STAFF FIGURE SETTING FY 2017-18

TOBACCO MASTER SETTLEMENT AGREEMENT AND AMENDMENT 35 TOBACCO TAX

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

PREPARED BY:
MEGAN DAVISSON, JBC STAFF
FEBRUARY 2, 2017
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OVERVIEW OF CALCULATING TOBACCO MASTER SETTLEMENT AGREEMENT DISTRIBUTIONS

The Legislative Council January 2017 forecast of the amount of Tobacco Master Settlement Agreement revenue that will be received in April 2017, less any statutory reductions serves as the basis for the Long Bill appropriations of Tobacco Master Settlement Agreement revenues in FY 2017-18. The allocation percentages are driven by statute and are shown in Appendix A. Once approved by the Committee, JBC analysts use the FY 2017-18 allocations to set appropriations for Tobacco Master Settlement Agreement-supported programs in their respective departments.

TOBACCO MASTER SETTLEMENT AGREEMENT ALLOCATIONS AND APPROPRIATIONS

The following statutes govern the allocation of Tobacco Master Settlement Agreement money:

- Section 24-75-1104.5 (1.3) (a), C.R.S., specifies that the total Tobacco Master Settlement Agreement funds allocated to programs will be based on the prior year’s Tobacco Master Settlement Agreement receipts.
- Section 24-75-1104.5 (1.3) (a.5) (II), C.R.S., requires the FY 2017-18 allocation be reduced by $15.0 million.
- The distribution across programs is governed by statute, with the key provisions contained in Sections 24-75-1104.5 (1.7), C.R.S. The Treasury uses the formula to allocate this money to programs.
- The General Assembly appropriates the allocated funds in the Long Bill. Without such spending authority, these programs would be unable to spend the allocated money.

APPROPRIATIONS ARE BASED ON THE LEGISLATIVE COUNCIL TOBACCO MASTER SETTLEMENT AGREEMENT REVENUE FORECAST

The State receives the annual Tobacco Master Settlement Agreement payment in April, which is after the Long Bill is sent to the Government. As a result, even though actual receipts are known by mid-April, appropriations in the Long Bill are based on the January Legislative Council Staff revenue forecast. The table below compares, for the last five years, the total projected revenues used for JBC staff figure setting, with the actual revenue received.

<table>
<thead>
<tr>
<th>RECEIPT YEAR</th>
<th>DISTRIBUTION YEAR</th>
<th>PROJECTION USED FOR FIGURE SETTING</th>
<th>ACTUAL FUNDS RECEIVED</th>
<th>ACTUAL ABOVE/(BELOW) PROJECTION</th>
<th>PERCENT VARIANCE FROM PROJECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2010</td>
<td>FY 2010-11</td>
<td>$96,231,588</td>
<td>$94,587,045</td>
<td>$(1,644,543)</td>
<td>(1.7%)</td>
</tr>
<tr>
<td>April 2011</td>
<td>FY 2011-12</td>
<td>90,397,679</td>
<td>89,065,763</td>
<td>(1,331,916)</td>
<td>(1.5%)</td>
</tr>
<tr>
<td>April 2012</td>
<td>FY 2012-13</td>
<td>89,297,600</td>
<td>90,809,964</td>
<td>1,512,364</td>
<td>1.7%</td>
</tr>
<tr>
<td>April 2013</td>
<td>FY 2013-14</td>
<td>90,166,340</td>
<td>90,769,997</td>
<td>603,657</td>
<td>0.7%</td>
</tr>
<tr>
<td>April 2014</td>
<td>FY 2014-15</td>
<td>90,616,611</td>
<td>89,037,054</td>
<td>(1,579,557)</td>
<td>(1.7%)</td>
</tr>
<tr>
<td>April 2015</td>
<td>FY 2015-16</td>
<td>88,562,575</td>
<td>88,079,225</td>
<td>(483,350)</td>
<td>(0.5%)</td>
</tr>
<tr>
<td>April 2016</td>
<td>FY 2016-17</td>
<td>87,573,562</td>
<td>92,200,153</td>
<td>4,626,591</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
TOBACCO MASTER SETTLEMENT AGREEMENT FY 2016-17 ALLOCATION RECOMMENDATIONS

The Legislative Council Staff Revenue Forecast

The table below reflects the Legislative Council Staff January 2017 Tobacco Master Settlement Agreement revenue forecast for calendar year (CY) 2017 through 2019 and recent actual revenues.

