

# JOINT BUDGET COMMITTEE



## STAFF BUDGET BRIEFING FY 2023-24

### DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(Public Health Divisions)

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PREPARED BY:  
ABBY MAGNUS, JBC STAFF  
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JOINT BUDGET COMMITTEE STAFF  
200 E. 14TH AVENUE, 3RD FLOOR • DENVER • COLORADO • 80203  
TELEPHONE: (303) 866-2061 • TDD: (303) 866-3472  
<https://leg.colorado.gov/agencies/joint-budget-committee>

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## ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2021 and 2022 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-2022-23>

The online version of the briefing document, which includes the Numbers Pages, may be found by searching the budget documents on the General Assembly’s website by visiting [leg.colorado.gov/content/budget/budget-documents](https://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 (PUBLIC HEALTH DIVISIONS)

## DEPARTMENT OVERVIEW

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

### **ADMINISTRATION AND SUPPORT (HEALTH PROGRAMS ONLY)**

- 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 INFORMATION (CHEIS)**

- 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
  - 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)**

Oversees and operates a number of programs including:

- The Tobacco Education, Prevention, and Cessation Program and the Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Prevention, Early Detection, and Treatment Program;
- The 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;
- The Primary Care Office and Oral Health Program; and
- The 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

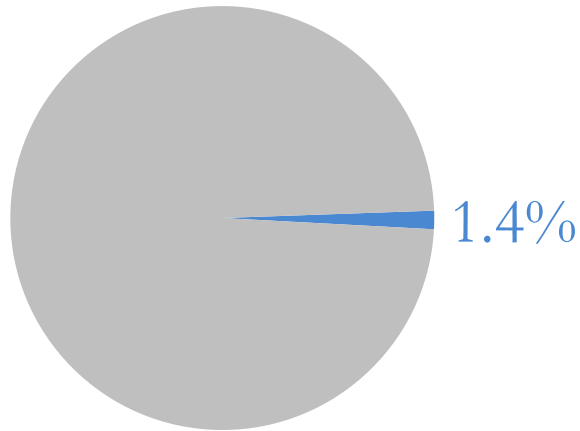
FUNDING SOURCE	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24 *
General Fund	\$66,738,515	\$92,148,934	\$199,835,693	\$133,781,655
Cash Funds	188,149,625	234,257,879	311,499,707	273,812,805
Reappropriated Funds	55,827,028	47,937,784	77,676,175	60,444,284
Federal Funds	300,970,024	315,772,579	324,442,886	390,711,275
<b>TOTAL FUNDS</b>	<b>\$611,685,192</b>	<b>\$690,117,176</b>	<b>\$913,454,461</b>	<b>\$858,750,019</b>
Full Time Equiv. Staff	1,397.0	1,577.6	1,730.9	1,844.9

\*Requested appropriation.

Funding for the Department of Public Health and Environment for FY 2022-23 consists of 21.9 percent General Fund (including appropriations from the General Fund Exempt account), 34.1 percent cash funds, 8.5 percent reappropriated funds, and 35.5 percent federal funds.

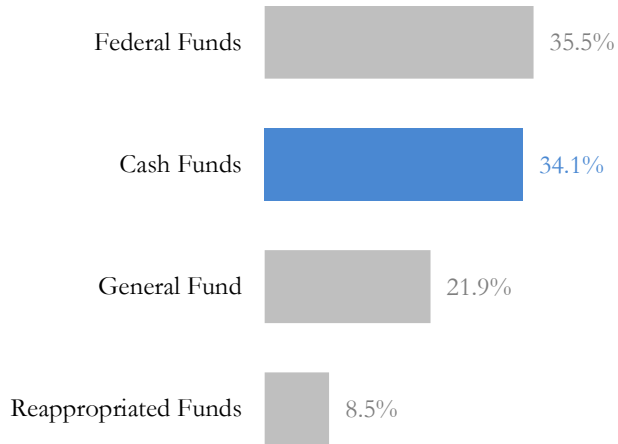
# DEPARTMENT BUDGET: GRAPHIC OVERVIEW

## Department's Share of Statewide General Fund



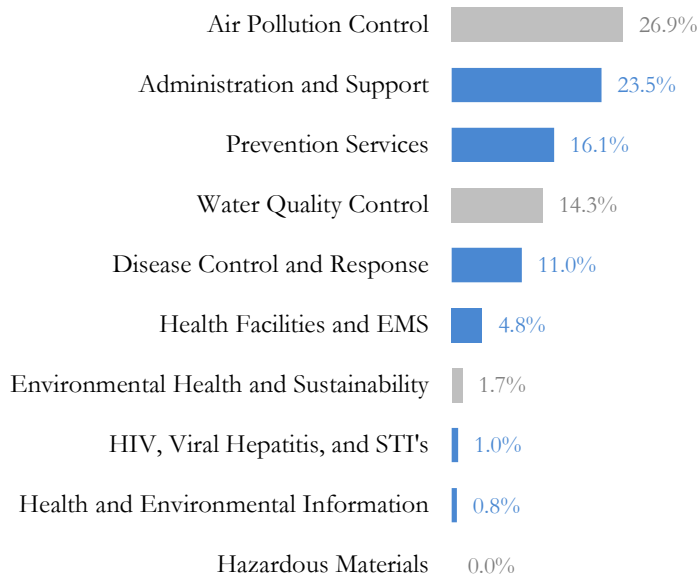
Based on the FY 2022-23 appropriation.

## Department Funding Sources



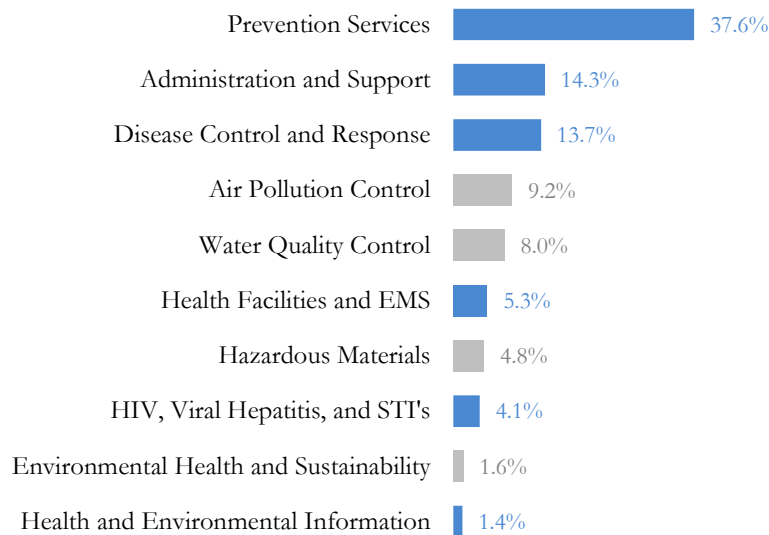
Based on the FY 2022-23 appropriation.

### Distribution of General Fund by Division



Based on the FY 2022-23 appropriation.

