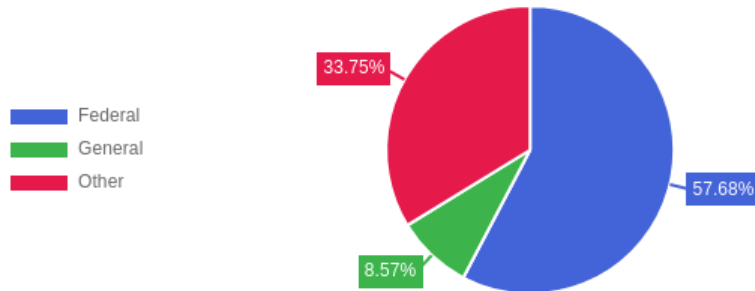


Department of Health

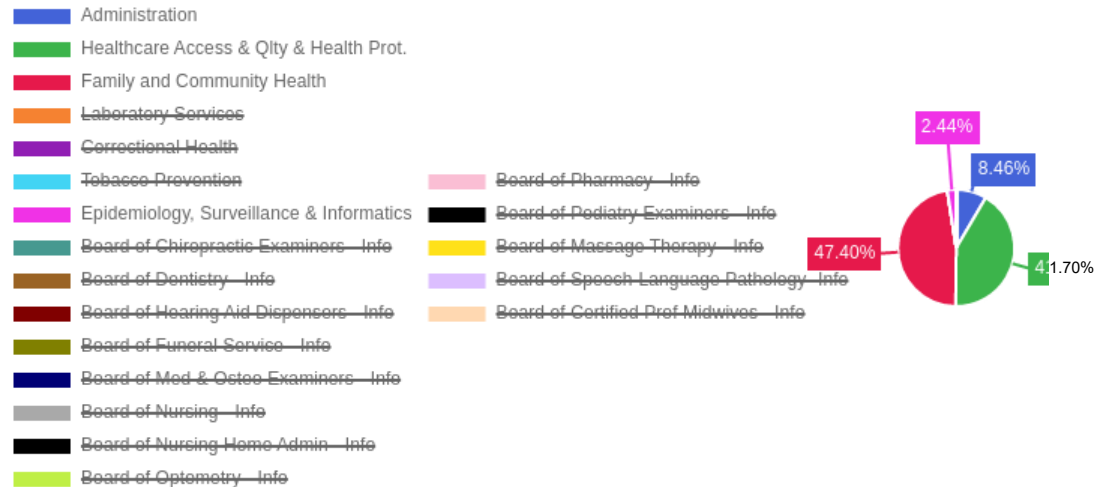
Fiscal Year 2023 Budget Brief Summary

Information contained in this document is based on the Governor's FY2023 Budget and may not correspond with the final budget adopted by the Legislature.

Source of Funds



Distribution of General Funds



Key Personnel

- Joan Adam, Interim Department Secretary and Director of Administration
- Darcy McGuigan, Director of Finance
- Beth Dokken, Director of Family and Community Health
- Lynne Valenti, Deputy Secretary/Director of Health Access & Quality and Health Protection
- Dr. Joshua Clayton, State Epidemiologist

Mission of the Department of Health

To promote, protect and improve the health of every South Dakotan.

SDCL 1-43 and 34-1 creates the state Department of Health and describes the powers and duties of the department.

Department of Health Budget Units

- Administration (0901)
- Healthcare Access & Qlty & Health Prot. (0903)
- Family and Community Health (0904)
- Laboratory Services (0905)
- Correctional Health (0906)
- Tobacco Prevention (0907)
- Epidemiology, Surveillance & Informatics (0908)
- Board of Chiropractic Examiners - Info (09201)
- Board of Dentistry - Info (09202)
- Board of Hearing Aid Dispensers - Info (09203)
- Board of Funeral Service - Info (09204)
- Board of Med & Osteo Examiners - Info (09205)
- Board of Nursing - Info (09206)
- Board of Nursing Home Admin - Info (09207)
- Board of Optometry - Info (09208)
- Board of Pharmacy - Info (09209)
- Board of Podiatry Examiners - Info (09210)
- Board of Massage Therapy - Info (09211)
- Board of Speech-Language Pathology -Info (09212)
- Board of Certified Prof Midwives - Info (09213)