<table>
<thead>
<tr>
<th>PAYMENT YEAR</th>
<th>FISCAL YEAR APPROPRIATION</th>
<th>FTE</th>
<th>DISPUTED AMOUNT WITHHELD</th>
<th>RELEASE OF PRIOR WITHHOLDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2007</td>
<td>FY 2007-08</td>
<td>$82,005,568</td>
<td>($12,113,579)</td>
<td></td>
</tr>
<tr>
<td>CY 2008</td>
<td>FY 2008-09</td>
<td>103,640,385</td>
<td>(7,711,843)</td>
<td></td>
</tr>
<tr>
<td>CY 2009</td>
<td>FY 2009-10</td>
<td>105,419,647</td>
<td>(7,062,223)</td>
<td>$7,411,531</td>
</tr>
<tr>
<td>CY 2010</td>
<td>FY 2010-11</td>
<td>95,709,303</td>
<td>(8,714,641)</td>
<td></td>
</tr>
<tr>
<td>CY 2011</td>
<td>FY 2011-12</td>
<td>89,065,763</td>
<td>(13,614,015)</td>
<td></td>
</tr>
<tr>
<td>CY 2012</td>
<td>FY 2012-13</td>
<td>90,809,964</td>
<td>(11,574,809)</td>
<td></td>
</tr>
<tr>
<td>CY 2013</td>
<td>FY 2013-14</td>
<td>90,769,997</td>
<td>(12,362,477)</td>
<td></td>
</tr>
<tr>
<td>CY 2014</td>
<td>FY 2014-15</td>
<td>89,037,053</td>
<td>(11,756,684)</td>
<td>$11,367,403</td>
</tr>
<tr>
<td>CY 2015</td>
<td>FY 2015-16</td>
<td>88,079,225</td>
<td>(12,500,634)</td>
<td></td>
</tr>
<tr>
<td>CY 2016</td>
<td>FY 2016-17</td>
<td>92,200,153</td>
<td>(11,168,694)</td>
<td></td>
</tr>
<tr>
<td>Forecast CY 2017</td>
<td>FY 2017-18</td>
<td>95,378,312</td>
<td>(12,074,333)</td>
<td></td>
</tr>
<tr>
<td>Forecast CY 2018</td>
<td>FY 2018-19</td>
<td>79,093,541</td>
<td>(12,752,447)</td>
<td></td>
</tr>
<tr>
<td>Forecast CY 2019</td>
<td>FY 2019-20</td>
<td>80,277,459</td>
<td>(13,093,878)</td>
<td></td>
</tr>
</tbody>
</table>

Revenue varies based on the following factors/adjustments:

1. A volume adjustment, which reflects changes in the volume of cigarettes distributed by participating manufacturers nationwide and the forecast assumes an increase in nationwide cigarette sales;

2. An inflation adjustment, which equals the highest of 3.0 percent or the actual rate of inflation during the preceding year. The forecast assumes a 3.0 percent inflation adjustment; and

3. A disputed payments adjustment which reflects the amount of funds withheld by the Participating Manufacturers due to the legal dispute over whether states are "diligently enforcing" laws concerning tobacco manufacturers who are not part of the settlement agreement. These funds are shown in the “Disputed Amount Withheld” column in the above table. The forecast above assumes the largest cigarette manufacturers will continue to withhold payments.