### Distribution of Total Funds by Division



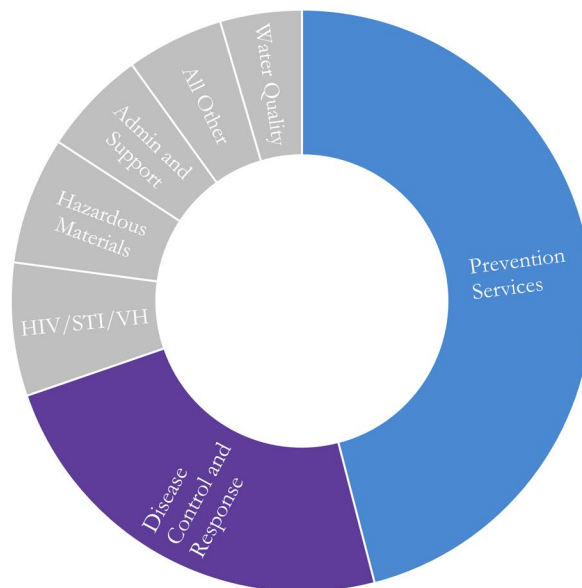
Based on the FY 2022-23 appropriation.

## GENERAL FACTORS DRIVING THE BUDGET

### FEDERAL FUNDS

Federal funds account for 35.5 percent of the Department's FY 2022-23 total appropriation. The Department receives federal funds from multiple federal agencies ranging from the Environmental Protection Agency to the U.S. Department of Health and Human Services. The majority of the federal funds in the Department's Long Bill are shown for informational purposes because 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 2022-23. 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).

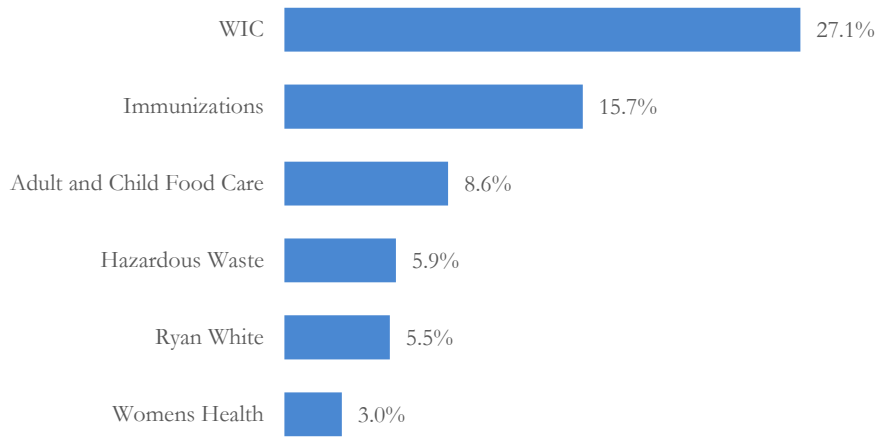
The largest portion of federal funds are distributed to the [Prevention Services](#) and [Disease Control and Public Health Response](#) Divisions.



The majority of federal funds in the Department (65.8 percent) are allocated to five federally funded program areas: the Women, Infants, and Children Program (WIC), immunizations for local public health agencies, the Adult and Child Food Care Program, the Ryan White program, hazardous waste cleanup programs, and women's health programs (family planning and maternal/child health).



The following programs in CDPHE are receiving the largest share of federal funds in FY 2022-23.

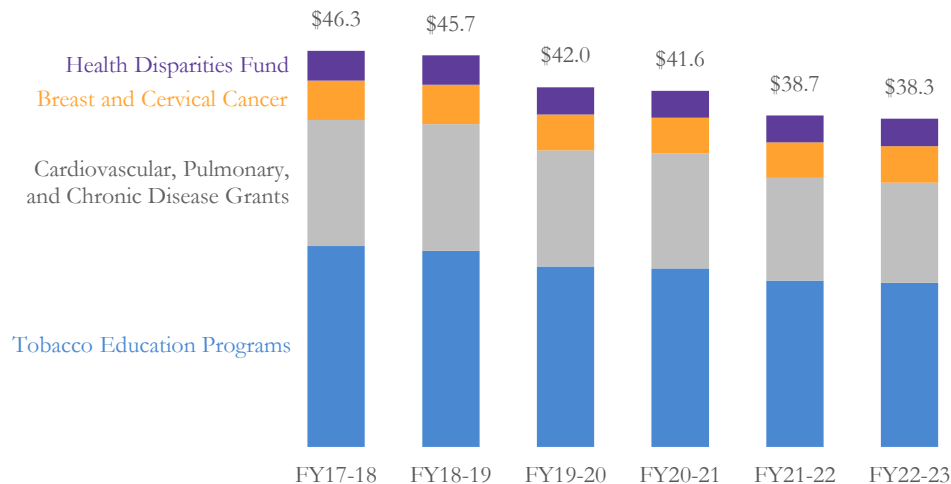


## AMENDMENT 35, PROPOSITION EE, AND TOBACCO MASTER SETTLEMENT AGREEMENT REVENUES

The Department receives revenue from the Amendment 35 tobacco tax, the Proposition EE nicotine tax, and the Tobacco Master Settlement Agreement. Amendment 35 was approved by voters in 2004 and imposed a \$0.64 tax on each pack of cigarettes sold in Colorado; it also included similar taxes on other tobacco products. In November 2020, the passage of Proposition EE increased this amount and added a new tax on vaping paraphernalia. 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:

- 1 The Tobacco Education Programs Fund;
- 2 Cardiovascular, Pulmonary, and Chronic Disease (CCPD) Grants;
- 3 The Breast and Cervical Cancer Program; and
- 4 The Health Disparities Fund.

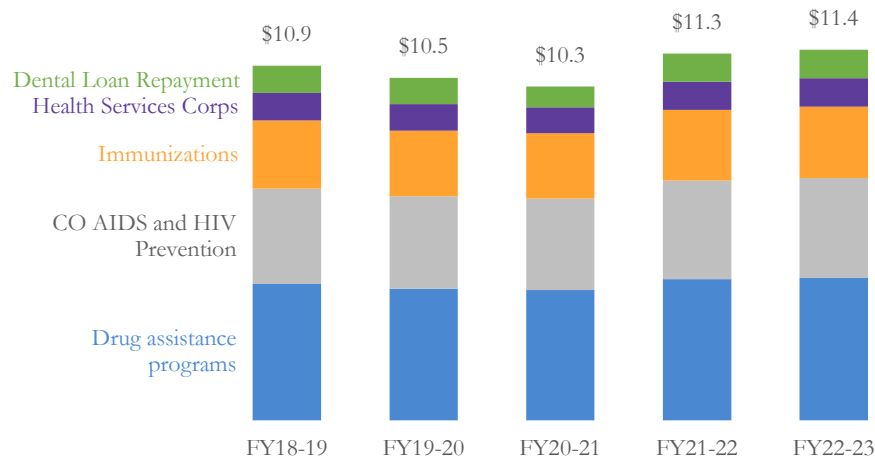
Amendment 35 and Proposition EE revenues are deposited into the TTCF and distributed to the following program areas (millions):



Revenue from the Tobacco Master Settlement Agreement (MSA) is the product of a 1998 legal settlement between tobacco manufacturers and the states. States sued the tobacco manufacturers in order to recover Medicaid and health-related costs as a result of treating smoking related illnesses. Statutory formulas dictate the distribution of MSA revenue to the following programs in CDPHE:

