family stressor(s)***	50	25	38	10	88	15
History of abuse as a child***	0	0	0	0	0	0
<b>Life Stressors</b>						
A crisis in the past two weeks	193	37	336	35	529	36
Physical health problem	71	14	490	51	561	38
Financial problem	75	15	91	10	166	11
Lost job / job problem	110	21	41	4	151	10
Recent criminal legal problem	87	17	48	5	135	9
Noncriminal legal problem	37	7	26	3	63	4
School problem	2	<1	0	0	2	0
Eviction/Loss of home***	21	10	14	4	35	6
<b>Suicidal Behaviors</b>						
Disclosed intent to die by suicide	197	38	349	37	546	37
Left a suicide note	162	31	340	36	502	34
History of suicide attempt	103	20	95	10	198	13

\* Include diagnosed mental disorder, problem with alcohol and/or other substance, and/or depressed mood.

\*\* Includes treatment for problems with alcohol and/or other substance.

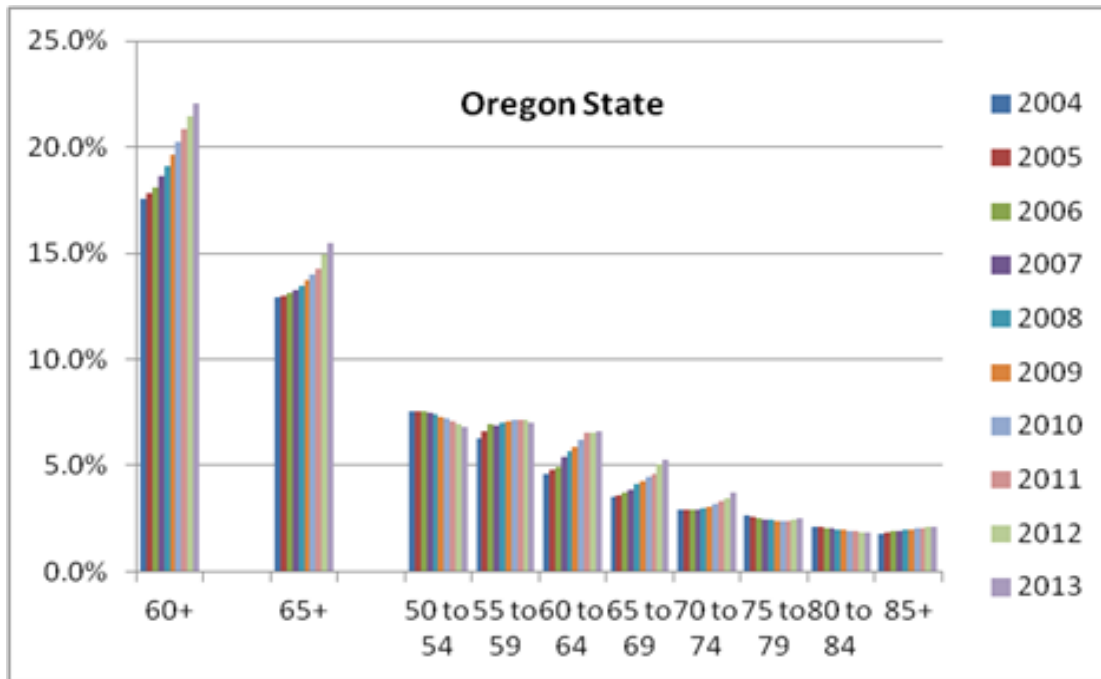
\*\*\* Data were not collected before 2009.