Section 24-75-1104.5 (1.3) (a.5) (II), C.R.S., requires the amount of money received in April 2017 and allocated to programs be reduced by $15.0 million in order to reduce the accelerated payment prior to the reduction of the April 2018 payment due to the elimination of the strategic contribution payment. Staff recommends that the Committee approve the use of the above forecast and the resulting allocation of settlement revenue shown in the table on the following page. The recommendation is based on a Legislative Council Staff projection of $80,378,312 available for programmatic allocation in FY 2017-18.
### Tobacco Master Settlement Agreement Revenue

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2017 Revenue Projection</td>
<td>$95,378,312</td>
</tr>
<tr>
<td>Statutory Allocation Reduction</td>
<td>(15,000,000)</td>
</tr>
<tr>
<td><strong>Total Funds Available for Allocation</strong></td>
<td><strong>$80,378,312</strong></td>
</tr>
</tbody>
</table>

### Tobacco Master Settlement Agreement Revenue Allocations

<table>
<thead>
<tr>
<th>Budget Area</th>
<th>Percentage</th>
<th>FY 16-17 Actual Allocation</th>
<th>FY 2017-18 Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Policy and Financing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children’s Basic Health Plan Trust</td>
<td>18.0%</td>
<td>$17,202,838</td>
<td>$14,468,096</td>
</tr>
<tr>
<td>Autism Waiver</td>
<td>2.0%</td>
<td>1,911,426</td>
<td>1,607,566</td>
</tr>
<tr>
<td><strong>Subtotal - Health Care Policy and Financing</strong></td>
<td><strong>20.0%</strong></td>
<td><strong>19,114,264</strong></td>
<td><strong>16,075,662</strong></td>
</tr>
<tr>
<td>Higher Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of Colorado Health Sciences Center</td>
<td>15.5%</td>
<td>14,813,555</td>
<td>12,458,638</td>
</tr>
<tr>
<td>Cancer Program</td>
<td>2.0%</td>
<td>1,911,426</td>
<td>1,607,566</td>
</tr>
<tr>
<td><strong>Subtotal - Higher Education</strong></td>
<td>17.5%</td>
<td>16,724,981</td>
<td>14,066,204</td>
</tr>
<tr>
<td>Human Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Home Visitor Program</td>
<td>26.7%</td>
<td>25,517,543</td>
<td>21,461,009</td>
</tr>
<tr>
<td>Tony Grampas Youth Services Program</td>
<td>7.5%</td>
<td>7,167,849</td>
<td>6,028,373</td>
</tr>
<tr>
<td><strong>Subtotal - Human Services</strong></td>
<td>34.2%</td>
<td>32,685,392</td>
<td>27,489,382</td>
</tr>
<tr>
<td>Law -</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco Settlement Defense Account</td>
<td>2.5%</td>
<td>2,389,283</td>
<td>2,009,458</td>
</tr>
<tr>
<td>Military and Veterans Affairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Veterans Trust Fund</td>
<td>1.0%</td>
<td>955,713</td>
<td>803,783</td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental State Contribution Fund</td>
<td>2.3%</td>
<td>2,198,140</td>
<td>1,848,701</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Assistance Program (ADAP; Ryan White)</td>
<td>5.0%</td>
<td>4,778,566</td>
<td>4,018,916</td>
</tr>
<tr>
<td>AIDS and HIV Prevention Grants (CHAPP)</td>
<td>3.5%</td>
<td>3,344,996</td>
<td>2,813,241</td>
</tr>
<tr>
<td>Immunizations</td>
<td>2.5%</td>
<td>2,389,283</td>
<td>2,009,458</td>
</tr>
<tr>
<td>Health Services Corps Fund</td>
<td>1.0%</td>
<td>955,713</td>
<td>803,783</td>
</tr>
<tr>
<td>Dental Loan Repayment Program</td>
<td>1.0%</td>
<td>955,713</td>
<td>803,783</td>
</tr>
<tr>
<td><strong>Subtotal Public Health and Environment</strong></td>
<td><strong>13.0%</strong></td>
<td><strong>12,424,271</strong></td>
<td><strong>10,449,181</strong></td>
</tr>
<tr>
<td>Capital Construction - Department of Higher Education</td>
<td>8.0%</td>
<td>7,645,706</td>
<td>6,430,265</td>
</tr>
<tr>
<td>Unallocated Amount</td>
<td>1.5%</td>
<td>1,433,572</td>
<td>1,205,676</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$95,571,322</strong></td>
<td><strong>$80,378,312</strong></td>
</tr>
</tbody>
</table>