Major Items Summary - Department of Health

	Agency Request					Governor's Recommendation				
	General	Federal	Other	Total	FTE	General	Federal	Other	Total	FTE
FY 2023 Base Budget	\$10,418,993	\$48,961,034	\$47,221,021	\$106,601,048	478.8	\$10,418,993	\$48,961,034	\$47,221,021	\$106,601,048	478.8
1. Board of Dentistry COLA Adjustment	\$0	\$0	\$8,040	\$8,040	0.0	\$0	\$0	\$8,040	\$8,040	0.0
2. Bright Start Program Expansion	\$0	\$0	\$0	\$0	0.0	\$1,247,283	\$1,291,088	\$0	\$2,538,371	0.0
3. CDC COVID-19 Health Disparities Grant Funds	\$0	\$9,690,860	\$0	\$9,690,860	0.0	\$0	\$9,690,860	\$0	\$9,690,860	0.0
4. COVID-19 Vaccine Preparedness Grant Funds	\$0	\$2,989,740	\$0	\$2,989,740	0.0	\$0	\$2,989,740	\$0	\$2,989,740	0.0
5. EMS Telehealth Services	\$0	\$0	\$0	\$0	0.0	\$937,500	\$0	\$0	\$937,500	0.0
6. Epidemiology and Laboratory Capacity Grant Funds	\$0	\$19,480,606	\$0	\$19,480,606	0.0	\$0	\$19,480,606	\$0	\$19,480,606	0.0
7. FMAP Change	\$1,954	(\$1,954)	\$0	\$0	0.0	\$1,954	(\$1,954)	\$0	\$0	0.0
8. Inmate Healthcare (DOH/DHS billing DOC)	\$0	\$0	\$1,896,996	\$1,896,996	0.0	\$0	\$0	\$1,896,996	\$1,896,996	0.0
9. Medical Inflation	\$0	\$0	\$596,005	\$596,005	0.0	\$0	\$0	\$596,005	\$596,005	0.0
10. Other Bureau Billing	\$19,432	\$0	\$0	\$19,432	0.0	\$19,432	\$0	\$0	\$19,432	0.0
11. Proposed Executive Reorganizations	\$0	\$0	\$0	\$0	0.0	\$0	\$0	\$0	\$0	0.0
12. Regional Service Designation Study for EMS Services	\$0	\$0	\$0	\$0	0.0	\$0	\$2,700,000	\$0	\$2,700,000	0.0
13. Rollup Discretionary Provider Inflation	\$14,586	\$0	\$26,679	\$41,265	0.0	\$27,064	\$16,694	\$80,037	\$123,795	0.0
FY 2023 Total Budget	\$10,454,965	\$81,120,286	\$49,748,741	\$141,323,992	478.8	\$12,652,226	\$85,128,068	\$49,802,099	\$147,582,393	478.8
Change from Base Budget	\$35,972	\$32,159,252	\$2,527,720	\$34,722,944	0.0	\$2,233,233	\$36,167,034	\$2,581,078	\$40,981,345	0.0
% Change from Base Budget	0.3%	65.7%	5.4%	32.6%	0.0%	21.4%	73.9%	5.5%	38.4%	0.0%

1. Board of Dentistry COLA Adjustment

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$8,040	\$8,040	0.00
Governor's Recommendation	\$0	\$0	\$8,040	\$8,040	0.00

The agency requests an increase of **\$8,040** in **other fund expenditure authority** for a COLA adjustment to the salary of the executive director for the Board of Dentistry. The executive director's current contract is for \$244,826.82.

The governor recommends this request.

2. Bright Start Program Expansion

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$0	\$0	0.00
Governor's Recommendation	\$1,247,283	\$1,291,088	\$0	\$2,538,371	0.00

*The governor recommends an increase of **\$1,247,283** in **general funds** and an increase of **\$1,291,088** in **federal fund expenditure authority** for expanding the Bright Start program. The Bright Start program helps expectant moms focus on their own health so they can have healthier babies, and it is currently provided by DOH in seven different cities and by a contracted agency in Sioux Falls. With this expansion, Bright Start would be made available in every county through new contracted partners to be determined through a request for proposal process.*

Once expansion is complete, the Bright Start program is expected to serve up to 1,150 women every year, and the program would cost \$4,747,066 every year.

Fiscal Year	Bright Start Participants
FY20	596
FY21	602
FY22	614 (estimated)

3. CDC COVID-19 Health Disparities Grant Funds

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$9,690,860	\$0	\$9,690,860	0.00
Governor's Recommendation	\$0	\$9,690,860	\$0	\$9,690,860	0.00

The agency requests an increase of **\$9,690,860** in **federal fund expenditure authority** to spend CDC COVID-19 Health Disparities grant funds. The Health Disparities grant is generally intended to address health inequities related to COVID-19 among populations that are at high-risk and underserved, including racial and ethnic minority groups and people living in rural areas.