**Figure 6. Average number of suicide, by month, Oregon, 2003-2012**

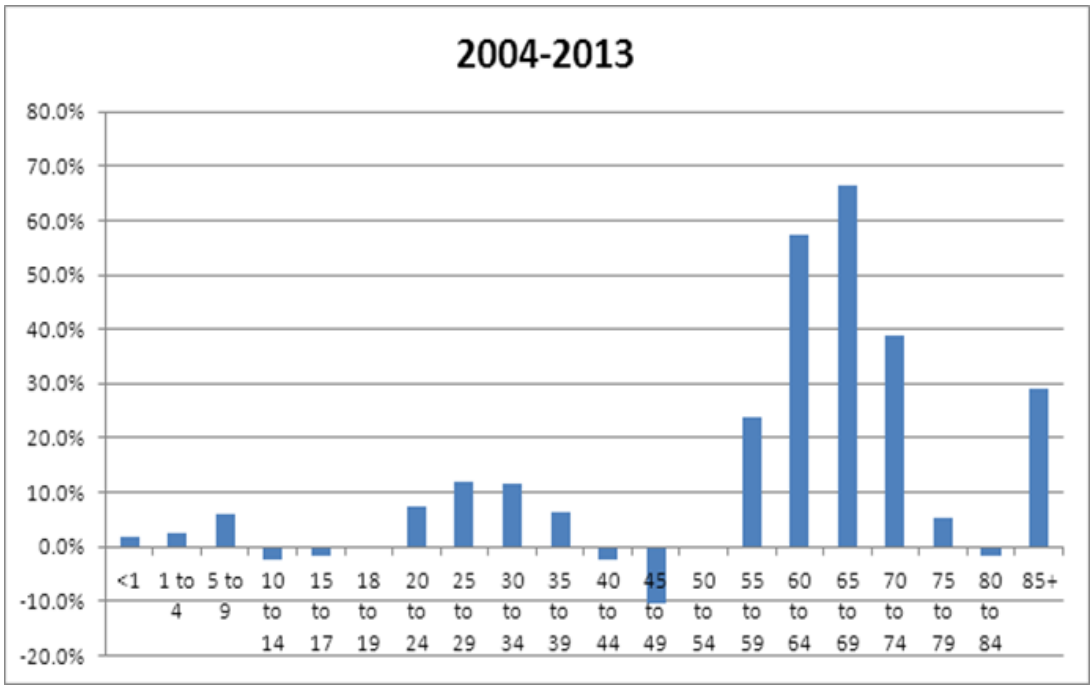


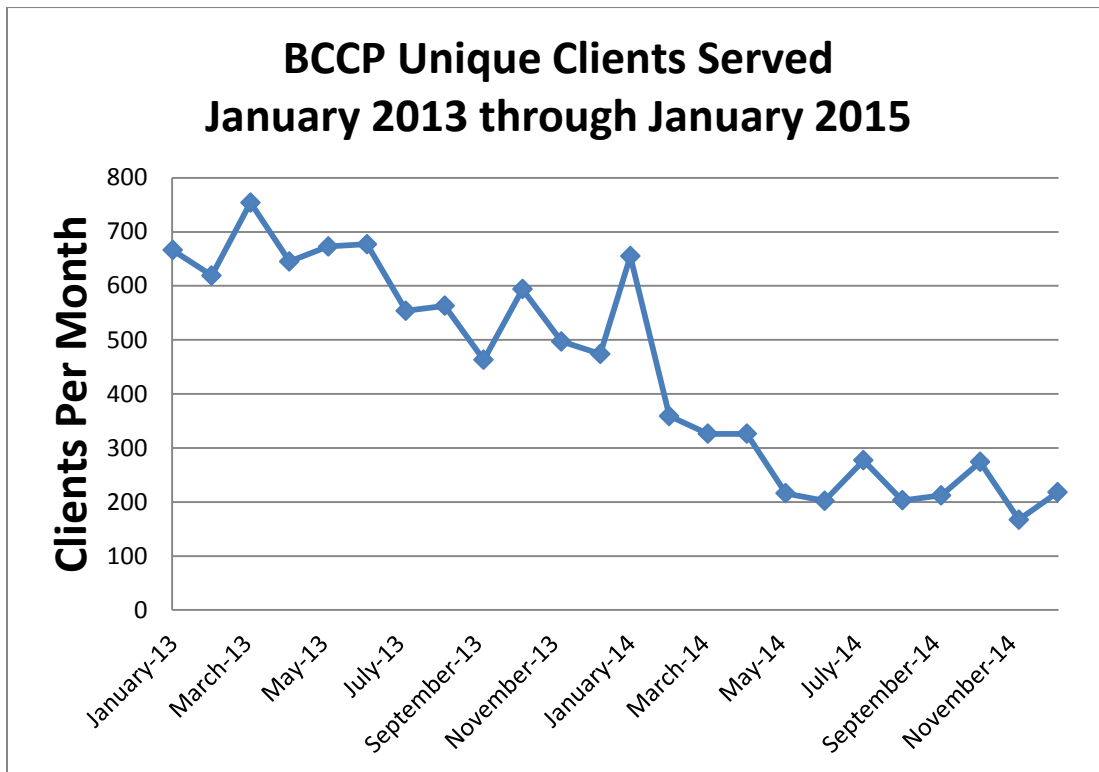
Source: ORVDRS

Appendix H—Oregon’s Population Growth by Age Group 2004 - 2013

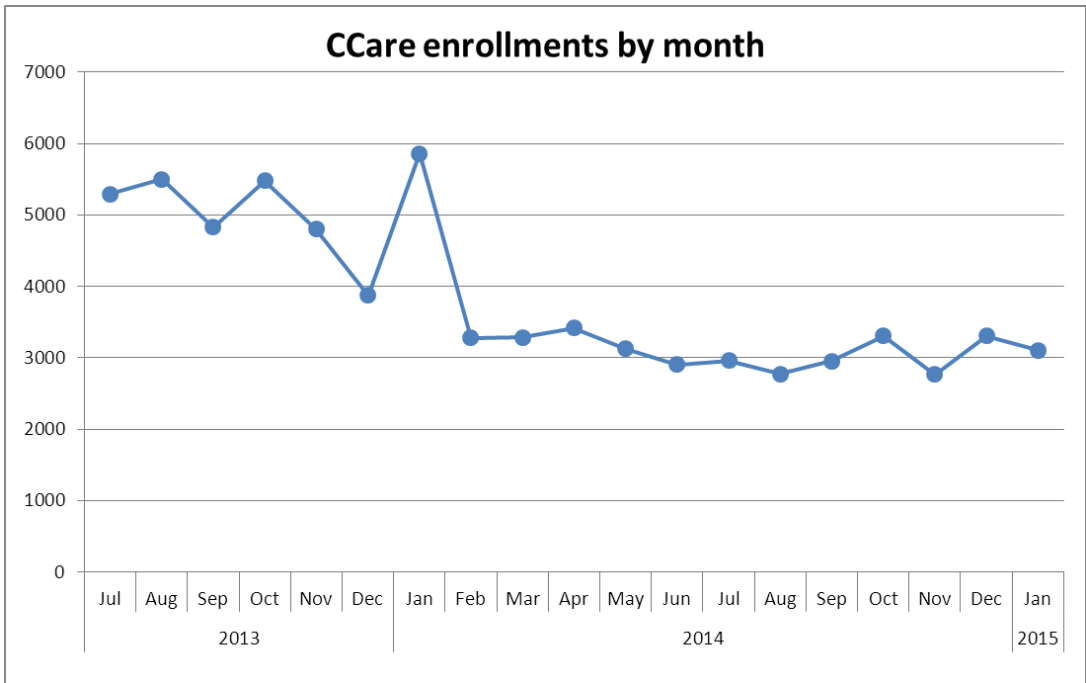


Appendix I—Detailed Oregon Population Growth by Age Group 2004 - 2013





Appendix K—Contraceptive Care Caseload by Month July 2013 – January 2015



## PUTTING TOBACCO MASTER SETTLEMENT AGREEMENT (TMSA) DOLLARS TO WORK HELPING PEOPLE QUIT

### OREGON'S INVESTMENT IN TOBACCO PREVENTION & EDUCATION

Despite declines in tobacco use, it remains the No. 1 preventable cause of death and disease in Oregon, killing 7,000 people each year. Tobacco use is a major risk factor for developing asthma, arthritis, diabetes, cardiovascular disease, stroke, tuberculosis and ectopic pregnancy—as well as lung, liver, colorectal and other forms of cancer. It also worsens symptoms for people already battling chronic diseases. This burden falls hardest on lower-income Oregonians and certain racial and ethnic communities who use tobacco at higher rates and suffer the harshest consequences.

**ALL OREGONIANS  
PAY THE PRICE OF  
TOBACCO USE. MEDICAL  
EXPENSES AND LOST  
WAGES THAT RESULT  
FROM TOBACCO-  
RELATED DISEASE AND  
PREMATURE DEATH COST  
OREGON \$2.5 BILLION  
EACH YEAR, OR \$1,600  
FOR EVERY HOUSEHOLD  
IN OUR STATE.**



### NEW TMSA FUNDING

The majority of Tobacco Prevention and Education Program (TPEP) funding comes from state taxes on tobacco products. However, in 2013, the Legislature for the first time directed a portion of funds from the Tobacco Master Settlement Agreement (TMSA) to support tobacco prevention efforts. This \$4 million commitment funded:

- Community interventions to reduce tobacco use and encourage adults to quit
- Health education and communications
- Data collection and program evaluation
- Training for public health, health care and community partners
- Technical assistance to support community health
- The Oregon Tobacco Quit Line, available 24/7 by phone and online

### QUIT LINE SUCCESS

This investment has increased callers to the Oregon Tobacco Quit Line by 138% from January 2014 compared to January 2015. In January 2015, a total of 1,158 people called for help—the highest number of callers Oregon has ever seen in one month. Web traffic to the Quit website increased from 610 views for the first week of December 2014 to 8,361 views for the last week in December 2014.

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## HELPING PEOPLE WIN AGAINST TOBACCO

In collaboration with the Conference of Local Health Officials (CLHO), the Tobacco Reduction Advisory Committee, representatives from Coordinated Care Organizations (CCOs), and the Governor's Office, the TPEP funded six local health departments with TMSA money.