Individual staff analysts will recommend FY 2017-18 appropriation amounts for programs in their budget areas that are supported by Tobacco Master Settlement Agreement funds. Staff recommendations will take into consideration this revenue forecast and the balance of tobacco moneys expected to be available in program cash funds.
AMENDMENT 35 TOBACCO TAX REVENUE

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. Appendix B summarizes which departments and programs receive Amendment 35 tobacco tax revenue.

Legislative Council staff in their December 2016 revenue forecast projects Amendment 35 revenues will equal $146,780,000 in FY 2017-18. The following table summarizes staff's recommendation of the allocation of Amendment 35 dollars for FY 2017-18. The recommendation is based on the Legislative Council December 2016 forecast using allocations to individual programs following the rules outlined in Appendix B. **Staff recommends the Committee approve this distribution and requests permission to adjust the allocations if the March 2017 Legislative Council Amendment 35 forecast is greater than the December 2016 forecast.** Each JBC staff with Amendment 35 funded programs will provide additional information on the use of Amendment 35 dollars during their figure setting presentation.

<table>
<thead>
<tr>
<th>DEPT.</th>
<th>PROGRAM AND/OR FUND</th>
<th>FY 2016-17 APPROPRIATION</th>
<th>FY 2017-18 RECOMMENDATION</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPF</td>
<td>Health Care Expansion Fund</td>
<td>$66,330,466</td>
<td>$67,518,800</td>
<td>$1,188,334</td>
</tr>
<tr>
<td>HCPF</td>
<td>Primary Care Fund</td>
<td>27,397,366</td>
<td>27,888,200</td>
<td>490,834</td>
</tr>
<tr>
<td>DPHE</td>
<td>Tobacco Education Programs Fund</td>
<td>23,071,466</td>
<td>23,484,800</td>
<td>413,334</td>
</tr>
<tr>
<td>DPHE</td>
<td>Prevention, Early Detection and Treatment Fund</td>
<td>23,071,466</td>
<td>23,484,800</td>
<td>413,334</td>
</tr>
<tr>
<td>HCPF</td>
<td>Old Age Pension Fund</td>
<td>2,162,950</td>
<td>2,201,700</td>
<td>38,750</td>
</tr>
<tr>
<td>REV</td>
<td>Local governments to compensate for lost revenue from tobacco taxes</td>
<td>1,297,770</td>
<td>1,321,020</td>
<td>23,250</td>
</tr>
<tr>
<td>DPHE</td>
<td>Immunizations performed by small local public health agencies.</td>
<td>342,590</td>
<td>440,340</td>
<td>7,750</td>
</tr>
<tr>
<td>HCPF</td>
<td>Children’s Basic Health Plan</td>
<td>432,590</td>
<td>440,340</td>
<td>7,750</td>
</tr>
<tr>
<td><strong>TOTAL DISTRIBUTIONS</strong></td>
<td><strong>$144,196,664</strong></td>
<td><strong>$146,780,000</strong></td>
<td><strong>$2,986,664</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>FY 2016-17</th>
<th>FY 2017-18</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount Credited to the Prevention, Early Detection and Treatment Fund</td>
<td>$23,071,466</td>
<td>$23,484,800</td>
<td>$413,334</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Program</td>
<td>4,614,293</td>
<td>4,696,960</td>
<td>82,667</td>
</tr>
<tr>
<td>Health Disparities Program Fund</td>
<td>3,460,720</td>
<td>3,522,720</td>
<td>62,000</td>
</tr>
<tr>
<td>Center for Health and Environmental Information</td>
<td>283,884</td>
<td>283,884</td>
<td>0</td>
</tr>
<tr>
<td>Remains in the Prevention, Early Detection and Treatment Fund</td>
<td>$14,712,569</td>
<td>$14,981,236</td>
<td>$268,667</td>
</tr>
</tbody>
</table>

The following table shows the Amendment 35 Tobacco Tax money distribution by Department for FY 2016-17 and FY 2017-18.