The Health Disparities grant was provided to the state through the Consolidated Appropriations Act, 2021 for a total of \$37.4 million. As of December 1, 2021, DOH has spent \$255,134 of that amount. This grant money must be expended by May 31, 2023.

These funds would support:

- partial DOH personnel time;
- emergency medical services (EMS) units to cross-train EMS staff;
- EMS software updates to assist with referrals to care;
- EMS equipment needs;
- contractual costs to support expansion of community health workers in healthcare and community-based organizations;
- contractual costs to support community prevention efforts; and
- contractual costs to support culturally appropriate media and marketing resources

The governor recommends this request.

4. COVID-19 Vaccine Preparedness Grant Funds

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$2,989,740	\$0	\$2,989,740	0.00
Governor's Recommendation	\$0	\$2,989,740	\$0	\$2,989,740	0.00

The agency requests an increase of **\$2,989,740** in **federal fund expenditure authority** to spend COVID-19 Vaccine Preparedness grant funds. Vaccine Preparedness grants are generally intended to support vaccination program planning and implementation.

Vaccine Preparedness grants have been provided to the state through several COVID-19 federal stimulus acts, including the CARES Act (\$902,274); Consolidated Appropriations Act, 2021 (\$8.0 million); and ARPA (\$35.0 million).

As of December 1, 2021, from Vaccine Preparedness grants, DOH has spent \$6.3 million and has **\$37.5 million** yet to spend. All of that amount must be expended by June 30, 2024.

These funds would support events and clinics to immunize South Dakotans against COVID-19. The funds would also support CDC-required positions, supplies to ensure safe transport and storage and handling of vaccines, and messaging to notify the public about vaccination opportunities and address vaccine misinformation.

The governor recommends this request.

5. EMS Telehealth Services

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$0	\$0	0.00
Governor's Recommendation	\$937,500	\$0	\$0	\$937,500	0.00

*The governor recommends an increase of **\$937,500** in **general funds** for providing telehealth capabilities to emergency medical services (EMS) in the state. Telehealth services would allow collaboration between hospital medical professionals and EMS personnel to improve patient assessment, treatment, and transportation. Federal funding, specifically money from the State Fiscal Recovery Fund, through an amendment of the FY22 general bill would be used to pay for the necessary equipment and implementation of services.*

*On an **ongoing basis**, \$187,500 would be for providing unlimited data, software licensure, and extended service and replacement warranties on devices every year, and \$750,000 would be for purchasing annual telehealth service subscriptions. It is not yet known who would be providing these services.*

6. Epidemiology and Laboratory Capacity Grant Funds

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$19,480,606	\$0	\$19,480,606	0.00
Governor's Recommendation	\$0	\$19,480,606	\$0	\$19,480,606	0.00

The agency requests an increase of **\$19,480,606** in **federal fund expenditure authority** to spend Epidemiology and Laboratory Capacity (ELC) grant funds. ELC grants are generally intended to support the efforts of health departments in detecting, preventing, and responding to emerging infectious diseases like COVID-19.

ELC grants have been provided to the state through several COVID-19 federal stimulus acts, including the Coronavirus Preparedness and Response Supplemental Appropriations Act (\$892,363), CARES Act (\$5.1 million); Paycheck Protection Program and Health Care Enhancement Act (\$50.9 million); Consolidated Appropriations Act, 2021 (\$70.5 million); and ARPA (\$28.2 million).

As of December 1, 2021, DOH has spent \$35.7 million and has **\$119.9 million** yet to spend. Over \$90 million of that amount must be expended by July 31, 2024.

These funds would support:

- the purchase of testing supplies, instrumentation, and support equipment and funding related services, such as the statewide courier and preventive maintenance agreements;
- COVID-19 testing in support of long-term care surveillance;
- outbreak testing for correctional health, K-12 schools, municipal and county confinement facilities, homeless shelters, higher education, and childcare providers;
- personnel time for the portion of the SD Public Health Lab workforce dedicated to COVID-19 response testing and other associated activities;
- enhancements to South Dakota Health Link, which improves the sharing of medical records across the state, and COVID-19 media campaigns;
- contract personnel and contract support for electronic disease surveillance system enhancements for collecting and visualizing COVID-19 test and case data;
- immunization and data system upgrades;
- language services and interpretation; and
- the 211 Helpline.

The governor recommends this request.

7. FMAP Change

	General	Federal	Other	Total	FTE
Agency Request	\$1,954	(\$1,954)	\$0	\$0	0.00
Governor's Recommendation	\$1,954	(\$1,954)	\$0	\$0	0.00

The agency requests an increase of **\$1,954** in **general funds** and a decrease of **(\$1,954)** in **federal fund expenditure authority** for changes in FMAP related to the Pierre Rural Family Medicine Residency Program.