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

MSA revenue distributions are made to the following program areas (millions):

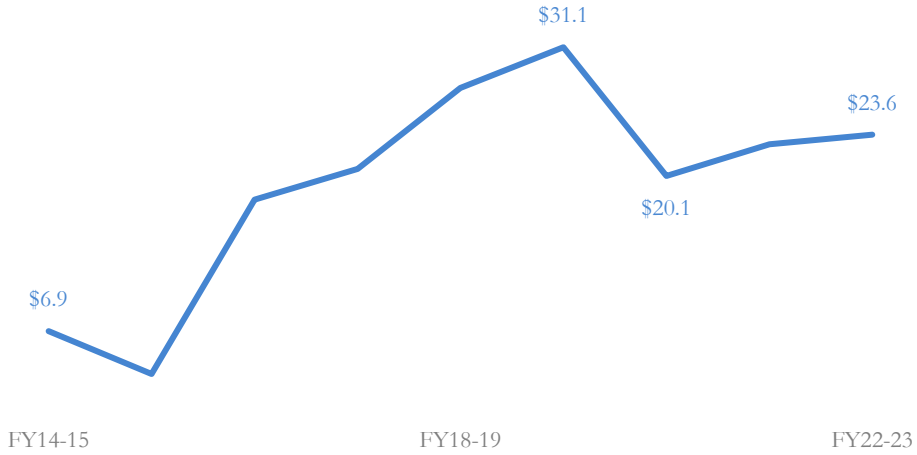


As these two revenue streams are expected to decrease over time, programs must continually reassess the allocation of funds towards administrative overhead and grants.

### 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 FY 2022-23.

Marijuana tax cash funds appropriated to CDPHE (millions) are trending upward after the COVID-19 related reductions in FY 2020-21.



The table below provides an overview of the FY 2022-23 programs funded by the Marijuana Tax Cash Fund, totaling \$23.6 million.

FY 2022-23 DEPARTMENT MARIJUANA TAX CASH FUND APPROPRIATIONS	
PROGRAM	APPROPRIATION
Substance abuse prevention	\$10,043,008
Colorado Health Service Corps Program (S.B. 18-024)	3,560,762
Administration and indirect costs	3,058,142
Distributions to Local Public Health Agencies	1,892,466
Harm Reduction Grant Program	1,800,000
Marijuana lab certification	1,135,732
Marijuana Education Campaign	960,436
Healthy Kids Colorado Survey	756,196
Marijuana health effects monitoring	362,367
Enhanced marijuana data collection through Rocky Mountain Poison and Drug	60,100
<b>TOTAL</b>	<b>\$23,629,208</b>

# SUMMARY: FY 2022-23 APPROPRIATION & FY 2023-24 REQUEST

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2022-23 APPROPRIATION:</b>						
Long Bill (H.B. 22-1329)	\$756,286,389	\$156,852,349	\$226,496,227	\$48,494,927	\$324,442,886	1,673.0
Other legislation	157,168,072	42,983,344	85,003,480	29,181,248	0	57.9
<b>TOTAL</b>	<b>\$913,454,461</b>	<b>\$199,835,693</b>	<b>\$311,499,707</b>	<b>\$77,676,175</b>	<b>\$324,442,886</b>	<b>1,730.9</b>
<b>FY 2023-24 REQUESTED APPROPRIATION:</b>						
FY 2022-23 Appropriation	\$913,454,461	199,835,693	\$311,499,707	\$77,676,175	\$324,442,886	1,730.9
R1 Protective water quality control	4,125,165	4,125,165	0	0	0	31.0
R2 Water infrastructure state fund match	66,126,060	0	6,011,460	0	60,114,600	0.0
R3 Health facilities cash fund fee relief	2,100,000	2,100,000	0	0	0	0.0
R4 Dairy protection fee relief	412,000	412,000	0	0	0	0.0
R5 Sustaining environmental justice	0	4,487,382	(4,487,382)	0	0	0.0
R6 Vital statistics fee relief	1,383,409	1,383,409	0	0	0	0.0
R7 Syphilis outreach	876,949	1,241,949	0	0	(365,000)	0.9
R8 Low income radon mitigation	400,000	400,000	0	0	0	0.0
R9 EpiTrax disease surveillance platform	554,000	0	0	554,000	0	0.0
R10 Technical adjustments	0	0	0	0	0	0.0
R11 Sothorn Ute environmental commission	40,000	40,000	0	0	0	0.0
R12 Water quality environmental justice	444,594	444,594	0	0	0	4.2
R13 Colorado central cancer registry	70,938	210,536	0	0	(139,598)	0.0
R14 LPHA caseload adjustment	120,000	120,000	0	0	0	0.0
R15 Denver emissions technical center	22,192	0	22,192	0	0	0.0
R16 Provider rate increase	282,486	225,712	56,774	0	0	0.0
Centrally appropriated line items	22,609,580	7,148,989	4,083,685	2,691,530	8,685,376	0.0
Non-prioritized decision items	1,323,882	740,773	160,091	401,110	21,908	0.0
Other technical adjustments	0	0	0	0	0	0.5
Annualize prior year budget actions	(38,208,239)	(50,109,926)	15,549,175	121,469	(3,768,957)	45.0
Annualize prior year legislation	(117,387,458)	(39,024,621)	(57,362,837)	(21,000,000)	0	32.4
<b>TOTAL</b>	<b>\$858,750,019</b>	<b>\$133,781,655</b>	<b>\$275,532,865</b>	<b>\$60,444,284</b>	<b>\$388,991,215</b>	<b>1,844.9</b>
<b>INCREASE/(DECREASE)</b>	(\$54,704,442)	(\$66,054,038)	(\$35,966,842)	(\$17,231,891)	\$64,548,329	114.0
Percentage Change	(6.0%)	(33.1%)	(11.5%)	(22.2%)	19.9%	6.6%

**R1 PROTECTIVE WATER QUALITY CONTROL:** The Department requests \$4,125,165 General Fund and 31.0 FTE in FY 2023-24, annualizing to \$5,961,596 General Fund and 46.0 FTE in FY 2024-25 to address Clean Water program permitting and Drinking Water Program inspection backlogs. *(Addressed during Environment briefing for CDPHE)*

**R2 WATER INFRASTRUCTURE STATE FUNDS MATCH:** The Department requests that the Joint Budget Committee sponsor legislation to revise the statutory language of the Small Communities Water and Wastewater Grant Fund, which is continuously appropriated. The Department seeks to add language around allowable uses for the fund so that it can be used as a state match for the federal Infrastructure Investment and Jobs Act. The Department is expected to increase expenditures by \$6.0 million cash funds in FY 2023-34 to obtain this match of \$60.0 million in federal Funds. *(Addressed during Environment briefing for CDPHE)*

**R3 HEALTH FACILITIES CASH FUND FEE RELIEF:** The Department requests a one-time \$2.1 million General Fund appropriation to the Health Facilities and Emergency Medical Services Division to address projected shortfalls in the Health Facilities General Licensure, Assisted Living Residence, and Home Care Agency cash funds in FY 2023-24.

