MEMORANDUM

JOINT BUDGET COMMITTEE

TO	Members of the Joint Budget Committee
FROM	Christina Beisel, JBC Staff (303-866-2149)
DATE	May 13, 2020
SUBJECT	Tobacco Revenues – Balancing Options

During presentations for department balancing options, JBC Staff included a number of reductions or transfer recommendations related to tobacco revenues. Included in this memorandum are summaries of those recommendations, available revenue based on actual receipts and updated forecasts, and recommendations for statewide balancing options for tobacco revenues.

AMENDMENT 35

Amendment 35 was approved by the voters in 2004 and added the following two cigarette and tobacco taxes to Section 21 of Article X of the Colorado Constitution.

1 An additional $0.64 tax on each pack of cigarettes sold in Colorado (a pack equals twenty cigarettes); and
2 A statewide tobacco products tax equal to 20.0 percent of the manufacturer's list price, on the sale, use, consumption, handling, or distribution of tobacco products by distributors.

Amendment 35 was codified in Section 24-22-117, C.R.S., which outlines how revenue from Amendment 35 is distributed to various state agencies including: the Departments of Health Care Policy and Financing, Public Health and Environment, and Human Services.

SUMMARY

- The Committee approved legislation to transfer a portion of Amendment 35 revenue from programs in the Department of Public Health and Environment (CDPHE) to the Department of Health Care Policy and Financing (HCPF). This action makes available $17.8 million of General Fund.

- The Committee tabled action on a "deeper cuts" option in HCPF related to the Primary Care Fund. Based on the May Legislative Council Staff (LCS) forecast, this action would make available $23.4 million to offset General Fund for Medical Services Premiums. OSPB submitted a comeback recommending a $12.3 million reduction.

- The May Legislative Council Forecast estimates a 4.7 percent reduction in Amendment 35 revenue, which will further reduce available dollars for CDPHE programs. The staff recommended transfer amount has not changed based on the forecast.

- There are no additional staff recommendations for Amendment 35 included in this memorandum. The information below summarizes the Committee's actions to date, as well as presents new numbers based on the May forecast.

JBC ACTION AS OF 3/16/20:
The December 2019 Legislative Council Staff revenue forecast projected Amendment 35 revenues would equal $129,252,000 in FY 2020-21. The following table summarizes the expected distribution of those dollars for FY 2020-21.

DISTRIBUTION OF AMENDMENT 35 DOLLARS			
DEPT.	PROGRAM AND/OR FUND	PERCENT	FY 2020-21 RECOMMENDATION
HCPF	Health Care Expansion Fund	46.0	$59,455,920
HCPF	Primary Care Fund	19.0	24,557,880
DPHE	Tobacco Education Programs Fund	16.0	20,680,320
DPHE	Prevention, Early Detection and Treatment Fund	16.0	20,680,320
HCPF	Old Age Pension Fund	1.5	1,938,780
REV	Local governments to compensate for lost revenue from tobacco taxes	0.9	1,163,268
DPHE	Immunizations performed by small local public health agencies.	0.3	387,756
HCPF	Children's Basic Health Plan	0.3	387,756
Total Distributions		**100.0**	**$129,252,000**

Money that is credited to the Prevention Early Detection and Treatment Fund is further divided among three programs: Breast and Cervical Cancer Program, Health Disparities Program Fund, and Center for Health and Environmental Information. The following table summarizes how the total funds credited to the Prevention, Early Detection and Treatment Fund is further allocated.

BREAKDOWN OF MONEY CREDITED TO THE PREVENTION EARLY DETECTION AND TREATMENT FUND		
TREATMENT FUND	PERCENT	FY 2020-21
Total Amount Credited to the Prevention, Early Detection and Treatment Fund		**$20,680,320**
Breast and Cervical Cancer Program	20.0%	4,136,064
Health Disparities Program Fund	15.0%	3,102,048
Center for Health and Environmental Information	Fixed $	116,942
Remains in the Prevention, Early Detection and Treatment Fund		*$13,325,266*

JBC BALANCING ACTIONS TO DATE
Transfer to HCPF from CDPHE
On May 4, the Committee voted to move two bills to draft related to Amendment 35. The first declares a state of emergency for use of tobacco tax, pursuant to Section 21 of Article X of the Colorado Constitution. Such a declaration allows the General Assembly to use Amendment 35 tobacco revenues to support the Children's Basic Health Plan within the Department of Health Care Policy and Financing. The second bill transfers $17.8 million from Amendment 35 programs within the Department of Public Health and Environment to HCPF. This makes available $17.8 million of General Fund. The table below provides an overview of the CDPHE reductions.