FY22 FMAP was 41.41% state and 58.59% federal funding, while FY23 FMAP will be 42.77% state funding and 57.23% federal funding.

The governor recommends this request.

8. Inmate Healthcare (DOH/DHS billing DOC)

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$1,896,996	\$1,896,996	0.00
Governor's Recommendation	\$0	\$0	\$1,896,996	\$1,896,996	0.00

The agency requests an increase of **\$1,896,996** in **other fund expenditure authority** to use intra-agency funding (DOC) for correctional healthcare. The cost per patient in FY23 is expected to be \$2,458, with 10,816 patients expected to be served.

The governor recommends this request.

Fiscal Year	Cost Per Patient	Patients Served
FY20	\$2,263	9,760
FY21	\$2,497	9,377
FY22	\$2,494	9,720
FY23	\$2,458	10,816

9. Medical Inflation

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$596,005	\$596,005	0.00
Governor's Recommendation	\$0	\$0	\$596,005	\$596,005	0.00

The agency requests an increase of **\$596,005** in **other fund expenditure authority** to use intra-agency funding (DOC) for the inflation of medical services to correctional inmates. This increase includes 1.0% inflation for pharmacy services, 1.2% inflation for other in-house services, and 4.9% inflation for outsourced services.

The governor recommends this request.

10. Other Bureau Billing

	General	Federal	Other	Total	FTE
Agency Request	\$19,432	\$0	\$0	\$19,432	0.00
Governor's Recommendation	\$19,432	\$0	\$0	\$19,432	0.00

The agency requests an increase of **\$19,432** in **general funds** for inspections completed by the Department of Public Safety. The hourly rate of DPS inspectors is expected to increase 3.3% from FY22, from \$69.35 per hour to \$71.63 per hour. These are routine inspections, required by statute, for licensed food services, lodging establishments, and campgrounds.

The governor recommends this request.

11. Proposed Executive Reorganizations

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$0	\$0	0.00
Governor's Recommendation	\$0	\$0	\$0	\$0	0.00

The agency requests that \$1,699,069 and 9.0 FTE be transferred from Family and Community Health to a new budget unit titled Epidemiology, Surveillance & Informatics for a **net change of \$0 and 0 FTE**. The 9.0 FTE include the State Epidemiologist, Deputy State Epidemiologist, Epidemiologist Assoc., Surveillance Epidemiologist, and five Epidemiologist I positions.

The epidemiology staff does work for the entire department, so under a new budget center, it will be easier to determine the total amount of work and funding expended on epidemiology, surveillance, and informatics in the state.

The governor recommends this request.

12. Regional Service Designation Study for EMS

	General	Federal	Other	Total	FTE
Agency Request	\$0	\$0	\$0	\$0	0.00
Governor's Recommendation	\$0	\$2,700,000	\$0	\$2,700,000	0.00

The governor recommends an increase of **\$2,700,000** in **federal fund expenditure authority** for the completion of regional service designation for emergency medical services (EMS). Identification and designation of EMS regional service areas would be intended to ensure the availability of EMS in all regions of the state.

First, \$240,000 would be used to perform a statewide analysis of EMS, including a review of the workforce, operational and volunteer labor costs, historic call volumes, available funding streams, and billable service offerings EMS can provide within communities. A third-party contractor would be found to perform this analysis.

Then, \$2,460,000 would be used to provide sustainability grants to designated service areas. Recipients of the grants would review the statewide analysis and determine additional needs for their respective region. Grants would fund planning and other one-time expenses to develop and implement sustainable EMS, including local fiscal analysis and modeling, community engagement, and workforce development. In total, \$7,500,000 would be available for grants over several fiscal years while funding is available.

The federal fund expenditure authority is to use the State Fiscal Recovery Fund under ARPA, as the guidance for that fund includes "expenses to improve the design and execution of health and public health programs" as an eligible use.

13. Rollup Discretionary Provider Inflation

	General	Federal	Other	Total	FTE
Agency Request	\$14,586	\$0	\$26,679	\$41,265	0.00
Governor's Recommendation	\$27,064	\$16,694	\$80,037	\$123,795	0.00

The agency requests an increase of **\$14,586** in **general funds** and an increase of **\$41,265** in **other fund expenditure authority** for 2.0% discretionary provider inflation to correctional healthcare providers (i.e. physicians, physician assistants, dentists, and optometrists) who provide on-site medical services to inmates and to the Pierre Rural Family Medicine Residency Program. Provider inflation would total \$41,265.

