

JOINT BUDGET COMMITTEE



STAFF BUDGET BRIEFING FY 2024-25

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(Administrative and Public Health Divisions)

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
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ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2022 and 2023 legislative sessions that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report: <https://leg.colorado.gov/publications/appropriations-report-fiscal-year-2023-24>

The online version of the briefing document may be found by searching the budget documents on the General Assembly’s website by visiting leg.colorado.gov/content/budget/budget-documents. Once on the budget documents page, select the name of this department's *Department/Topic*, "Briefing" under *Type*, and ensure that *Start date* and *End date* encompass the date a document was presented to the JBC.

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

DEPARTMENT OVERVIEW

The Department of Public Health and Environment's administrative and public health programming resides in the following divisions:

ADMINISTRATION AND SUPPORT

- Houses the Health Disparities Program, which provides grants for health initiatives aimed at reducing and eliminating disparities in the provision of health services across the state; and
- Houses the Office of Planning, Partnerships, and Improvement, which oversees the distribution of state funds to local public health agencies (LPHAs).

CENTER FOR HEALTH AND ENVIRONMENTAL DATA (CHED)

- Maintains a database of all Colorado births, deaths, marriages, and divorces;
- Provides birth and death certificates;
- Gathers and analyzes health data for use by public and private agencies; and
- Operates the Medical Marijuana Registry.

DISEASE CONTROL AND PUBLIC HEALTH RESPONSE (DCPHR)

- Operates the Immunization Program, which includes the Immunization Outreach Program, the Colorado Immunization Information System, and grants to LPHAs for operation of immunization clinics;
- Assesses the threat risk from environmental contaminants on human health, and, when needed, takes action to contain and/or nullify these threats;
- Provides testing, analysis, and results reporting of laboratory tests on specimens and samples submitted by other divisions, departments, and private clients;
- Includes the following laboratory units: Molecular Sciences and Newborn Screening Units, Public Health Microbiology and Environmental Microbiology Units, Organic and Inorganic Units, and Evidential Breath and Alcohol Testing and Certification Units;
- Works with local agencies and other state departments to ensure Colorado is prepared for, and able to respond to, a variety of natural and man-made disasters; and
- Coordinates a statewide network of laboratories, local agencies, hospitals, and other resources that can be utilized during disaster response.

OFFICE OF HIV, VIRAL HEPATITIS, AND STI'S (OHVS)

- Identifies, contains, controls, and tracks the spread of communicable diseases, with a focus on hepatitis, tuberculosis, sexually transmitted infections, and HIV/AIDS;
- Houses the Colorado HIV and AIDS Prevention Grant Program (CHAPP); and
- Houses the Ryan White Program.

PREVENTION SERVICES DIVISION (PSD)

- Tobacco Education, Prevention, and Cessation Program and the Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Prevention, Early Detection, and Treatment Program;
- Breast and Cervical Cancer Screening Program;
- Programs for children with special needs and the Genetics Counseling Program;
- The School-Based Health Centers Program;
- Injury and suicide prevention programs;
- Primary Care Office and Oral Health Program; and
- Women, Infants, and Children and Child and Adult Care Food federal assistance programs.

HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION (HFEMSD)

- Enforces, through certification and inspections, the standards for the operation of health care facilities, including hospitals and nursing facilities; and
- Inspects and certifies emergency medical and trauma service providers.

DEPARTMENT BUDGET: RECENT APPROPRIATIONS

FUNDING SOURCE	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25 *
General Fund	\$92,148,934	\$204,564,309	\$138,311,581	\$147,727,825
Cash Funds	234,257,879	311,690,039	295,736,167	322,895,561
Reappropriated Funds	47,937,784	76,603,566	69,876,513	65,247,023
Federal Funds	315,772,579	323,061,448	330,530,310	339,597,552
TOTAL FUNDS	\$690,117,176	\$915,919,362	\$834,454,571	\$875,467,961
Full Time Equiv. Staff	1,577.6	1,732.4	1,881.7	1,901.7

*Requested appropriation.

Funding for the Department of Public Health and Environment for FY 2023-24 consists of 16.6 percent General Fund (including appropriations from the General Fund Exempt account), 35.4 percent cash funds, 8.4 percent reappropriated funds, and 39.6 percent federal funds.

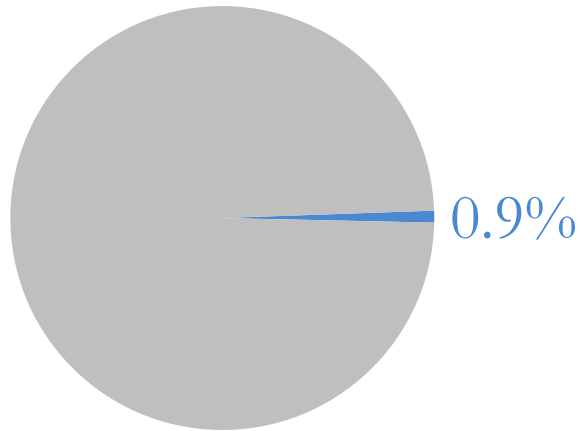
SELECT DIVISIONS: RECENT APPROPRIATIONS

FUNDING SOURCE	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25 *
General Fund	\$80,953,674	\$118,844,039	\$102,119,230	\$120,993,708
Cash Funds	170,401,433	243,732,670	188,936,813	184,703,507
Reappropriated Funds	47,423,585	55,080,076	65,802,791	60,549,232
Federal Funds	275,272,147	282,405,304	289,874,166	298,941,408
TOTAL FUNDS	\$574,050,839	\$700,062,089	\$646,733,000	\$665,187,855
Full Time Equiv. Staff	992.0	1,035.7	1,077.2	1,070.7

*Requested appropriation.

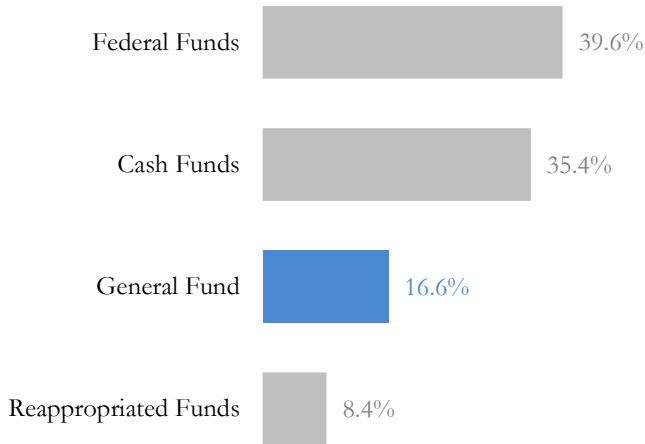
DEPARTMENT BUDGET: GRAPHIC OVERVIEW

Department's Share of Statewide General Fund



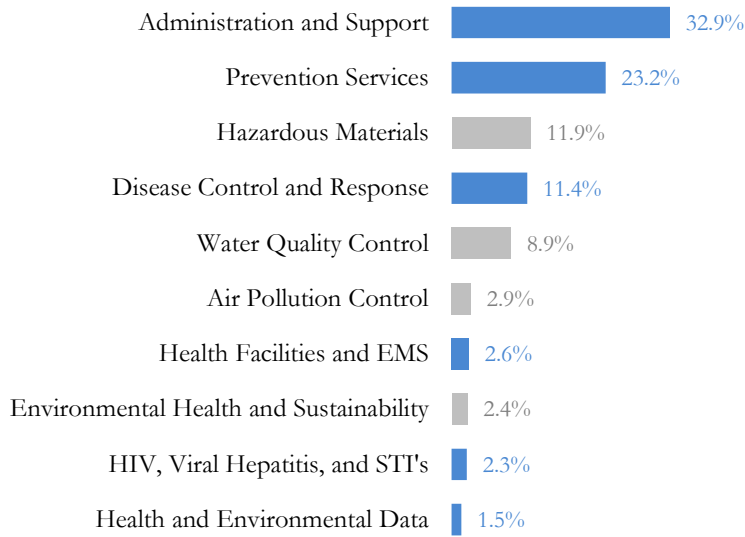
Based on the FY 2023-24 appropriation.

Department Funding Sources



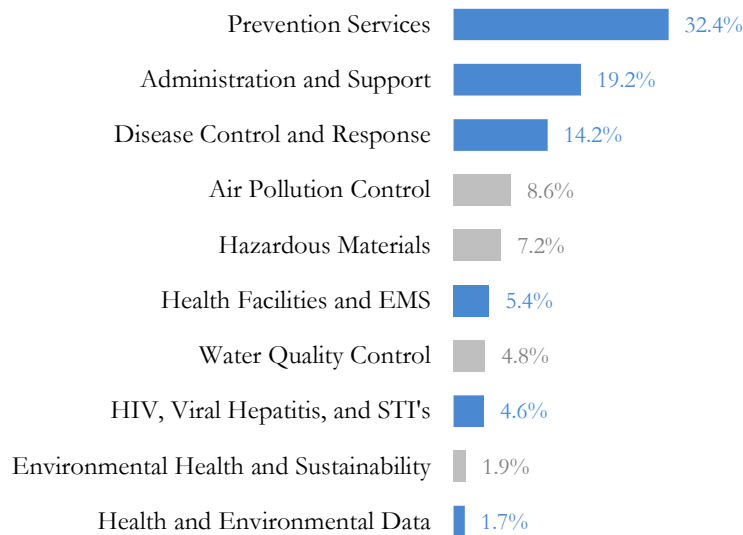
Based on the FY 2023-24 appropriation.

Distribution of General Fund by Division



Based on the FY 2023-24 appropriation.

Distribution of Total Funds by Division



Based on the FY 2023-24 appropriation.

CASH FUNDS DETAIL

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - PUBLIC HEALTH AND ADMINISTRATIVE DIVISIONS CASH FUNDS APPROPRIATION DETAIL				
FUND NAME OR GROUP	FY 2023-24 APPROP.		PRIMARY SOURCES OF FUND REVENUE	PRIMARY USES
Prevention, Early Detection, and Treatment; Health Disparities	\$30,588,050	¹	Amendment 35 and Prop EE tobacco taxes. The fund receives 16.0 percent of Tobacco Tax Cash Fund revenues	Cancer, Cardiovascular Disease and Chronic Pulmonary Disease Prevention, Health Disparity Grants, and Health and Environmental Data.
Tobacco Education Programs; Tobacco Tax	24,356,932	¹	Amendment 35 and Prop EE tobacco taxes. Tobacco education programs receive 16.0 percent of Tobacco Tax Cash Fund revenues	Community-based and statewide tobacco education programs to reduce initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and reduce exposure to second-hand smoke.
Marijuana Tax Cash	23,661,475	¹	Marijuana tax revenue	Substance abuse prevention and harm reduction programs, Health Service Corps, LPHAs, Healthy Kids Survey, Marijuana lab, education, monitoring, and data collection.
EMS Account: Fixed-Wing and Rotary-Wing Ambulances; Statewide Trauma Care System	12,703,282		Fees paid by health care facilities that apply to be designated as a trauma center and a \$2.00 fee paid by individuals registering motor vehicles	Fund expenses associated with designating health care facilities as Trauma Centers and improve access to and provision of emergency medical services.
Health Facilities General Licensure; Assisted Living Residence; Home Care Agency; Assisted Living Residence Improvement; Community Integrated Health Care Service Agencies; Nursing Home Penalty	10,360,297		Fees and fines from health care facilities, assisted living residences, and home care agencies	Licensing and regulation of health care facilities, assisted living residences, and home care agencies.
AIDS and HIV Prevention, Sub Tob Acct of Colorado Immunization Fund, Drug Assistance	13,877,148	¹	11.0 percent of annual MSA revenue	Grants for HIV and AIDS Prevention and Education, conducting and implementing immunizations strategies, and provide pharmaceutical products to qualifying individuals with AIDS or HIV.
Newborn Screening and Genetic Counseling; Newborn Hearing Screening	7,674,251		Records and testing fees	Support newborn screening, care, and genetic counseling and education as well as administration of the newborn hearing screening program.
Vital Statistics Records; Medical Marijuana Program	4,899,690		Records fees and application fees for medical marijuana registry	Administration of vital records and medical marijuana programs.
CO Health Service Corps; State Dental Loan Repayment	4,685,826	¹	2.0 percent of annual MSA revenue	Loan repayment programs for providers in underserved areas.
Laboratory	2,082,181		Laboratory certification and sample submission fees	Laboratory assessment of microbiological and environmental samples.
Various	25,874,468			
Total	\$160,763,604			

¹ TABOR exempt

ADDITIONAL INFORMATION – SELECT FUND SOURCES

HEALTH FACILITY REGULATION: The Health Facility Division (HFEMSD) regulates health facilities to ensure that facility care meets state and federal health and safety requirements. State regulations are enforced through a licensing process; facilities pay a fee to obtain their license to legally operate in Colorado. Federal regulations are enforced through a certification process wherein the Division performs facility inspections and recommends certification to the federal Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Policy and Financing, allowing a facility

to bill CMS for the services they provide. The Division has three primary cash funds related to health facility oversight activities:

- The Health Facilities General Licensure Cash Fund supports oversight of hospitals, nursing facilities, ambulatory surgical centers, and freestanding emergency departments;
- The Assisted Living Residence Cash Fund supports oversight of assisted living facilities; and
- The Home Care Agency Cash Fund supports oversight of skilled nursing and personal care providers.