CDPHE FY 20-21 AMENDMENT 35 TRANSFER				
PROGRAM	A35 APPROPRIATION	PERCENT TRANSFER	TRANSFER AMOUNT	NEW APPROPRIATION
Tobacco Education	$20,680,320	50%	$10,340,160	$10,340,160
Breast and Cervical Cancer	4,136,064	33%	1,364,901	2,771,162
CCPD	13,325,266	33%	4,397,337	8,927,928
Health Disparities	3,102,048	53%	1,651,369	1,450,679
Total			**$17,753,767**	

Primary Care Fund

The Committee tabled action on an option to temporarily reduce the tobacco tax funds flowing to the Primary Care Fund and redirect the money to offset General Fund for Medical Services Premiums. Based on the May Legislative Council Staff (LCS) forecast (described below), this action would make available $23.4 million to offset General Fund for Medical Services Premiums. OSPB submitted a comeback recommending a $12.3 million reduction.

Background

Through the Primary Care Fund tobacco tax funds are distributed to providers who:

- Accept all patients regardless of their ability to pay, and use a sliding fee schedule for payments or do not charge uninsured clients for services;
- Serve a designated medically underserved area or population;
- Have a demonstrated track record of providing cost-effective care;
- Provide or arrange for the provision of comprehensive primary care services to persons of all ages;
- Complete an initial screening evaluating eligibility for Medicaid, Child Health Plan Plus, (CHP+) and the Colorado Indigent Care Program (CICP); and
- Operate as a federally qualified health center (FQHC), or a health center where at least 50% of the patients served are uninsured or medically indigent patients, Medicaid, and CHP+.

Awards are based on the percentage of medically indigent clients the provider serves. The Primary Care Fund receives 19 percent of tobacco tax collections annually.

By declaring a fiscal emergency and passing legislation the General Assembly could temporarily reduce the tobacco tax funds flowing to the Primary Care Fund and redirect the money to offset General Fund for Medical Services Premiums.

This is a grant program with no federal match. As such, the JBC staff views it as a lower priority than preserving core Medicaid and CHP+ eligibility and benefits that leverage federal funds.

The General Assembly reduced the Primary Care Fund in FY 2009-10 and FY 2010-11, but was able reinvest a portion of the money in a program that drew a federal match and benefited the same providers. By leveraging matching federal funds the General Assembly was able to mitigate the impact on providers while still achieving General Fund savings. The refinancing in the last economic downturn involved a special State Plan Amendment. The JBC staff is still researching whether something equivalent could be done within the current structure of the Medicaid program. If that is possible, this would move from an option to staff recommended legislation, but with General Fund savings of half to two-thirds of the total so that some of the money could be reinvested to match federal funds and partially or wholly offset the negative impact on providers.

Most of the Primary Care Fund goes to Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). The FQHCs and RHCs are receiving significant federal support, including to date for Colorado providers $24.1 million in CARES Act Supplemental Funding Awards and another $1.7 million in Coronavirus Preparedness and Response Supplemental Funding. The FQHCs and RHCs may receive future distributions that have not yet been announced from the $100 billion nationwide in the CARES Act for the Public Health and Social Services Emergency Fund, depending on how the federal government decides to allocate the money. In addition, FQHCs and RHCs are eligible for increased flexibility to bill for telehealth services, telehealth grants, grants for rural community health, funds for detection, treatment, prevention and diagnosis of COVID-19, and loans. Approximately $2.6 million of the Primary Care Fund goes to providers that are not FQHCs or RHCs.

MAY 2020 FORECAST

The May Legislative Council Forecast anticipates a drop in expected Amendment 35 revenue. The Committee's figure setting action anticipated $129.3 million of revenue, based on the December 2019 forecast. The most recent forecast estimates $123.2 million in total revenue, which is a reduction of $6.1 million (4.7 percent).