The governor recommends an increase of **\$27,064** in **general funds**, an increase of **\$16,694** in **federal fund expenditure authority**, and an increase of **\$80,037** in **other fund expenditure authority** for 6.0% discretionary provider inflation. Provider inflation would total \$123,795.

Department of Health Budget Request

By Fund Category	FY 2020 Actual	FY 2021 Actual	FY 2021 Budget	FY 2022 Budget	FY 2023 Agency Request	FY 2023 Governors Recommended	Change From FY2022
General	\$8,205,124	\$9,990,946	\$9,701,067	\$10,418,993	\$10,454,965	\$12,652,226	\$2,233,233
Federal	\$50,339,595	\$161,467,874	\$48,450,873	\$48,961,034	\$81,120,286	\$85,128,068	\$36,167,034
Other	\$42,015,372	\$40,332,547	\$48,137,259	\$47,221,021	\$49,748,741	\$49,802,099	\$2,581,078
Total	\$100,560,092	\$211,791,367	\$106,289,199	\$106,601,048	\$141,323,992	\$147,582,393	\$40,981,345
By Program							
Administration	\$3,903,407	\$14,316,632	\$5,353,195	\$5,426,212	\$7,000,174	\$7,000,174	\$1,573,962
Healthcare Access & Qlty & Health Prot.	\$20,363,545	\$27,429,171	\$16,767,442	\$17,001,402	\$17,578,594	\$21,245,266	\$4,243,864
Family and Community Health	\$37,041,849	\$76,324,605	\$39,487,576	\$40,440,217	\$56,771,362	\$59,309,733	\$18,869,516
Laboratory Services	\$6,961,346	\$61,932,917	\$7,985,147	\$8,065,399	\$17,690,831	\$17,690,831	\$9,625,432
Correctional Health	\$22,117,254	\$22,505,321	\$24,753,208	\$23,627,199	\$26,146,879	\$26,200,237	\$2,573,038
Tobacco Prevention	\$5,245,157	\$4,716,570	\$6,085,563	\$6,090,895	\$6,090,895	\$6,090,895	\$0
Epidemiology, Surveillance & Informatics	\$0	\$0	\$0	\$0	\$4,087,493	\$4,087,493	\$4,087,493
Board of Chiropractic Examiners - Info	\$91,117	\$85,716	\$133,657	\$136,520	\$136,520	\$136,520	\$0
Board of Dentistry - Info	\$354,241	\$382,560	\$464,874	\$473,066	\$481,106	\$481,106	\$8,040
Board of Hearing Aid Dispensers - Info	\$24,826	\$25,012	\$29,523	\$29,576	\$29,576	\$29,576	\$0
Board of Funeral Service - Info	\$66,246	\$63,018	\$87,723	\$87,840	\$87,840	\$87,840	\$0
Board of Med & Osteo Examiners - Info	\$949,378	\$875,518	\$1,160,738	\$1,178,727	\$1,178,727	\$1,178,727	\$0
Board of Nursing - Info	\$1,523,861	\$1,356,409	\$1,760,593	\$1,795,450	\$1,795,450	\$1,795,450	\$0
Board of Nursing Home Admin - Info	\$45,714	\$42,964	\$69,981	\$70,073	\$70,073	\$70,073	\$0
Board of Optometry - Info	\$68,178	\$49,964	\$66,111	\$75,865	\$75,865	\$75,865	\$0
Board of Pharmacy - Info	\$1,668,142	\$1,543,007	\$1,910,404	\$1,929,009	\$1,929,009	\$1,929,009	\$0
Board of Podiatry Examiners - Info	\$18,327	\$19,276	\$22,022	\$22,044	\$22,044	\$22,044	\$0
Board of Massage Therapy - Info	\$71,489	\$73,942	\$83,671	\$83,713	\$83,713	\$83,713	\$0
Board of Speech-Language Pathology -Info	\$36,628	\$38,354	\$47,088	\$47,127	\$47,127	\$47,127	\$0
Board of Certified Prof Midwives - Info	\$9,388	\$10,413	\$20,683	\$20,714	\$20,714	\$20,714	\$0
Total	\$100,560,092	\$211,791,367	\$106,289,199	\$106,601,048	\$141,323,992	\$147,582,393	\$40,981,345

