

MEMORANDUM



JOINT BUDGET COMMITTEE

TO Joint Budget Committee
FROM Andrew Forbes, JBC Staff (303-866-2062)
DATE May 12, 2020
SUBJECT Tabled CDPHE Health Division Balancing Options

The Joint Budget Committee tabled three line items in staff's initial budget balancing document for the 2020-21 fiscal year, pending additional information from the Department. Staff's initial language, as well as follow-up information from the Department have been included below. The page number in which each item appears in staff's budget balancing document has also been included next to the header name.

→ REMOVE R2 IMMUNIZATION OUTREACH FUNDING (PAGE 5)

JBC ACTION AS OF 3/16/20: Consistent with staff recommendation, the Committee appropriated \$2.5 million to the Department for purposes of increasing the rate of measles, mumps, and rubella (MMR) vaccinations among the State's kindergarten population.

RECOMMENDATION: Staff recommends eliminating this funding of \$2.5 million for FY 20-21, and \$1.5 million in subsequent years.

ANALYSIS:

Key Considerations: New program (new proposal for FY 2020-21)

Additional Background: The Department's request of \$2.5 million for FY 20-21 includes \$1 million for a statewide media campaign and \$1.5 million for a grant program made available to local public health agencies (LPHAs) to implement interventions aimed at increasing the kindergarten MMR vaccination rate in select counties. The request includes that the \$1.5 million for the LPHA grant program be appropriated annually, the \$1 million for a media campaign is a one-time request.

The Department currently contracts with local public health agencies (LPHAs) to provide immunization services based on a formula that includes population, youth population, poverty rate, and the number of Vaccines for Children (VFC) clinics. The current funding requires participating LPHAs to hold immunization clinics, participate in VFC, communicate with the public, and submit data to the Colorado Immunization Information System (CIIS). The R2 request would provide an additional \$1.5 million per year that is separate from the current funding structure and is specific to the MMR vaccine and targeting communities with lower rates.

The VFC program is a federally funded program that provides vaccines to children at no cost for those whose families may not be able to afford to pay due to no insurance or inadequate insurance. The program is run by the CDC, which buys vaccines at a discount and distributes them to state health departments.

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The Department utilized one time grant dollars in early 2019 to develop targeted messaging, outreach campaign materials, and to conduct market research relating to vaccine hesitancy. The Department would use the requested funding to distribute the materials developed under that grant. The Department has also been working with HCPF to increase immunization rates among children eligible for Medicaid.

Additional requested information:

No federal dollars have been received in order to supplement funding for this decision item. The Department has received \$27 million dollars to date from the CARES act funding, with \$10.3 million of that going to the Epidemiology and Laboratory Capacity program for purposes of contact tracing, follow-up and containment. Dollars received through the CARES act are not expected to be authorized to help support state immunization infrastructure.

Since mid-March, the Colorado Immunization Information System (CIIS) has shown an average weekly decrease in immunizations by 40 percent. This decrease can be attributed more to parent behavior rather than a lack of access. Many pediatric and family physician offices remain open as an essential industry during stay at home orders, and have taken precautions adhere to social distancing guidelines such as separate hours for well child visits and administering vaccinations in parking lots. This decline will decrease Colorado's already low measles, mumps and rubella vaccination rates. What is still unclear at this time is how the COVID pandemic will influence parent behavior in long term.

➔ FAMILY PLANNING PURCHASE OF SERVICES (PAGE 17)

JBC ACTION AS OF 3/16/20: The Committee approved \$4,759,461 General Fund for this line item during figure setting.

RECOMMENDATION/OPTION: Staff recommends a reduction in appropriations by \$951,892 General Fund.

ANALYSIS:

Key Considerations: This recommendation affects a vulnerable state population.

Additional Background: The Department has received Federal Title X funds since 1970 to provide comprehensive family planning services to individuals who need them, with priority for low-income clients. A network of 75 family planning clinics across the state, operated and overseen by local public health agencies, federally qualified health centers, nonprofit organizations, and the Department, provides these services. The Family Planning Program (FPP) serves approximately 55,000 people annually. The primary focus of the FPP is to reduce unintended pregnancies.

A 20 percent cut of \$951,892 to this line item would affect the dollar amount the Division can send out through contracts. It is difficult to estimate the direct impacts this reduction will have, as each grantee will manage the cuts in a way the find most palatable. A grantee would most likely manage this reduction through reductions in services or personnel, translating into less providers in clinics, reduced days per week the clinic is open, or reduced staff hours per day. \$1,366,297 of the General Fund

dollars appropriated is used to fulfil the Departments requirement for a match rate for the federal Title V Maternal and Child Health Block Grant, which provides a 4:3 federal match ratio.