**R4 DAIRY PROTECTION FEE RELIEF:** The Department requests a one-time of \$412,000 General Fund appropriation in FY 2023-24 to the Colorado Dairy Program in order to maintain current program activities. A similar one-time appropriation was used for this purpose in FY 2022-23. *(Addressed during Environment briefing for CDPHE)*

**R5 SUSTAINING ENVIRONMENTAL JUSTICE:** The Department requests an increase of \$4,487,382 General Fund and a decrease of \$4,487,382 cash funds from the Stationary Sources Control Fund in FY 2023-24. This represents a net zero refinancing of the our-year impacts of HB 21-1266, which funded the program for two years with General Fund before switching to Cash Fund revenue beginning next year. *(Addressed during Environment briefing for CDPHE)*

**R6 VITAL STATISTICS FEE RELIEF:** The Department requests a one-time \$1.4 million General Fund appropriation to address revenue shortfalls in the Vital Statistics Records Cash Fund in FY 2023-24. The request would allow the Division to update its Birth and Death Records System while continuing to ensure the cash fund's sustainability.

**R7 SYPHILIS OUTREACH:** The Department requests an increase of \$1.24 million General Fund in FY 2023-24 and \$1.25 million General Fund in FY 2024-25 and ongoing to continue and expand upon the Congenital Syphilis Prevention Pilot Project. The project provides access to syphilis screening and treatment of women of reproductive age in the criminal justice system and outreach settings through partnerships with local public health and community-based agencies. This pilot project began in Pueblo County through a federal grant expiring in FY 2022-23. This request would allow the continuation of the project in Pueblo County and expansion into El Paso and Jefferson Counties. The Department identifies this request as evidence-informed.

**R8 LOW INCOME RADON MITIGATION:** The Department requests an increase of \$400,000 General Fund in FY 2023-24 and ongoing for the expansion of the Low-Income Radon Mitigation Assistance Program. *(Addressed during Environment briefing for CDPHE)*

**R9 EPI TRAX DISEASE SURVEILLANCE PLATFORM:** The Department requests an increase of \$554,000 reappropriated funds to support the hosting and vendor management of EpiTrax. EpiTrax is a core disease surveillance system that will consolidate the number of current disease surveillance systems. The Department received approval from the Centers for Disease Control and Prevention (CDC) to use supplemental federal COVID funding for implementation and initial costs of transitioning to the platform, and is requesting additional funding for ongoing operation and maintenance costs. Beginning in FY 2024-25 and on, the Department is estimating the net reappropriation will be \$134,000, as the transition is expected to save about \$420,000 in annual common policy billing based on current OIT rates to operate the systems EpiTrax will replace.

**R10 TECHNICAL ADJUSTMENTS:** The Department requests two technical adjustments. The first adjustment is to include a footnote in the Long Bill allowing for a two-year extension of out-year spending authority for the Emergency Medical Services Provider Grants line item. The second adjustment is beginning in FY 2023-24 and ongoing, to reappropriate \$375,000 in funding for

payments for behavioral health organizations, appropriated via H.B. 21-1281, to the Community Behavioral Health Disaster Preparedness and Response Cash Fund rather than a direct General Fund appropriation to the Department. The legislation created the cash fund and appropriated funding to the Department, however when spending authority expires, that funding reverts to the General Fund and does not leave a balance for emergency behavioral health responses.

**R11 SOTHERN UTE ENVIRONMENTAL COMMISSION:** The Department requests an increase of \$40,000 General Fund in FY 2023-24 and ongoing. The requested appropriation will fulfill a 50 percent split with the Sothern Ute tribe to staff the Ute/CDPHE Joint Environmental Commission. *(Addressed during Environment briefing for CDPHE)*

**R12 WATER QUALITY ENVIRONMENTAL JUSTICE:** The Department requests an increase of \$444,594 General Fund and 4.2 FTE in FY 2023-24, and \$494,925 General Fund and 4.2 in FY 2024-25 and beyond. The Department received \$271,798 General Fund and 1.8 FTE from HB 22-1322, but included a departmental difference with Legislative Council Staff on the amount of resources they believe they need to implement the requirements of the bill. *(Addressed during Environment briefing for CDPHE)*

**R13 COLORADO CENTRAL CANCER REGISTRY:** The Department requests a \$210,536 General Fund appropriation in FY 2023-24 and ongoing to continue to fund 2.0 FTE in staffing positions for the Colorado Central Cancer Registry. A federal CDC National Program of Cancer Registries grant award expires after FY 2022-23 which currently funds these two FTE. The Department identifies this request as data-informed.

**R14 LPHA CASELOAD ADJUSTMENT:** The Department requests an increase of \$120,000 General Fund in FY 2023-24 and ongoing to provide increased state support for Local Public Health Agencies (LPHAs) to conduct inspections for retail food establishments, schools, and childcare centers. This requested increase is a result of the Tri-County Health Department breaking into three separate LPHAs. *(Addressed during Environment briefing for CDPHE)*

**R15 DENVER EMISSIONS TECHNICAL CENTER:** The Department is requesting an increase of \$22,192 cash funds from the AIR account of the Highway Users Tax Fund in FY 2023-24, increasing slightly every year after. The request is for the spending authority to execute a new 20 year lease with the Denver Emissions Technical Center for vehicle emissions inspection services. *(Addressed during Environment briefing for CDPHE)*

**R16 PROVIDER RATE INCREASE:** The Department requests \$282,486 in total funds, including \$225,712 General Fund and \$56,774 cash funds from the Marijuana Tax Cash Fund, for a provider rate increase of 3.0 percent for local public health agencies in FY 2023-24 and ongoing. This decision item is linked to actions the Committee takes on the Community Provider Rate common policy.

**CENTRALLY APPROPRIATED LINE ITEMS:** The request includes adjustments to centrally appropriated line items for the following 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	\$10,983,241	\$2,742,989	\$2,872,369	\$870,133	\$4,497,750	0.0
Health, life, and dental	6,899,533	1,259,013	828,726	464,621	4,347,173	0.0
Payments to OIT	2,589,397	1,196,008	449,721	943,668	0	0.0
AED	1,845,275	876,924	353,143	115,723	499,485	0.0
SAED	1,845,275	876,924	353,143	115,723	499,485	0.0
Leased space	590,419	0	8,500	581,919	0	0.0
Legal services	89,644	89,644	0	0	0	0.0
Short-term disability	47,652	24,618	8,594	2,825	11,615	0.0
AIJ services	18,073	1,800	0	16,273	0	0.0
PERA Direct Distribution	(2,058,560)	118,427	(790,511)	(216,344)	(1,170,132)	0.0
CORE adjustment	(152,406)	(15,000)	0	(137,406)	0	0.0
Payment to risk management and property funds	(50,244)	(5,000)	0	(45,244)	0	0.0
Workers' compensation	(21,657)	(2,100)	0	(19,557)	0	0.0
Lease Depreciation Payments	(15,169)	(15,169)	0	0	0	0.0
Capitol Complex leased space	(893)	(89)	0	(804)	0	0.0
<b>TOTAL</b>	<b>\$22,609,580</b>	<b>\$7,148,989</b>	<b>\$4,083,685</b>	<b>\$2,691,530</b>	<b>\$8,685,376</b>	<b>0.0</b>