EXPECTED DISTRIBUTION OF AMENDMENT 35 REVENUES UNDER CURRENT LAW			
Dept.	Program and/or Fund	Percent	May Forecast
HCPF	Health Care Expansion Fund	46.0	$56,660,960
HCPF	Primary Care Fund	19.0	23,403,440
DPHE	Tobacco Education Programs Fund	16.0	19,708,160
DPHE	Prevention, Early Detection and Treatment Fund	16.0	19,708,160
HCPF	Old Age Pension Fund	1.5	1,847,640
REV	Local governments to compensate for lost revenue from tobacco taxes	0.9	1,108,584
DPHE	Immunizations performed by small local public health agencies.	0.3	369,528
HCPF	Children's Basic Health Plan	0.3	369,528
Total Distributions		**100.0**	**$123,176,000**

BREAKDOWN OF MONEY CREDITED TO THE PREVENTION EARLY DETECTION AND TREATMENT FUND		
TREATMENT FUND	PERCENT	FY 2020-21
Total Amount Credited to the Prevention, Early Detection and Treatment Fund		**$19,708,160**
Breast and Cervical Cancer Program	20.0%	3,941,632
Health Disparities Program Fund	15.0%	2,956,224
Center for Health and Environmental Information	Fixed $	116,942
Remains in the Prevention, Early Detection and Treatment Fund		*$12,693,362*

The JBC Staff recommendation for transfers is not changed by the decline in the forecast. However, the expected amount that would go to programs would change as follows (in bold text).

CDPHE FY 20-21 AMENDMENT 35 TRANSFER				
PROGRAM	UPDATED A35 DISTRIBUTION	PERCENT TRANSFER	TRANSFER AMOUNT	**NEW APPROPRIATION**
Tobacco Education	$19,708,160	52.5%	$10,340,160	**$9,368,000**
Breast and Cervical Cancer	3,941,632	34.6%	1,364,901	**2,576,731**
CCPD	12,693,362	34.6%	4,397,337	**8,296,025**
Health Disparities	2,956,224	55.9%	1,651,369	**1,304,855**
Total			**$17,753,767**	

TOBACCO MASTER SETTLEMENT AGREEMENT

The Tobacco Master Settlement Agreement (MSA) provides Colorado with an annual revenue stream distributed via a statutory formula to a variety of programs. Revenue from the MSA is the result of a 1998 legal settlement between tobacco manufacturers and the states who sued to recover Medicaid and other health-related costs incurred by the states as a result of treating smoking related illnesses.

SUMMARY

- During figure setting, the Committee approved an estimated allocation of $80.4 million dollars for MSA revenue. The final payment, received in April, came in slightly higher at $82.4 million.

- The Committee has already approved a cash fund transfer of $4.2 million from the Nurse Home Visitor Program fund balance to the General Fund, as well as a reduction of $160,717 (20.0 percent) to the allocation to the Dental Loan Repayment Program. Additionally, the Committee approved an increase in spending from the Veterans Trust Fund appropriation of about $147,000, as well as a transfer of $3.0 million from the Veterans Trust Fund to the General Fund.

- Staff recommends the Committee take additional action, including:
  - Maintaining allocations at the forecasted level of $80.4 million for FY 2020-21.
  - Transferring $8.0 million from the Tobacco Litigation Account and reducing the allocation to the Department of Law to 0.75 percent, or $602,292 in FY 2020-21.
  - Transferring the unallocated amount (1.5 percent or $1,205,383) and amount received over forecasted level ($2,000,130) to the General Fund.
  - No changes to the allocation for the following programs: Children's Basic Health Plan Trust, the Autism Waiver, the Fitzsimons Lease Purchase Payments, and the Drug Assistance Program (ADAP; Ryan White).

- Finally, staff includes additional balancing options, including:
  - 10 percent and 20 percent reductions to programs not listed above.
  - Increasing the accelerated payment.

JBC ACTION AS OF 3/16/20:

The Committee approved the below allocation based on a February Legislative Council Staff projection of $**80,358,894** available for allocation in FY 2020-21.

