

Legislative Council Staff

Nonpartisan Services for Colorado's Legislature

Revised Fiscal Note

(replaces fiscal note dated January 19, 2024)

Drafting Number: Prime Sponsors:	LLS 24-0120 Sen. Marchman; Kolker Rep. Garcia; Lindsay	Date: Bill Status: Fiscal Analyst:	April 30, 2024 House Education Kristine McLaughlin 303-866-4776 kristine.mclaughlin@coleg.gov
Bill Topic:	INCREASE ACCESS TO SCHOOL-BASED HEALTH CARE		
Summary of Fiscal Impact:	□ State Revenue ⊠ State Expenditure	□ State Transfer □ TABOR Refund	Local GovernmentStatutory Public Entity
	The bill expands the School-Based Health Center Grant Program. The bill increases state agency workload, and may increase state expenditures, starting in FY 2024-25.		
Appropriation Summary:	No appropriation is required.		
Fiscal Note Status:	The fiscal note reflects the reengrossed bill and has been updated to reflect the new information.		

Summary of Legislation

Under current law, the Colorado Department of Public Health and Environment (CDPHE) operates the School-Based Health Center Grant Program to assist the establishment, expansion, and ongoing operations of school-based health centers.

The bill expands the grant program to include school-linked health care service models, including telehealth services and mobile health units. Additionally, the bill requires the Department of Health Care Policy and Financing (HCPF) to identity services provided at a school-based health center or through a school-linked health care service.

Assumptions

The fiscal note assumes that no additional funding will be provided and that the expanded pool of applicants may compete for grant funding within existing appropriations. However, the General Assembly may, at its discretion, provide additional funding to the School-Based Health Center Grant Program, either through this bill or through the annual budget process in the future. If additional funding is included in this bill, the fiscal note will be revised to reflect this decision by the General Assembly.

State Expenditures

The bill increases workload in CDPHE and HCPF to implement the bill's modifications to the grant program and meet the reporting requirements.

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Department of Public Health and Environment. The fiscal note assumes that seven school-linked health centers will apply for a grant. Workload will minimally increase in CDPHE to engage with the new applicants and make decisions on how to allocate grant funding within existing appropriations.

Department of Health Care Policy and Financing. HCPF may have a minimal increase in workload or costs to update provider identifier codes in its payment system to reflect the new school-linked health center category. HCPF already has an existing provider type identifier for school-based services and a place of service identifier for schools, so any changes are expected to be minimal.

Potential increase in costs. As described in the Assumption section above, the General Assembly may choose to appropriate additional funding to provide grants to the newly eligible types of school-linked health centers. In future years, the CDPHE may request additional funding through the annual budget process based on overall demand for the grant program after expanding eligibility. Any such funding is at the discretion of the General Assembly and has not been estimated. Additional funding for grants will likely drive additional administrative costs for the CDPHE, depending on the amount provided.

Effective Date

The bill takes effect 90 days following adjournment of the General Assembly sine die, assuming no referendum petition is filed.

Departmental Difference

CDPHE estimates that the bill requires an additional 1.1 FTE to manage the expanded grant program (due to time constraints it is unknown if the department's prior estimate will change based on the fiscal note's new assumption that the program will operate within existing appropriations). The CDPHE assumed that additional staff would be required from expanding the grant program to accommodate the new service model provided by school-linked health centers, supporting the centers as they use the grant funding to expand their operations, and reporting on the centers' success after developing new criteria that align with their model. The fiscal note assumes the centers will not be reliant on CDPHE for this support and CDPHE will not be required to report on the new model's success. Thus, this note assumes that no appropriation is required.

State and Local Government Contacts

Health Care Policy and Financing

Public Health and Environment

The revenue and expenditure impacts in this fiscal note represent changes from current law under the bill for each fiscal year. For additional information about fiscal notes, please visit the <u>General Assembly website</u>.