Additional requested information:

The Family Planning Program (FPP) is a grant program administered to clinics from the Department and is contingent on clinics providing a certain set of base services. Based on this the each grantee will absorb a reduction in their own way, but will most likely take the form of reduced hours and/or reduced staffing. The Department was able to survey grantee clinics on how a 10 or 20 percent reduction from FPP grant funds would be absorbed, and a sample of those responses has been included below.

- Leaving vacant positions vacant and reducing physician's clinic hours.
- A 20 percent reduction would reduce one clinic's hours by 30 per week.
- A 10 percent reduction would reduce availability to long-acting reversible contraceptive services, or a limit of the variety of contraceptives that are typically available.
- Limited ability to test for sexually transmitted infections (STI), possibly resulting in increased STI rates.

It is difficult to estimate the direct loss of patient access given the variety of strategies each grantee may use to absorb funding reductions, but assuming a stable patient population of 55,000 from FY 2019-20 a 10 percent reduction could result in a loss of access to 5,500 patients, with a 20 percent reduction estimated to affect 11,000 patients. 31 of the State's 76 FPP clinics are in rural or frontier regions. These clinics tend to have less staff than their urban counterparts and any reduction in personnel could have a disproportionate effect on rural clinics.

Roughly 10-15 percent of grantees budgets are made up of General Fund, with another 10-15 percent coming from Federal Title X funding. Each clinics total funding portfolio is unique, but it is unlikely that a 1—20 percent reduction in General Fund would result in the closure of any of the clinics. One more item of note is that this line item received an annual appropriation increase of \$1,025,000 from FY 18-19 to FY 19-20.

→ SCHOOL BASED HEALTH CENTERS (PAGE 17)

JBC ACTION AS OF 3/16/20: The Committee Approved \$5,012,335 General fund to this line item during figure setting.

RECOMMENDATION/OPTION: Staff recommends a \$1,002,467, or 20 percent, General Fund reduction to this line item.

ANALYSIS:

Key Considerations: This recommendation affects a vulnerable state population.

Additional Background: The School-based Health Center (SBHC) Grant Program works with local health care providers, schools and community groups to locate health clinics on school property to provide primary, behavioral and oral health services, particularly for low-income children and youth, and assist with enrollment in children's health plans.

A 20 percent cut of \$1,002,467 to this line item would affect the dollar amount the Division can send out through contracts. It is difficult to estimate the direct impacts this reduction will have, as each grantee will manage the cuts in a way the find most palpable. A grantee would most likely manage this reduction through reductions in services or personnel, translating into less providers in clinics, reduced days per week the clinic is open, or reduced staff hours per day. \$1,366,297 of the General Fund dollars appropriated is used to fulfil the Departments requirement for a match rate for the federal Title V Maternal and Child Health Block Grant, which provides a 4:3 federal match ratio.

Additional requested information:

Similar to the funding structure of the Family Planning Program, SBHCs receive their funding with the expectation that a set of core services be provided. This means that funding reductions would most likely come in the form of reduced hours and/or staffing. The Department was able to survey grantee SBHCs on how a 10 or 20 percent reduction would be absorbed, and a sample of those responses has been included below.

- Increasing the clinics sliding fee scale, increasing costs expected to be paid by each family, as well as charging for lab work and testing.
- Closing clinics during school breaks
- Limiting health education, group, and outreach classes.

SBHCs saw an estimated 33,111 patients in FY 2019-20. Keeping in mind that each of the clinics would absorb a reduction in funds in their own way, a rough projection of a 10 percent loss in funding would result in a loss of access for 3,311 patients. Similarly a 20 percent reduction would roughly translate into a loss of access for 6,622 patients. Given that SBHCs in rural areas tend to have less staff, any reduction would be expected to disproportionately affect the State's 18 rural clinics when compared to the 34 urban clinics.

Specific to how any reduction in funding would affect a clinics behavioral health related activities, SBHCs are required to provide behavioral health services as part of their core service contracts. Outside of these core services many SBHCs provide additional optional services including classroom based suicide prevention education and substance abuse prevention. Funding reductions could reduce these optional services and, depending on the clinic, additionally reduce behavioral health services from 5 days to 3 day per week.