By Object Expenditure Personnel Costs	\$36,176,506	\$41,687,218	\$39,106,792	\$40,676,012	\$41,444,768	\$41,444,768	\$768,756
Salaries	\$26,962,273	\$32,819,962	\$29,916,075	\$31,548,175	\$32,316,931	\$32,316,931	\$768,756
Benefits	\$9,214,233	\$8,867,256	\$9,190,717	\$9,127,837	\$9,127,837	\$9,127,837	\$0
Operating Expenditures	\$64,383,586	\$170,104,149	\$67,182,407	\$65,925,036	\$99,879,224	\$106,137,625	\$40,212,589
Travel	\$1,285,770	\$547,018	\$1,898,345	\$1,934,202	\$1,934,202	\$1,934,202	\$0
Contractual Services	\$27,682,677	\$105,141,573	\$30,006,529	\$30,674,141	\$62,120,742	\$68,349,971	\$37,675,830
Supplies	\$5,750,624	\$9,524,902	\$5,982,725	\$5,716,435	\$5,716,435	\$5,716,435	\$0
Grants	\$24,712,475	\$47,287,867	\$26,748,563	\$25,029,701	\$27,537,288	\$27,566,460	\$2,536,759
Capital Outlay	\$4,848,763	\$7,583,164	\$2,545,745	\$2,570,057	\$2,570,057	\$2,570,057	\$0
Other Expenses and Budgeted Operating Transfers Out	\$103,277	\$19,625	\$500	\$500	\$500	\$500	\$0
Total	\$100,560,092	\$211,791,367	\$106,289,199	\$106,601,048	\$141,323,992	\$147,582,393	\$40,981,345

Full-Time Equivalent (FTE)	438.8	449.03	465.8	478.8	478.8	478.8	0.00
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Funding Sources (Governor's Recommended)	General	Federal	Other	General%	Federal%	Other%
STATE GENERAL FUND	\$10,857,982	\$0	\$0	85.8%	0.0%	0.0%
INDIRECT COSTS	\$0	\$2,217,905	\$0	0.0%	2.6%	0.0%
INJURY PREVENTION AND CONTROL	\$0	\$1,966,121	\$0	0.0%	2.3%	0.0%
BIO TERRORISM	\$0	\$7,448,359	\$0	0.0%	8.7%	0.0%
HEALTH INFORMATION TECHNOLOGY	\$0	\$0	\$233,704	0.0%	0.0%	0.5%
BOARDS-FEES, LIC. & PERMITS	\$0	\$0	\$2,287,216	0.0%	0.0%	4.6%
FEDERAL STIMULUS FUNDS (COVID-19)	\$0	\$33,856,008	\$0	0.0%	39.8%	0.0%
BEHAVIORAL RISK FACTOR SURVEIL	\$0	\$235,236	\$0	0.0%	0.3%	0.0%
MCH SYSTEMS	\$0	\$193,318	\$0	0.0%	0.2%	0.0%
OTHER FEDERAL GRANTS (DOH)	\$0	\$106,928	\$0	0.0%	0.1%	0.0%
INDIRECT COSTS	\$0	\$0	\$2,130,510	0.0%	0.0%	4.3%
TOBACCO PREVENTION & REDUCTION	\$0	\$0	\$5,111,496	0.0%	0.0%	10.3%
TITLE XVIII	\$0	\$2,012,698	\$0	0.0%	2.4%	0.0%
SUBSTANCE ABUSE PREVENTION & T	\$0	\$17,319	\$0	0.0%	0.0%	0.0%
TITLE XIX-ADMINISTRATION	\$35,370	\$1,792,116	\$0	0.3%	2.1%	0.0%
CLINICAL LABORATORY IMPROVEMEN	\$0	\$291,076	\$0	0.0%	0.3%	0.0%
TITLE XIX-NURSING HOME CERTIFI	\$327,751	\$972,840	\$0	2.6%	1.1%	0.0%

