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Final Fiscal Note

Drafting Number: LLS 24-0178 Date: July 11, 2024
Prime Sponsors: Sen. Marchman; Kirkmeyer Bill Status: Signed into Law
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Bill Topic: ORAL HEALTH SCREENING IN SCHOOLS PILOT PROGRAM

Summary of Fiscal Impact:
State Revenue [] State Transfer [] School District [x]
State Expenditure [x] TABOR Refund [] Statutory Public Entity []

The bill creates the Oral Health Screening in Schools Pilot Program in the Department of Public Health and Environment. It increases state expenditures and school district workload from FY 2024-25 to FY 2026-27.

Appropriation Summary: For FY 2024-25, the bill requires and includes an appropriation of \$84,425 to the Department of Public Health and Environment.

Fiscal Note Status: The final fiscal note reflects the enacted bill.

Table 1
State Fiscal Impacts Under SB 24-142

Table with 5 columns: Category, Sub-category, Budget Year FY 2024-25, Out Year FY 2025-26, Out Year FY 2026-27. Rows include Revenue, Expenditures (General Fund, Centrally Appropriated, Total Expenditures, Total FTE), Transfers, and Other Budget Impacts (General Fund Reserve).

Summary of Legislation

The bill creates the Oral Health Screening in Public Schools Pilot Program in the Department of Public Health and Environment (CDPHE) to provide grants for local education providers to conduct oral health screenings of children in kindergarten and third grade.

The bill requires the CDPHE to award at least five grants to screeners of oral health in schools of local education providers selected by CDPHE. The bill sets criteria for the selection of local education providers, the oral health screening process, the requirements of screeners and local education providers conducting oral health screenings, and the reporting requirements for screeners and the CDPHE. The CDPHE must work with the Department of Health Care Policy and Financing to identify a process for reimbursing oral health screening provided to students covered by Medicaid. The Department of Education (CDE) must provide certain information about interested local education providers to CDPHE.

The department must report on the program to the General Assembly by January 15, 2027. The pilot program repeals July 1, 2031.

The bill also requires CDE to develop a plan for implementing oral health screenings in kindergarten and third grade in all public schools by December 1, 2027.

State Expenditures

The bill increases state expenditures in the CDPHE by \$96,000 in FY 2024-25, \$74,000 in FY 2025-26, and \$50,000 in FY 2026-27, paid from the General Fund. It also increases expenditures in the CDE by \$67,000 in FY 2026-27 and \$17,000 in FY 2027-28. Workload will also minimally increase for the Department of Health Care Policy and Financing. Expenditures are shown in Table 2 and detailed below.

**Table 2
Expenditures Under SB 24-142**

	FY 2024-25	FY 2025-26	FY 2026-27
Dept. of Public Health and Environment			
Personal Services	\$51,041	\$39,694	\$39,694
Operating Expenses	\$768	\$640	\$640
Capital Outlay Costs	\$6,670	-	-
Grant Awards	\$18,400	\$18,400	-
Printing	\$3,600	\$3,600	-
Translation	\$2,100	-	-
Screening Supplies	\$1,846	\$1,846	-
Centrally Appropriated Costs ¹	\$11,703	\$9,486	\$9,486
FTE – Personal Services	0.6 FTE	0.5 FTE	0.5 FTE
CDPHE Subtotal	\$96,128	\$73,666	\$49,820

Table 2
Expenditures Under SB 24-142 (Cont.)

	FY 2024-25	FY 2025-26	FY 2026-27
Department of Education			
Personal Services	-	-	\$14,505
Contractor	-	-	\$50,000
Centrally Appropriated Costs ¹			\$2,451
FTE – Personal Services	-	-	0.1 FTE
CDE Subtotal	-	-	\$66,956
Total Cost	\$96,128	\$73,666	\$116,776
Total FTE	0.6 FTE	0.5 FTE	0.6 FTE

¹ Centrally appropriated costs are not included in the bill's appropriation.

Department of Public Health and Environment. To implement the pilot program, the CDPHE will have costs for staff, grant awards to oral health screeners, supplies, and translation services, as outlined below.

- **Staff.** The CDPHE requires 0.6 FTE initially to develop program rules and select screening tools; to provide program oversight and technical assistance to participants; to collaborate with the Department of Education to select program participants; to collect, manage, and analyze data; to prepare final reports; and to coordinate screenings, and ensure necessary supplies are distributed. After program rules are established in the first year, staffing needs reduce to 0.5 FTE and will be required through the end of the program in February 1, 2027.
- **Grant awards.** In FY 2024-25 and FY 2025-26, the CDPHE requires \$18,400 for grant funding to distribute to program participants. The fiscal note assumes screeners for 8 local education providers of varying sizes will be selected each year to participate in the program and each will receive an average grant of \$2,300 to perform screenings at their sites. Grant awards will vary by school district size.

The grant award will cover costs for a licensed professional to conduct screenings at schools. For informational purposes, it is expected to cost grant recipients \$430 per day for a professional to screen about 100 children per day. additional costs will be incurred to facilitate the screening process, provide on-site support, and handle referrals and follow up support.

- **Screening supplies, translation, and printing of forms.** In FY 2024-25 only, the CDPHE requires \$2,100 for the translation of consent, screening, and referral forms in at least 10 languages, with each form being one page in length and an average translation cost of \$70 per page. Printing costs will be about \$3,600 per year and cost for screening supplies provided to selected schools will be about \$1,846 per year. It is assumed to be more cost effective for CDPHE to provide this support, rather than for individual screeners and local education providers to use their grant awards for this purpose.

Department of Education. The CDE requires staff and a contractor to develop the implementation plan for expanded oral health screenings in public schools from January 2027 (FY 2026-27) to December 2027 (FY 2027-28).

- **Staff.** The CDE requires 0.1 FTE to manage the third-party contract, develop the process to collect necessary data from public school professionals, including virtual meeting opportunities and surveys, and collaborate with the CDPHE in the selection of program participants.
- **Contractor.** The CDE requires \$50,000 in FY 2026-27 to contract a vendor to develop the implementation plan, including facilitating data collection, data analysis, and drafting of final reports. The fiscal note assumes 250 hours will be required for this work at a rate of \$200 per hour.

Department of Health Care Policy and Financing. Workload will minimally increase to work with the CDPHE to identify a reimbursement process for oral health screenings provide to students covered by Medicaid. This workload can be accomplished within existing appropriations.

School Districts

Workload and costs will increase for local education providers that choose to participate in or apply for the pilot program.

Effective Date

This bill was signed into law by the Governor and took effect on June 7, 2024.

State Appropriations

For FY 2024-25, the bill requires a General Fund appropriation of \$84,425 to the Department of Public Health and Environment, and 0.6 FTE.

Technical Note

With existing data systems, CDE is unable to provide certain data that is required in the bill to CDPHE on interested local education providers. The fiscal note assumes that data provided will be limited to what is within the capabilities of current systems; however, if additional data are required, the CDE will need additional funding to modify its data systems.

State and Local Government Contacts

Early Childhood	Education	Health Care Policy and Financing
Information Technology	Law	Public Health and Environment
Regulatory Agencies	School Districts	

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 [General Assembly website](#).