

Arizona Health Care Cost Containment System
Summary

A.R.S. 36-2901

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	FY 2009 ACTUAL	FY 2010 ESTIMATE	FY 2011 APPROVED
PROGRAM BUDGET			
Administration	183,389,700	190,526,300	180,571,200
Acute Care	4,931,617,600	5,616,101,100	6,218,904,200 ^{1/}
Long-Term Care	1,201,174,100	1,261,510,700	1,293,913,000
AGENCY TOTAL	6,316,181,400	7,068,138,100	7,693,388,400
OPERATING BUDGET			
<i>Full Time Equivalent Positions</i>	3,201.4	3,017.4	2,983.4 ^{2/}
Personal Services	34,870,000	38,657,600	38,449,100
Employee Related Expenditures	14,340,700	15,784,800	15,798,300
Professional and Outside Services	2,672,100	3,667,100	3,681,800
Travel - In State	56,800	91,700	94,700
Travel - Out of State	14,400	37,500	40,000
Other Operating Expenditures	8,554,200	9,531,500	9,761,100
Equipment	102,000	319,200	319,200
OPERATING SUBTOTAL	60,610,200	68,089,400	68,144,200
Special Line Items (SLI)	6,255,571,200	7,000,048,700	7,625,244,200
AGENCY TOTAL	6,316,181,400	7,068,138,100	7,693,388,400 ^{3/4/5/6/}
FUND SOURCES			
General Fund	1,190,326,700 ^{2/}	1,217,129,600 ^{2/}	1,376,901,300 ^{2/}
<u>Other Appropriated Funds</u>			
Budget Neutrality Compliance Fund	2,130,800	2,993,500	3,117,300
Children's Health Insurance Program Fund	121,935,900	114,978,200	40,967,600
Healthcare Group Fund	3,724,400	6,176,500	5,183,700
Temporary Medical Coverage Fund	3,138,000	0	0
TPTF Emergency Health Services Account	22,131,800	19,222,900	19,222,900
TTHCF Medically Needy Account	50,803,300	38,295,800	38,295,800
SUBTOTAL - Other Appropriated Funds	203,864,200	181,666,900	106,787,300
SUBTOTAL - Appropriated Funds	1,394,190,900	1,398,796,500	1,483,688,600
<u>Expenditure Authority Funds</u>			
County Funds	9,399,300	238,528,300	238,945,400
Federal Title XIX Funds	4,740,173,800 ^{2/}	5,282,039,400 ^{2/}	5,821,980,500 ^{2/}
Third Party Collections Fund	0	194,700	194,700
Tobacco Litigation Settlement Fund	125,588,500	108,211,300	108,211,300
TPTF Proposition 204 Protection Account	46,828,900	40,367,900	40,367,900
SUBTOTAL - Expenditure Authority Funds	4,921,990,500	5,669,341,600	6,209,699,800
SUBTOTAL - Appropriated/Expenditure Authority Funds	6,316,181,400	7,068,138,100	7,693,388,400
Other Non-Appropriated Funds	76,232,700	109,194,300	112,297,500
Federal Funds	34,099,000	54,300,400	50,083,900
TOTAL - ALL SOURCES	6,426,513,100	7,231,632,800	7,855,769,800

^{1/} Laws 2010, Chapter 12 appropriated \$344,344,800 in FY 2011 to reflect deferred payments from FY 2010, including \$118,032,000 from the General Fund. The FY 2011 General Appropriation Act appropriated the same amount in FY 2012 to reflect deferred payments from FY 2011.

^{2/} Includes 880.4 GF, 172 OF, and 958.8 EA FTE Positions funded from Special Line Items in FY 2011.

^{3/} Before making fee-for-service program or rate changes that pertain to fee-for-service rate categories, the Arizona Health Care Cost Containment System Administration shall report its expenditure plan for review by the Joint Legislative Budget Committee. (General Appropriation Act footnote)

AGENCY DESCRIPTION — The Arizona Health Care Cost Containment System (AHCCCS) is Arizona’s alternative to a traditional fee-for-service Medicaid system. Started in 1982, AHCCCS operates on a health maintenance organization model in which contracted providers receive a predetermined monthly capitation payment for the medical services cost of enrolled members. AHCCCS members gain eligibility through a variety of federal and state programs. In some cases, eligibility based on federal programs is tied to the applicant also being eligible for a cash assistance program, such as Supplemental Security Income (SSI). Although another cash assistance program, Aid to Families with Dependent Children (AFDC), was replaced and its automatic link to eligibility severed, citizens who meet AFDC eligibility criteria as of July 16, 1996 remain eligible for AHCCCS. Low-income pregnant women and children can qualify under a federal “medical assistance only” category. Individuals not qualifying under one of these programs, but with incomes below 100% of the Federal Poverty Level (FPL), can qualify for health coverage under Proposition 204. In addition to an acute medical services program, AHCCCS also operates the Arizona Long-Term Care System (ALTCS), a Medicaid program that provides long-term nursing care in nursing facilities or home and community based settings.