TOBACCO MASTER SETTLEMENT AGREEMENT REVENUE ALLOCATIONS		
	PERCENTAGE	FY 2020-21 RECOMMENDATION
Health Care Policy and Financing		
Children's Basic Health Plan Trust	18.00%	$14,464,601
Autism Waiver	2.00%	1,607,178
Subtotal - Health Care Policy and Financing	***20.00%***	***$16,071,779***
Higher Education		
University of Colorado Health Sciences Center	15.50%	$12,455,629
Cancer Program	2.00%	1,607,178
Subtotal - Higher Education	***17.50%***	***$14,062,806***
Human Services		
Nurse Home Visitor Program	26.70%	$21,455,825
Tony Grampsas Youth Services Program	7.50%	6,026,917
Subtotal - Human Services	***34.20%***	***$27,482,742***
Law		
Tobacco Settlement Defense Account	2.50%	$2,008,972
Military and Veterans Affairs		
State Veterans Trust Fund	1.00%	$803,589
Personnel		
Supplemental State Contribution Fund	2.30%	$1,848,255
Public Health and Environment		
Drug Assistance Program (ADAP; Ryan White)	5.00%	$4,017,945
AIDS and HIV Prevention Grants (CHAPP)	3.50%	2,812,561
Immunizations	2.50%	2,008,972
Health Services Corps Fund	1.00%	803,589
Dental Loan Repayment Program	1.00%	803,589
Subtotal Public Health and Environment	***13.00%***	***$10,446,656***
Capital Construction - Department of Higher Education – Fitzsimons Lease Purchase Payments	8.00%	$6,428,712
Unallocated Amount	1.50%	1,205,383
TOTAL	**100.00%**	**$80,358,894**

JBC BALANCING ACTIONS TO DATE

- The Committee approved a transfer of $4.2 million from the Nurse Home Visitor Program fund balance to the General Fund. This represents a 25 percent reduction to the program's fund balance.
- The Committee approved a reduction of $160,717 (20.0 percent) to the allocation to the Dental Loan Repayment Program, and moved to introduce the associated legislation.
- The Committee approved an increase in spending from the Veterans Trust Fund appropriation of about $147,000, as well as a transfer of $3.0 million from the Veterans Trust Fund to the General Fund, representing about 45% of the money in the Fund.

HOW DISTRIBUTIONS ARE DETERMINED

Final payments for the MSA are not received until April, after the Long Bill process has been completed. To determine Long Bill appropriations, staff uses a forecast to estimate distributions and set spending authority accordingly. In many cases, individual analysts will adjust this appropriation to reflect cash funds balances, so the final appropriation may differ from the amount in the forecasted allocation.

Therefore, typically, appropriations for the upcoming fiscal year reflect an estimate, not the actual distribution. However, the final distribution from the prior year dictates the final allocation for the upcoming year. In other words, the amount received in April 2020 will determine the final amount distributed pursuant to the formula in FY 2020-21.

This is made more complicated by the accelerated payment, a mechanism used during prior downturns. The accelerated payment is the amount that is allocated based on the expectation of the upcoming April payment. In other words, rather than waiting to spend the payment received in April 2020 in FY 2020-21, a portion is allocated in FY 2019-20. Currently, the accelerated payment amount is $41.3 million.

APRIL 2020 PAYMENT

The final payment received in April 2020 was $82,359,025, which is slightly higher than anticipated $80.4 million. Of this amount, $41.3 was distributed for FY 2019-20 allocations.

RECOMMENDATIONS

- At minimum, maintain allocations at the forecasted level of $80.4 million for FY 2020-21.
- Transfer $8.0 million from the Tobacco Litigation Account and reduce the allocation to the Account/Department of Law to 0.75 percent, or $602,292 in FY 2020-21.
- Transfer unallocated amount (1.5 percent, or $1,205,383) and amount received over forecasted level ($2,000,130) to the General Fund.
- Do not make any changes to the allocation for the following programs:
  - Children's Basic Health Plan Trust
  - Autism Waiver
  - Capital Construction - Department of Higher Education – Fitzsimons Lease Purchase Payments
  - Drug Assistance Program (ADAP; Ryan White)

The total savings from the actions listed in this section total $12,611,793. Legislation is required to make these transfers and changes to the allocation formula.