**NON-PRIORITIZED DECISION ITEMS:** The request includes an increase of \$1.3 million total funds, including \$740,773 General Fund, for adjustments related to budget requests from the Department of Personnel for FY 2023-24. *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
OIT Budget package	\$682,833	\$211,910	\$62,905	\$386,110	\$21,908	0.0
NP06 Law CDPHE costs	578,537	459,969	113,568	5,000	0	0.0
DPS Digital trunk radio	39,942	39,942	0	0	0	0.0
DPA COE common policy	27,745	27,745	0	0	0	0.0
DPA Transfer perf. budgeting to DPA	11,207	1,207	0	10,000	0	0.0
Transfer to DOL for CERCLA costs	(16,382)	0	(16,382)	0	0	0.0
<b>TOTAL</b>	<b>\$1,323,882</b>	<b>\$740,773</b>	<b>\$160,091</b>	<b>\$401,110</b>	<b>\$21,908</b>	<b>0.0</b>

**OTHER TECHNICAL ADJUSTMENTS:** The request includes technical adjustments around FTE.

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes a net decrease of \$38.2 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
FY 22-23 BA3 EPA Permit targets	\$108,087	\$0	\$108,087	\$0	\$0	6.0
FY 22-23 R6 Enterprise phone system	64,921	0	0	64,921	0	0.0
FY 22-23 R5 Admin policy staff	56,548	0	0	56,548	0	0.0
FY 22-23 R1 Air quality transformation	(27,671,579)	(43,353,451)	15,681,872	0	0	40.3
Annualize prior year salary survey	(3,768,957)	0	0	0	(3,768,957)	0.0
FY 22-23 BA5 residential care relief	(3,385,000)	(3,385,000)	0	0	0	0.0
FY 22-23 R4 Emgcy med trauma svcs supp	(2,000,000)	(2,000,000)	0	0	0	0.0
FY 22-23 R3 CO gen lic hlth facility prot	(1,000,000)	(1,000,000)	0	0	0	0.0
FY 22-23 R2 CO Dairy Protection	(371,475)	(371,475)	0	0	0	0.0
FY 22-23 BA2 med marijuana registry	(240,784)	0	(240,784)	0	0	(1.3)
<b>TOTAL</b>	<b>(\$38,208,239)</b>	<b>(\$50,109,926)</b>	<b>\$15,549,175</b>	<b>\$121,469</b>	<b>(\$3,768,957)</b>	<b>45.0</b>

**ANNUALIZE PRIOR YEAR LEGISLATION:** The request includes a net decrease of \$117.4 million total funds to reflect the FY 2023-24 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
SB22-193 Air quality improvement	\$14,509,324	(\$7,000,000)	\$21,509,324	\$0	\$0	3.5
HB22-1244 Toxic air contaminants	420,048	420,048	0	0	0	10.3
HB21-1266 Environmental justice	296,872	(3,040,353)	3,337,225	0	0	0.7
HB22-1322 Water Quality Regulation	271,798	271,798	0	0	0	1.8
SB22-179 Deter tampering emission system	208,100	208,100	0	0	0	1.2
HB22-1256 Civil involuntary commitment	197,660	197,660	0	0	0	2.1
HB22-1286 Energy perf buildings	185,779	185,779	0	0	0	2.6
HB22-1345 Perfluoroalkyl Polyfluoroalkyl	118,045	118,045	0	0	0	0.9
SB22-224 Protections donor-conceived persons	101,027	101,027	0	0	0	2.4
HB22-1278 Behavioral health admin	69,385	0	69,385	0	0	1.0
SB22-154 Safety assisted living residences	61,144	61,144	0	0	0	0.9
SB22-182 Economic mobility program	51,049	0	51,049	0	0	1.0
HB22-1392 Contaminated land prop tax	10,000	0	10,000	0	0	0.0
HB22-1289 Hth benefits CO children	9,308	9,308	0	0	0	0.2
SB22-186 Rare Disease Council	5,781	5,781	0	0	0	0.2
SB21-260 Transportation System	0	0	0	0	0	0.0
HB22-1251 Cardiac arrest mgmt	0	0	0	0	0	0.8
HB22-1358 Clean water in schools	(43,548,419)	(22,548,419)	0	(21,000,000)	0	2.6
SB22-226 Prgms support health-care wrkfrce	(35,000,000)	0	(35,000,000)	0	0	0.0
HB22-1326 Fentanyl accountability prevention	(31,703,151)	(5,703,151)	(26,000,000)	0	0	0.0
SB22-181 Behavioral health-care wrkfrce	(20,000,000)	0	(20,000,000)	0	0	0.0
SB22-147 Behavioral health services children	(1,500,000)	0	(1,500,000)	0	0	0.0
HB22-1267 Culturally relevant trg hlth prof	(900,000)	(900,000)	0	0	0	0.0
HB21-1189 Regulate air toxics	(618,264)	(800,000)	181,736	0	0	0.7
HB22-1157 Utilization demographic data CDPHE	(360,000)	(360,000)	0	0	0	0.0
SB22-225 Ambulance svc sust & licensing	(133,958)	(133,958)	0	0	0	(0.2)
HB22-1401 Hospital nurse staffing standards	(52,515)	(52,515)	0	0	0	(0.3)
SB22-098 Redispensing unused drugs	(47,423)	(47,423)	0	0	0	(0.1)
SB22-170 Uses waste tire fund	(14,050)	0	(14,050)	0	0	0.0
HB22-1284 Hlth ins surprise billing	(7,506)	0	(7,506)	0	0	(0.1)
HB22-1355 Producer recycling	(7,481)	(7,481)	0	0	0	0.2
SB22-210 License suppl health-care staffing agency	(7,301)	(7,301)	0	0	0	0.1
SB22-053 Health facility visitation pandemic	(2,710)	(2,710)	0	0	0	(0.1)
<b>TOTAL</b>	<b>(\$117,387,458)</b>	<b>(\$39,024,621)</b>	<b>(\$57,362,837)</b>	<b>(\$21,000,000)</b>	<b>\$0</b>	<b>32.4</b>



## ISSUE: R3 HEALTH FACILITIES CASH FUND FEE RELIEF

The Department is requesting \$2.1 million General Fund to address projected shortfalls in the Health Facilities General Licensure, Assisted Living Residence, and Home Care Agency cash funds. Additionally they have provided information on the long term solvency of these funds.

### SUMMARY

- The Department is requesting a one-time \$2.1 million General Fund appropriation to the Health Facilities and Emergency Medical Services Division to address projected shortfalls in the Health Facilities General Licensure, Assisted Living Residence, and Home Care Agency cash funds.
- The Division submitted a response to a JBC RFI regarding the long-term sustainability of the General Licensure Cash Fund on November 5, 2022. The information from this RFI is incorporated into this brief, and shows the Department will need to make changes to ensure the sustainability of the cash fund.
- The Department has concerns regarding facilities' capacity to pay increased fees and address ongoing challenges with pandemic response and healthcare staffing; this request aims to prolong the solvency of the funds through FY 2023-24 while a long-term solution for cash fund sustainability is developed.