The Division provides technical assistance, inspects new facilities for licenses/certification, conducts periodic surveys of existing facilities, investigates complaints and facility-reported incidents, and performs enforcement activities. The Division oversees more than 2,300 state-licensed health facilities including hospitals, nursing facilities, ambulatory surgical centers, birth centers, homes for individuals with intellectual and developmental disabilities, assisted living residences, and home care agencies. *These cash funds are further discussed in an issue brief later in this document.*

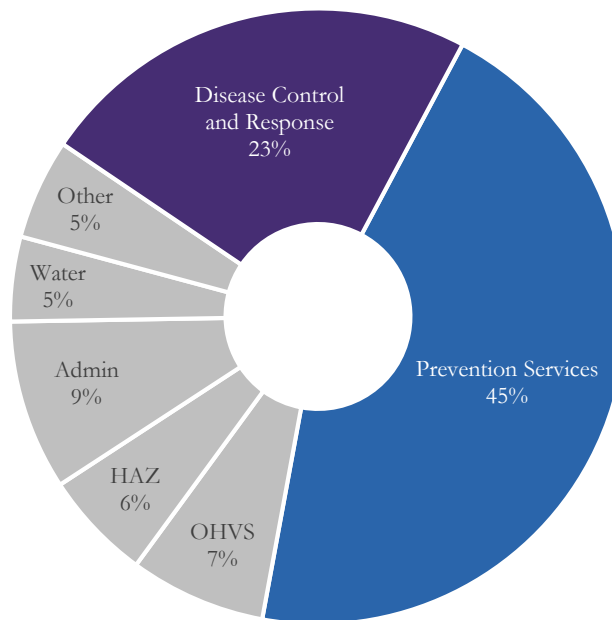
NURSING HOME PENALTY CASH FUND: Civil Money Penalties (CMP) are monetary penalty imposed on nursing facilities by the Centers for Medicare and Medicaid Services (CMS), and the only source of revenue for this fund. Penalties are imposed following survey findings in which a facility is found to be out of compliance with one or more participation requirements for Medicare or Medicaid. A portion of collected CMPs are returned to the States to be reinvested in projects that benefit nursing facility residents. While this fund does have a \$12.1 million balance, the departments cannot use money from the fund for costs of administration other than the related grant program and to improve nursing facility innovation and quality with the goal of reducing future penalties. The money in the fund is subject to annual appropriation to CDPHE and HCPF, and is continuously appropriated to CDPHE and HCPF for the purpose of emergency funding needs if a facility were to shut down and clients needed immediate placements.

GENERAL FACTORS DRIVING THE BUDGET

FEDERAL FUNDS

Federal funds account for 39.6 percent of the Department's FY 2023-24 total appropriation. The Department receives federal funds from multiple federal agencies including the Environmental Protection Agency, the U.S. Department of Health and Human Services, and the Centers for Disease Control and Prevention. The majority of the federal funds in the Department's Long Bill are shown for informational purposes only, as the General Assembly does not have the authority to limit the amount of federal funds the Department receives and expends. The following graphic illustrates the projected distribution of federal funds by division for FY 2023-24. Federal funds that were allocated through the Executive Branch and were not included in the Long Bill are not represented in the graph below. Notably absent from the information below are the federal funds received relating to the Coronavirus pandemic through the Coronavirus Preparedness and Response Supplemental Act, Paycheck Protection Program and Health Care Enhancement Act, Coronavirus Aid, Relief, and Economic Security (CARES) Act, and the American Rescue Plan Act (ARPA).

The largest portion of federal funds are distributed to the Prevention Services and Disease Control and Public Health Response Divisions.



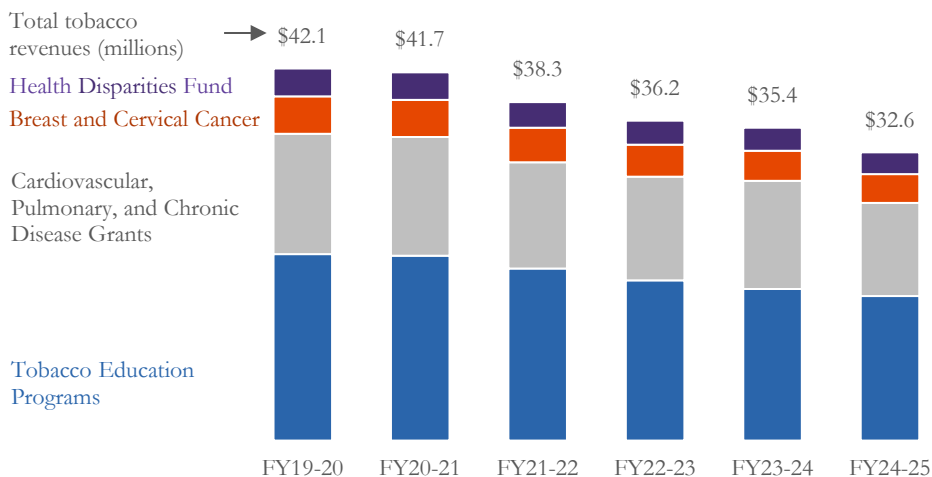
The majority of federal funds in the Department (64.6 percent) are allocated to five federally funded program areas: the Women, Infants, and Children Program (WIC) (26.6 percent), immunizations for local public health agencies (15.4 percent), the Child and Adult Food Care Program (8.4 percent), hazardous waste cleanup programs (5.7 percent), the Ryan White program (5.4 percent), and community health programs (family planning and maternal/child health) (3.0 percent).

AMENDMENT 35, PROPOSITION EE, AND TOBACCO MASTER SETTLEMENT AGREEMENT REVENUES

The Department receives annual revenue from the Amendment 35 tobacco tax, the Proposition EE nicotine tax, and the Tobacco Master Settlement Agreement. Amendment 35 revenues and a portion of Proposition EE revenues are deposited into the Tobacco Tax Cash Fund (TTCF). This funding is then distributed annually based on the State’s constitutional formula to the Tobacco Education Programs Fund (16.0 percent) and the Prevention, Early Detection, and Treatment (PEDT) Fund (16.0 percent). Within the PEDT Fund, the money is further allocated to:

- 1 The Breast and Cervical Cancer Program (20.0 percent);
- 2 The Health Disparities Fund (15.0 percent);
- 3 A fixed amount (\$116,942) to the Center for Health and Environmental Data; and
- 4 The rest is allocated to Cardiovascular, Pulmonary, and Chronic Disease (CCPD) Grants;

Amendment 35 and Proposition EE revenues are deposited into the TTCF and distributed to the following program areas



The Tobacco Master Settlement Agreement (MSA) is a 1998 legal settlement between tobacco manufacturers and states that sued manufacturers to recover Medicaid and other health-related costs incurred by treating smoking-related illnesses. Statutory formulas dictate the distribution of MSA revenue, which is estimated to be \$11.3 million in FY 2024-25, to the following programs in CDPHE:

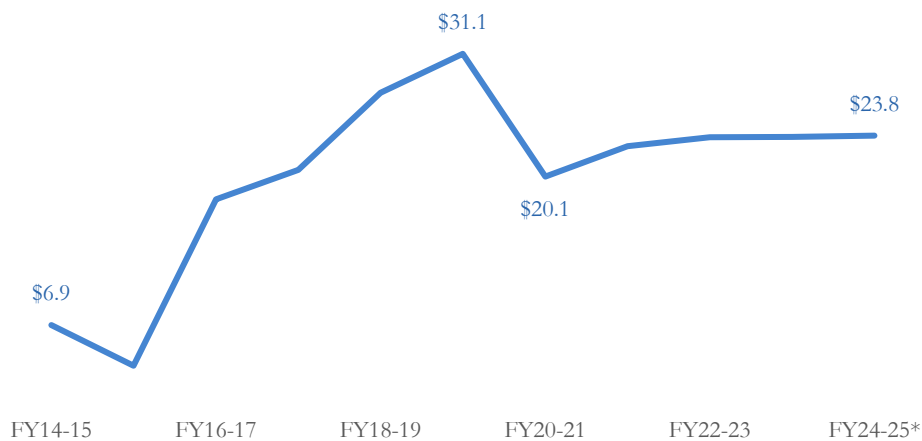
- 1 Drug assistance programs (ADAP, Ryan White) (5.0 percent);
- 2 Colorado AIDS and HIV Prevention Grant Program (CHAPP) (3.5 percent);
- 3 Colorado Immunizations Program (2.5 percent);
- 4 Health Care Professional Loan Forgiveness Program (Health Services Corps) (1.0 percent); and
- 5 Dental Loan Repayment Program (1.0 percent).

As these two revenue streams are expected to decrease over time, programs must continually reassess the allocation of funds towards administrative overhead and grants.

PROGRAMS FUNDED WITH MARIJUANA TAX REVENUE

Voters legalized and approved new taxes on recreational marijuana after 2012. Subsequently, the General Assembly adopted legislation authorizing the Department to use a portion of that marijuana tax revenue for new and existing programs. Over time, the General Assembly has increased the amount of funding the Department receives from the Marijuana Tax Cash Fund (MTCF), and the number of programs this funding can be put towards. Funding from the MTCF was reduced in FY 2020-21 in order to provide General Fund relief during the COVID pandemic. MTCF allocations to CDPHE programs have slowly been increasing since. The following table summarizes appropriations of marijuana tax revenues to the Department for FY 2014-15 through the request for FY 2024-25.

Marijuana tax cash funds appropriated to CDPHE were reduced in FY 2020-21 due to COVID-19.



The table below provides an overview of the requested FY 2024-25 programs funded by the Marijuana Tax Cash Fund, totaling \$23.8 million.

FY 2024-25 CDPHE REQUESTED MARIJUANA TAX CASH FUND APPROPRIATIONS	
PROGRAM	APPROPRIATION
Substance abuse prevention	\$10,065,977
Colorado Health Service Corps Program (S.B. 18-024)	3,605,101
Administration and Indirect Costs	2,978,356
Distributions to Local Public Health Agencies	1,988,226
Harm Reduction Grant Program	1,800,000
Marijuana Lab Certification	1,156,232
Marijuana Education Campaign	976,202
Healthy Kids Colorado Survey	768,127
Marijuana health effects monitoring	371,114
Marijuana data collection through Rocky Mountain Poison and Drug	60,100
TOTAL	\$23,769,435

SUMMARY: FY 2023-24 APPROPRIATION & FY 2024-25 REQUEST

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION:						
SB23-214 (Long Bill)	\$808,083,100	\$115,954,005	\$295,300,422	\$66,298,363	\$330,530,310	1,848.6
Other legislation	26,371,471	22,357,576	435,745	3,578,150	0	33.1
TOTAL	\$834,454,571	\$138,311,581	\$295,736,167	\$69,876,513	\$330,530,310	1,881.7
FY 2024-25 REQUESTED APPROPRIATION:						
FY 2023-24 Appropriation	\$834,454,571	\$138,311,581	\$295,736,167	\$69,876,513	\$330,530,310	1,881.7
R1 Public health infrastructure	15,014,300	15,014,300	0	0	0	83.0
R2 Stationary sources control fund	5,900,000	0	5,900,000	0	0	0.0
R3 Health facility licensure funding	2,591,934	2,189,180	402,754	0	0	1.8
R4 State syphilis response	1,971,961	1,971,961	0	0	0	3.8
R5 State lab operating	2,659,000	1,291,100	1,367,900	0	0	0.0
R6 Tuberculosis program infrastructure	305,702	305,702	0	0	0	2.0
R7 Environmental justice	908,940	908,940	0	0	0	7.4
R8 Lead testing support	1,261,155	1,261,155	0	0	0	2.7
R9 Office of health equity and environmental justice	3,396,753	193,738	1,115,938	1,964,493	122,584	10.4
R10 Office of health equity tribal relations	(65,629)	142,876	0	0	(208,505)	0.9
R11 Technical adjustments	0	0	0	0	0	0.0
R12 Common policy provide rate adjustment	343,974	304,988	38,986	0	0	0.0
Annualize prior year legislation	9,845,564	(12,014,608)	20,744,996	1,115,176	0	(98.3)
Centrally appropriated line items	8,440,523	1,858,408	16,426,403	(8,072,757)	(1,771,531)	0.0
Non-prioritized decision items	2,154,221	1,504,927	(60,809)	708,494	1,609	0.0
Indirect cost assessment	1,082,062	268,738	290,008	82,867	440,449	0.0
ARPA fund source adjustments	0	0	(16,164,667)	0	16,164,667	(0.2)
Annualize prior year budget actions	(14,797,070)	(5,785,161)	(2,902,115)	(427,763)	(5,682,031)	6.5
TOTAL	\$875,467,961	\$147,727,825	\$322,895,561	\$65,247,023	\$339,597,552	1,901.7
INCREASE/(DECREASE)	\$41,013,390	\$9,416,244	\$27,159,394	(\$4,629,490)	\$9,067,242	20.0
Percentage Change	4.9%	6.8%	9.2%	(6.6%)	2.7%	1.1%