### COMMUNITY INTERVENTION—SOUTHWEST OREGON:

Southwest Oregon has some of the highest adult smoking rates in the state, particularly among low-income community members and people with substance use disorders. A strong partnership between public health, primary care and substance abuse prevention and treatment forms the backbone of TMSA efforts in Douglas and Coos counties. TMSA funding helped integrate comprehensive tobacco prevention and cessation interventions into medical and dental care campuses in Douglas and Coos counties, and engaged CCO-affiliated clinics in an intensive assessment and planning process to strengthen the delivery of nicotine dependence treatment.

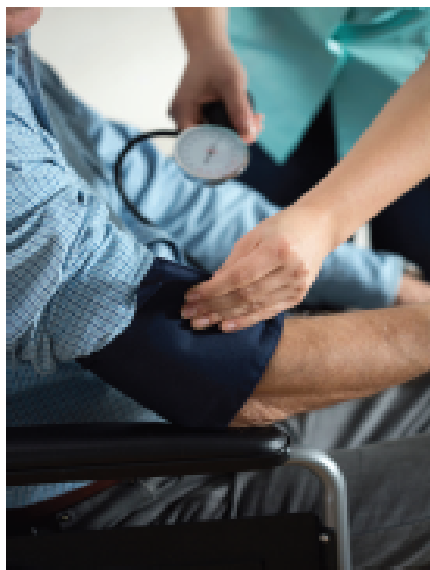


### COMMUNITY INTERVENTION—LANE COUNTY:

Eugene and Springfield comprise the second-largest urban area in the state, but outside of this metropolitan area, Lane County is primarily rural, and its large size and geographic diversity creates differences in health outcomes. TMSA funds allowed Lane County to focus on public health policies in the urban Eugene area as well as in rural areas of Lane County. In December 2014, the Lane County Board of Commissioners passed a tobacco ordinance that protects youth from new and emerging tobacco products, prohibits free sampling and coupon redemption for tobacco products, reduces the number of retailers near kid-friendly places over time, and offers health information at the point of sale.

“ There is no simple solution to the problem of tobacco use, but we know what works to prevent young people from starting and to help people quit. This TMSA investment has allowed us to mobilize local action to apply what works to address the enormous health burden of tobacco use in Douglas and Coos counties. ”

—Marilyn Carter, SPARC (Strategies for Policy And environmental Change) Coordinator



## SUPPORT

**TRAINING AND TECHNICAL ASSISTANCE:** In partnership with the Coordinated Care Organization 2014 Summit, TPEP sponsored a half-day training for health care providers. Participants learned techniques to make sure that every patient is asked if they use tobacco, advised to quit if they do, and referred to support such as the Quit Line if they are interested in quitting. OHA is working with the Oregon Primary Care Association to provide cessation training to health workers at federally qualified health centers.

**HEALTH EDUCATION AND COMMUNICATIONS:** Oregon Health Authority kicked off its English and Spanish cessation campaign using multiple media channels across the state to reach audiences with the highest tobacco use rates. In areas where local health authorities received TMSA dollars for community interventions, OHA targeted additional cessation ads to pregnant women who continue to smoke. Counties include Benton, Coos, Douglas, Klamath, Lincoln, Linn and Yamhill. The campaign began in December 2014 and runs through June 2015, achieving more than 12 million views.



## PUTTING TOBACCO MASTER SETTLEMENT AGREEMENT (TMSA) DOLLARS TO WORK TOBACCO IN THE RETAIL ENVIRONMENT

### OREGON'S INVESTMENT IN TOBACCO PREVENTION & EDUCATION

Oregon's Tobacco Prevention and Education Program (TPEP) works in partnership with local public health authorities, tribes and community-based organizations to engage communities in promoting smokefree environments and reducing the influence of tobacco marketing on the most vulnerable among us, particularly kids.

### NEW TMSA FUNDING

The majority of TPEP funding comes from state taxes on tobacco products. However, in 2013, the Legislature for the first time directed a portion of funds from the Tobacco Master Settlement Agreement (TMSA) to support tobacco prevention efforts. This \$4 million commitment funded:

- Community interventions to reduce tobacco use and encourage adults to quit
- Health education and communications
- Data collection and program evaluation
- Training for public health, health care and community partners
- Technical assistance to support community health
- The Oregon Tobacco Quit Line, available 24/7 by phone and online



Multnomah and Lane counties were awarded grants to implement innovative retail policies to reduce the number of Oregon youth who become addicted to tobacco.

### SWEET, CHEAP & EASY TO GET

Addiction to tobacco starts in adolescence; in fact, nine of ten adults who smoke report that they started smoking before turning 18. Kids in Oregon are under constant pressure to start using tobacco. It is cheap, readily available and easy to get, and it's heavily promoted and marketed in stores that kids go to. Tobacco products come in every size, shape, color, flavor and price—often displayed at young kids' eye level (three feet or lower) and near candy.

Youth who live or go to school in neighborhoods with the highest density of tobacco outlets or retail advertising have higher smoking rates compared to youth in neighborhoods with fewer tobacco outlets. While consumption of cigarettes has decreased among Oregon teens, use of flavored little cigars and e-cigarettes has remained steady or increased—in fact, use of non-cigarette tobacco products (18 percent) is twice that of cigarettes (9 percent).



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### COMMUNITY INTERVENTION – MULTNOMAH COUNTY:

Multnomah County Health Department, in partnership with the Oregon Health Equity Alliance (OHEA), focused on a policy strategy to curb youth access to and use of tobacco. Multnomah County and OHEA assessed 411 tobacco retail venues and presented the results to the Multnomah Board of County Commissioners. County health department leaders conducted a series of presentations to the Board, culminating in three policy options under consideration:

- Prohibit e-cigarette sales to, and use by, minors
- Include use of e-cigarettes in the Multnomah County Smoke-free Workplace law
- License retailers who sell tobacco and e-cigarette products

### COMMUNITY INTERVENTION – LANE COUNTY:

In December 2014, the Lane County Board of Commissioners passed a tobacco ordinance that achieves the following:

- Bans the sale of e-cigarettes to minors
- Requires tobacco and e-cigarette retailers to be licensed in unincorporated areas of the county
- Prohibits free samples of tobacco products
- Prohibits the redemption of tobacco industry coupons and other price discounting practices like multi-pack discounts
- Prohibits tobacco retailers within 1,000 feet of places that serve children, like schools, child care centers, libraries, playgrounds, youth centers, recreation facilities or parks
- Prohibits self-service displays and mobile vending
- Requires posting of health warnings and Quit Line information in each retailer

## SUPPORT

**TRAINING AND TECHNICAL ASSISTANCE:** With the help of Oregon Health Authority staff, all local public health authorities completed a tobacco retail assessment to determine tobacco product availability, price, promotion and placement.

OHA staff trained local public health authorities on proven tobacco prevention retail strategies. These strategies work to reduce (or restrict) the number, location, density and types of tobacco retail outlets; increase the cost of tobacco products; implement prevention and cessation messaging; and other point-of-sale strategies including a ban on the sale of flavored tobacco.

**HEALTH EDUCATION AND COMMUNICATIONS:** The Smokefree Oregon education campaign informs local communities about the retail practices of the tobacco industry and highlights retailers, students and policy makers across Oregon who have taken a stand against the tobacco industry.



