The Office of Primary Care and Rural Health continues to be a resource for Utah’s rural, multi-cultural, and underserved communities. The Office works with communities that need assistance in conducting needs assessments, recruiting health care professionals, identifying sources of funding, and implementing other projects related to decreasing disparity and increasing access to primary health care.

The Utah Legislature included intent language for the State Primary Care Grants Program for Medically Underserved Populations in the FY 2006 Supplemental Appropriations Act. The FY 2007 Supplemental Appropriations Act (H.B. 150), changed the amount of funding that could be considered non-lapsing to $400,000.

The performance measures in this program area monitor both the efficiency of the office and the funding available. The ultimate number of awards is based on the amount of funds available and the purposes for which they are allocated.

The 1996 and 1997 Legislatures approved $350,000 from Mineral Lease Funds for a State Primary Care Grants Program for Medically Underserved Populations. The 1998 Legislature increased the funding to $500,000. This amount was also appropriated in 1999 for FY 2000 and FY 2001, but the source of the funding switched in FY 2001 to the Medicaid Restricted Account. Since FY 2002, the funding for the State Primary Care Grants Program has been from the State General Fund.

The performance measures in the State Primary Care Grants Program for Medically Underserved Populations area monitor both the efficiency of the office and the funding available from the Legislature. Processing the awards is an important aspect of the program to assure funding to serve targeted populations. Our state’s medically underserved (uninsured and underinsured, minority, geographically isolated) populations are also served by several, federally supported community, migrant and homeless health centers.

These centers depend on a combination of federal, state, and local funds that include many donations and some funding from patient care billings (primarily self-pay patients on sliding-fee schedules and Medicaid clients).

The performance measures in this program area monitor both the efficiency of the office and the funding available. The ultimate number of awards is based on the amount of funds available and the purposes for which they are allocated.

The program targets Utah’s low-income populations, who have no health insurance, or whose health insurance does not cover primary health care services and do not qualify for Medicare, Medicaid, CHIP, or other government insurance programs.

The program includes populations in medically underserved areas, including the working poor, individuals with chronic diseases, children of low-income families, the homeless, Native Americans, seasonal and migrant farm workers, and other disadvantaged group.

Utah Code Annotated, 26-18, Part 3, authorizes the State Primary Care Grants Program for Medically Underserved Populations.