ADDITIONAL BALANCING OPTIONS

- Reduce allocations to the remaining programs by a percentage of forecasted allocation and make a transfer to the General Fund. The table below provides an overview of those changes
  - **A 10% reduction equals: $5,062,610**
  - **A 20% reduction equals: $10,125,221**

- Increase the Accelerated Payment and make an associated transfer to the General Fund. Staff does not recommend this option, as it includes some risk should MSA revenues decline and is administratively challenging.
    - **If the Committee chooses this option, staff recommends no more than $30.0 million and is more comfortable with $20.0 million.**

TOBACCO MASTER SETTLEMENT AGREEMENT REVENUE ALLOCATIONS BALANCING RECOMMENDATION AND OPTIONS						
	PERCENT	JBC ACTION 3.16.20	BALANCING RECOMMENDATIONS			
Recommend Maintain Funding						
(HCPF) Children's Basic Health Plan Trust	18.0%	$14,464,601				
(HCPF)Autism Waiver	2.0%	1,607,178				
(HED) Fitzsimons Lease Purchase Payments	8.0%	$6,428,712				
(PHE) Drug Assistance Program (ADAP; Ryan White)	5.0%	$4,017,945				
Subtotal	***33.0%***	***$26,518,436***				
Recommend Reducing Funding						
(LAW) Tobacco Settlement Defense Account	2.5%	$2,008,972	0.75%	$602,692		
Unallocated Amount	1.5%	$1,205,383	0.0%	0		
Reduction Scenarios			***10 percent reduction***		***20 percent reduction***	
(HED) University of Colorado Health Sciences Center	15.5%	$12,455,629	14.0%	$11,210,066	12.4%	$9,964,503
(HED) Cancer Program	2.0%	1,607,178	1.8%	1,446,460	1.6%	1,285,742
(HUM) Nurse Home Visitor Program	26.7%	21,455,825	24.0%	19,310,242	21.4%	17,164,660
(HUM) Tony Grampsas Youth Services Program	7.5%	6,026,917	6.8%	5,424,225	6.0%	4,821,534
(MIL) State Veterans Trust Fund	1.0%	803,589	0.9%	723,230	0.8%	642,871
(PER) Supplemental State Contribution Fund	2.3%	1,848,255	2.1%	1,663,429	1.8%	1,478,604
(PHE) AIDS and HIV Prevention Grants (CHAPP)	3.5%	2,812,561	3.2%	2,531,305	2.8%	2,250,049
(PHE) Immunizations	2.5%	2,008,972	2.3%	1,808,075	2.0%	1,607,178
(PHE) Health Services Corps Fund	1.0%	803,589	0.9%	723,230	0.8%	642,871
(PHE) Dental Loan Repayment Program	1.0%	803,589	0.9%	723,230	0.8%	642,871
Subtotal	**63.0%**	**$50,626,104**	**56.9%**	**$45,563,494**	**50.4%**	**$40,500,883**
TOTAL DISTRIBUTION	**100.0%**	**$80,358,895**	**90.7%**	**$72,684,621**	**84.2%**	**$67,622,011**
Total reduction above recommendation				*$5,062,610*		*$10,125,221*

ADDITIONAL INFORMATION ON RECOMMENDATIONS

<u>Tobacco Litigation Account</u>

The MSA allocation includes 2.5 percent to support legal and enforcement needs in the Department of Law and the Department of Revenue. These legal needs have historically included a fairly significant appropriation ($1.25 million in FY 2017-18) for contract legal fees to support litigation, particularly for disputed payments. With the signing of the supplementary settlement agreement in FY 2018-19, the need for outside counsel has dramatically reduced, as the state is no longer litigating disputed payments. For FYs 2019-20 and 2020-21, the Committee has approved reductions to appropriations for the "Tobacco Litigation" line item in the Department of Law (down to $100,000). At those times, staff recommended no changes to the allocation formula, as the new agreement requires the state to more diligently enforce the terms of the MSA. However, it is not specified and not yet determined what it means to increase enforcement. Therefore, staff recommended leaving the formula as is, and leaving the accumulating fund balance, to cover any increased enforcement costs.

Given the budget situation, staff is recommending the Committee transfer $8.0 million from the Tobacco Litigation Cash Fund to the General Fund. This transfers the balance of the account after anticipated FY 2019-20 costs.

Additionally, staff is recommending the Committee temporarily reduce the percentage of funds this account receives under the allocation model to 0.75 percent, or about $0.6 million. This should provide sufficient funding to cover anticipated personnel and litigation costs for the Departments of Law and Revenue. Staff is recommending a temporary reduction because it is still unclear what kind of increased enforcement will be necessary. This provides the ability to divert funding to the General Fund, while also ensuring future ability to comply with the terms of the agreement.