Impact of Federal Health Care Legislation on Proposition 204 & KidsCare

The General Appropriation Act

As part of the Legislature’s FY 2011 budget balancing plan, the General Appropriation Act (Laws 2010, 7th Special Session, Chapter 1) eliminated Proposition 204 General Fund spending after December 31, 2010 but did not make any accompanying statutory changes. This reduction relied on the Proposition 204 language in A.R.S. § 36-2901.01, which states that “funding shall come from the Arizona Tobacco Litigation Settlement Fund established by section 36-2901.02 and shall be supplemented, as necessary, by any other available sources including legislative appropriations and federal monies.”

Reducing funding to the available sources of tobacco settlement and the Proposition 204 Protection Account was estimated to save the General Fund \$(361,000,000) in AHCCCS and \$(24,000,000) in the Department of Health Services (DHS). On an annual basis, the program would have continued to spend approximately \$108,211,300 from the Tobacco Litigation Settlement Fund, \$40,367,900 from the Proposition 204 Protection Account, and the accompanying Federal Title XIX Expenditure Authority monies. This would allow approximately 55,000 people to be served on an annual basis. The eligibility levels for the remaining Proposition 204 populations would also be reduced.

In addition to reducing Proposition 204 spending, the General Appropriation Act and the Health Budget Reconciliation Bill (BRB) eliminated statutory authority and funding for the KidsCare population beginning on June 15, 2010. Elimination of the program was estimated to save \$(18,112,200) from the General Fund and eliminate participation for approximately 28,000 children.

Federal Health Care Legislation

Subsequent to the passage of the General Appropriation Act but prior to the effective date, the federal government enacted the Patient Protection and Affordable Care Act. Enacted on March 23, 2010, the legislation requires the state to increase its Medicaid eligibility levels to 133% FPL by January 1, 2014. It further requires states to retain their eligibility standards at the level that was in effect as of March 23, 2010 in order to continue receiving federal Medicaid matching funds for the entire Medicaid program. *(Please see the Federal Health Care Legislation in the front of the book for additional detail.)*

Arizona Response

In response to the federal legislation, the state enacted Laws 2010, Chapter 232 (S.B. 1043), which appropriated \$385,000,000 from the General Fund for the Proposition 204 population contingent on the 6-month extension of the enhanced Federal Medical Assistance Percentage (FMAP). The American Recovery and Reinvestment Act of 2009 (ARRA) increased the federal matching rate from October 1, 2009 until December 31, 2010. Typically, the federal government pays an approximate 2:1 federal match for

^{4/} The Arizona Health Care Cost Containment System Administration shall report to the Joint Legislative Budget Committee by March 1 of each year on preliminary actuarial estimates of the capitation rate changes for the following fiscal year along with the reasons for the estimated changes. For any actuarial estimates that include a range, the total range from minimum to maximum shall be no more than 2%. Before implementation of any changes in capitation rates, the Arizona Health Care Cost Containment System Administration shall report its expenditure plan for review by the Joint Legislative Budget Committee. Before the Administration implements any changes in policy affecting the amount, sufficiency, duration and scope of health care services and who may provide services, the Administration shall prepare a fiscal impact analysis on the potential effects of this change on the following year’s capitation rates. If the fiscal analysis demonstrates that these changes will result in additional state costs of \$500,000 or greater for a given fiscal year, the Administration shall submit the policy changes for review by the Joint Legislative Budget Committee. (General Appropriation Act footnote)

^{5/} The General Appropriation Act specified that the amounts included in the Proposition 204 - AHCCCS Administration, Proposition 204 - DES Eligibility, Proposition 204 - Capitation, Proposition 204 - Reinsurance, Proposition 204 - Fee-for-Service, and Proposition 204 - Medicare Premiums Special Line Items includes all available sources of funding consistent with A.R.S. § 36-2901.01B. Laws 2010, Chapter 232 specifies that it is the intent of the Legislature that the AHCCCS Administration expend an additional \$361,000,000 in state General Fund monies in FY 2011 on Proposition 204 costs.