# Appendix N—Public Health Division Fee Table – Projected Revenue 2015 – 2017

## Public Health Fee Table - Projected Revenue for 15-17

4/16/15	Note: 15-17 Revenue Includes Revenue Projections for Fees Included in POP 407 and POP 408							
Ctrl	Grant #	Fee Name	15-17 Fee Status	Date of Last Change	Proposed New Effective Date	Who Pays	Fee Description	15-17 Biennium Estimated Revenue
Ctrl for Protect	480352	OMMP FILE COPY FEE	Remained Flat	06/01/14		Card Holder	DUE WITH FILE COPY REQUEST.	1,190
Ctrl for Protect	480352	OMMP LOST/STOLEN CARD FEE - NO REDUCED FEE	Remained Flat	10/01/11		Card Holder	DUE WITH REQUEST FOR REPLACEMENT CARD	19,400
Ctrl for Protect	480352	OMMP NEW AND RENEWAL APPLICATION FEE - NO REDUCED	Remained Flat	10/01/11		Card Holder	ANNUAL APPLICATION FEE	7,614,600
Ctrl for Protect	480352	OMMP NEW AND RENEWAL APPLICATION FEE - OHP REDUCED	Remained Flat	10/01/13		Card Holder	ANNUAL APPLICATION FEE	762,050
Ctrl for Protect	480352	OMMP NEW AND RENEWAL APPLICATION FEE - SSI REDUCED	Remained Flat	10/01/11		Card Holder	ANNUAL APPLICATION FEE	176,520
Ctrl for Protect	480352	OMMP NEW AND RENEWAL APPLICATION FEE - VET REDUCED	Remained Flat	06/01/14		Card Holder	ANNUAL APPLICATION FEE	13,080
Ctrl for Protect	480352	OMMP REPLACEMENT CARD FEE - NO REDUCED FEE	Remained Flat	10/01/11		Card Holder	CHANGES AFTER CARDS HAVE BEEN	773,400
Ctrl for Protect	480352	OMMP-Grow Site Registration Fee	Remained Flat	10/01/11		submitting app.	application	1,130,000
Ctrl for Protect	480352	OMMP-Medical Marijuana Annual Registration - SSI	Remained Flat	10/01/11		Marijuana	medical marijuana users	88,260
Ctrl for Protect	480352	OMMP-New and Renewal Registry Card reduced rate with OHP or SSI	Remained Flat	10/01/11		eligible for OHP	Recover processing costs	1,174,320
Ctrl for Protect	480366	Application Fee	Remained Flat	08/14/13				200,000
Ctrl for Protect	480366	Dispensary Fee	Remained Flat	08/14/13				1,400,000
Ctrl for Practic	480383	PHL-ORELAP Basic Field of Testing Assessment - Oregon - Each A	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	120
Ctrl for Practic	480383	PHL-ORELAP Basic Field of Testing Assessment - Out of State - Ea	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	660
Ctrl for Practic	480383	PHL-ORELAP Basic Field of Testing Assessment Fee - Oregon - Fir	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	2,250
Ctrl for Practic	480383	PHL-ORELAP Basic Field of Testing Assessment Fee - Out of State	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	7,600
Ctrl for Practic	480383	PHL-ORELAP Complex Field of Testing Assessment - Oregon - Eac	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	600
Ctrl for Practic	480383	PHL-ORELAP Complex Field of Testing Assessment - Oregon - Firs	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	7,500
Ctrl for Practic	480383	PHL-ORELAP Complex Field of Testing Assessment - Out of State	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	4,425
Ctrl for Practic	480383	PHL-ORELAP Complex Field of Testing Assessment - Out of State	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	45,100
Ctrl for Practic	480383	PHL-ORELAP Moderate Field of Testing Assessment - Oregon - Eac	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	600
Ctrl for Practic	480383	PHL-ORELAP Moderate Field of Testing Assessment - Oregon - Firs	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	3,150
Ctrl for Practic	480383	PHL-ORELAP Moderate Field of Testing Assessment - Out of State	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	6,160
Ctrl for Practic	480383	PHL-ORELAP Moderate Field of Testing Assessment - Out of State	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	38,500
Ctrl for Practic	480383	PHL-ORELAP Oregon On-Site Trip Fee - Tier 1	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	8,750
Ctrl for Practic	480383	PHL-ORELAP Oregon On-Site Trip Fee - Tier 2	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	2,500
Ctrl for Practic	480383	PHL-ORELAP Oregon On-Site Trip Fee - Tier 3	Remained Flat	10/10/2002		Laboratories	Recover cost of inspecting and accrediting	9,000
Ctrl for Practic	480383	PHL-ORELAP Tier 1 Oregon Lab Application Fee - Annual	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	22,500
Ctrl for Practic	480383	PHL-ORELAP Tier 1 Out of State Lab Application Fee - Annual	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	71,500
Ctrl for Practic	480383	PHL-ORELAP Tier 2 Oregon Lab Application Fee - Annual	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	9,000
Ctrl for Practic	480383	PHL-ORELAP Tier 2 Out of State Lab Application Fee - Annual	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	57,200
Ctrl for Practic	480383	PHL-ORELAP Tier 3 Oregon Lab Application Fee - Annual	Remained Flat	10/26/1999		Laboratories	Recover cost of inspecting and accrediting	28,800
Ctrl for Practic	480383	PHL-ORELAP Tier 3 Out of State Lab Application Fee - Annual	Remained Flat	8/9/2011		Laboratories	Recover cost of inspecting and accrediting	277,200
Ctrl for Protect	480416	Certification/recertification fee for Firms performing Lead-based Paint	Increase	10/01/10		Firms performing LBP Activities	Certification/recertification fee for Firms performing Lead-based Paint Activities.	2,975
Ctrl for Protect	480416	Certification/recertification fee for Inspectors, Risk Assessors, Super	Increase	10/01/10		Inspectors, Assessors, Supervisors LBP	Certification/recertification fee for Inspectors, Risk Assessors, Supervisors and Project Designers performing Lead-based Paint Activities.	1,785
Ctrl for Protect	480416	Certification/recertification fee for workers performing Lead-based Pai	Increase	10/01/10		Workers, LBP	Certification/recertification fee for workers performing Lead-based Paint Activities.	3,950
Ctrl for Protect	480416	EPH-LBP-Accred-Ren-Ref.	Remained Flat	10/01/10		Provider	Accreditation-Renovation firm-Refresher	800
Ctrl for Protect	480416	EPH-LBP-Accred-R-I	Remained Flat	10/10/10		Provider	Accreditation-Renovator-Initial	1,120
Ctrl for Protect	480416	EPH-LBP-Certification Test - Trainer Applicants	Remained Flat	10/10/10		Applicant	certification of training	23,800
Ctrl for Protect	480416	EPH-LBP-Cert-Renovation firm	Remained Flat	10/01/10		Renovation firm	Certification-Renovation firm	2,500
Ctrl for Protect	480416	EPH-LBP-Course-R-Init	Remained Flat	10/01/10		Provider	Course fee-Renovator-Initial	34,000
Ctrl for Protect	480416	EPH-LBP-Course-R-Ref.	Remained Flat	10/01/10		Provider	Course fee- Renovator Refresher	42,500
Ctrl for Protect	480416	EPH-LBP-ReAccred-Ren-I	Remained Flat	10/01/10		Provider	Re-Accreditation-Renovator-Refresher	1,360
Ctrl for Protect	480416	EPH-LBP-ReAccred-Ren-Ref	Remained Flat	10/01/10		Provider	Re-Accreditation-Renovator-Initial	310
Ctrl for Protect	480416	EPH-LBP-ReCert-Renovation firm	Remained Flat	10/01/10		Renovation firm	Recertification	25,000
Ctrl for Protect	480416	Student Fee/ fee charged for each student obtaining certification thro	Increase	10/01/10		seeking	obtaining certification through one of our	82,569
Ctrl for Protect	480417	DWS- New/Renewal Backflow Assembly Tester/Specialist Cert.	Remained Flat	01/01/94		TESTER &		103,880
Ctrl for Protect	480417	DWS- Renewed Combined Certificates	Remained Flat	01/01/94		TESTERS &		17,600
Ctrl for Protect	480417	DWS-Community Water Systems with 1,000-9,999 CONNECTIONS	Remained Flat	01/31/06		Water Systems		45,200
Ctrl for Protect	480417	DWS-Community Water Systems with 10,000 OR MORE CONNECT	Remained Flat	01/31/06		Public Water		17,500
Ctrl for Protect	480417	DWS-Community Water Systems with 100-999 CONNECTIONS	Remained Flat	01/31/06		Public Water		41,100
Ctrl for Protect	480417	DWS-Community Water Systems with 15-99 CONNECTIONS	Remained Flat	01/31/06		Public Water		26,940
Ctrl for Protect	480421	HCR-Certificate of Need Expedited	Remained Flat	01/01/09		Facility Owners	need for certification of a new hospital or new	225,420
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$0-\$49,999	Remained Flat	07/01/09		Facility	ARCHITECTURALLY REVIEWED	20,250
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$1,000,000-\$2,	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	168,960
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$100,000-\$249	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	94,250
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$25,000-\$574	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	146,160
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$50,000-\$99,99	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	34,000
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$575,000-\$999	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	127,500
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range \$6,000,000-\$9,	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	57,810
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range\$10,000,000-\$2,	Remained Flat	07/01/09		Facility	BEING ARCHITECTURALLY REVIEWED	78,180
Ctrl for Protect	480424	HCR FPS-Constr. Proj. Plan Review Fee-Cost Range\$3,000,000-\$5,	Remained Flat	07/01/09		Facility	PROJECT BEING ARCHITECTURALLY	74,050
Ctrl for Protect	480424	HCR-Hospital & Special Inpatient Care Facility License	Remained Flat	01/01/11		Owner	Recover the costs of reviewing plans	555,988
Ctrl for Protect	480424	HCR-Hospital Staellite Units	Remained Flat	01/01/95		Owner	Recover the cost of reviewing plans.	166,500
Ctrl for Protect	480425	RPS-Dental, Academic, or Veterinary X-Ray Machines	Increased	07/01/07	07/01/15	Device Owner	registration; inspection and testing	1,115,600
Ctrl for Protect	480425	RPS-Hospital Radiological, Chiropractic, Osteopathic or Medical	Increased	07/01/07	07/01/15	Device Owner	registration; inspection and testing	607,335
Ctrl for Protect	480425	RPS-Industrial or Podiatry X-Ray Machines	Increased	07/01/07	07/01/15	Device Owner	registration; inspection and testing	115,900
Ctrl for Protect	480425	Low Level Iodine - 131	Increased	01/01/09	08/01/14	Analyses		-
Ctrl for Protect	480433	DWS- New Level 1 Txmt or Distrib. Cert.	Remained Flat	01/31/06		System		15,550
Ctrl for Protect	480433	DWS- New Level 2 Txmt or Distrib. Cert.	Remained Flat	01/31/06		System		14,420
Ctrl for Protect	480433	DWS- New Level 3 Txmt or Distrib. Cert.	Remained Flat	01/31/06		System		8,820