*Highlighted decision items will be covered in this briefing, other decision items covered in another briefing by Andrew McLeer

R1 PUBLIC HEALTH INFRASTRUCTURE: The Department requests an increase of \$15.0 million General Fund in FY 2024-25 and ongoing to extend appropriations from S.B. 21-243 (Public Health Infrastructure). The Division of Disease Control and Public Health Response would receive \$7.5 million of this funding and continue to support 83.0 FTE, and the other \$7.5 million would go towards distributions to local public health agencies. This request is further discussed in the briefing issue on public health infrastructure. *The Department identified this request as theory-informed.*

R3 HEALTH FACILITY LICENSURE FUNDING [LEGISLATION REQUIRED]: The Department requests:

- Increased cash spending authority of \$402,754 in FY 2024-25 and \$552,360 in FY 2025-26 to reflect additional revenue generated by a CPI based fee increase of 8.01 percent, going forward;
- \$2.2 million in increased General Fund in FY 2024-25 and ongoing to bridge the gap between current expenses and anticipated cash revenue and respond to workload increases with an additional 2.0 FTE; and

- Combining the Home and Community Survey and Nursing and Acute Care Survey line items into a new Health Facility Survey line item to allow the Division to manage the programs as a whole, maximize the flexibility of General Fund, and allow staff to work across programs serving different facilities, as needed.

This request is further discussed in the briefing issue on health facility licensure cash fund solvency. *The Department identified this request as theory-informed.*

R4 STATE SYPHILIS RESPONSE: The Department requests an annual increase of \$2.0 million General Fund from FY 2024-25 through FY 2027-28, including 4.0 FTE to address increased incidence of syphilis in the State, a 263 percent overall increase from 2017 to 2022, and fund programs to increase access to testing and treatment. The funding would be used for marketing, provider engagement, screening and testing, and treatment. Additionally, the FTEs would support outreach, linkage to care and program coordination, data evaluation, field treatment, and Bicillin delivery. The timeline to respond to the syphilis outbreak is based on other outbreaks the Department has seen and responded to. The program would focus on Pueblo, El Paso, and Jefferson counties, which are all in the top five counties with the highest rates of Syphilis in the State. *The Department identified this request as evidence-informed.*

R5 STATE LAB OPERATING: The Department requests an ongoing increase of \$1.3 million General Fund and \$1.4 million in cash fund spending authority starting in FY 2024-25. The cash fund spending authority is requested from the Newborn Screening Genetic Counseling Cash Fund, and is in response to a need to spend down excess cash fund reserves. The General Fund request is for the State Lab, and would fund courier services that deliver samples to the lab from across Colorado; distribution of supplies to healthcare providers; biological and chemical waste disposal, and iPassport software which manages standard operating procedures, regulations, safety requirements and equipment at the State Lab.

R6 TUBERCULOSIS PROGRAM INFRASTRUCTURE: The Department requests a one-time increase of \$305,702 General Fund in FY 2024-25 to address a gap in the response capabilities of CDPHE's Tuberculosis (TB) Program to meet statutory requirements in light of increasing rates of TB. This funding would support 2.0 FTE for TB nurse consultants to help LPHAs manage the increase in cases and respond to complex or advanced TB presentations. Additional funding would go towards translating forms and educational materials into additional languages, purchasing TB treatment drugs, and contracting to help TB nurses with case management. *The Department identified this request as theory-informed.*

R10 OFFICE OF HEALTH EQUITY TRIBAL RELATIONS: The Department requests an increase of \$142,876 General Fund in FY 2024-25 and \$145,651 in FY 2025-26 and ongoing to support 1.0 FTE to continue addressing health disparities observed in Colorado Ute and Southern Ute tribes through a Tribal Data Systems Specialist. Federal funding from a CDC Health Disparities Grant previously supported 2.0 data specialists on the Tribal Relations Team. This team supports and advises the Department in its role as a member of the Colorado Commission of Indian Affairs (CCIA) and coordinates requests for consultation from Tribal representatives. The federal grant is not renewable and will end after FY 2023-24. The Department is requesting funding to continue to support one of the two FTEs initially funded through this grant. *The Department identified this request as theory-informed.*

R11 TECHNICAL ADJUSTMENTS: The Department requests approval for several net-zero technical changes to the Long Bill including:

- Combining all of the Family Planning Program lines in the Long Bill into one line called “Reproductive Health Program” and rename the subcategory (1) Women’s Health to (1) Community Health. This would allow for more flexibility in the use of the funds for services which would ensure ability to fully expend the allocations as well as accurately describe the subcategory which includes family planning services and the disordered eating prevention program which provide services to individuals regardless of gender.
- Transferring LPHA funding for programs delegated by Division of Environmental Health and Sustainability out of the Administration and Support Division and into a new line item in the Environmental Health and Sustainability Division; and
- Adding a letternote for the Mobile Sources program within the Air Quality Division, to identify an estimated \$1,385,405 from the Clean Enterprise Fleet Fund is for informational purposes only.

R12 COMMON POLICY PROVIDER RATE INCREASE: The Department requests an increase of \$304,988 General Fund and \$38,986 in cash fund spending authority from the Marijuana Tax Cash Fund, for a provider rate increase of 2.0 percent for LPHAs in FY 2024-25 and ongoing. This provider rate increase is calculated including the \$7.5 million General Fund requested in R1. This decision item is linked to actions the Committee takes on the Community Provider Rate common policy.

ANNUALIZE PRIOR YEAR LEGISLATION: The request includes a net increase of \$9.8 million total funds to reflect the FY 2024-25 impact of bills passed in previous sessions, summarized in the following table.

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
SB23-193 Air quality investments	\$21,406,281	\$0	\$21,406,281	\$0	\$0	(5.0)
HB20-1427 Prop EE	20,000,000	0	20,000,000	0	0	7.0
HB23-1257 Mobile home parks water quality	2,213,164	1,106,582	0	1,106,582	0	5.5
HB23-1244 Regional health	1,506,413	1,506,413	0	0	0	0.1
HB22-1244 Toxic air contaminants	1,298,074	1,298,074	0	0	0	12.5
SB23-240 Dairy fees	390,059	0	390,059	0	0	0.0
SB22-254 Increased safety in ALR	101,884	101,884	0	0	0	0.8
SB23-014 Disordered eating	64,719	64,719	0	0	0	0.8
HB23-1223 Grants task force	54,157	54,157	0	0	0	0.0
SB22-178 Deter tampering	48,730	48,730	0	0	0	1.3
SB23-198 Clean energy plans	36,371	36,371	0	0	0	0.6
SB23-172 POWER Act	25,490	25,490	0	0	0	0.1
HB22-1289 Health benefits	10,349	10,349	0	0	0	0.0
SB23-290 Natural medicine regulation	5,650	5,650	0	0	0	0.8
HB23-1242 Water conservation	2,742	0	2,742	0	0	0.0
HB23-1213 Stop the bleed	504	504	0	0	0	0.0
SB21-243 Public health infrastructure	(21,090,149)	0	(21,090,149)	0	0	(121.4)
HB23-1194 Closed landfills	(14,991,406)	(15,000,000)	0	8,594	0	0.2
SB23-271 Intoxicating cannabinoids	(422,276)	(422,276)	0	0	0	0.1
HB23-1008 Food accessibility	(250,000)	(250,000)	0	0	0	0.0
SB23-189 Reproductive health care	(200,000)	(200,000)	0	0	0	0.0
SB23-186 COGCC study methane	(75,410)	(75,410)	0	0	0	(0.1)
SB22-225 Ambulance sustainability	(62,476)	(62,476)	0	0	0	(0.3)
HB19-1279 Regulation of firefighting foam	(55,278)	(55,278)	0	0	0	(0.7)
SB23-148 Illegal drug labs	(38,453)	(74,516)	36,063	0	0	(0.5)
HB22-1401 Hospital nurse staffing	(36,573)	(36,573)	0	0	0	(0.4)

ANNUALIZE PRIOR YEAR LEGISLATION						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
HB23-1077 Informed consent	(32,915)	(32,915)	0	0	0	0.4
HB23-1161 Appliance standards	(26,439)	(26,439)	0	0	0	0.3
SB23-167 Certified midwives	(15,393)	(15,393)	0	0	0	(0.2)
SB23-016 GG reduction measures	(14,706)	(14,706)	0	0	0	(0.2)
SB23-253 Compostable products	(4,036)	(4,036)	0	0	0	(0.1)
SB23-002 Medicaid reimbursement	(3,340)	(3,340)	0	0	0	0.0
HB23-1294 Pollution prevention	(173)	(173)	0	0	0	0.1
TOTAL	\$9,845,564	(\$12,014,608)	\$20,744,996	\$1,115,176	\$0	(98.3)

CENTRALLY APPROPRIATED LINE ITEMS: The request includes adjustments to the following centrally appropriated line items. These request items will be addressed in separate staff briefings for Compensation Common Policies, the Department of Personnel, and the Governor’s Office.

CENTRALLY APPROPRIATED LINE ITEMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Salary survey	\$11,806,680	\$2,917,892	\$4,627,360	\$1,186,223	\$3,075,205	0.0
Payments to OIT	1,545,531	1,277,850	10,687,365	(8,397,344)	(2,022,340)	0.0
PERA Direct Distribution	1,023,530	693,534	277,633	52,363	0	0.0
Paid Family and Medical Leave Insurance	811,716	149,859	273,661	67,786	320,410	0.0
Workers’ compensation	84,533	0	0	84,533	0	0.0
ALJ services	43,490	21,745	0	21,745	0	0.0
Capitol Complex leased space	17,966	8,983	0	8,983	0	0.0
Health, life, and dental	(4,771,343)	(1,735,764)	(287,419)	(123,924)	(2,624,236)	0.0
CORE adjustment	(608,550)	0	0	(608,550)	0	0.0
AED	(479,498)	(629,649)	417,336	(10,079)	(257,106)	0.0
SAED	(479,498)	(629,649)	417,336	(10,079)	(257,106)	0.0
Legal services	(396,519)	(198,260)	0	(198,259)	0	0.0
Risk management & property adjustment	(146,061)	0	0	(146,061)	0	0.0
Short-term disability	(11,454)	(18,133)	13,131	(94)	(6,358)	0.0
TOTAL	\$8,440,523	\$1,858,408	\$16,426,403	(\$8,072,757)	(\$1,771,531)	0.0

NON-PRIORITIZED DECISION ITEMS: The request includes an increase of \$2.2 million total funds, including \$1.5 million General Fund, for adjustments related to budget requests from other departments for FY 2024-25. *These request items will be addressed in separate staff briefings for the Department of Personnel and the Governor’s Office.*

NON-PRIORITIZED DECISION ITEMS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
NP Central Services Omnibus Request	\$2,180,924	\$1,466,412	\$0	\$714,512	\$0	0.0
CORE Operating Resources	45,092	45,092	0	0	0	0.0
NP4 Convert contractor resources to FTE	1,609	0	0	0	1,609	0.0
NP1 Annual fleet vehicle request	(73,404)	(6,577)	(60,809)	(6,018)	0	0.0
TOTAL	\$2,154,221	\$1,504,927	(\$60,809)	\$708,494	\$1,609	0.0

INDIRECT COST ASSESSMENT: The request includes a net increase of \$1.1 million total funds, including \$268,738 General Fund, for the Department’s indirect cost assessment.

ARPA FUND SOURCE ADJUSTMENTS: The summary includes an informational adjustment related to ARPA funds to account for the executive branch qualifying ARPA funds as federal funds, while JBC staff account for them as cash funds.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS: The request includes a net decrease of \$14.8 million total funds for prior year budget actions, summarized in the following table.