### Amendment 35 Tobacco Tax FY 2017-18 Recommended Distribution by Department

<table>
<thead>
<tr>
<th>Department</th>
<th>FY 2016-17</th>
<th>FY 2017-18</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health Care Policy and Financing (HCPF)</td>
<td>$96,323,372</td>
<td>$98,049,040</td>
<td>$1,725,668</td>
</tr>
<tr>
<td>Department of Public Health and Environment (PHE)</td>
<td>46,575,522</td>
<td>47,409,940</td>
<td>834,418</td>
</tr>
<tr>
<td>Department of Revenue (REV)</td>
<td>1,297,770</td>
<td>1,321,020</td>
<td>23,250</td>
</tr>
</tbody>
</table>
REQUEST FOR INFORMATION

Staff recommends CONTINUING AND MODIFYING the following request for information:

4. Department of Health Care Policy and Financing, Medical Services Premiums; Indigent Care Program, Children's Basic Health Plan Medical and Dental Costs; Department of Higher Education, Colorado Commission on Higher Education, Special Purpose, University of Colorado, Lease Purchase of Academic Facilities at Fitzsimons; Governing Boards, Regents of the University of Colorado; Department of Human Services, Division of Child Welfare, Tony Grampsas Youth Services Program; Office of Early Childhood, Division of Community and Family Support, Nurse Home Visitor Program; Department of Military and Veterans Affairs, Division of Veterans Affairs, Colorado State Veterans Trust Fund Expenditures; Department of Personnel, Division of Human Resources, Employee Benefits Services, H.B. 07-1335 Supplemental State Contribution Fund; Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division, Administration, General Disease Control, and Surveillance, Immunization Operating Expenses; Special Purpose Disease Control Programs, Sexually Transmitted Infections, HIV and AIDS Operating Expenses, and Ryan White Act Operating Expenses; Prevention Services Division, Chronic Disease Prevention Programs, Oral Health Programs; Primary Care Office -- Each Department is requested to provide the following information to the Joint Budget Committee by November 1, 2016, 2017, for each program funded with Tobacco Master Settlement AGREEMENT MONEY: the name of the program; the amount of Tobacco Master Settlement AGREEMENT MONEY received AND EXPENDED BY for the program for the preceding fiscal year; a description of the program including the actual number of persons served and the services provided through the program; information evaluating the operation of the program, including the effectiveness of the program in achieving its stated goals; and a recommendation regarding the amount of Tobacco Master Settlement funds the program requires for FY 2017-18 and why.

COMMENT: This request for information was added in FY 2015-16 and replaced a statutory report from the Department of Public Health and Environment and the State Board of Health. The request for information was added to improve the accountability of each program that receives Tobacco Master Settlement Agreement funding. The responses to the request for information are reviewed by the JBC staff analyst during the Tobacco Master Settlement Agreement briefing. This review of how Tobacco Master Settlement Agreement money is used was not possible with the statutory report because the report was not submitted until mid-January.
## APPENDIX A – TOBACCO MASTER SETTLEMENT AGREEMENT ALLOCATION PERCENTAGES