Ctrl for Protect	480433	DWS- New Level 4 Txmt or Distrib. Cert.	Remained Flat	01/31/06		System		3,080
Ctrl for Protect	480433	DWS-MULTIPLE CERTIFICATION RENEWAL (2 YRS)	Remained Flat	01/31/06		System		67,920
Ctrl for Protect	480433	DWS-NEW FILTRATION ENDORSEMENT CERTIFICATION	Remained Flat	01/31/06		System		1,400
Ctrl for Protect	480433	DWS-SINGLE CERTIFICATION RENEWAL (2 YRS)	Remained Flat	01/31/06		Public Water		148,880
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Certificate of Fitness	Remained Flat	01/24/00		Property Owner	Recover costs trelated to issuing a certificate of	6,000
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Decontamination Late License Renewal	Remained Flat	01/24/00		Licenseses	Recover costs related to the application renewal	200
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Decontamination License Renewal	Remained Flat	01/24/00		Licenseses	Recover costs related to the application renewal	10,000
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Initial Decontamination License/Recip. R	Remained Flat	01/24/00		Applicant	of drug lab decontamination license	1,000
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Site Assessment	Remained Flat	01/24/00		Property Owner	assessment	9,000
Ctrl for Protect	480438	EPH-Clandestine Drug Lab Work Plan Review	Remained Flat	01/24/00		Property Owner	work plans	27,000
Ctrl for Protect	480438	EPH-Drug Site Decontamination-Refresher Course Exam	Remained Flat	01/24/00		Contractor	decontamination training.	3,000
Ctrl for Protect	480438	EPH-Drug Site Decontamination-Training Course	Remained Flat	01/24/00		Contractor	decontamination training.	450
Ctrl for Protect	480438	EPH-Drug Site Decontamination-Training Course Exam	Remained Flat	01/24/00		Contractor	decontamination training.	300
Ctrl for Protect	480447	HCR-Birthing Center License	Remained Flat	01/01/10		Owner	Recover the costs of reviewing plans	62,500
Ctrl for Protect	480450	HCR-Home Health Agency License -Initial	Remained Flat	01/01/10		Agency Owner	health agencies	11,200
Ctrl for Protect	480450	HCR-Home Health Agency License -Renewal	Remained Flat	01/01/10		Agency Owner	health agencies	86,700
Ctrl for Practico	480451	HS-Amendments	Remained Flat	12/01/03		govt agencies	Recover costs of amending records	362,910
Ctrl for Practico	480451	HS-Birth Certificate - Additional Copies	Remained Flat	12/01/03		agencies	Recover costs of providing certificates	453,451
Ctrl for Practico	480451	HS-Birth Certificates First Copy	Remained Flat	12/01/03		other govt	Recover costs of providing certificates	3,323,260
Ctrl for Practico	480451	HS-Commemorative Certificate of Stillbirth	Remained Flat	12/01/03		Public	Certificate of Still Birth	1,062
Ctrl for Practico	480451	HS-Court registration of birth - (Delayed birth certificate)	Remained Flat	12/01/03		Public	Recover costs of delayed filing of records	510
Ctrl for Practico	480451	HS-Death Certificates - Each Additional Copy	Remained Flat	12/01/03		homes; other	Recover costs of providing certificates	115,845
Ctrl for Practico	480451	HS-Death Certificates - First Copy	Remained Flat	12/01/03		homes; other	Recover costs of providing certificates	387,780
Ctrl for Practico	480451	HS-Divorce Certificates	Remained Flat	12/01/03		Public	Recover costs of providing certificates	814,000
Ctrl for Practico	480451	HS-Expedite Fee	Remained Flat	12/01/03		govt agencies	Recover costs of expediting service	781,750
Ctrl for Practico	480451	HS-Heirloom Birth Certificate Fee	Remained Flat	12/01/03		Homes/Public		pending
Ctrl for Practico	480451	HS-Marriage Certificates	Remained Flat	12/01/03		Public	Recover costs of providing certificates	308,750
Ctrl for Practico	480451	HS-Replacement Fee - 4+ Records	Remained Flat	12/01/03		Funeral Homes	Correction of four or more records	30,000
Ctrl for Practico	480451	HS-Research Records Fee	Remained Flat	12/01/03		agencies	\$15 to \$20 (if less than 100 copies), \$8 to \$10	15,000
Ctrl for Practico	480451	HS-Sealed File Fee - Certified Copy	Remained Flat	12/01/03		govt agencies	Recover costs of copying sealed files	2,183
Ctrl for Practico	480451	HS-Sealed File Fee - Non-Certified Copy	Remained Flat	12/01/03		govt agencies	Recover costs of copying sealed files	1,445
Ctrl for Practico	480451	HS-Verification Fee (manual only)	Remained Flat	12/01/03		agencies	verification will be charged if over 10/month from	14,785
Ctrl for Protect	480452	HCR-Caregiver Registry or Referral Agencies - New	Remained Flat	01/01/10		Facility Owner	Related to licensing and inspection of facility	18,000
Ctrl for Protect	480452	HCR-Caregiver Registry or Referral Agencies - Renewal	Remained Flat	01/01/10		Facility Owner	Related to licensing and inspection of facility	12,000
Ctrl for Protect	480453	HCR-Hospital Complaint Investigations	Remained Flat	01/01/10		Hospital	Recover costs related to investigations	183,600
Ctrl for Protect	480453	HCR-Hospital Full Compliance Surveys	Remained Flat	10/10/10		Hospital	Recover costs related to the surveys	30,080
Ctrl for Protect	480453	HCR-Hospital Off-site Followup Surveys	Remained Flat	01/01/10		Hospital	surveys	8,160
Ctrl for Protect	480453	HCR-Hospital On-site Followup Surveys	Remained Flat	01/01/10		Hospital	surveys	5,400
Ctrl for Protect	480454	HCR-Hospice Agencies	Remained Flat	01/01/10		Facility Owner	Related to licensing and inspection of facility	73,500
Ctrl for Protect	480455	DWS- Community Water (purchasing exclusively), 1001-3000 connect	Remained Flat	02/15/08		Systems		3,840