### DISCUSSION

#### HEALTH FACILITY REGULATION AND 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 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. 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.

### FUNDING

This work is funded by cash funds, federal funds (Medicare), reappropriated funds (Medicaid), and some General Fund. Health facilities fund the state regulation process through licensing fees with some support from the General Fund, which support oversight in government-owned facilities that

do not pay licensing fees, while CMS funds the federal regulation process. Federal CMS funds cannot be used to supplant state funding for licensure activities. Where the activities are the same for federal and state work, the cost is shared between the funding sources. The Division's enabling statutes intend for licensing fee revenue to cover costs for state licensing activities.

## PROBLEM

Due to statutory limitations on health facilities fee increases and concerns regarding facilities' capacity to pay increased fees while managing ongoing challenges with pandemic response and healthcare staffing, the Division 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. The leading causes of rising expenditures include:

- Inflationary increases in personnel and travel costs;
- Nursing shortages creating difficulties in hiring and retaining nurse surveyors due to the ability of nurses to find higher salaries in the private sector. To address this the Division changed the hiring classification for staff in the Acute Care program to nurse consultants, which has a higher pay range and can compete with the prevailing nurse wage; and
- A sharp increase in complaints about health facilities. Between FY 2016-17 and FY 2020-21, the number of facilities increased by 0.6 percent while the number of complaints increased by 61.6 percent. The Division attributes the increase to increased awareness that patients, residents, and their families can use this complaint system.

Current law limits fee increases for the General Licensure Cash Fund to the Consumer Price Index (CPI) based on the Denver, Aurora, Lakewood index. Historically this has been around 1.0 to 4.0 percent annually. Since 2012, the Division has increased fees twice by the Consumer Price Index, in FY 2018-19 and FY 2019-20, and expenditures for health facility licensure have been increasing steadily without a corresponding increase in revenues. The Division has been managing expenditures for the last few years by using General Funds, vacancy savings, and spending down fund balance. The fund balance is nearly exhausted and has been below the 16.5% maximum excess uncommitted reserves requirement since June 30, 2018.

The Division cannot spend more money than is in the account, so the fund balance will never be negative. Instead, if fee revenue is not increased or another source of revenue identified, the Division will need to reduce expenditures. Based on revenue and expenditure projections, expenditures would need to be reduced by:

- \$410,000 in FY 2023-24;
- \$910,000 in FY 2024-25; and
- \$975,000 in FY 2025-26.

## FUND PROJECTIONS AND SHORTFALLS

Absent any changes, between FY 2020-21 and FY 2025-26, Health Facilities General Licensure Cash Fund revenues are anticipated to increase by 4.5 percent while expenditures are anticipated to increase by 48.2 percent. The Division recognizes the need to increase fees in order to recover the depleted fund balance and be able to fully meet the staffing and resource needs to support licensed facilities. The CPI-based fee increases approved by the Board of Health in FY 2018-19 and 2019-20 generated

an estimated \$66,850 in additional revenue for the fund, which was not sufficient to offset the increased expenditures.

Since FY 2019-20, the Division has not pursued a CPI-based fee increase due to the burden of the COVID-19 pandemic on health facilities. Instead, in FY 2022-23, the Division received \$1.0 million General Fund to supplement the cash fund balance as an alternative to increasing inspection fees on health care facilities. Another \$653,000 General Fund was also deposited to the account to waive fees for nursing facilities in FY 2022-23. This General Fund support was a short-term stop gap measure for the Department, absent any changes, long-term solvency of the cash funds is not possible. A request for additional one-time General Fund support is included in the Governor’s FY 2023-24 Budget. This request reflects the estimated negative cash fund balances shown in the table below.

HEALTH FACILITIES CASH FUND BALANCE PROJECTIONS				
CASH FUND	ESTIMATED BALANCE AT FY 22-23 CLOSE	PROJECTED FY 23-24 REVENUE	PROJECTED FY 23-24 EXPENDITURES	ESTIMATED BALANCE AT FY 23-24 CLOSE
Home Care	(\$485,864)	\$1,457,000	\$2,049,582	(\$1,078,447)
Assisted Living	(336,266)	3,185,200	3,650,225	(666,316)
General Licensure	443,020*	2,276,005	3,114,770	(395,745)
<b>TOTAL ESTIMATED SHORTFALL</b>				<b>(\$2,140,507)**</b>
*The positive cash balance for the General Licensure Cash Fund at the beginning of FY 2023-24 is a result of the \$1.0 million GF support the fund received in the FY 2022-23 Long Bill				

Insolvency of these three health facilities cash funds would interfere 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 held positions vacant. 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. As of June 2022, 637 of the 2,373 state-licensed health facilities were overdue for re-licensure surveys.

### SOLUTIONS

The Division conducted a fee analysis to determine what percentage fee increase would be needed to generate enough revenue to adequately support the Division's licensing work over time. In order to support the Division’s work, either a significant fee increase above the current CPI limit or another source of sustainable revenue for the program is needed. **Any option that eliminates or modifies the CPI cap would require legislation.**

If the CPI cap were to be temporarily or permanently removed, the Division would engage in its usual stakeholder process to determine what level of fees facilities can support that would fully fund program activities. Fees are usually based on a variety of parameters such as facility size, location, complexity of services provided, and percent of Medicaid consumers. In some cases, larger facilities are charged a higher fee than their smaller counterparts that may not be able to absorb such increases. The Division would then seek approval from the Board of Health for the agreed upon changes. If the Division were to short cut the stakeholder process, the affected facilities or industry representatives could go to the Board of Health to testify against the fee package and cause it to be rejected. If legislation were to pass to remove the CPI-based fee caps during the 2023 legislative session, the soonest that adjusted fees could go into effect would be July 2024 because of the timelines associated with this rulemaking process.

In order to determine the appropriate fee level, there are four factors the Department considered in their analysis:

- 1 The Division needs one-time relief in order to maintain cash fund solvency;
  - 2 The level of this one-time relief depends on what future fee increases might look like;
  - 3 Health facilities are unlikely to be able to support significant fee increases; and
  - 4 For fee increases starting in FY 2024-25, the rate will be based on the complete FY 2022-23 CPI.
- Based on these factors, the Department's fee analysis led them to the following possible scenarios.

**ELIMINATE CPI RESTRICTION AND INCREASE FEES TO COVER PROGRAM COSTS**

- The Division would increase fees by 40.0 to 45.0 percent in FY 2024-25, and eliminate the CPI restriction in the future. The Division would assess future fees based on expenditure needs at that time, and future fee increases would be needed to rebuild the fund balance.
- It is unlikely that facilities could afford or would agree to the fee increase described in this section. Under the current economic climate, health facilities are facing increasing operational and staffing costs.