ANNUALIZE PRIOR YEAR BUDGET ACTIONS						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY22-23 R1 APCD transformation	\$2,114,422	\$0	\$2,114,422	\$0	\$0	0.0
FY23-24 R1 Protective water quality	484,079	484,079	0	0	0	6.4
FY23-24 BA2 BRFS Assistance	54,559	54,559	0	0	0	0.0
FY23-24 R13 CCC registry staffing	35,197	35,197	0	0	0	0.0
FY23-24 R7 Address syphilis	20,540	20,540	0	0	0	0.1
FY23-24 R15 DETC leased space	7,020	0	7,020	0	0	0.0
FY23-24 BA3 Preventing outbreaks	5,450	5,450	0	0	0	0.0
DPS Digital trunk radio	3,866	3,866	0	0	0	0.0
A35, Tobacco, CCPD adjustment	0	0	0	0	0	0.0
Prior year salary survey	(7,843,836)	(1,221,852)	(1,720,148)	(404,086)	(4,497,750)	0.0
FY23-24 CCVS LB amendment	(4,000,000)	(4,000,000)	0	0	0	0.0
FY23-24 R3 Health facilities CF relief	(2,100,000)	0	(2,100,000)	0	0	0.0
FY23-24 R6 VSRCF fee relief	(1,383,409)	(180,000)	(1,203,409)	0	0	0.0
FY23-24 Birth defects monitoring and FF true-up	(1,184,281)	0	0	0	(1,184,281)	0.0
FY23-24 FPP LB amendment	(500,000)	(500,000)	0	0	0	0.0
FY23-24 R4 Dairy protection fee relief	(412,000)	(412,000)	0	0	0	0.0
FY23-24 Mental health first aid LB amendment	(75,000)	(75,000)	0	0	0	0.0
FY23-24 BA4 Indirect spending authority	(14,000)	0	0	(14,000)	0	0.0
FY23-24 NP1 OIT budget request	(9,677)	0	0	(9,677)	0	0.0
TOTAL	(\$14,797,070)	(\$5,785,161)	(\$2,902,115)	(\$427,763)	(\$5,682,031)	6.5

ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS

During the 2020B, 2021, 2022, and 2023 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Public Health and Environment that included \$142.4 million originating as state General Fund and \$137.9 originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds).

SUMMARY

The Department has been appropriated a significant amount of one-time General Fund and ARPA funding, and staff believes there is the potential for some ARPA allocations to go unspent. Staff recommends the Committee request that the Department provide information on ARPA funding that is likely to be reverted, so that it can be reallocated if necessary before the December 2024 deadline.

DISCUSSION

During the 2020B, 2021, 2022, and 2023 legislative sessions, the General Assembly allocated \$281.3 million in one-time funding to the Department of Public Health and Environment through appropriations and transfers. For many programs, authority was provided to expend the funds through FY 2023-24 or beyond. To assist the Committee in tracking the use of these funds, the tables below show the sum of allocations provided for FY 2020-21, FY 2021-22, FY 2022-23, and FY 2023-24 and expenditures through FY 2022-23 by the original source of the funds (General Fund, federal Coronavirus State Fiscal Recovery Funds, and other funds).

ALLOCATION AND EXPENDITURE OF ONE-TIME GENERAL FUND

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - ONE-TIME GENERAL FUND				
BILL	APPROPRIATION/ TRANSFER	EXPENDITURES	END DATE	DESCRIPTION/ANTICIPATED USE OF FUNDS
S.B. 20B-001 COVID-19 Relief	\$6,780,000	\$6,780,000	Jun 2022	Appropriates GF for one-year hiatus on health inspection fees to retail food establishments and reimburses facilities for lost fee revenue.
S.B. 21-137 Behav Health Recovery Act	750,000	750,000	Jun 2023	Appropriates GF for the STI, HIV and AIDS program as well as the Mental Health First Aid program.
S.B. 21-243 Public Health Infrastructure	11,090,149 10,000,000	11,090,149 10,000,000	Jun 2023 Jun 2023	Appropriates GF for DCPHR in FY 22-23. Appropriates GF for distribution to LPHAs in FY 22-23.
H.B. 22-1358 Clean Water & Schools	21,000,000	242,356	Jun 2026	Appropriates GF for CDPHE to distribute reimbursement to facilities for the costs of testing and remediation of lead in schools in the first year.
H.B. 22-1326 Fentanyl	5,792,413	429,521	Dec 2024/Jun 2024/Jun 2025	Appropriates GF for opiate detection tests, education campaigns, regional trainings, website development, and independent studies.
S.B. 22-193 Air Quality Improvement Investments	7,000,000 65,000,000	2,475,331 1,364,667	Jun 2025 Jun 2028	Appropriates \$7.0 million GF to finance the aerial surveying of pollutants. Transfers \$65.0 GF million for the electrifying school buses grant program.
H.B. 23-1194 Closed Landfill Remediation	15,000,000	0	Aug 2033	Transfers \$15.0 million for local landfill remediation grants.
Total	\$142,412,562	\$33,132,024		

ALLOCATION AND EXPENDITURE OF ONE-TIME FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS (ARPA FUNDS)

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - ONE-TIME FEDERAL FUNDS				
BILL	APPROPRIATION/ TRANSFER	EXPENDITURES*	END DATE	DESCRIPTION/ANTICIPATED USE OF FUNDS
S.B. 21-243 Public Health Infrastructure	\$11,090,149	\$10,958,360	Jun 2022	Appropriates funding from ERRCF for DCPHR in FY 2021-22. Appropriates funding from ERRCF for local public health agencies in FY 2021-22.
S.B. 21-137 Behav Health Recovery Act	5,900,000	5,895,894	Jun 2023	Appropriates \$1.7 million from the Behavioral & Mental Health fund for loan repayments for participants in the Colorado Mental Health Services Corps and scholarships for addiction counselors; \$1.0 million for the opiate antagonist bulk purchase fund; \$2.0 million for the HIV and AIDS Prevention Grant Program; and \$1.2 million for school-based health centers.
S.B. 22-182 Economic Mobility Program	4,000,000	1,742,895	Jun 2024	Transfers \$4.0 million from ERRCF to new Economic Mobility Program Fund in CDPHE, and appropriates annually to the Department for maternal and child health programs.
S.B. 23-214 Long Bill	24,393,558	1,821,922	Jun 2024	Appropriates \$21.1 million from RLRCF to refinance GF appropriated in SB 21-243 and \$1.2 million for the vital statistics fund fee subsidy.
H.B. 22-1326 Fentanyl	26,000,000	5,817,864	Jun 2024/Dec 2026	Appropriates funding from the Behavioral & Mental Health fund to the following cash funds administered by CDPHE: \$19.7 million to the Opiate Antagonist Bulk Purchase Fund and \$6.0 million to the Harm Reduction Grant Program Cash Fund. Also appropriates \$300,000 to CDPHE for prevention services administration.
S.B. 22-147 Behav Hlth Srvc Children	1,500,000	57,271	Dec 2024	Appropriates \$1.5 million from the Behavioral & Mental Health fund to CDPHE for school-based health centers.
S.B. 22-181 Workforce Investments	20,000,000	6,574,129	Dec 2024	Appropriates \$20.0 million from the Behavioral & Mental Health fund to CDPHE for behavioral health care provider and candidate loan repayment and scholarships for addiction counselors.
S.B. 22-226 Support Health-care Wrkfrce	\$35,000,000	395,051	Dec 2026	Appropriates \$35.0 million from ERRCF to CDPHE for emergency preparedness, immunization operating, and prevention services primary care.
Total	\$137,883,707	\$42,498,707		

*Shading indicates areas of potential under-expenditure and reversion of ARPA funds

ALLOCATION AND EXPENDITURE OF ONE-TIME OTHER FUNDS

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - ONE-TIME OTHER FUNDS				
BILL	APPROPRIATION/ TRANSFER	EXPENDITURES	END DATE	DESCRIPTION/ANTICIPATED USE OF FUNDS
S.B. 21-137 Behav Health Recovery Act	\$1,000,000	\$1,000,000	Jun 2023	Appropriates \$1.0 million from the MTCF for loan repayments for providers participating in CO mental health services corps.
Total	\$1,000,000			

ISSUE: PUBLIC HEALTH INFRASTRUCTURE FUNDING

The Department is requesting \$15.0 million in ongoing General Fund to extend appropriations from S.B. 21-243 (Colorado Department of Public Health and Environment Appropriation Public Health Infrastructure) on a permanent basis in order to support the State's ability to effectively prevent, monitor, and respond to emerging disease outbreaks and other public health emergencies. This issue brief provides background information on the topic, an overview of the request, and the impacts of extending and not extending appropriations.

SUMMARY

- The Department is requesting a \$15.0 million continuation of the appropriations made in S.B. 21-243 on a permanent basis in order to maintain necessary public health infrastructure.
- The requested funding reflects about a 50.0 percent increase in funding for these programs from pre-pandemic levels, however also reflects about a 25.0 percent decrease from funding levels under S.B. 21-243.
- Federal funding for COVID-19 responses activities will end starting in 2024, and the Department is responding to new and differing public health issues while also attempting to maintain the necessary infrastructure to be responsive to the next public health crisis.

DISCUSSION

BACKGROUND

PUBLIC HEALTH FUNDING AND THE COVID-19 PANDEMIC

Prior to the pandemic, the Department had already begun the process of identifying gaps in services and weaknesses in the existing public health infrastructure, which were highlighted with the onset of the COVID-19 pandemic. The State has a decentralized public health structure, even more so prior to COVID, meaning there was not a strong regional coordination network to rely on when the State was coordinating its pandemic response. Additionally, public health response programs and local public health agencies are majority federally funded. This federal funding is highly categorical, and does not allow the Department or local agencies flexibility in the use of these funds as crises arise.

During the COVID-19 pandemic, the Department received large amounts of federal funding and resources which scaled up the public health response team from 300 to 1,500 people in a very short amount of time. The Department found that as new COVID-related resources were allocated for crisis response, the Department lacked the underlying infrastructure to quickly scale up and use the additional resources to respond to the threats as needed. It lacked the mid-level management positions that could lead teams, provide regional coordination, and quickly scale up activities to meet public health response needs and effectively utilize increased resources.

INITIAL REQUEST

In January of 2021, the Department submitted a request (BA2 - Public Health Infrastructure) for \$31.2 million General Fund and 121.4 FTE in FY 2021-22, annualizing to \$27.6 million General Fund and 157.2 FTE in FY 2022-23 and ongoing. JBC Staff recommended approval of \$30.8 million General Fund and 116.4 FTE for FY 2021-22, annualizing to \$23.7 million General fund and 130.2 FTE in FY 2022-23 and ongoing, however also indicated that a request of this size might also be appropriate for committees of reference.

This request was based upon an analysis of the number of staff members needed to strengthen Colorado's public health response as well as have the ability to scale up quickly to meet the demands of future public health emergencies. The requested funding was proposed to be used to strengthen Colorado's public health response by:

- Increasing ongoing funding to support LPHAs;
- Improving disease reporting systems;
- Expanding immunization education and outreach;
- Improving technology infrastructure for the 21st century;
- Increasing lab capacity and expanding the ability for case investigation and contact tracing; and
- Adding essential capacity to enable timely and consistent disease control, laboratory, and emergency preparedness services.

The Department's request was in direct response to the COVID-19 pandemic, which highlighted gaps in resources within the current public health funding model. The Department has broad statutory authority to "To establish and operate programs which the department determines are important in promoting, protecting, and maintaining the public's health by preventing, delaying, or detecting the onset of environmental and chronic diseases." And "To investigate and control the causes of epidemic and communicable diseases affecting the public health." As outlined in Section 25-1.5-105 (1)(a) C.R.S. and Section 25-1.5-102 (1)(a)(I) C.R.S. respectively. This authority was the basis for the initial and current request, as the Department feels these resources are necessary to be able to quickly and effectively respond to future public health crises.

The appropriation related to this request was not included in the FY 2021-22 Long Bill. Instead, Speaker McCluskie and Senator Moreno sponsored S.B. 21-243, which included the appropriations and was approved by the General Assembly.

SENATE BILL 21-243 (COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT APPROPRIATION PUBLIC HEALTH INFRASTRUCTURE)

For FY 2021-22 through FY 2023-24, S.B. 21-243 increased annual expenditures in CDPHE by \$21.1 million. In FY 2021-22, expenditures were from the Economic Recovery and Relief Cash Fund, and in FY 2022-23 and FY 2023-24, expenditures were planned to come from the General Fund. The JBC made the decision last year to have the FY 2023-24 appropriation come from the Revenue Loss Restoration Cash Fund. These expenditures would be distributed in the following amounts:

- \$11.1 million and 121.3 FTEs for the Division of Disease Control and Public Health Response to support the Division for administration and support, research, outreach, laboratory services, and emergency preparedness and disaster response activities; and
- \$10.0 million to distribute to local public health agencies across the State for administration and support.