Ctrl for Protect	480455	DWS- Community Water (purchasing exclusively), 501-1000 connect	Remained Flat	02/15/08		Systems		2,160
Ctrl for Protect	480455	DWS- Community Water (purchasing exclusively), greater than 3000	Remained Flat	02/15/05		Systems		11,520
Ctrl for Protect	480455	DWS- Community Water Systems- No Treatment, 251-500 connect	Remained Flat	02/15/08		System		10,125
Ctrl for Protect	480455	DWS- Community Water Systems, Sanitary Survey Fee, 15-25 conn	Remained Flat	02/15/08		Systems	and with or without treatment	46,200
Ctrl for Protect	480455	DWS- Community Water Systems-No Treatment, >3000 connect	Remained Flat	02/15/08		Systems		10,800
Ctrl for Protect	480455	DWS- Community Water Systems-No Treatment, 1001-3000 connect	Remained Flat	02/15/08		Systems		13,200
Ctrl for Protect	480455	DWS- Community Water Systems-w/txmt class, 1001-3000 connect	Remained Flat	02/15/08		Systems		33,600
Ctrl for Protect	480455	DWS- Community Water Systems-w/txmt class, 251-500 connect	Remained Flat	02/15/08		Systems		10,800
Ctrl for Protect	480455	DWS- Community Water Systems-w/txmt class, 501-1000 connect	Remained Flat	02/15/08		System		21,600
Ctrl for Protect	480455	DWS- Community Water Systems-w/txmt class, greater than 3000	Remained Flat	02/15/08		Systems		50,400
Ctrl for Protect	480455	DWS- Non-community water system	Remained Flat	02/15/08		System	transient or state regulated)	122,700
Ctrl for Protect	480455	DWS-Community Water (purchasing exclusively), 251-500 connect	Remained Flat	02/15/08		Systems		1,620
Ctrl for Protect	480455	DWS-Community Water Systems, No Treatment, 501-1000 connect	Remained Flat	02/15/08		Systems		12,600
Ctrl for Protect	480455	DWS-NON-COMMUNITY WATER SYSTEM	Remained Flat	02/15/08		Suppliers		122,700
Ctrl for Protect	480459	EMS - RECIPROCITY - BASIC LICENSE - EMT	Remained Flat	07/01/10		EMT Applicant		35,140
Ctrl for Protect	480459	EMS - RENEWAL - BASIC	Remained Flat	07/01/13		EMT Applicant		222,800
Ctrl for Protect	480459	EMS - INITIAL EXAM & LICENSE - EMT BASIC	Remained Flat	07/01/10		EMT applicant	Recover cost of testing and certifying EMT's	225,600
Ctrl for Protect	480459	EMS - INITIAL EXAM & LICENSE- ADVANCED EMT	Remained Flat	07/01/13		EMT applicant		9,375
Ctrl for Protect	480459	EMS - INITIAL EXAM & LICENSE INTERMEDIATE EMT	Remained Flat	07/01/10		EMT applicant	Recover cost of testing and certifying EMT's	6,250
Ctrl for Protect	480459	EMS - INITIAL EXAM & LICENSE -PARAMEDIC	Remained Flat	07/01/10		Applicant	Recover cost of testing and certifying EMT's	58,000
Ctrl for Protect	480459	EMS - INITIAL EXAM & LICENSE-EMERGENCY MEDICAL RESPON	Remained Flat	07/01/10		APPLICANT	CERTIFYING FIRST RESPONDERS	24,750
Ctrl for Protect	480459	EMS - LATE FEE-EMS PROVIDER RENEWAL	Remained Flat	07/01/10		their employers		21,760
Ctrl for Protect	480459	EMS - Mailing List Sales PROVIDER.AGENCY	Remained Flat	07/01/10		their employers		2,175
Ctrl for Protect	480459	EMS - PROVIDER NSF Checks	Remained Flat	07/01/10		their employers		1,125
Ctrl for Protect	480459	EMS - RECIPROCITY LICENSE EMERGENCY MEDICAL RESPON	Remained Flat	07/01/10		EMR		500
Ctrl for Protect	480459	EMS - RENEWAL LICENSE -ADVANCED EMT	Remained Flat	07/01/10		EMT Applicant		5,695
Ctrl for Protect	480459	EMS - RENEWAL -EMT INTERMEDIATE	Remained Flat	07/01/13		EMT Applicant		71,740
Ctrl for Protect	480459	EMS - RENEWAL LICENSE-EMERGENCY MEDICAL RESPONDER	Remained Flat	07/01/13		APPLICANT		27,600
Ctrl for Protect	480459	EMS - RENEWAL -PARAMEDIC LICENSE	Remained Flat	07/01/10		Applicant		450,000
Ctrl for Protect	480459	EMS - RETESTING - PARAMEDIC - PRACTICAL	Remained Flat	07/01/10		EMT Applicant		5,000
Ctrl for Protect	480459	EMS - RETESTING- BASIC PRACTICAL	Remained Flat	07/01/10		APPLICANT	CERTIFYING EMTs	25,850
Ctrl for Protect	480459	EMS - RETESTING -INTERMEDIATE COGNITIVE RE-EXAMINATION	Remained Flat	07/01/10		EMT Applicant		1,500
Ctrl for Protect	480459	EMS - RETESTING-ADVANCED EMT PRACTICAL	Remained Flat	07/01/10		EMT Applicant		4,250
Ctrl for Protect	480459	EMS - RETESTING-EMT INTERMEDIATE PRACTICAL	Remained Flat	07/01/10		EMT Applicant		4,250
Ctrl for Protect	480459	EMS - RECIPROCITY LICENSE - PARAMEDIC	Remained Flat	07/01/10		their employers		30,000
Ctrl for Protect	480459	EMT - RECIPROCITY - PARAMEDIC PROVISIONAL	Remained Flat	07/01/10		their employers		1,800
Ctrl for Protect	480459	EMT Duplicate Provider License	Remained Flat	07/01/10		their employers		5,125
Ctrl for Protect	480459	EMT-Nationwide Criminal Background Check	Remained Flat	07/01/08		applicants.	Recover costs related to background checks	20,800
Ctrl for Protect	480459	EMT-PROVIDER Nationwide Criminal Background Check	Remained Flat	07/01/08		their employers		65,572
Ctrl for Protect	480461	DWS - Storage Community	Remained Flat	01/31/06		Suppliers		14,400
Ctrl for Protect	480461	DWS-COMBINATION (2 OR MORE PLANS) NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		10,500
Ctrl for Protect	480461	DWS-COMBINATION (2 OR MORE PLANS)-COMMUNITY	Remained Flat	01/31/06		Suppliers		3,150
Ctrl for Protect	480461	DWS-DISTRIBUTION - NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		900
Ctrl for Protect	480461	DWS-DISTRIBUTION -COMMUNITY	Remained Flat	01/31/06		Suppliers		22,200
Ctrl for Protect	480461	DWS-MASTER PLAN COMMUNITY	Remained Flat	01/31/06		Suppliers		27,750
Ctrl for Protect	480461	DWS-STORAGE - NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		1,350