^{6/} General Appropriation Act appropriation format varies by program.

^{7/} Reflects the enhanced FMAP rate for the entire year.

most Medicaid services; however, during this timeframe, the match is increased to approximately 3:1.

At the time of Chapter 232’s discussion, Congress was considering legislation that would extend the enhanced FMAP through June 30, 2011. As of this writing in May 2010, this issue has not yet been resolved. The higher federal match rate would save the state General Fund \$394,000,000 across AHCCCS, DHS, and the Department of Economic Security (DES). This would offset the \$385,000,000 General Fund cost to restore the Proposition 204 population in AHCCCS and DHS through June 30, 2011.

Chapter 232 also restored statutory authority for the KidsCare program and appropriated \$9,000,000 from the General Fund for KidsCare. Typically, the KidsCare program would cost more than \$9,000,000 from the General Fund for a full year, but an enrollment freeze began on January 1, 2010 and resulted in declining enrollment in the program. This enrollment freeze allows individuals who are currently on the program to remain on the program as long as they continue to pay their premiums, but all new applicants are added to a waiting list. Unlike the Proposition 204 appropriation, the KidsCare appropriation is not contingent upon the extension of the enhanced FMAP.

The *FY 2011 Appropriations Report* is displayed as if the enhanced FMAP has been extended. As of this writing, Congress has not yet acted on an extension of the enhanced FMAP.

Crosswalk

Table 2 contains a crosswalk outlining the change from the General Appropriation Act appropriation of the total \$1.826 billion General Fund (\$8.549 billion in Total Funds) to \$1.817 billion General Fund (\$9.675 billion in Total Funds) after the changes in Laws 2010, Chapter 232.

General Appropriation Act

The first portion of Table 2 shows the General Appropriation Act budget broken down by agency and fund.

Extension of Enhanced FMAP

If the enhanced FMAP is extended for 6 months, there will be \$(394,000,000) in General Fund savings, which will be replaced by a corresponding \$394,000,000 in Federal Funds.

Reallocating Tobacco Settlement Back to AHCCCS

There is also a shift of \$10,000,000 in Tobacco Settlement Funds from DHS to AHCCCS. Typically, all tobacco settlement monies are appropriated to AHCCCS. Since the General Appropriation Act eliminated all General Fund monies for Proposition 204, the enacted budget shifted \$10,000,000 in tobacco settlement monies from AHCCCS

to DHS so a portion of Proposition 204 Behavioral Health costs would be funded in the last 6 months of FY 2011. This shift is undone under Chapter 232.

Reallocation within DHS

A technical funding shift was made in accordance with the Governor’s recommendation to move most of the Seriously Mentally Ill population from the Proposition 204 to Traditional classification to reflect their recategorization to the Supplemental Security Income population. See Table 1 detailing where DHS would reallocate its funds (prior to enhanced FMAP adjustments).

Reallocation within DHS			
(\$ Millions)			
Program	FY 2011 Enacted	FY 2011 Revised	Difference
Prop. 204 Admin	\$ 2.3	\$ 2.3	\$ 0.0
Prop. 204 CBH	3.7	3.7	0.0
Prop. 204 SMI	71.5	16.1	(55.4)
Prop. 204GMH/SA	50.9	60.6	9.7
Special Exemption	3.1	1.7	(1.4)
Prop. 204 Total	\$131.5	\$ 84.4	\$(47.1)
TXIX SMI	\$ 62.1	\$131.8	\$ 69.7
Special Exemption	1.3	2.7	1.4
Total	\$194.9	\$218.9	\$24.0

Extension of Proposition 204

The next change reflected in the chart is the extension of Proposition 204 funding for last 6 months of FY 2011. The restoration is expected to cost \$385,000,000 from the General Fund and \$741,000,000 in Federal Funds.

Total Changes

This portion of Table 2 combines the 4 aforementioned changes. The total General Fund amount has decreased by \$9,000,000, but that amount will be used to fund the KidsCare Program. The Federal Title XIX Expenditure Authority is \$996,000,000, \$96,000,000, and \$43,000,000 for AHCCCS, DHS, and DES, respectively. This is slightly different from the \$1,006,000,000, \$86,000,000, and \$43,000,000 Expenditure Authority amounts in Chapter 232, as the Expenditure Authority amounts in the bill include both Federal Title XIX Expenditure Authority and Tobacco Settlement.

Revised

The last portion of the table shows the revised Title XIX appropriations including all changes from the bill.