The Department reports this funding significantly improved the State's response to public health crises and ensured congruency of operations. This funding provided the resources to sustain not only routine surveillance but also respond to emerging threats and outbreaks. The Division utilized the S.B. 21-243 resources and staff to control and limit the spread of COVID-19, Mpox, influenza, HPAI, and RSV, as well as respond to disasters impacting Colorado communities like the Marshall Fire and Club Q shooting. At the same time, it was able to continue to provide other public health needs. Additionally, nine health equity regional coordinators were hired with SB 21-243 funding to establish a regional

support network for local communities. While these regional coordinators primarily addressed the impacts of COVID-19 on community health, they also worked with community-based groups to advance health equity and address social determinants of health among higher risk and underserved populations.

CURRENT DIVISION STRUCTURE AND FUNDING

DIVISION OF DISEASE CONTROL AND PUBLIC HEALTH RESPONSE (DCPHR)

As currently structured, DCPHR employs approximately 640.0 FTE in both term-limited and permanent positions. These FTE primarily comprise nine main groups that cooperate on Colorado's disease control and public health response efforts. Using a combination of State funds, including the S.B. 21-243 appropriations and federal grant funds, DCPHR has cooperated with the Administration Division to deliver an expanded level of service. The branches of DCPHR are detailed below, showing the existing programming that is made possible with the S.B. 21-243 appropriations.

IMMUNIZATION BRANCH

- Works to reduce vaccine-preventable disease by promoting education, optimizing vaccine resources, and assuring access to vaccines to increase overall vaccine uptake rates.
- Maintains the Colorado Immunization Information System (CIIS) and administers the federal Vaccines for Children (VFC) and Section 317 programs.
- Oversees the stewardship and accountability of all publicly-purchased vaccines distributed in Colorado.

OFFICE OF EMERGENCY PREPAREDNESS AND RESPONSE (OEPR)

- Responsible for assessing, planning, preparing, training, evaluating, responding to emergencies, and staffing the State Emergency Operations Center or Department Operations Center.

HEALTH EQUITY BRANCH

- Expands and promotes equitable access to opportunities and resources that impact individuals' or communities' overall health and well-being.
- Partners with community-based organizations, healthcare entities, and LPHAs to promote health equity and implement strategies tailored to address the complex causes of health disparities that often stem from structural racism, historic disenfranchisement, and discrimination against marginalized groups, such as racial and ethnic minorities, low-income populations, and members of the LGBTQ+ community.

STATE PUBLIC HEALTH LABORATORY

- Provides critical and specialized expertise in laboratory services to protect the health and environment of Colorado.
- Performs diagnostic testing of clinical, environmental, and chemical samples, as well as whole genome sequencing, wastewater surveillance, and more.
- Comprises the following programs: Newborn Screening, Microbiology, Chemistry, EBAT, Lab Certification, and Cannabis and Natural Medicine Sciences.
- Works with other units and Divisions to respond to emerging public health threats and coordinate outbreak testing when needed.

COMMUNICABLE DISEASE BRANCH

- Monitors, investigates, and manages epidemic and communicable diseases affecting public health in Colorado, as required under Colorado statute including: invasive bacterial diseases,

foodborne/enteric diseases, waterborne diseases, respiratory diseases, including COVID-19, vaccine preventable diseases, healthcare-associated infections, tuberculosis, and zoonotic/vector borne diseases.

STRATEGY AND OPERATIONS

- Provides functional support to the internal operations of DCPHR crucial to streamlining and maintaining oversight of all DCPHR-led programs.
- The technology unit also manages an enhanced disease management, reporting, and analytics ecosystem. This ecosystem, funded with COVID-19-related federal grant dollars, enables more efficient data entry, robust capabilities to share data with public health partners, and widely reporting and analysis capabilities.

POLICY AND STAKEHOLDER ENGAGEMENT PROGRAM

- Functions as the liaison between DCPHR and all legislative matters and works with division programs to disseminate information to relevant stakeholders who may be impacted by policy.

ELECTRONIC DISEASE REPORTING BRANCH

- Collects, stores, and governs Colorado's reportable conditions data for integration with CDPHE programs and public health partners.
- Responsible for monitoring and ensuring the accuracy, completeness, consistency, timeliness, and validity of data received; providing data standards and technical support to reporting partners; and providing consultation and recommendations to solve public health data issues.

MOBILE PUBLIC HEALTH CLINIC PROGRAM

- Bridges gaps in access to disease control and public health services, and rapidly responds to emergent issues with an emphasis on serving low-income and underserved areas of the State.

GIS AND DATA VISUALIZATION PROGRAM

- Facilitates the reach of public health services by demonstrating the spread of disease, allocation of resources, and distribution of vaccines and treatments in the state by using interactive maps, graphs, and tables that provide current data and information.

CRITICAL ADMINISTRATION

- Serves as the necessary fiscal infrastructure and leadership capacity to enable rapid response and ensure compliance as federal dollars are utilized during responses, including processes surrounding contracts, procurement, and financial management.
- Includes personnel aimed at improving recruitment and retention efforts for public health professionals, both within CDPHE itself and in support of our LPHA partners.

As the Division primarily responsible for the COVID-19 pandemic response, all of these teams play important roles in DCPHR. In partnership with local and federal governments, DCPHR responded to the pandemic by quickly scaling up free testing sites, distributing vaccines, ensuring health care systems had the personal protective equipment and resources needed, deploying resources to congregate settings, protecting hospital capacity, and providing support to LPHAs as needed.

LOCAL PUBLIC HEALTH AGENCIES (LPHAs)

When the Public Health Act of 2008 was passed (S.B. 08-194), a primary tenant of that Act was to ensure that core public health services are available with a consistent standard of quality, to every person in Colorado, regardless of where they live. The Office of Public Health Practice, Planning and Local Partnerships (OPHP) within CDPHE distributes annual funding to the LPHAs which enables

them to implement these core public health services. OPHP support is allocated based on a funding formula determined by the Board of Health, including a base amount, variables related to social vulnerability, population density, health outcomes, and a per capita amount. With the additional \$10.0 million from S.B. 21-243, OPHP was able to raise the base funding for every LPHA to \$55,000. Prior to the bill, some LPHAs received as little as \$13,705 per year. The additional funding allowed CDPHE and the LPHAs to agree on a common value that the OPHP funding should be able to fund at least one FTE at every LPHA.

In the past two years, S.B. 21-243 funding has allowed LPHAs to hire data analysts, epidemiologists, community outreach coordinators, registered nurses, emergency preparedness and response professionals, finance staff, mobile clinic staff, registered dietitians, harm reduction staff, behavioral health programs, and many other core public health staff. With this funding, LPHAs have been able to stabilize their workforce, provide training, and work on strategic initiatives in their public health improvement plans. Below are some examples that illustrate how public health agencies have leveraged S.B. 21-243 funding to implement tailored programs and initiatives in their communities:

- **Elbert County Public Health:** Staffed by 3 people at the start of the pandemic, this agency has expanded to provide clinical services, hired a full-time health educator and two part-time nurse practitioners, and is recruiting for a new finance and grant specialist position. The county also improved its technological infrastructure with an electronic health records system, which enables better tracking of patient care and outcomes and also places the agency on the path to begin billing public and private insurance for provided services.
- **Jefferson County Public Health:** Experienced a budget shortfall and potential staff reduction, but was able to maintain critical positions during the pandemic. The county also created a five-person health equity and community engagement program and enhanced community trust and understanding through community health assessments.
- **Broomfield Department of Public Health and Environment:** Prioritized becoming a data-driven organization during the pandemic. Broomfield utilized specific programmatic funding for a COVID-19 data analyst to produce hyperlocal data. This position developed key performance indicators and developed a community care coordination platform to connect community members to other programs provided by the city, county, or nonprofit entities.
- **Dolores County Public Health:** Serves a low-income rural area with limited access to healthcare and behavioral health services. With the funding, the county started a "Prescription Pickup" program to address medication access issues.
- **Gilpin County Public Health:** Strategically enhanced its environmental health capabilities by hiring a dedicated environmental health specialist. This move was coupled with the decision to relocate their on-site wastewater treatment system program from the community development department directly under the purview of the public health agency.
- **Silver Thread Public Health (Hinsdale and Mineral Counties):** Maintained zero staff turnover in the last year, part of this was the agency's initiative to raise the base salaries of its employees to more competitive levels and foster a stable and committed workforce.

FEDERAL FUNDING

The Division received significant COVID-19 funding from the federal government, roughly estimated at a minimum of \$640.0 million dollars. The Division allocated these funds to various activities and

programs that allowed the State to effectively prevent, monitor, and respond to COVID-19, while simultaneously increasing the Division’s ability to do the same for future emerging disease outbreaks and other public health emergencies. Federal funding that supports COVID-19-specific activities ends beginning January 2024, and by July 2026, all federal COVID-19 funding streams will end.

Apart from COVID-19 funding, some of the Department’s primary federal awards from entities such as the Centers for Disease Control have diminished over time. A large amount of Federal funding for State and local health departments comes from grants provided by the Prevention and Public Health Fund (PPHF) established under the Affordable Care Act. However, the PPHF has consistently been diverted for programming beyond public health. In 2012, federal legislation was signed reducing the PPHF budget by more than \$6.0 billion over nine years to pay for cuts to Medicare physician payments. In 2013, \$450.0 million was diverted to set up the federal health insurance marketplace. In 2017, another \$750.0 million from the fund was used for a federal Tax Cuts and Jobs Act.

The federal response during the COVID-19 pandemic is reflective of trends over the last twenty years, to allocate large influxes of resources in response to specific disease threats, while decreasing per capita spending over that same timeframe. Over the last ten years and prior to the passage of S.B. 21-243, the Department’s total budget had grown by 36.9 percent, but federal funds reflected in the Long Bill, had grown by just 13.1 percent. This resulted in the overall share federal funds in the budget falling by 10.4 percent, shown in the table below. It is also important to note that federal funds are informational in the State budget, and the Department has several environment programs which receive also federal funds.

FEDERAL FUNDS AS A PERCENTAGE OF THE TOTAL CDPHE BUDGET			
FISCAL YEAR	TOTAL BUDGET	FEDERAL FUNDS	PERCENTAGE
FY11-12	\$446,906,027	\$266,186,228	59.6%
FY12-13	468,998,263	245,427,880	52.3%
FY13-14	527,047,365	290,623,521	55.1%
FY14-15	552,219,752	291,317,631	52.8%
FY15-16	537,837,301	294,153,882	54.7%
FY16-17	566,968,574	288,692,568	50.9%
FY17-18	580,007,988	297,512,266	51.3%
FY18-19	591,246,445	299,022,334	50.6%
FY19-20	620,331,634	301,861,481	48.7%
FY20-21	611,685,192	300,970,024	49.2%
FY21-22	690,117,176	315,772,579	45.8%

R1 PUBLIC HEALTH INFRASTRUCTURE REQUEST

The Department is requesting \$15.0 million General Fund in FY 2024-25 and ongoing for a permanent extension of a portion of the original S.B. 21-243 appropriations. Of this funding:

- \$7.5 million would support approximately 83.0 FTE within DCPHR; and
- \$7.5 million would be distributed to LPHAs.

The 83.0 requested FTE would support the State’s ability to effectively prevent, monitor, and respond to emerging disease outbreaks and other public health emergencies. The LPHA funding would continue to support agencies in building complex teams of public health professionals, and address statewide gaps in care and disease response. This request allows for incorporation of lessons learned

into Colorado's public health and disease response operations to ensure stable, scalable, and flexible State disease control and public health response infrastructure.

DISEASE CONTROL AND PUBLIC HEALTH RESPONSE

In the spring of 2023, CDPHE and DCPHR worked with an independent vendor to undertake an extensive analysis of DCPHR's operations as enhanced federal funding expires. The Department engaged Government Performance Solutions (GPS) to assess future FTE requirements, focusing on capabilities and capacities that allow for enhanced preparedness and rapid scaling to respond to potential threats. GPS worked with senior leadership to develop scenarios and then engaged leaders in each unit to understand the capacity needed for each scenario, as well as the case to preserve current capabilities. The scenario analysis did not increase the roles or workforce of the Division, but instead evaluated how to most efficiently equip DCPHR for everyday and emerging public health issues. This evaluation also resulted in the identification of future priorities as DCPHR continues its work in the evolving healthcare landscape. These priorities include:

DATA & INFRASTRUCTURE

- DCPHR has built, and must maintain, a backbone of systems and critical infrastructure to conduct on-demand testing, deliver data to decision makers, and enhance provider engagement.
- DCPHR undertook the development of the EpiTrax system, replacing nine siloed systems into one platform, allowing disease surveillance data from these disparate systems to be accessible in a single location and allows for case management, contact tracing, and outbreak management.