Ctrl for Protect	480461	DWS-WATER SOURCE - NON-COMMUNITY	Remained Flat	01/31/06		WATER		10,650
Ctrl for Protect	480461	DWS-WATER SOURCE - COMMUNITY	Remained Flat	01/31/06		Suppliers		19,200
Ctrl for Protect	480461	DWS-WATER TREATMENT (CORROSION) - COMMUNITY	Remained Flat	01/31/06		Suppliers		600
Ctrl for Protect	480461	DWS-WATER TREATMENT (CORROSION) - NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		90
Ctrl for Protect	480461	DWS-WATER TREATMENT (DISINFECTION) - COMMUNITY	Remained Flat	01/31/06		WATER		2,100
Ctrl for Protect	480461	DWS-WATER TREATMENT (DISINFECTION) - NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		945
Ctrl for Protect	480461	DWS-WATER TREATMENT (FULL) - COMMUNITY	Remained Flat	01/31/06		WATER		6,000
Ctrl for Protect	480461	DWS-WATER TREATMENT (FULL) - NON-COMMUNITY	Remained Flat	01/31/06		Suppliers		2,700
Ctrl for Protect	480462	HCR-Ambulance Service License - Annual	Remained Flat	06/16/05		Service Owners	ambulance services	43,500
Ctrl for Protect	480462	HCR-Ambulance Vehicle License - Annual	Remained Flat	06/16/05		Vehicle owner	ambulance vehicles	103,450
Ctrl for Protect	480462	HCR-Ambulatory Surgery Center Moderately Complex	Remained Flat	01/01/10		Owner	facility	42,000
Ctrl for Protect	480462	HCR-Ambulatory Surgery Center with more than one operating room	Remained Flat	01/01/10		owner	ambulatory surgery center	203,000
Ctrl for Protect	480462	HCR-Ambulatory Surgery Center with one operating room	Remained Flat	01/01/10		owner	facility	62,500
Ctrl for Protect	480467	RML-Broad Scope B	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	5,510
Ctrl for Protect	480467	RML-Broad Scope C	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	8,220
Ctrl for Protect	480467	RML-Fixed Gauge	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	229,080
Ctrl for Protect	480467	RML-Irradiator, Self-shielded	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	19,180
Ctrl for Protect	480467	RML-Other Measuring Device	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	57,600
Ctrl for Protect	480467	RML-Portable Gauge	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	542,800
Ctrl for Protect	480467	RML-Research & Development	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	24,780
Ctrl for Protect	480467	RPS-Analytical Leak Test	Increased	09/01/10		Facility Owner	material license; inspection and testing	2,760
Ctrl for Protect	480467	RPS-Basic License	Increased	09/01/10		Facility Owner	material license; inspection and testing	102,480
Ctrl for Protect	480467	RPS-Brachytherapy	Increased	09/01/10		Facility Owner	material license; inspection and testing	60,610
Ctrl for Protect	480467	RPS-Broad Scope A	Increased	09/01/10	07/01/15	Facility Owner	material license; inspection and testing	30,000
Ctrl for Protect	480467	RPS-Distribution License	Increased	09/01/10	08/01/14	Facility Owner	material license; inspection and testing	1,370
Ctrl for Protect	480467	RPS-Gamma Isotopic Solid	Increased	09/01/10	08/01/14	Facility Owner	material license, inspection and testing	66,740
Ctrl for Protect	480467	RPS-General License Device	Remained Flat	07/01/07		Facility Owner	material license; inspection and testing	29,200
Ctrl for Protect	480467	RPS-General License In Vitro Lab	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	2,400
Ctrl for Protect	480467	RPS-General License Source Material	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	1,200
Ctrl for Protect	480467	RPS-High Doserate Brachytherapy	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	75,790
Ctrl for Protect	480467	RPS-Imaging & Localization	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	200,020
Ctrl for Protect	480467	RPS-In Vitro Laboratory	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	2,730
Ctrl for Protect	480467	RPS-Instrument Calibration	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	4,140
Ctrl for Protect	480467	RPS-Investigational New Drug	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	4,130
Ctrl for Protect	480467	RPS-Manufacturing/Compounding/ Distribution	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	7,340
Ctrl for Protect	480467	RPS-Mobile Nuclear Medicine	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	24,000
Ctrl for Protect	480467	RPS-NORM No Processing	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	5,520
Ctrl for Protect	480467	RPS-Nuclear Pharmacy	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	15,000
Ctrl for Protect	480467	RPS-Radiopharmaceutical Therapy	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	140,420
Ctrl for Protect	480467	RPS-RAM/NOS Facility	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	-
Ctrl for Protect	480467	RPS-Sealed Source for Diagnosis	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	1,380
Ctrl for Protect	480467	RPS-Source Material	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	7,500
Ctrl for Protect	480467	RPS-Special Nuclear Material - Sealed	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	2,740
Ctrl for Protect	480467	RPS-Special Nuclear Material Unsealed	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	6,890
Ctrl for Protect	480467	RPS-Teletherapy-External Beam	Increased	07/01/07	07/01/15	Facility Owner	material license; inspection and testing	7,500
Ctrl for Protect	480467	RPS-Uptake & Dilution	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	69,920
Ctrl for Protect	480467	RPS-Use of Xenon Gas	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	20,240
Ctrl for Protect	480467	RPS-Waste Packaging	Remained Flat	06/16/06		Facility Owner	material license; inspection and testing	6,000
Ctrl for Protect	480467	RPS-Well Logging	Increased	07/01/07	08/01/14	Facility Owner	material license; inspection and testing	16,520
Ctrl for Protect	480467	RPS-Xray Fluorescence	Remained Flat	07/01/07		Facility Owner	material license; inspection and testing	27,600
Ctrl for Protect	480467	Tritium	Increased	01/01/09	08/01/14	Analyses		-
Ctrl for Practic	480468	PHL-Health Screen Test Site Permit - Biennial	Remained Flat	11/3/2000		Laboratories	Recover cost of inspecting and licensing	16,500
Ctrl for Practic	480468	PHL-On-Site Substance of Abuse Screening Registration Fee - Annual	Remained Flat	1/1/1998		performing on	entities	14,900
Ctrl for Protect	480482	HCR-Hemodialysis Technicians License	Remained Flat	07/01/02		Technicians	Hemodialysis Technicians	75,750
Ctrl for Protect	480482	HCR-Hemodialysis technicians license provisional	Remained Flat	07/01/05		technicians	hemodialysis technicians.	5,325
Ctrl for Protect	480482	HCR-Outpatient Renal Dialysis Facilities	Remained Flat	01/01/10		Facility Owner	inspection of facility	232,000
Ctrl for Practic	480488	PHL - 86592 SYPHILIS TEST	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	64,050
Ctrl for Practic	480488	PHL - 86593 SYPHILIS TEST NON-TREP QUANT	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	2,926
Ctrl for Practic	480488	PHL - 86593 SYPHILIS TEST NON-TREP QUANT	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	2,926
Ctrl for Practic	480488	PHL - 86622 BRUCELLA ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	482
Ctrl for Practic	480488	PHL - 86638 Q FEVER ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	1,096
Ctrl for Practic	480488	PHL - 86638 Q FEVER ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	1,049
Ctrl for Practic	480488	PHL - 86703 HIV-1/HIV-2 Single Result	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	145,200
Ctrl for Practic	480488	PHL - 86704 HEPATITIS B CORE ANTIBODY TOTAL	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	15,520
Ctrl for Practic	480488	PHL - 86705 HEPATITIS B CORE ANTIBODY IGM	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	5,597
Ctrl for Practic	480488	PHL - 86705 HEPATITIS B SURFACE ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	23,966
Ctrl for Practic	480488	PHL - 86708 HEPATITIS A ANTIBODY TOTAL	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	3,743
Ctrl for Practic	480488	PHL - 86709 HEPATITIS A ANTIBODY IGM	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	2,967
Ctrl for Practic	480488	PHL - 86780 TREPONEMA PALLIDUM	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	12,740
Ctrl for Practic	480488	PHL - 86787 VARICELLA-ZOSTER ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	15,698
Ctrl for Practic	480488	PHL - 86788 WEST NILE VIRUS AB IGM	Remained Flat	3/1/2015		Submitters	Recover cost of performing tests	974,260
Ctrl for Practic	480488	PHL - 86789 WEST NILE VIRUS ANTIBODY	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	554
Ctrl for Practic	480488	PHL - 86803 Hepatitis C AB Test	Decreased	3/1/2014		Submitters	Recover cost of performing tests	39,378
Ctrl for Practic	480488	PHL - 87150 DNA/RNA AMPLIFIED PROBE	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	168,850
Ctrl for Practic	480488	PHL - 87152 CULTURE TYPE PULSE FIELD GEL	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	201
Ctrl for Practic	480488	PHL - 87254 VIRUS INOCULATION SHELL VIAL	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	18,820