IMPACT OF 40.0 AND 45.0 PERCENT FEE INCREASES OF LICENSING FEES				
FACILITY TYPE	LICENSE TYPE	CURRENT FEES	40% FEE INCREASE	45% FEE INCREASE
Facilities for Persons with Intellectual or Developmental Disabilities (151 Facilities)	Community- Residential Home: Initial License	\$2,613	\$1,045	\$1,176
	Intermediate Care Facility: Initial License	6,270	2,508	2,822
	Community Residential Home: Renewal License	392	157	176
	Intermediate Care Facility: Renewal License	1,672	669	752
Community Clinics and Emergency Centers (84 Facilities)	Community Emergency Center: Renewal License	1,411	564	635
	Freestanding Emergency Departments			
Dialysis Treatment Clinics (81 Facilities)	Initial License	6,150	2,460	2,768
	Renewal License	3,400	1,360	1,530
Ambulatory Surgical Center (ASC) and ASC with a Convalescent Center (142 Facilities)	Initial License	5,372	2,149	2,417
	Renewal License	1,672	669	752
	ASC Initial	6,897	2,759	3,104
	ASC with Convalescent: Initial	7,274	2,910	3,273
	Non Deemed ASC-Renewal	1,505	602	677
	Deemed ASC-Renewal	1,354	542	609

**ONE-TIME FEE INCREASE AND FUTURE ADJUSTMENTS TO MEDICAL CPI**

- The Division would implement a one-time fee increase of 40.0 to 45.0 percent, and then adjust fees to medical CPI increases in future years in order to begin to replenish the fund balance.
- The medical CPI gauges the cost of a basket of goods in the same pool that the Division is hiring from, and thus provides a more accurate picture of the Division's costs than traditional CPI. If fees are increased by the medical CPI in years following the one-time fee increase, the Division will slowly be able to rebuild its fund balance to a more sustainable level.
- It is unlikely that facilities could afford or would agree to the initial one-time fee increase.

**ONE-TIME FEE INCREASE**

- The Division would implement a minimum 40.0 percent one-time fee increase in order to rebuild the fund balance. This would be accomplished through legislation waiving the CPI requirement for one year.
- It is unlikely that facilities could afford or would agree to the initial one-time fee increase.

**IMPLEMENT A REVISIT FEE**

- Legislative action would be needed to authorize a revisit fee.
- The Department would engage with stakeholders in FY 2023-24 to determine revisit fees.
- Revenue from a revisit fee is estimated to be less than \$100,000 per year. If the revisit fee achieves the desired goal of reducing revisits, the revenue would eventually be less, however reducing revisits would also reduce workload.

**INCREASE GENERAL FUND SUPPORT ON A PERMANENT OR TEMPORARY BASIS**

- Increasing General Fund support would negate the need for a high fee increase for health facilities.
- This General Fund support could be provided at levels that could either reduce or eliminate fee increases.
- The table below shows the necessary future General Fund support to maintain the General Licensure Cash Fund.

GENERAL FUND SUPPORT SCENARIOS TO MAINTAIN HFEMSD GENERAL LICENSURE PROGRAM						
	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
Cash fund revenue shortfalls at current fee levels	\$842,946	\$913,329	\$973,723	\$973,723	\$1,038,204	\$1,103,725
Estimated General Fund needed if fees adjusted to all items CPI*	400,000**	718,048	930,838	930,045	993,718	1,058,416
Estimated General Fund needed if fees adjusted to medical CPI*	400,000**	716,455	918,742	917,444	980,597	1,044,758
*FY24-25 estimates are based on current inflation, out-year CPI increases revert to average 1.8% annual increases.						
**\$400,000 General Fund is being requested in CDPHE’s budget for fee relief for facilities to maintain current fee levels in FY23-24.						
***This table reflects just the General Licensure Cash Fund, not all three cash funds that are in need of fee relief.						

**CONCLUSION**

The Department is requesting \$2.1 million General Fund to address projected shortfalls in the Health Facilities General Licensure, Assisted Living Residence, and Home Care Agency cash funds. However, the long-term solvency of these cash funds also need to be addressed. This could be through legislative changes to allow large one-time fee increase to health facilities, or the temporary or permanent addition of General Fund to the Division.

## ISSUE: SYPHILIS OUTREACH

The Department is requesting \$1.25 million General Fund on an ongoing basis in order to continue and expand upon the Congenital Syphilis Prevention Pilot Project.

### SUMMARY

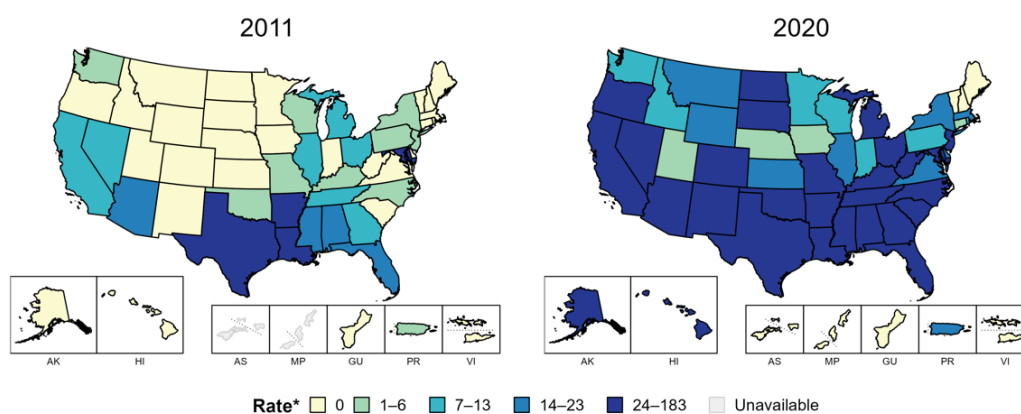
- The Congenital Syphilis prevention project provides access to syphilis screening and treatment for women of reproductive age, in jails and outreach settings through partnerships with local public health and community-based agencies in Pueblo.
- This pilot project began in Pueblo County through a federal grant which expires in FY 2022-23. This request would allow the continuation of the project in Pueblo County and expansion into El Paso and Jefferson Counties.
- The project is part of a widespread effort to respond to increasing rates of congenital syphilis in Colorado and nationwide by the Centers for Disease Control and Prevention (CDC).

### DISCUSSION

#### BACKGROUND

Congenital syphilis (CS) is a preventable outcome of untreated syphilis in pregnant persons who pass the infection to the fetus. It can result in death, stillbirth, preterm birth, and physical, developmental, and neurologic disabilities<sup>1</sup>. Syphilis can be treated in mothers, with penicillin being 98.0 percent effective at preventing congenital syphilis<sup>2</sup>. The earlier on an infection is detected and treated in the mother, the lower the risks of negative outcomes for the pregnancy and baby<sup>3</sup>. Nationwide, rates of congenital syphilis have been trending upwards<sup>4</sup>, as shown in the map below<sup>5</sup>.

### Congenital Syphilis — Rates of Reported Cases by State, United States and Territories, 2011 and 2020



\* Per 100,000 live births



\*\* Colorado reported a rate 35.0 cases of congenital syphilis per 100,000 live births in 2020.