ENHANCED SURVEILLANCE & ACCELERATED RESPONSE;

- Increase ability to monitor signals, identify threats, and rapidly build and execute response plans.
- DCPHR created an Electronic case reporting (eCR) that allows CDPHE to receive a wide range of information from a person's medical chart from an entire healthcare organization, as opposed test data from a single laboratory.
- In 2020, CDPHE had one healthcare organization onboarded and was only receiving case information on COVID-19 status. Now, CDPHE has eight healthcare organizations onboarded and is receiving case information on 54 reportable conditions.

SUPPORT FOR LOCAL PUBLIC HEALTH AND PUBLIC ENGAGEMENT

- Enhancing the ability to effectively communicate the science and the directives to multiple audiences through multiple channels, including local partners, in their communities with a focus and emphasis on driving equitable outcomes.
- S.B. 21-243 allowed the Division to launch a vaccine campaign that resulted in Colorado administering more than 12.7 million doses of the COVID-19 vaccines.
 - Phase I of the COVID-19 Marketing Campaign had 41.6 million TV impressions and 798,000 digital video completions.
 - Phase II had more than 700 million impressions, 200 print inserts, and 900 out-of-home ad placements (billboards, bus shelters, etc.), as well as nearly 20,000 radio spots.
 - Phase III garnered 83.5 million impressions using broadcast TV, digital placements, radio, out-of-home ad placements, print, and social media.
- The 2022 flu vaccine campaign yielded more than 28 million impressions.
- The 2023 campaign to encourage parents and guardians to keep their children up to date on routine vaccinations is currently underway. As of July 2023, it has garnered more than 7.6 million impressions.

CRITICAL ADMINISTRATION.

- Invest in the fiscal infrastructure and leadership capacity to enable rapid response and ensure compliance as federal dollars are utilized during responses.

As part of this analysis, GPS worked with leadership to conduct an in-depth evaluation of the current funding sources for DCPHR’s workforce. The analysis made specific FTE recommendations to continue staffing at higher levels than pre-pandemic but lower than during the COVID-19 peak. The staff members requested in the decision item are a result of this analysis. The five sections of the Division all identified existing services that should continue in alignment with the Division’s priorities, and how many staff would be needed to carry out this charge, and a review was conducted for each of those staff members to determine their funding source.

414.0 FTE was determined as the optimal number of employees the current budget could support, while allowing DCPHR to continue providing adequate and effective disease control and public health response services in accordance with the expectations of elected officials, LPHAs, and the public while balancing statewide funding priorities. Of these 414.0 FTE, approximately 331.0 FTE can be funded with existing State and federal appropriations, and funding for the 83.0 is being requested.

LOCAL PUBLIC HEALTH AGENCIES

The State currently provides \$9.7 million General Fund, in addition to the \$10.0 million from S.B. 21-243, to LPHAs. With this request, LPHAs would be allocated \$17.2 million annually utilizing the distribution mechanism. The continued OPHP funding would ideally be able to continue to ensure that every LPHA can employ at least one full-time employee focused on core public health services, however would vary across agency. The requested funding would support LPHAs in their Public Health Improvement Plans, which are essential components of their core services and mandated by statute. For the LPHAs, S.B. 21-243 has provided a consistent and flexible fund source that allowed them address funding and resource gaps and be adaptive to community public health needs.

IMPACTS OF APPROVAL OF REQUEST

DISEASE CONTROL AND PUBLIC HEALTH RESPONSE

A partial continuation of S.B. 21-243 funding is necessary to support the salaries and operating costs of the 83.0 FTE needed to match what the analysis determined to be minimum necessary to maintain efficient disease crisis response capabilities and core public health infrastructure. The table below highlights the identified changes in staffing that would occur with the end of S.B. 21-243 appropriations and approval of R1.

STAFFING CHANGES RELATED TO PUBLIC HEALTH INFRASTRUCTURE REQUESTED IN R1			
PROGRAM	TOTAL FTES CURRENTLY FUNDED BY SB21-243	FTES NOT REQUESTED IN R1	FTES REQUESTED IN R1
Administration and Fiscal Services	38.0	8.0	30.0
Emergency Preparedness & Response	13.0	3.0	10.0
Epidemiology & Reporting	16.5	6.0	10.5
Laboratory Services	16.0	9.0	7.0
Policy, Equity, and Immunization	24.0	9.0	15.0
Strategy & Operations	13.5	3.0	10.5
Total	121.0	38.0	83.0

For each branch, DCPHR’s comprehensive review identified outcome targets for the use of S.B. 21-243 dollars, as well as specific FTE allocations. The following section contains summaries of these

outcome targets and FTE allocations of the request, along with a summary description of the day-to-day activities performed by personnel within these branches and programs.

EPIDEMIOLOGY & REPORTING (10.5 FTE)

Communicable Disease

The Communicable Disease branch is at the forefront of protecting individuals from epidemic and communicable diseases affecting public health in Colorado. Staff from S.B. 21-243 are dedicated to the infection prevention program which allows the Department to respond to public health emergencies impacting populations at high risk for adverse outcomes.

Electronic Disease Reporting Branch

The Electronic and Disease Reporting branch is the source for integrating all CDPHE's communicable disease data collected and is reportable by State law. The branch acts as the hub of communication of disease rates between CDPHE and public health partners. The Division relies on these staff members to accurately translate and describe data reports in a manner that is publicly accessible.

POLICY, EQUITY, AND IMMUNIZATION (15.0 FTE)

Health Equity Branch

In CDPHE's work tackling historical inequities in health care access across the state, the Health Equity Branch has been focused on providing access to vaccines to underserved communities to bridge the gap in vaccination rates between these communities and the majority populations. The current level of engagement allows the Department to collect data on marginalized communities and build relationships so it can offer culturally relevant services and deliver a more robust strategy for engagement to policy makers.

Policy and Stakeholder Engagement

During the COVID-19 pandemic, collaboration with LPHAs, all levels of government and other partners was instrumental in ensuring a rapid community response for testing and vaccine administration. Staff will continue to serve as a resource for LPHAs and other key partners, and interact with the Board of Health to ensure that board members are provided accurate and timely data regarding the Department's activities and regulatory requests.

Immunization Branch

The Immunization Branch works to increase immunization rates in the state and provide education, technical assistance and resources to communities and providers on immunization best practices. Staff will continue to educate the public on the Vaccines for Children Program, which provides vaccines for children who might not otherwise be vaccinated due to inability to pay, while providing funding to LPHAs to implement a variety of strategies locally. Staff funded by S.B. 21-243 help administer the Colorado Immunization Information System (CIIS), and work to ensure immunizing providers report immunization and exemption data to CIIS.

GIS and Data Visualization Program

At the onset of the spread of SARS-CoV-2, DCPHR recognized a current gap in disease tracking and information to direct public health efforts. The solution was to build the infrastructure to integrate visual data into the State's public health response strategy that would allow the State to communicate to public health partners and the public about the spread of disease. This program provides real-time, interactive data for both the public and the Department.

STRATEGY & OPERATIONS (10.5 FTE)

Business administration, communications, and project management support the functioning of this Division that has grown in size and complexity since the COVID-19 emergency. Communications staff will allow the Division to continue to disseminate educational information and important guidance to the public to increase awareness and enhance vaccine and medicine support. The Division staff in Strategy & Operations also allow the Department to provide information to policy makers and identify areas of concern for public health. The staff funded by S.B. 21-243 will continue to manage appropriations and contracts that ensure compliance with regulatory requirements as well as establish processes for internal and external audits.

LABORATORY SERVICES (7.0 FTE)

Colorado's state lab has been an innovator in testing and data collection, serving as an example for states nationwide. The continuing staff allows the state lab to continue operating at a high-level of service and efficiency for continued actions such as on-demand pickups, sample collection materials to hospitals, and local public health agencies. The COVID-19 pandemic response resulted in process improvements to state lab operations as a result of the funding for these dedicated staff, and ongoing funding will allow for the continuation of critical infrastructure for microbiology, genomic surveillance (including wastewater testing), environmental chemistry, newborn screening, and laboratory data systems.

EMERGENCY PREPAREDNESS AND RESPONSE (10.0 FTE)

The Office of Emergency Preparedness and Response (OEPR) works to ensure that CDPHE, local public health, local behavioral health, and medical agencies have plans for responding to emergency events and have the capacity to administer interventions to all citizens in Colorado. The FTE funded by S.B. 21-243 allow the Department to better target responses to public health emergencies. As an example, during the Marshall Fire, the Department enhanced surveillance for waterborne illness from the water supply both during and after the incident. CDPHE provided disease control consultation for shelters in the aftermath of the fire as residents temporarily relocated. The Department engaged in hazardous material monitoring and coordinated with long-term care facilities and hospitals on evacuation plans. Efforts such as these for future emergencies will not be possible without the resources and experience of the staffing sought by this request.

CRITICAL ADMINISTRATION AND FISCAL SERVICES (30.0 FTE)

CDPHE has used the S.B. 21-243 appropriation to enhance internal processes that support Colorado's broad public health infrastructure. The Department has fortified and expanded public outreach and communications infrastructure, with a particular focus on providing critical public health information to disproportionately affected communities across Colorado. Additionally, fiscal and business review processes surrounding contracts, procurement, and financial management, and reporting have greatly expanded the capacity to audit programs both for adherence to financial regulations and programmatic effectiveness. This branch also includes investments in new personnel aimed at improving our recruitment and retention efforts for public health professionals, both within CDPHE itself and in support of our LPHA partners.

LOCAL PUBLIC HEALTH AGENCIES

If approved, the continuation of increased State funding for LPHAs would maintain public health investments. The additional funding would bring State per capita public health spending to \$2.61, above State per capita spending of below \$2.00 prior to 2019. An estimated 119.48 LPHA staff have been funded by S.B. 21-243. If R1 is approved, this would reflect a 25.0 percent reduction in funding,

from \$10.0 million to \$7.5 million, which could result in a proportional reduction of an estimated 30.0 LPHA staff. Many LPHAs, especially those with the least access to funding, might look to pare down or cut other programs or services if they cannot fill in from other funding sources.

IMPACTS OF DENIAL OF REQUEST

DISEASE CONTROL AND PUBLIC HEALTH RESPONSE

Since the onset of the pandemic, DCPHR's responsibilities have increased and its role in the State's health care landscape has been solidified. The pandemic highlighted areas of disease control that need to be targeted to prevent future catastrophe or strain on the healthcare system. The expectations of what the statewide public health Department must do have fundamentally changed post-COVID. Individuals and local public health agencies look to the Department for regional coordination between agencies and hospitals, vaccination support, and accurate and up to date information and data. The Division states that without this additional funding it will be unable to meet these baseline expectations and the needs of the State.

In partnership with local and federal governments, DCPHR responded to the pandemic by quickly scaling up free testing sites, distributing vaccines, ensuring health care systems have the personal protective equipment and resources they need, deploying resources to congregate settings, and protecting hospital capacity. The Division believes a continuation of this infrastructure and collaboration with local partners is crucial to preparing to respond to future disease outbreaks and disaster emergencies. The State has experienced a number of disaster emergencies over the last three years (the Marshall Wildfire, Mpox, COVID-19, Club Q Shooting, King Soopers shooting, and RSV), which have required dedicated staff and experts in the public health field to respond to. It states without these individuals, the State would lose expert knowledge and be vulnerable to future pandemics, disasters, and emergencies.

MPOX RESPONSE

When the State saw an outbreak of Mpox in 2022, the Department was able to quickly scale up, respond to the outbreak, and contain it within the year. It was able to do this because of the existing disease surveillance and response coordination systems created during the COVID-19 pandemic. The Division was able to do specific work around historically marginalized communities and brought on testing in the State lab before private labs were able to do so. The existing infrastructure allowed the Division to rapidly scale up programs, support LPHAs, coordinate with necessary partners, and quickly set up vaccine clinics to contain outbreaks.

LOCAL PUBLIC HEALTH AGENCIES

Without any of the S.B. 21-243 funding, annual LPHA allocations would return to \$9.7 million General Fund. Without a continuation of State support, many LPHAs have indicated that they would need to stop programs or lay off staff. If R1 is denied, per capita State public health spending would drop to \$1.56, lower than in 2009 when it was \$1.72. An estimated 119.48 LPHA staff members have been funded by S.B. 21-243. If R1 is denied, this could result in all of those staff positions ending.

Most federal LPHA funding sources are inflexible and have strict limitations are placed on the usage of the funds. Inflexible funds comprise the majority of an LPHA's budget and place agencies in a continuous cycle of having to find and obtain flexible funds that allow them to address agency-wide issues such as paying competitive salaries and infrastructure improvements. According to the LPHAs, without a continuation of the requested LPHA funding, 58.0 percent of LPHAs will have to lay off

critical staff such as nurses, contact tracers and epidemiologists and 69.0 percent of LPHAs will have to reduce programming and service coverage.