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>PROGRAM</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>Nurse Home Visitor</td>
<td>26.70%</td>
</tr>
<tr>
<td>Health Care Policy and Financing</td>
<td>Children's Basic Health Plan Trust</td>
<td>18.00%</td>
</tr>
<tr>
<td>Higher Ed</td>
<td>CU Health Sciences</td>
<td>15.50%</td>
</tr>
<tr>
<td>Capital Construction</td>
<td>Fitzsimons Trust Fund</td>
<td>8.00%</td>
</tr>
<tr>
<td>Human Services</td>
<td>Tony Grampsas Youth Services</td>
<td>7.50%</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td>Drug Assistance Program</td>
<td>5.00%</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td>AIDS &amp; HIV Prevention Grants</td>
<td>3.50%</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td>CO Immunization Fund</td>
<td>2.50%</td>
</tr>
<tr>
<td>Law</td>
<td>Tobacco Litigation Settlement Cash Fund</td>
<td>2.50%</td>
</tr>
<tr>
<td>Personnel</td>
<td>Supplemental State Contribution</td>
<td>2.30%</td>
</tr>
<tr>
<td>Higher Ed</td>
<td>Cancer Program</td>
<td>2.00%</td>
</tr>
<tr>
<td>Unallocated Amount - used to reduce size of the accelerated payment</td>
<td></td>
<td>2.00%</td>
</tr>
<tr>
<td>Health Care Policy and Financing</td>
<td>Autism Treatment</td>
<td>1.50%</td>
</tr>
<tr>
<td>Military and Veterans Affair</td>
<td>State Veterans</td>
<td>1.00%</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td>Dental Loan Repayment</td>
<td>1.00%</td>
</tr>
<tr>
<td>Public Health and Environment</td>
<td>Health Services Corps (Loan Repayment)</td>
<td>1.00%</td>
</tr>
</tbody>
</table>
## APPENDIX B – ALLOCATION OF AMENDMENT 35 TOBACCO TAX REVENUE

### Allocation of Amendment 35 Tobacco Tax Revenue

<table>
<thead>
<tr>
<th>DEPT.</th>
<th>PROGRAM AND/OR FUND</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPF</td>
<td>Health Care Expansion Fund, to provide funding to the Children's Basic Health Plan and Medicaid.</td>
<td>46.0%</td>
</tr>
<tr>
<td>HCPF</td>
<td>Primary Care Fund, to provide funding to clinics and hospitals that offer health care services to the uninsured or medically indigent.</td>
<td>19.0%</td>
</tr>
<tr>
<td>DPHE</td>
<td>Tobacco Education Programs Fund, to support grants for tobacco education, prevention and cessation.</td>
<td>16.0%</td>
</tr>
<tr>
<td>DPHE</td>
<td>Prevention, Early Detection and Treatment Fund (PEDT Fund)</td>
<td>16.0%</td>
</tr>
<tr>
<td>DHS</td>
<td>Old Age Pension Fund</td>
<td>1.5%</td>
</tr>
<tr>
<td>DOR</td>
<td>Local governments, to compensate for lost revenue from tobacco taxes</td>
<td>0.9%</td>
</tr>
<tr>
<td>DPHE</td>
<td>Immunizations performed by small local public health agencies.</td>
<td>0.3%</td>
</tr>
<tr>
<td>HCPF</td>
<td>Children's Basic Health Plan</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Total Distributions</strong></td>
<td><strong>100.0%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Allocation of Money Credited to the Prevention, Early Detection and Treatment Fund

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention, Early Detection and Treatment Fund (PEDT Fund)</td>
<td>16% of Amendment 35 Money</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Screening Program (up to $5.0 million)</td>
<td>3.2% of 16.0% allocated to the PEDT Fund</td>
</tr>
<tr>
<td>Health Disparities Program Fund</td>
<td>2.4% of 16.0% allocated to the PEDT Fund</td>
</tr>
<tr>
<td>Center for Health and Environmental Information</td>
<td>fixed dollar amount</td>
</tr>
<tr>
<td>Remains in the PEDT Fund for cancer, cardiovascular and pulmonary disease prevention, detection and treatment grants.</td>
<td>16.0% less amounts credited to three above purposes.</td>
</tr>
</tbody>
</table>