Table 2				
FY 2011 Crosswalk - Agency Total Title XIX Appropriations				
(\$ in Millions)				
	<u>AHCCCS</u>	<u>DHS</u>	<u>DES</u>	<u>Total</u>
General Appropriation Act				
General Fund	\$1,169	\$ 380	\$277	\$1,826
Tobacco Settlement	98	10	--	108
Tobacco Taxes	57	4	--	61
Other Appropriated Funds	8	--	31	39
Federal Funds	<u>4,912</u>	<u>951</u>	<u>652</u>	<u>6,515</u>
Total	\$6,244	\$1,345	960	\$8,549
Extension of Enhanced FMAP				
(including Proposition 204 Extension)				
General Fund	\$(282)	\$(69)	\$(43)	\$(394)
Federal Funds	<u>282</u>	<u>69</u>	<u>43</u>	<u>394</u>
Total	\$ 0	\$ 0	\$ 0	\$ 0
Reallocating Tobacco Settlement				
Back to AHCCCS				
Tobacco Settlement	\$10	\$(10)	--	\$0
Federal Funds	<u>19</u>	<u>(19)</u>	--	<u>0</u>
Total	\$29	\$(29)	--	\$0
Reallocating within DHS ^{1/}				
General Fund	--	\$ 0	--	\$0
Federal Funds	--	<u>0</u>	--	<u>0</u>
Total	--	\$ 0	--	\$0
Extension of Proposition 204				
General Fund	\$ 361	\$ 24 ^{1/}	--	\$385
Federal Funds	<u>695</u>	<u>46</u>	--	<u>741</u>
Total	\$1,056	\$70	--	\$1,126
Total Changes in Chapter 232				
General Fund ^{2/}	\$ 79	\$(45)	\$(43)	\$(9)
Tobacco Settlement	10	(10)	--	--
Federal Funds	<u>996</u>	<u>96</u>	<u>\$ 43</u>	<u>1,135</u>
Total	\$1,085	\$ 41	\$ 0	\$1,126
General Appropriation Act as Revised				
by Chapter 232				
General Fund	\$1,248	\$335	\$234	\$1,817
Tobacco Settlement	108	--	--	108
Tobacco Taxes	57	4	--	61
Other Appropriated Funds	8	--	31	39
Federal Funds	<u>5,908</u>	<u>1,047</u>	<u>695</u>	<u>7,650</u>
Total	\$7,329	\$1,386	\$960	\$9,675

^{1/} See Table 1.
^{2/} Savings allocated for KidsCare.

FY 2010 Supplemental

The budget includes an increase of \$87,598,000 for supplemental caseload growth in FY 2010. These amounts consist of:

	<u>FY 2010</u>
General Fund	\$ 82,571,500
Tobacco Settlement Fund	(10,068,900)
TTHCF – Medically Needy Account	(15,442,300)
TPTF Proposition 204 Protection Account	(8,628,800)

Emergency Health Services Account	(4,108,900)
Federal Title XIX Expenditure Authority	43,275,400

The General Fund shortfall has 4 components:

- Caseload Growth: \$22,467,700
- Tobacco Tax Revenue Shortfall: \$28,180,000
- Tobacco Settlement Shortfall: \$10,068,900
- ARRA Shortfall: \$21,854,900

5th Special Session Reduction

The budget includes \$(7,662,100) from the General Fund in FY 2011 to continue the 5th Special Session FY 2010 Lump Sum Reduction. This lump sum reduction has already been incorporated into individual line items for both FY 2010 and FY 2011. The allocation is as follows:

	<u>General Fund</u>
Administration Operating Lump Sum	\$ (100,000)
KidsCare – Administration	(511,400)
Proposition 204 - AHCCCS Administration	(261,400)
Proposition 204 - DES Eligibility	(1,381,200)
KidsCare – Children	(3,165,600)
Graduate Medical Education	(1,302,300)
Disproportionate Share Payments	(940,200)
Total	\$(7,662,100)

Fund Transfers

The budget includes transfers from this agency's funds to the General Fund. *(Please see the Fund Transfers section at the back of this report for more details.)*

Additional Legislation

County Funding

In order to comply with the ARRA and receive the higher FMAP, Laws 2010, 7th Special Session, Chapter 10, the FY 2011 Health BRB made the following changes to ensure that counties do not pay a higher percentage of the share than they would have otherwise.