General Fund Impacts

Three programs receiving MSA dollars offset General Fund: Children's Basic Health Plan Trust, the Autism Waiver, and Fitzsimons Lease Purchase Payments. Reducing MSA allocations to these programs would require a General Fund backfill. Therefore, staff is recommending the Committee make no changes to the allocation to these programs.

Ryan White Program

The Ryan White program is receiving $1.5 million in federal funds as part of the CARES Act. Receipt of these funds is contingent upon the state maintaining existing funding levels. Any reduction to the allocation for this program could result in a loss of federal dollars. Therefore, staff recommends that the Committee make not changes to this allocation.

Unallocated Amount

House Bill 16-1408 realigned the distribution formula to account for the reduction in Tobacco Master Settlement revenue by refinancing certain programs with Marijuana Tax Cash Fund (MTCF) dollars. Included in this realignment was an "unallocated amount" of 1.5 percent of the total allocation. This was included to continue to buy down the accelerated payment (discussed below). For balancing purposes, staff is recommending the Committee transfer this amount to the General Fund.

Reductions to Remaining Programs

For balancing purposes, staff is recommending a reduction to the remaining MSA programs at either 10 or 20 percent levels. For each of these programs, JBC staff analysts have indicated that reductions to programs would have programmatic impacts, but would not result in increased costs to the General Fund or reductions to available federal funds.

In only one case (State Dental Loan Repayment) have staff already identified a program for an allocation reduction within Department balancing options. Staff recommends the Committee maintain this reduction regardless of action taken other programs. However, if the Committee approves changes to MSA allocations, staff recommends the Committee withdraw the legislation already approved for the State Dental Loan Repayment program and incorporate that action into a single MSA bill.

As mentioned above, JBC staff recommended a fund balance transfer from the Nurse Family Partnership cash fund to the General Fund. If the Committee opts to reduce MSA allocations at the

20% level, staff recommends the Committee considering reducing or eliminating that transfer. In other words, either transfer the fund balance OR reduce the allocation by 20.0 percent.

If the Committee approves a reduction to the MSA allocation for the Veterans Trust Fund, JBC staff would recommend a provision be added to that legislation to allow all money available in the Veterans Trust Fund to be expended.

Staff have not reviewed these options with individual departments, but presents them as options given the forecast.

Accelerated Payment

Prior to FY 2007-08, the Long Bill appropriation of MSA revenue was based on MSA revenue received in April of the prior fiscal year (i.e. the appropriation was based on funds already received by the state.) In response to the economic downturns, the General Assembly changed statute so that Long Bill appropriations were in part reliant on the April payment that would occur during the upcoming fiscal year, requiring MSA-funded programs to operate for most of the fiscal year before the majority of MSA was received in April. (i.e. the FY 2010-11 appropriation was reliant in part on the April 2011 payment.) This change is referred to as accelerating the use of tobacco revenues, or accelerated payments. The FY 2010-11 changes allowed for access to $65.0 million in one-time funding without reducing support for MSA programs. This change is similar to how General Fund was "accessed" through the pay date shift. Since 2012, there have been various efforts to reduce the accelerated payment, including the addition of the Unallocated Amount to the allocation formula, as discussed above.

For FY 2020-21, the size of the accelerated payment is $41.3 million. The size of the accelerated payment should be a concern if there is a possibility that the April payment will be significantly lower than the amount that was used to set the appropriation. For example if the appropriation was based on the forecast of $90.0 million and the actual payment was for $50.0 million, there will be a portion of General Fund that has been expended which cannot be paid back with Tobacco Master Settlement Agreement money, thus resulting in an unaccounted for General Fund expenditure during the fiscal year.

Additionally, increasing the size of the accelerated payment delays distribution of funds to programs. Currently, the Treasurer's Office distributes the unexpended amount received in April when the fiscal year begins in July. Once the April payment is received, the remaining amount is allocated. For instance, there is $41.3 million remaining of the April 2020 payment, following the distribution of the remaining FY 2019-20 allocation. Under current law, the Treasurer's Office would distribute this amount to programs in July 2020, based on the percentages outlined in statute. Should the General Assembly increase the accelerated payment and transfer an amount to the General Fund, funding for programs for FY 2020-21 will be delayed until the April 2021 payment is received.

Based on the amount remaining following the April 2020 payment, and the current forecast for FY 2021-22 ($76.6 million), JBC staff and Treasurer's Office staff agree that the Committee should not consider increasing the accelerated payment above $30 million.