



# **Let's Crunch the Numbers: IDPH Budget Webinar**

**Gary Robinson**, Deputy Director, Office of  
Finance and Administration, Illinois Department of  
Public Health

**Mildred Williamson**, HIV/AIDS Section Chief,  
Illinois Department of Public Health

# Webinar Panelist

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- All attendees are in listen-only mode.
- During Q & A segments
  - **If you are using the phone:** Use the ‘Raise Hand’ button if you want to ask a question and you will be unmuted and called upon.
  - **Audio via computer:** you can also ask questions at any time using the chat feature.

# Webinar Instructions

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During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.



# Raise your Hand or Use the Question Feature to Ask Questions



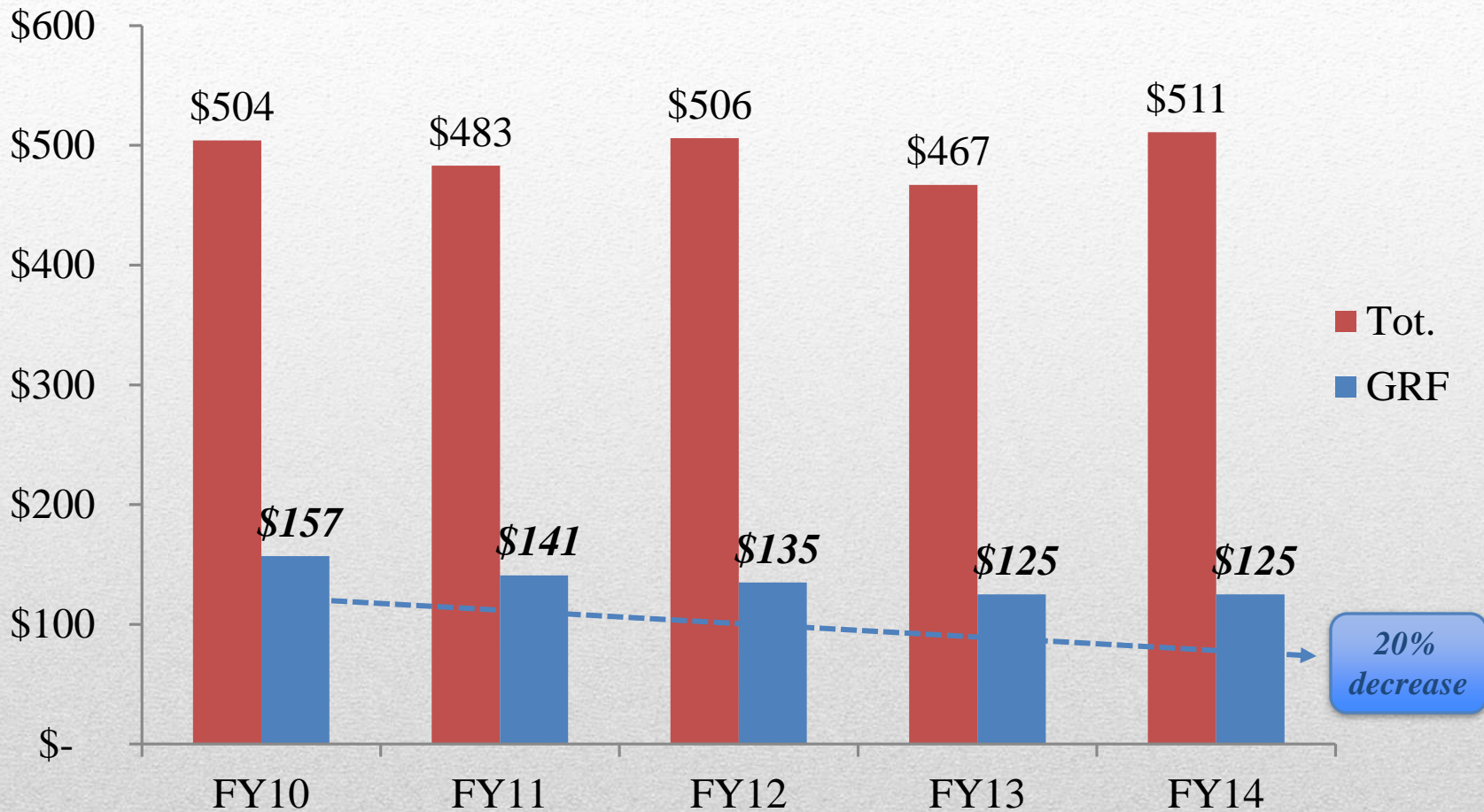


# **IDPH Budget Overview**

The Good, Bad, and Ugly

Gary Robinson, Deputy Director, Office of Finance and  
Administration, Illinois Department of Public Health