Funding Sources (Governor's Recommended)	General	Federal	Other	General%	Federal%	Other%
MAMMOGRAPHY	\$0	\$0	\$128,450	0.0%	0.0%	0.3%
HEALTH SYS DEVELOPMENT & REGUL	\$0	\$0	\$226,378	0.0%	0.0%	0.5%
HELMSLEY TRUST	\$0	\$0	\$350,000	0.0%	0.0%	0.7%
PRIMARY CARE	\$0	\$268,623	\$0	0.0%	0.3%	0.0%
RURAL HOSPITAL FLEXIBILITY PRO	\$0	\$839,932	\$0	0.0%	1.0%	0.0%
TITLE XIX-PROVIDER	\$342,668	\$458,520	\$0	2.7%	0.5%	0.0%
OTHER NON-FEDERAL GRANTS (DOH)	\$0	\$0	\$165,016	0.0%	0.0%	0.3%
STATE OFFICE OF RURAL HEALTH	\$0	\$190,478	\$0	0.0%	0.2%	0.0%
SMALL HOSPITAL IMPROVEMENT PRO	\$0	\$284,694	\$0	0.0%	0.3%	0.0%
BIOTERRORISM HOSPITAL PREPARED	\$0	\$1,442,744	\$0	0.0%	1.7%	0.0%
HIGHWAY SAFETY	\$0	\$51,398	\$0	0.0%	0.1%	0.0%
OPIOID STATE TARGETED RESPONSE	\$0	\$9,687	\$0	0.0%	0.0%	0.0%
IMMUNIZATION	\$0	\$969,873	\$0	0.0%	1.1%	0.0%
RYAN WHITE	\$0	\$2,359,021	\$0	0.0%	2.8%	0.0%
HIV SURVEILLANCE	\$0	\$135,190	\$0	0.0%	0.2%	0.0%
EPIDEMIOLOGY & LABORATORY CAPA	\$0	\$3,807,612	\$0	0.0%	4.5%	0.0%
RYAN WHITE	\$0	\$0	\$3,112,951	0.0%	0.0%	6.3%
HIV PREVENTION	\$0	\$724,174	\$0	0.0%	0.9%	0.0%
SEXUALLY TRANSMITTED DISEASES	\$0	\$478,046	\$0	0.0%	0.6%	0.0%
TB CONTROL/ELIMINATION	\$0	\$516,459	\$0	0.0%	0.6%	0.0%
MCH-PRIMARY CARE	\$1,088,455	\$2,745,232	\$191,135	8.6%	3.2%	0.4%
PERSONAL RESPONSIBILITY EDUCAT	\$0	\$250,000	\$0	0.0%	0.3%	0.0%
UNIVERSAL NEWBORN HEARING/CDC	\$0	\$237,837	\$0	0.0%	0.3%	0.0%
UNIVERSAL NEWBORN HEARING	\$0	\$204,000	\$0	0.0%	0.2%	0.0%
NO DESC (PRIOR)	\$0	\$1,478,618	\$0	0.0%	1.7%	0.0%
WOMEN, INFANTS & CHILDREN (WIC	\$0	\$6,943,139	\$0	0.0%	8.2%	0.0%
TITLE X	\$0	\$974,496	\$0	0.0%	1.1%	0.0%
HEALTH & MEDICAL SERVICES FEES	\$0	\$0	\$2,434,711	0.0%	0.0%	4.9%
HOME VISITING PROGRAM	\$0	\$1,500,363	\$0	0.0%	1.8%	0.0%
TANF-TEMP. ASSISTANCE FOR NEED	\$0	\$424,960	\$0	0.0%	0.5%	0.0%

Funding Sources (Governor's Recommended)	General	Federal	Other	General%	Federal%	Other%
PREGNANCY RISK ASSESSMENT MONI	\$0	\$175,000	\$0	0.0%	0.2%	0.0%
CANCER SCREENING	\$0	\$1,297,798	\$0	0.0%	1.5%	0.0%
PREVENTIVE BLOCK	\$0	\$343,511	\$0	0.0%	0.4%	0.0%
CANCER REGISTRY	\$0	\$619,624	\$0	0.0%	0.7%	0.0%
TOBACCO PREVENTION & CONTROL	\$0	\$1,715,008	\$0	0.0%	2.0%	0.0%
COMPREHENSIVE CANCER GRANT	\$0	\$326,367	\$0	0.0%	0.4%	0.0%
SEXUAL RISK AVOIDANCE	\$0	\$135,156	\$0	0.0%	0.2%	0.0%
NO DESC (PRIOR)	\$0	\$791,899	\$0	0.0%	0.9%	0.0%
CDC COLORECTAL QUALITY IMPROVE	\$0	\$437,999	\$0	0.0%	0.5%	0.0%
NO DESC (PRIOR)	\$0	\$400,269	\$0	0.0%	0.5%	0.0%
CANCER SCREENING	\$0	\$0	\$28,364	0.0%	0.0%	0.1%
LABORATORY SERVICE FEES	\$0	\$0	\$3,890,048	0.0%	0.0%	7.8%
CORRECTIONAL HEALTH	\$0	\$0	\$26,200,237	0.0%	0.0%	52.6%
BOARD OF NURSING	\$0	\$0	\$1,795,450	0.0%	0.0%	3.6%
PRESCRIPTION DRUG MONITORING P	\$0	\$480,417	\$0	0.0%	0.6%	0.0%
BOARD OF PHARMACY	\$0	\$0	\$1,448,592	0.0%	0.0%	2.9%
BD OF EXAMINERS FOR SPEECH-LAN	\$0	\$0	\$47,127	0.0%	0.0%	0.1%
BOARD OF CERTIFIED PROFESSIONA	\$0	\$0	\$20,714	0.0%	0.0%	0.0%

6.2% Enhanced FMAP

Decrease of **(\$35,220) in general funds** and increase of **\$35,220 in federal fund expenditure authority** for the FY22 6.2% enhanced FMAP rate (covering the Rural Residency Program) that was introduced in the Families First Coronavirus Response Act.