Ctrl for Practic	480488	PHL - 87340 HEPATITIS B SURFACE AG EIA	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	1,988
Ctrl for Practic	480488	PHL - 87341 HEPATITIS B SURFACE AG EIA NEUTRALIZATION	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	596
Ctrl for Practic	480488	PHL - 87501 INFLUENZA DNA AMP PROB 1	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	290,354
Ctrl for Practic	480488	PHL - 87556 M TUBERCULOSIS AMP PROB	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	810
Ctrl for Practic	480488	PHL - 87801 DETECT ANTIGEN MULTI DNA AMPLI	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	842,244
Ctrl for Practic	480488	PHL - 86480 TB TEST CELL IMMUN MEASURE	Remained Flat	3/1/2014		Submitters	Recover cost of performing tests	5,964
Ctrl for Practic	480489	PHL - NEWBORN SCREENING FEE THREE SPECIMEN TEST KIT	Established	05/01/14	05/01/14	Submitters	costs	258,000
Ctrl for Practic	480489	PHL- Newborn Screening Fee One Specimen Test Kit	Increased	10/14/02	05/01/14	Submitters	costs	153,600
Ctrl for Practic	480489	PHL- NEWBORN SCREENING FEE TWO SPECIMEN TEST KIT	Increased	10/14/02	05/01/14	Submitters	costs	5,196,800
Ctrl for Protect	480492	HCR-In Home Healthcare License Ownership Change/Initial - Annual	Remained Flat	01/01/08		In Home Care	ownership license	43,500
Ctrl for Protect	480492	HCR-In Home Healthcare License Renewal - Annual	Remained Flat	01/01/08		Agency	renewal of Home Health Agency Owner	193,500
Ctrl for Protect	480496	RPS-Tanning Device Registration	Remained Flat	07/01/07	07/01/15	Device Owner	Radiation Protection Services - X-ray machine registration; inspection and testing requirements	187,800