CONCLUSION

The Department is requesting \$15.0 million in ongoing General Fund to extend appropriations from S.B. 21-243 on a permanent basis in order to support the State's ability to effectively prevent, monitor, and respond to emerging disease outbreaks and other public health emergencies. This request will not only impact the Department, but flexible and consistent funding for local public health agencies as well. The COVID-19 pandemic altered the public health systems in Colorado, and this request is a reflection of that changing landscape. The Department states it is critical to maintain a level of staffing and infrastructure to allow for immediate response to health crises and ability to quickly scale up programming and coordinate regionally with partners, and believes this request will achieve this.

ISSUE: HEALTH FACILITY LICENSURE CASH FUND SOLVENCY

The Department is requesting \$2.2 million in ongoing General Fund to address cash fund solvency issues within the health facility licensure division. This issue brief provides an overview of the request and the ongoing cash fund solvency issues.

SUMMARY

- The Department is requesting \$2.2 million in ongoing General Fund to subsidize health facility licensure costs and address health facility licensure cash fund solvency.
- Staff has significant concerns about the long term-solvency of these cash funds, the lack of long-term planning for the functioning of this program, and the continued reliance on General Fund infusions rather than fee increases or other measures.
- Staff recommends that for the Department’s hearing, the Committee request long term-sustainability plans for each of these cash funds that include appropriate fee increases and, if additional funds are necessary, the plan to reduce the reliance on these other funds over time as well as reach net positive cash flow for the cash funds.

DISCUSSION

The Department has submitted a budget request for FY 2024-25 that would involve ongoing General Fund subsidization of health facility licensure cash funded programs within the Department, shown in the table below.

R3 ONGOING GENERAL FUND REQUESTS TO SUBSIDIZE HEALTH FACILITY LICENSURE CASH FUND EXPENDITURES			
CASH FUND	FY 2024-25	FY 2025-26	FY 2026-27
Health Facilities General Licensure	\$895,702	\$940,487	\$987,511
Home Care Agency	498,979	508,957	520,136
Assisted Living Residence	105,632	105,304	104,897
Total	\$1,500,313	\$1,554,748	\$1,612,544

Based on the cash fund reports submitted by the Department, staff does not believe the ongoing General Fund subsidy and proposed fee changes would lead to permanent cash fund solvency, as all of these funds would continue to have negative net cash flow in out years, shown in the table below.

NET CASH FLOW PROJECTIONS W/R3 APPROVED				
CASH FUND	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Health Facilities General Licensure	\$(636,174)	\$(64,734)	\$(130,363)	\$(61,877)
Home Care Agency	398,362	(201,107)	(172,826)	(144,545)
Assisted Living Residence	329,119	(42,355)	(33,982)	(34,598)

*Shaded columns indicate years with net positive cash flow

HEALTH FACILITY LICENSURE

The Health Facilities and Emergency Medical Services Division (HFEMSD) regulates health facilities to ensure that facility care meets state and federal health and safety requirements. State regulations are enforced through a licensing process; facilities pay a fee to obtain their license to legally operate in Colorado. Federal regulations are enforced through a certification process wherein the Division performs facility inspections and recommends certification to the federal Centers for Medicare and

Medicaid Services (CMS) and the Department of Health Care Policy and Financing, allowing a facility to bill CMS for the services they provide. The Division's goal is to schedule re-licensing surveys once every three years, with the exception of assisted living residences which are statutorily required to occur annually. The schedules and frequency for licensing surveys and complaint investigations generally coincide with schedules set by CMS and State Medicaid for providers who are certified.

HEALTH FACILITY LICENSING FEES

- **General Licensure Cash Fund:** Fee increases are limited to CPI. Fees have been increased twice since 2015 by the Consumer Price Index (CPI), in 2019 (1.29 percent) and 2020 (3.17 percent).
Assisted Living Residence Cash Fund: Fee increases are limited to CPI. Fees were essentially doubled over the course of two years in 2018 and 2019, and are calculated based on whether a facility is renewing as well as a per bed fee or per high Medicaid utilization bed fee.
- **Home Care Agency Cash Fund:** Fees are dependent on approval from the State Board of Health, and have not changed since 2012. Facilities are separated into two classes, and pay fees based on whether they are initially registering or renewing.

The Division has calculated that in order to fully fund expenses with fees, fees would need to increase by approximately 85.0 percent. At this same time last year, the calculated necessary fee increase was 40.0 to 45.0 percent, and the executive branch declined to increase fees at that time.

STAKE HOLDING PROCESS FOR FEES

The Division's enabling statutes direct that fees collected pursuant to issuing state licenses shall cover the Division's costs for state licensing activities, including technical assistance, survey/inspections, complaint investigations, and enforcement. The Division engages in a stakeholder process regarding fee increases, since the Board of Health must approve any increases, which is open to all stakeholders and the public. Fees are usually based on a variety of parameters such as:

- Facility size (number of beds);
- Complexity of services provided; and
- Percent of Medicaid consumers.

During 2023, the Division conducted a series of stakeholder meetings to identify a long term sustainability plan for the health facilities programs. During the stakeholder meetings, Division staff presented background information, analysis of the cash funds, and the increase in resources necessary to meet the current workload. After the stakeholder meetings, a poll was sent to all facilities to ask them to evaluate the various funding options that were discussed and to choose their top three options. Of the 2,400 facilities 112 responded to the survey, indicating a response rate of 4.7 percent. The Department states that the general consensus of stakeholders was that the facilities cannot absorb a fee increase higher than CPI. The top three survey choices were:

- 1 A CPI based increase;
- 2 A tier based fee increase based on facility size; and
- 3 A facility bed fee.

The Division is pursuing a CPI-based fee increase of 8.01 percent which will go into effect in July 2024. The Division did not put forth additional proposals on a tier-based fee increase or facility bed fee. Going forward, the Division anticipates increasing the fees by CPI annually.

FUND PROJECTIONS AND SHORTFALLS

Due to concerns regarding facilities’ capacity to pay increased fees, the executive branch has not pursued a fee increase since 2020. This has resulted in insufficient revenue that, coupled with rising costs of survey and licensing activities, has exhausted the fund balances in the Health Facilities General Licensure, Assisted Living Residence, and Homecare Agency Cash Funds. Instead of increasing fees, the licensure funds received the following infusions:

- \$1.0 million General Fund in FY 2022-23;
- \$653,000 General Fund to waive fees for nursing facilities in FY 2022-23; and
- \$2.1 million from the Revenue Loss Restoration Cash Fund for fee relief in FY 2023-24.

The table below reflects the estimated cash fund balances for FY 2024-25 assuming the requested General Fund in R3 is not approved.

HEALTH FACILITIES CASH FUND BALANCE PROJECTIONS W/OUT R3 APPROVAL					
CASH FUND	PRIOR FEE RELIEF INFUSIONS	BALANCE AT FY 23-24 CLOSE	FY 24-25 REVENUE	FY 24-25 EXPENDITURES	BALANCE AT FY 24-25 CLOSE
Assisted Living	\$3,332,000	\$703,564	\$3,446,335	\$3,594,322	\$555,577
General Licensure	2,053,000	274,551	2,484,230	3,444,666	(685,885)
Home Care	1,100,000	679,049	1,495,698	2,195,784	(21,037)

IMPACTS OF FUND INSOLVENCY

The insolvency of these three health facility licensure cash funds is interfering with the Division’s ability to carry out its statutorily mandated oversight activities. As a result of declining fund balances, the Division has already reduced expenditures, and the vast majority of expenditures from these funds cover personnel costs so this largely impacts the Division’s ability to maintain staffing levels necessary to issue licenses and conduct inspections at the recommended intervals. **The Department is currently holding 36 surveyor positions vacant to reduce expenditures. As of June 2022, 637 of the 2,373 state-licensed health facilities were overdue for re-licensure surveys.** Failure to visit facilities regularly limits state oversight and can result in deviations from minimum health and safety standards and continued non-compliance.

Staff is also concerned about the potential legal ramifications of the lack of oversight of State-regulated facilities. Approximately two-thirds of facilities licensed by the Division serve Medicaid and lower income clients. Many residents in health facilities are seniors, individuals with disabilities, and those with lower incomes. These residents can be limited in their ability to care for and advocate for themselves. Individuals in these high-risk groups need effective state oversight to protect their safety and well-being.

INCREASED COMPLAINTS

In the Division, large increases in the number of complaints is driving additional workload. From FY 2014-15 to FY 2021-22, the number of facilities increased by 23.6 percent, while the number of complaints increased by 64.3 percent. The Department attributes this increase to consumers becoming more aware of and understanding the process to file complaints as well as potential understaffing. Survey staff have been redirected from the routine survey work to focus on complaints, and the Division is behind on responding to complaints as well as completing routine surveys. **An analysis by the Division indicates it would require an additional 11.5 FTE to respond to and investigate the increased volume of complaints.** The Division is only requesting an additional 2.0 FTE to assist with surveying facilities.

STAFFING AND NURSING SHORTAGES

Workforce and staffing challenges in facilities are attributed to burnout and fatigue from healthcare providers after the COVID-19 pandemic. With the loss of staff, facilities have had to utilize staffing agencies which are reportedly charging upwards of 600.0 percent over the base wage facilities pay their own employees. This coupled with demands for higher wages has resulted in facilities needing to choose between fewer staff or vacant beds. For those facilities that provide care with fewer staff, the Department has seen an increase in care issues that are identified through licensure and certification. Facilities have also had issues maintaining facility environments, providing training resources for staff, and stocking adequate supplies.

The Department reports that nursing shortages have created difficulties in hiring and retaining nurse surveyors due to the ability of nurses to find higher salaries in the private sector. To combat this, the Division has changed the hiring classification for staff in the Acute Care program (hospitals, ambulatory surgical centers, dialysis centers, etc.) to nurse consultants. The nurse consultant classification has a significantly higher pay range and can better compete with the prevailing nurse wage. Currently all 11.0 nurse consultant positions in the Acute Care Program are filled, as compared with a 17.0 percent vacancy rate in the other survey programs.

PROPOSED SOLUTION

The solution the Department is proposing involves:

- A flat CPI-based increase on all fees of 8.01 percent, and the necessary additional spending authority of \$0.4 million;
- An ongoing \$2.2 million General Fund appropriation to the program to bridge the gap between expenses and revenue, and respond to workload increases with an additional 2.0 FTE; and
- Combining the Home and Community Survey and Nursing and Acute Care Survey line items into a new Health Facility Survey line item to allow the Division maximum flexibility of that General Fund.

The Division will also be pursuing legislation to authorize automatic increases to fee levels based on the CPI, and instituting a mechanism for CPI-based fee increase that does not need formal annual approval by the Board of Health.

The Division considered alternative sources of funding for this request, however did not provide information on the potential revenue that would be generated. Each of these alternatives would require legislation. These alternatives included:

- Increasing licensing fees by 85.0 percent to fully cash fund the programs;
- Rubber glove fee: a surcharge placed on each box of rubber gloves purchased which would impact private consumers, health facilities, doctors' offices, laboratories, veterinary clinics, and others;
- Per capita basis fee: a charge placed on all facilities based on the number of occupied beds, active patients or clients, or other count that varies from day to day;
- Surcharge on non-prescription medications; and
- Surcharge on prescription medications.

RECOMMENDED QUESTIONS FOR THE DEPARTMENT

- Can the Department provide a solution to reach cash fund solvency utilizing a CPI-based increase, a tiered fee increase, and facility bed fees that would allow the cash funds to reach net positive annual cash flows by FY 2026-27?

- Can the Department provide a solution to reach cash fund solvency utilizing the alternative solutions previously considered that would allow the cash funds to reach net positive annual cash flows by FY 2026-27?
- What is the actual amount of General Fund needed for each of the cash funds to have net positive annual cash flows in FY 2024-25 and each fiscal year after, with an 8.01 percent fee increase in FY 2024-25 and CPI-based increases each year after, and the 36.0 currently vacant surveyor positions filled?
- Can the Department provide a solution to reach cash fund solvency utilizing annual General Fund allocations that decrease over time until there is no General Fund necessary, and allows the cash funds to reach net positive annual cash flows by FY 2026-27?

CONCLUSION

The Department is requesting \$2.2 million in ongoing General Fund to subsidize health facility licensure costs and address health facility licensure cash fund solvency. Staff has significant concerns about the long term-solvency of these cash funds, the lack of long-term planning for the functioning of this program, and the continued reliance on General Fund infusions rather than fee increases or other measures. Staff is recommending that for the Department's hearing, the Committee request long term-sustainability plans for each of these cash funds.

APPENDIX A NUMBERS PAGES

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source.

APPENDIX B

FOOTNOTES AND INFORMATION REQUESTS

UPDATE ON LONG BILL FOOTNOTES

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2023 Long Bill (S.B. 23-214) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/sb23-214>. The Long Bill footnotes relevant to this document are listed below.