- Amends Laws 2009, 3rd Special Session, Chapter 3 to change the 50%/50% counties/state split for reversion of excess ALTCS lump sum appropriations to 62.2%/37.8% in FY 2009 and 60%/40% in FY 2010.
- Changes the 50%/50% counties/state split for reversion of excess ALTCS lump sum appropriations to 59.3%/40.7% in FY 2011.
- Changes the 50%/50% county/state split for excess appropriations in ALTCS Medicare Clawback payments to 45.5%/54.5% in FY 2009 and FY 2010, and changes the split to 45.3%/54.7% for FY 2011.
- Requires AHCCCS to transfer any excess Acute Care county savings due to the enhanced FMAP back to the counties for FY 2010 and FY 2011.
- Requires AHCCCS to transfer any excess administration savings in FY 2011 back to the counties

Legislation to Minimize Capitation Rate Growth

Overall, the AHCCCS budget includes 0% growth for capitation adjustments. Capitation adjustments reflect both medical inflation and utilization changes. To offset this

lower than average capitation adjustment increase, the FY 2011 Health BRB addresses the following areas:

Reimbursement Rates

AHCCCS is permitted to reduce provider reimbursement rates up to (5)% in the contract year beginning October 1, 2010.

Reinsurance Thresholds

Continues to permit AHCCCS to reduce by 1 level the thresholds beyond which patient costs are paid by reinsurance for the contract year 2011. Previously, health plans were able to choose 1 of 3 levels for reinsurance: \$20,000, \$35,000, or \$50,000. The FY 2010 Health & Welfare BRB permitted AHCCCS to shift the plans which chose the \$50,000 level to \$35,000 and \$35,000 to \$20,000. The FY 2011 Health BRB continued this policy. When the reinsurance threshold is lowered, capitation rates are also lowered since reinsurance kicks in earlier.

Administrative Costs

The FY 2011 Health BRB continues the administrative policies permitted to AHCCCS in the FY 2010 Health & Welfare BRB. The BRB allowed AHCCCS to reduce the risk contingency rate setting for all managed care organizations by 50% and impose a 5.88% reduction on funding for all managed care organizations administrative funding levels.

A risk contingency is added to capitation rates to cover unforeseen circumstances and/or pricing mismatches (e.g. actual trends differ from assumptions). If this risk contingency is not necessary, or is insufficient, it is retained as profit (or loss) and there is no limit. Previously, risk contingency was set at 2%.

In the Acute Care Program, an 8.5% administrative expense had been built in the capitation rates when they are developed. For the ALTCS Program, the administrative expense built into the majority of the capitation rates was 8%; some contractors have a lower percentage.

Optional Services

The Health BRB eliminated a number of optional services beginning on October 1, 2010. These include:

- Emergency dental services
- Most well exams for adults (mammograms, pap smears, and colonoscopies would remain covered)
- Physical therapy services (excluding the first 6 visits)
- Certain transplants
- Orthotics
- Services by a Podiatrist
- Prosthetics excluding prosthetic implants – limited to \$12,500 per year
- Insulin pumps
- Cochlear implants

- Durable medical equipment - limited to Medicare covered items only
- Bone-anchored hearing aids
- Gastric Bypass surgery
- Percussive vests

Laws 2010, Chapter 232 clarified the transplant provisions originally modified by the Health BRB.

Ambulance Rates

Laws 2010, Chapter 86 modifies the Health BRB by setting the AHCCCS ambulance reimbursement rate at 80% of the Department of Health Services set approved rates except that from October 1, 2009 until September 30, 2011, the rates will not exceed 76%. This provision is expected to be cost neutral.