Correctional Healthcare

Increase of **\$1,052,672 in other fund expenditure authority** to fund correctional healthcare based on updated patient counts, expenditures, and inflation.

COVID-19 Federal Grant Expenditure Authority

Increase of **\$55,687,540 in federal fund expenditure authority** for utilizing available COVID-19 stimulus grants to respond to the pandemic. This expenditure authority will be for \$27,972,347 in Epidemiology and Laboratory Capacity (ELC) grant funds, \$11,380,039 in COVID-19 Vaccine Preparedness grant funds, and \$16,335,154 in CDC COVID-19 Health Disparities grant funds. As of December 1, 2021, in total, DOH has been allocated \$262,714,850 in COVID-19 stimulus since the start of the pandemic.

Emergency Medical Services Telehealth Services

Increase of **\$1,737,500 in federal fund expenditure authority** to equip emergency medical transportation with telehealth capabilities. New telehealth equipment and services would allow rural emergency medical services (EMS) providers to connect directly with healthcare professionals to assist in patient care. \$300,000 would be used to purchase technology with internet access; \$500,000, to ensure implementation of telehealth services and training of EMS agencies and personnel; \$187,500, to provide unlimited data, software licensure, and extended service and replacement warranties on devices; and \$750,000, to purchase telehealth service subscriptions. It is unknown at this time who would provide the services and equipment requested. DOH would use the State Fiscal Recovery Fund introduced in ARPA for this expenditure, as the guidance for that fund includes "expenses to improve the design and execution of health and public health programs" as an eligible use.

LIFEPAC Replacement Initiative

Increase of **\$11,610,222 in federal fund expenditure authority** to purchase 345 new LIFEPAC 15 devices from the Stryker Corporation for all 125 ambulance services in the state. The LIFEPAC devices currently in use are at least two years past their expected useful lifespan. Those LIFEPAC devices were purchased using a grant from the American Heart Association and additional funding from the Helmsley Charitable Trust. The new LIFEPAC 15 devices will be able to measure the vitals of an emergency patient inside an ambulance and then transmit that data to a nearby hospital. This funding will also cover distribution, implementation/installation, maintenance/service (for 8 years), training, and data integration related to the LIFEPAC 15 devices. DOH would use the State Fiscal Recovery Fund introduced in ARPA for this expenditure, as the guidance for that fund includes "expenses to improve the design and execution of health and public health programs" as an eligible use.

Department of Health Governor's Recommended FY22 Emergency Special Appropriations

SD Public Health Lab Expansion and Remodel

Increase of **\$69,615,000 in federal fund expenditure authority** to construct a new building for the Public Health Lab and to renovate the old Public Health Lab building. An assessment was done by an outside engineering firm that concluded public health laboratory needs can no longer be met by the current building, as critical building systems are already operating at maximum capacity and unable to accommodate new or emerging testing requirements brought on by the pandemic. Moreover, there is no longer enough space for all of the equipment, supplies, and materials needed at the site. The new Public Health Lab building will be constructed immediately adjacent to the existing building, and the old Public Health Lab building will be renovated for administrative offices and training space for DOH employees. Construction and renovation are expected to cost \$55 million, while an additional \$14 million would be for architectural design, site preparation, building commissioning, and relocation of instrumentation. No formal design work has yet begun. DOH would use the Capital Projects Fund introduced in ARPA for this expenditure.

Rural Recruitment Assistance Programs

Increase of **\$930,489 in general funds**, including \$690,150 to reimburse three family physicians, four physician assistants, and four nurse practitioners who have, in the determination of the department, met the requirements of the Rural Recruitment Assistance Program and \$240,339 to reimburse eligible health care practitioners who have met the requirements of the Rural Healthcare Facility Recruitment Assistance Program. The Rural Recruitment Assistance Program provides qualifying physicians, dentists, physician assistants, certified nurse practitioners, certified nurse midwives, or certified registered nurse anesthetists an incentive payment in return for three continuous years of practice in an eligible rural community. The Rural Healthcare Facility Recruitment Assistance Program provides an incentive payment to eligible health professionals who complete a three-year, full-time service commitment in a rural community. For both programs, participating communities and facilities are required to pay a portion of the incentive payment based on community size.