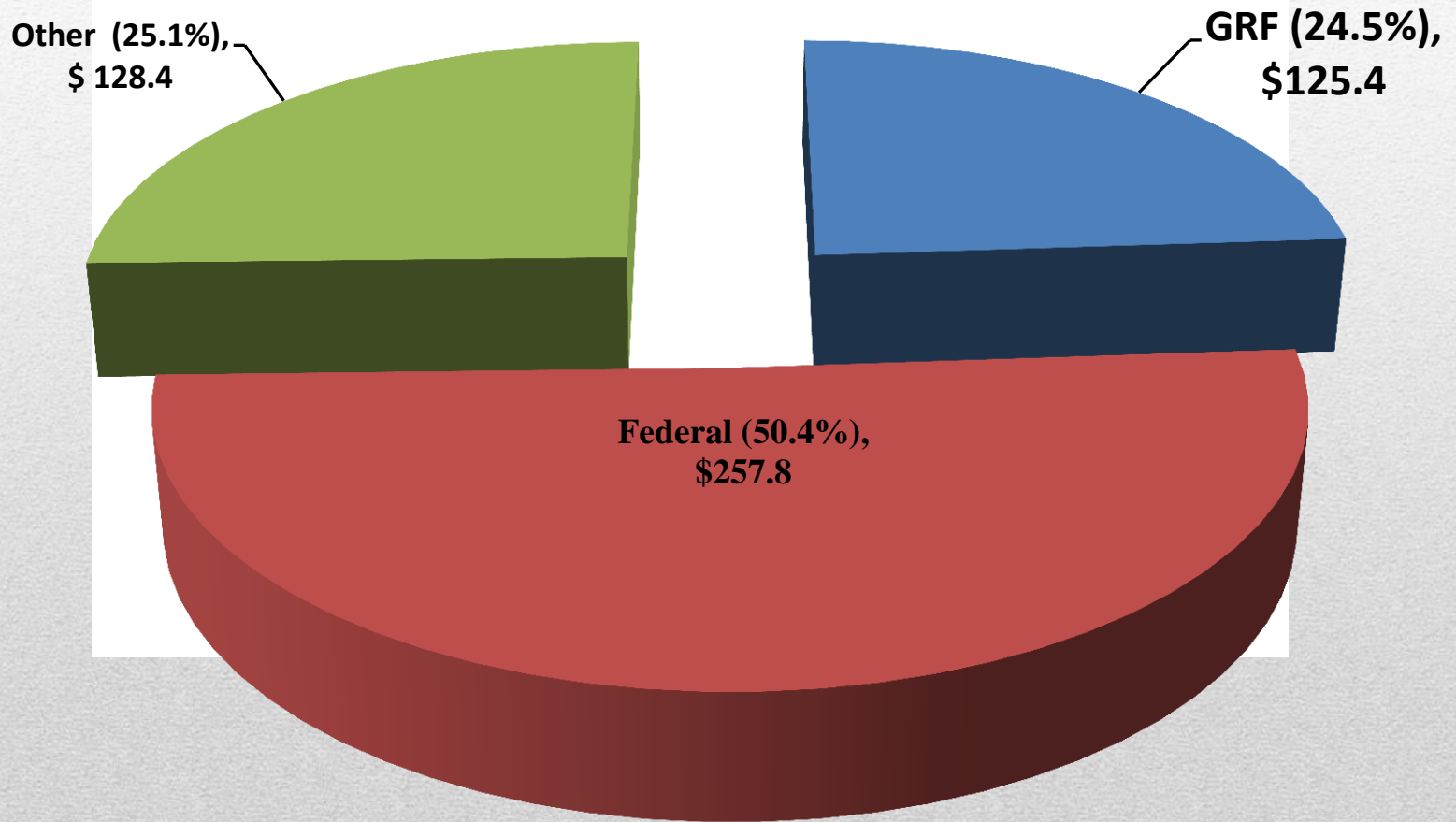
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## **IDPH Budget Trend Total and GRF, FY2010 – 2014**

# FY2014 IDPH Budget Request

## TOTAL \$511.6





- Total Resources \$511.6 million
- GRF Total \$125.4, a reduction of 1.5% from comparable FY2013 appropriations
- Other Special State Funds \$128.4 million, up \$11.3 million (swimming pool licensing, newborn screening, lab services revolving fund increases)
- Federal Funds \$257.8 million (dependent on Congress and sequestration)

## **FY2014 Budget Request**

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- \$17.1 million to Local Health Departments (core programs including food, water, sewage and infectious diseases)
- Screen 165,000 newborns for 40 different genetic & metabolic diseases; identification of infants with abnormal results provides a window of opportunity for early interventions and treatments
- Tobacco Grants to Local Health Departments maintained at \$6 million
- SB326 Nurse Surveyors (61 hires to date, to improve surveyor to nursing home bed ratios)
- MCH Program shift to IDPH, \$32.2 million

## **FY2014 Budget Highlights**

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- ACA client migration to expanded Medicaid and insurance exchanges (October 2013 enrollment, January 1, 2014 initial migration)
- Two IDPH programs impacted, ADAP and IBCCP. ADAP is a payer of last resort and IBCCP serves only uninsured women. Clients in both programs will gradually migrate to other comprehensive insurance coverage
- Estimated GRF savings from limited migration to comprehensive health insurance coverage are:
  - ADAP - \$4.3 million
  - IBCCP - \$3.3 million

## **FY2014 Budget Reductions**

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# **HIV Section Budget**

## **Dr. Mildred Williamson**

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Visit [www.aidschicago.org](http://www.aidschicago.org)

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**Thank You & Stay Tuned!**

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