Tobacco Tax and Health Care Fund and Tobacco Products Tax Fund	FY 2009	FY 2010 ^{1/}	FY 2011 ^{1/}
Medically Needy Account			
<u>Funds Available</u>			
Balance Forward	\$ 2,939,000	\$ 3,278,800	\$ 2,978,800
Transfer In - Tobacco Tax and Health Care Fund	53,479,100	47,869,700	47,869,700
Transfer In - Tobacco Products Tax Fund	30,104,300	25,950,900	25,950,900
Interest	3,000	0	0
Total Funds Available	\$86,525,400	\$77,099,400	\$76,799,400
<u>AHCCCS Allocations</u>			
<u>GF Offsets</u>			
Traditional Medicaid State Match Appropriation	\$50,803,300	\$38,295,800	\$38,295,800
Total AHCCCS Allocations	\$50,803,300	\$38,295,800	\$38,295,800
<u>DHS Allocations</u>			
Behavioral Health GF Offset	\$25,785,500	\$34,524,800	\$34,524,800
Folic Acid	333,600	400,000	400,000
Community Health Centers	3,415,600	900,000	0
Total DHS Allocations	\$29,534,700	\$35,824,800	\$34,924,800
<u>Other Allocations</u>			
Total AHCCCS/DHS Allocations	\$ 80,338,000	\$74,120,600	\$73,220,600
Administrative Adjustments	2,908,600	0	0
Balance Forward	\$ 3,278,800	\$ 2,978,800	\$ 3,578,800
AHCCCS Proposition 204 Protection Account			
<u>Funds Available</u>			
Balance Forward	\$ 0	\$ 0	\$ 6,200
Transfer In – Emergency Health Services Account ^{2/}	0	6,200	0
Transfer In - Tobacco Products Tax Fund	46,828,900	40,367,900	40,367,900
Total Funds Available	\$46,828,900	\$40,374,100	\$40,374,100
<u>Allocations</u>			
AHCCCS State Match	\$46,828,900	\$40,367,900	\$40,367,900
Balance Forward	\$ 0	\$ 6,200	\$ 6,200
AHCCCS Emergency Health Services Account			
<u>Funds Available</u>			
Balance Forward	\$ 6,200	\$ 6,200	\$ 0
Transfer to Proposition 204 Protection Account ^{2/}	0	(6,200)	0
Transfer In - Tobacco Products Tax Fund	22,131,800	19,222,900	19,222,900
Total Funds Available	\$22,138,000	\$19,222,900	\$19,222,900
<u>Allocations</u>			
AHCCCS State Match Appropriation	\$22,131,800	\$19,222,900	\$19,222,900
Balance Forward ^{2/}	\$ 6,200	\$ 0	\$ 0

Tobacco Tax and Health Care Fund and Tobacco Products Tax Fund ^{1/}	FY 2009	FY 2010 ^{1/}	FY 2011 ^{1/}
DHS Health Education Account			
<u>Funds Available</u>			
Balance Forward	\$ 8,305,800	\$ 3,805,700	\$ 0
Transfer In - Tobacco Tax and Health Care Fund	18,979,900	15,728,600	15,728,600
Transfer In - Tobacco Products Tax Fund	2,333,200	1,922,300	1,922,300
Total Funds Available	\$29,618,900	\$21,456,600	\$ 17,650,900
<u>Allocations</u>			
Tobacco Education and Prevention Program	\$21,751,900	\$21,751,900	\$ 21,751,900
Leading Causes of Death - Prevention and Detection	4,061,300	4,061,300	4,061,300
Balance Forward	\$ 3,805,700	\$ (4,356,600) ^{3/}	\$ (8,162,300) ^{3/}
Health Research Account			
<u>Funds Available</u>			
Balance Forward	\$ 7,245,800	\$ 4,646,300	\$ 1,721,000
Transfer In - Tobacco Tax and Health Care Fund	3,819,900	3,419,200	3,419,200
Transfer In - Tobacco Products Tax Fund	5,541,700	4,805,700	4,805,700
Interest Revenue	82,800	0	0
Total Funds Available	\$16,690,200	\$12,871,200	\$ 9,945,900
<u>Allocations</u>			
Arizona Biomedical Research Commission	\$ 5,543,900	\$ 5,543,900	\$ 5,543,900
Alzheimer's	1,000,000	0	1,000,000
Public Health	0	1,000,000	0
Autism Training - Department of Economic Security	0	200,000	0
Biotechnology (Laws 2002, Ch. 186)	500,000	500,000	500,000
Bioresearch Non-Appropriated Allocation ^{4/}	5,000,000	3,906,300	2,997,800
Balance Forward	\$ 4,646,300	\$ 1,721,000	\$ (95,800) ^{3/}
^{1/} Reflects revenue estimates as of November 2009. The FY 2010 and FY 2011 revenue estimates (transfer-in) equals the FY 2009 estimate.			
^{2/} Any unencumbered funds in the Emergency Health Services Account are transferred to the Proposition 204 Protection Account at the end of each year.			
^{3/} Actual balances will not be negative.			
^{4/} Laws 2002, Chapter 320 appropriated \$5,000,000 annually from FY 2003 to FY 2007 to the Translational Genomics Research Institute (TGen). The Arizona Biomedical Research Commission (ABRC) signed a contract with TGen to continue this appropriation through FY 2012 through the commission's non-appropriated grant program, but further reduced the amount to reflect declining revenue for ABRC.			