- 93 Department of Public Health and Environment, Administration and Support, Administration, Leave Payouts -- The Department may use this line item for leave payouts for cash funded and federal funded employees only.

COMMENT: This footnote represents legislative intent. The Department is in compliance with this footnote.

- 94 Department of Public Health and Environment, Disease Control and Public Health Response, General Disease Control, and Surveillance, Immunization Operating Expenses -- It is the General Assembly's intent to provide flexibility in the use of these funds toward a menu of evidence based immunization interventions, including but not limited to mobile health clinics, community and school based vaccination clinics, data improvement efforts, funding for VISTA/AmeriCorps volunteer efforts and family participation incentives.

COMMENT: This footnote represents legislative intent. The Department is in compliance with this footnote.

- 99 Department of Public Health and Environment, Prevention Services Division, Chronic Disease Prevention Programs, Transfer to Health Disparities Grant Program Fund -- It is the General Assembly's intent that if the amount of actual Amendment 35 tobacco tax revenues that are required by statute to be transferred to the Health Disparities Grant Program Fund are higher than the appropriation set forth in this line item, then the transfer to the Health Disparities Grant Program Fund of such tobacco tax revenues will be increased by an amount equal to the difference between such actual tobacco tax revenues and the appropriated amount.

COMMENT: This footnote provides the Department the authority to transfer the constitutionally amount of Amendment 35 revenue credited to the Prevention, Early Detection, and Treatment Fund to the Health Disparities Program Fund, regardless of the appropriation in the Long Bill. This footnote provides the Department the authority to comply with constitutional requirements without exceeding the Long Bill appropriation if actual Amendment 35 revenues are higher than the projected amount used to set the Long Bill appropriation.

100 Department of Public Health and Environment, Prevention Services Division, Chronic Disease Prevention Programs, Chronic Disease and Cancer Prevention Grants -- It is the General Assembly's intent that all but \$227,752 of the General Fund in this line item go to a statewide not-for-profit organization to provide healthy eating program incentives among Colorado's low-income populations. As a part of the Department's responsibilities under section 25-20.5-104, C.R.S., such funds are to be used for improving access to fresh Colorado grown fruits and vegetables. It is the general assembly's further intent that the Department and the nonprofit will minimize their administrative expenses with the Department using no more than \$10,000 and the nonprofit using 5% of the total fund amount for such purposes. It is the General Assembly's further intent that the statewide not-for-profit organization have experience in supporting healthy eating incentive programs, such as programs at local farmers markets, and experience with coordinating healthy eating programs and funding between local, state, and federal programs.

COMMENT: This footnote represents legislative intent. Staff believes this would be more appropriately funded through its own line item rather than as a footnote. This would require legislation to create the program in statute and appropriate funding directly to that program. Mechanically this would be a more appropriate manner of funding the program.

101 Department of Public Health and Environment, Prevention Services Division, Family and Community Health, Women's Health, Family Planning Program Administration; Family Planning Purchase of Services; and Family Planning Federal Grants -- Article V, Section 50 of the Colorado Constitution states that "No public funds shall be used by the State of Colorado, its agencies or political subdivisions to pay or otherwise reimburse, either directly or indirectly, any person, agency or facility for the performance of any induced abortion, provided however, that the General Assembly, by specific bill, may authorize and appropriate funds to be used for those medical services necessary to prevent the death of either a pregnant woman or her unborn child under circumstances where every reasonable effort is made to preserve the life of each."

COMMENT: This footnote reiterates the Colorado constitutional restriction on using state funds for abortion services. The Department is in compliance with this footnote.

102 Department of Public Health and Environment, Prevention Services Division, Family and Community Health, Children and Youth Health, School-based Health Centers -- It is the General Assembly's intent that this appropriation be used for the purpose of assisting the establishment, expansion, and ongoing operations of school-based health centers in Colorado.

COMMENT: This footnote represents legislative intent. The Department is in compliance with this footnote.

102a Department of Public Health and Environment, Prevention Services Division, Family and Community Health, Injury and Violence Prevention - Mental Health Promotion, Suicide Prevention -- It is the General Assembly's intent that \$75,000 of this appropriation be used for mental health first aid training for students.

COMMENT: This footnote represents legislative intent. The Department is in compliance with this footnote.

103 Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Emergency Medical Services, Emergency Medical Services Provider Grants -- This appropriation remains available until all grantees in this fiscal year have been reimbursed or the close of the 2024-25 state fiscal year, whichever comes first.

COMMENT: This footnote represents legislative intent. The Department is in compliance with this footnote.

UPDATE ON LONG BILL REQUESTS FOR INFORMATION

The Joint Budget Committee annually submits requests for information to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as Appendix H in the annual Appropriations Report: <https://leg.colorado.gov/publications/appropriations-report-fiscal-year-2023-24>. The requests for information relevant to this document are listed below.

- 1 All Departments -- The Departments are requested to provide by November 1 of each fiscal year Schedule 9 reports for every annually and continuously appropriated cash fund administered by the Department as part of the standard November 1 budget submission. The Office of State Planning and Budgeting, in coordination with the Office of the State Controller, the Department of the Treasury, and the independent agencies, is further requested to provide by November 1 of each fiscal year a consolidated report that includes the following information for all continuously appropriated cash funds:
 - o The name of the fund;
 - o The statutory citation for the fund;
 - o The year the fund was created;
 - o The department responsible for administering the fund;
 - o The total cash balance as of July 1, 2023;
 - o The unobligated cash balance as of July 1, 2023; and
 - o The unencumbered cash balance as of July 1, 2023.

COMMENT: The Department submitted the following information on continuously appropriated cash funds.

CONTINUOUSLY APPROPRIATED CASH FUND INFORMATION				
FUND	NAME	CITATION	FY22-23 ENDING BALANCE	FY23-24 UNOBLIGATED BALANCE
2590	Small Communities Water and Wastewater Grant Fund	25-1.5-208(4)	\$26,048,452	\$9,807,642
4150	Nursing Home Penalty Cash Fund	25.5-6-205	12,116,424	12,110,857
29T0	Harm Reduction Grant Program Cash Fund	25-20.5-1102(1)	1,315,097	1,195,710
4165	Health Research Subaccount	25-1.5-106 (17)(d)(I)	1,283,511	294,523
ILDF	Community Crime Victims Grant Program Cash Fund	25-20.5-801(9)a	807,503	0
1300	Natural Disaster Cash Fund	25-8-608.7(1)	192,500	192,500
4160	Coroner Training Fund	30-10-601.8	90,315	93,717
2330	Emergency Medical Services Peer Assistance Fund	23-3.5-208(3)	3,599	3,599
FMLI	Decommissioning Fund	25-11-113(2)	172	172
7010	Opiate Antagonist Bulk Purchase Fund	25-1.5-115	0	0

CONTINUOUSLY APPROPRIATED CASH FUND INFORMATION

FUND	NAME	CITATION	FY22-23 ENDING BALANCE	FY23-24 UNOBLIGATED BALANCE
4170	Opiate Antagonist Bulk Purchase Fund (ARPA-CSFR)	25-1.5-115	0	0

2 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 Grampas 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 October 1, 2023 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 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.

COMMENT: The Department submitted the report as requested. A summary of the request is included in the Tobacco briefing, presented by Abby Magnus on November 16th, 2023.

1 Department of Public Health and Environment; Office of Health Equity, Disease Control and Environmental Epidemiology Division, Prevention Services Division. The Department is requested to provide the following information to the Joint Budget Committee by November 1st each fiscal year for each program funded by Amendment 35 tax revenues: Name of the program, the amount of money received and expended by 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.

COMMENT: The following are summaries of Department responses for each program that received Amendment 35 money in FY 2022-23.

REQUESTED INFORMATION FOR A35 PROGRAMS FOR FY 2022-23			
PROGRAM	ALLOCATION	EXPENDITURES	OVER/(UNDER)

Breast and Cervical Cancer	\$3,977,837	\$3,940,839	(\$36,998)
CCPD	9,732,326	9,827,979	95,653
Health Disparities Grant Program	6,275,917	4,481,941	(1,793,976)
Immunizations	381,798	381,798	0
Tobacco Grant Program	15,794,386	17,175,979	1,381,593

BREAST AND CERVICAL CANCER SCREENING PROGRAM

The Women’s Wellness Connection (WWC) provides breast and cervical cancer education and screening to women in underserved populations, and connects them to resources. Amendment 35 dollars are used as a fulfilment of the state’s obligation under a federal match requirement from the Centers for Disease Control. In FY 2022-23 the WWC provided 13,845 individuals with breast and cervical cancer screening services across 35 health systems.

CANCER CARDIOVASCULAR AND CHRONIC PULMONARY DISEASE (CCPD) GRANTS PROGRAM

The Cancer, Cardiovascular and Chronic Pulmonary Disease (CCPD) Grants Program was created for the purpose of assisting in the implementation of the state's strategic plans regarding cancer and cardiovascular disease. The program funds competitive grants to provide a cohesive approach to cancer, cardiovascular disease, and chronic pulmonary disease prevention, early detection, and treatment in Colorado. In FY 2022-23 the program funded 16 projects across 159 sites.

HEALTH DISPARITIES GRANT PROGRAM

The Health Disparities Grant Program (HDGP) aims to ensure all Coloradans have an equal opportunity to live in thriving communities and achieve their full health potential. To accomplish this the program looks at factors that affect where we are born, grow, live, learn, work, play and age. This includes social and economic factors that go beyond the realm of the health sector and are a result of unequal allocation of power and resources, such as unequal education, employment, social support, community safety, housing, transportation and environmental conditions. The HDGP awarded 14 grants over the last two years.

IMMUNIZATION CORE SERVICE CONTRACTS

This program serves to reduce and eliminate vaccine-preventable diseases in Colorado by increasing and maintaining immunization coverage. Local public health agencies (LPHAs) promote and provide immunization services, and respond to strategic priorities identified by CDPHE. The Amendment 35 immunization funding is combined with other state and federal dollars to fully fund the Immunization Core Services Contracts. To date, 38 LPHAs have received this Amendment 35 funding.

STATE TOBACCO EDUCATION AND PREVENTION PARTNERSHIP (STEPP)/TOBACCO GRANT PROGRAM

The State Tobacco Education and Prevention Partnership (STEPP)/ Tobacco Grant Program was created to provide funding for community-based and statewide tobacco education programs designed to reduce initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and reduce exposure to secondhand smoke. Grant funds are used to support prevention, education, cessation, technical assistance and public education/media projects. In FY 2022-23 the program funded 45 projects across 36 organizations. 19,237 people reported receiving direct services from cessation programs such as Colorado QuitLine and Baby and Me Tobacco Free. In addition, non-intervention education and other services provided through statewide and local initiatives touched Colorado residents 71,085 times. Finally, millions of media and digital impressions delivered via television, cable and radio, online and other media also provided education and outreach services to Coloradans.

2 Department of Public Health and Environment, Office of HIV, Viral Hepatitis, and STI's -- The Department is requested to provide a report related to the congenital syphilis prevention program with the following information to the Joint Budget Committee by November 1st of each fiscal year:

- Number of participants who receive a syphilis screening while detained in local county jails;
- Number of participants who receive a syphilis screening from community sites;
- Number of participants who receive a positive screen who receive syphilis treatment prior to release from detention at a local county jail;
- Number of participants who receive a positive screen who receive syphilis treatment from community sites;
- Number of participants who receive referrals for supportive services; and
- Number of participants who test positive for syphilis and are pregnant.

COMMENT: The Department provided the following information related to this RFI.

3 Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division. The Department is requested to provide the following information to the Joint Budget Committee by November 1st 2023: A sustainability plan for the Health Facilities General Licensure, the Assisted Living Residence, and Home Care Agency Cash Funds including possible changes to the fee structure, progress of stakeholder engagement in fee increases, and cash fund balance histories and projections

COMMENT: The Department's response is included in the health facility licensure cash fund solvency issue brief.

APPENDIX C

DEPARTMENT ANNUAL PERFORMANCE REPORT

Pursuant to Section 2-7-205 (1)(b), C.R.S., the Department of Public Health and Environment is required to publish an Annual Performance Report for the previous fiscal year by November 1 of each year. This report is to include a summary of the department's performance plan and most recent performance evaluation for the designated fiscal year. In addition, pursuant to Section 2-7-204 (3)(a)(I), C.R.S., the department is required to develop a Performance Plan and submit the plan for the current fiscal year to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year.

For consideration by the Joint Budget Committee in prioritizing the department's FY 2024-25 budget request, the FY 2022-23 Annual Performance Report and the FY 2023-24 Performance Plan can be found at the following link:

<https://operations.colorado.gov/performance-management/departments-performance-plans>