<sup>1</sup> <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

<sup>2</sup> <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819963/>

<sup>4</sup> <https://www.cdc.gov/std/statistics/2021/default.htm>

<sup>5</sup> <https://www.cdc.gov/std/statistics/2020/default.htm>

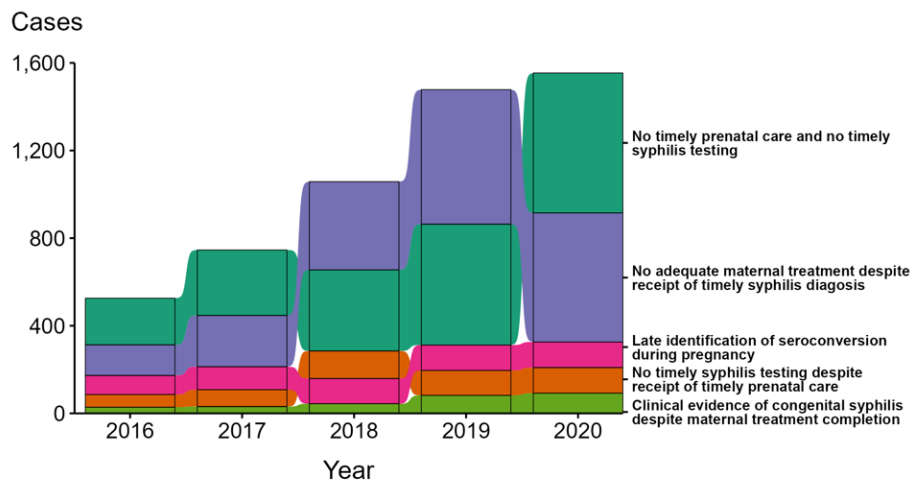
Public health officials have speculated that congenital syphilis may be increasing due to a number of potential factors:

- Screening for syphilis has historically focused on certain male populations, so providers may be missing screening opportunities for women of reproductive age (WRA).
- The CDC’s budget for addressing sexually transmitted infections (STIs) has not kept up with inflationary changes in the last 10 years, and funding allocations to states reflect this.
- Syphilis is easily missed or misdiagnosed; the only way to know if someone has a syphilis infection is to test for it, and syphilis infections can present without symptoms.
- While increases in congenital syphilis rates predate the COVID-19 pandemic, disruptions in health care and public health systems and resource redistributions related to the pandemic continue to put pressure on public health agency resources.

The CDC collects information on missed prevention opportunities for mothers delivering infants with congenital syphilis. Based on this data, shown in the graph below<sup>6</sup>, the largest missed opportunities for preventing congenital syphilis are:

- No timely prenatal care and no timely syphilis testing; and
- No adequate maternal treatment despite receipt of timely syphilis diagnosis.

### Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2016–2020



**NOTE:** Of the 6,928 congenital syphilis cases reported during 2016 to 2020, 1,566 (22.6%) were not able to have the primary missed prevention opportunity identified due to insufficient information provided to CDC related to maternal prenatal care, testing, or treatment.



In 2021, the CDC specifically included a recommendation for opt-out syphilis screening for incarcerated persons in its syphilis screening guidelines. In that same year, the CDC also expanded risk factors for women where syphilis screening is indicated, to include those with histories of incarceration, substance use, transactional sex work, and those in an area of high syphilis morbidity.

#### COLORADO

<sup>6</sup> <https://www.cdc.gov/std/statistics/2020/default.htm>



Colorado reported zero cases of congenital syphilis reported in Colorado from 2007-2015, and has seen cases increase annually, following the national trend<sup>7</sup>. The number of reproductive-aged women diagnosed with syphilis in Colorado increased by over 502.4% from 2017 to 2021, and the number of congenital syphilis cases increased by 540% in that same time<sup>8</sup>. The COVID-19 pandemic impacted in-person prenatal and STD clinical services in Colorado, reducing opportunities for public health agencies to engage with women of reproductive age at high risk for exposure to syphilis. The Department also reports that stay-at-home orders and related suspensions of national partner services have exacerbated challenges in reaching individuals experiencing homelessness, substance use, and mental health issues. This demographic also anecdotally reports<sup>9</sup> having negative experiences with healthcare institutions, which can also act as a barrier to accessing routine healthcare.

RATES OF CONGENITAL SYPHILIS IN COLORADO COUNTIES IN 2020			
COUNTY OF RESIDENCE	2020 LIVE BIRTHS	CASES OF CS	RATE PER 100,000
Adams	6,566	4	60.9
Denver	8,515	4	47
El Paso	9179	4	43.6
Pueblo	1716	7	407.9
Mesa	1523	1	65.7
Other Urban Counties*	26767	1	3.7
Rural Counties	7228	3	41.5

\*Includes Arapahoe, Boulder, Broomfield, Douglas, Jefferson, Larimer, and Weld Counties

\*\*The Department is reporting increasing rates for 2021, though final data has not been published

## PILOT PROJECT

As a demonstration project, the CDC awarded funding to four jurisdictions, including CDPHE, to develop, implement, and evaluate interventions to reduce congenital syphilis. These projects were designed to build the CDC’s portfolio of effective interventions to combat congenital syphilis, and due to the initial reports from this project, this funding was extended through 2023. The Department has inquired into continued funding from the CDC, however it has not received a response either way. CDPHE’s pilot project in Pueblo was the only project to focus on preventing and treating congenital syphilis among women of reproductive age (WRAs), ages 15-44, in county jails.

Some of the key aspects of the program in Pueblo County are that it:

- Meets individuals where they are at in order to reduce barriers to healthcare services;
- Provides rapid syphilis tests which allow for immediate treatment in the case of positive results;
- Increases collaboration between the county jail, public health agency, and community based organizations;
- Creates a reasonable treatment plan in case of discharge, in collaboration with community organizations; and
- Includes referrals to healthcare, substance use treatment, mental health, housing, and other support services.

The Congenital Syphilis Prevention Pilot Project provides opt-out syphilis screening and treatment to WRAs incarcerated in the Pueblo County Detention Center, and provides STI testing services in Pueblo County through Vivent Health’s HIV outreach program. The program focuses on partnerships

<sup>7</sup> <https://www.cdc.gov/std/statistics/2020/tables/21.htm>

<sup>8</sup> <https://cdphe.colorado.gov/sti-and-hiv-aids-epidemiology-reports>

<sup>9</sup> <https://www.npr.org/sections/health-shots/2021/11/01/1050568646/syphilis-std-public-health-funding>



with local public health and community-based agencies. The demographic this project aims to serve is at a high risk for syphilis infection, and can also face barriers to testing and treatment such as transportation, stigma, housing, substance use, and money. The program attempts to meet these individuals where they are by providing access to free testing and treatment opportunities in jails, syringe access points, and outreach settings. The county public health agency and community-based organizations collaborated to determine the locations these individuals might have touch points before, during, and after pregnancy.

## **OUTCOMES**

In the first year of this grant, the program tested 281 individuals and provided treatment to 56. The program reported a 23.1 percent rate of positive syphilis tests among WRAs in the Pueblo County Detention Center and a 12.8 percent positivity rate among WRAs in outreach settings. In both settings, a total of nine pregnant women screened positive for syphilis.

Pueblo County Detention Center is the first jail to implement rapid syphilis screening through this program. The Pueblo County Health Department, Vivent Health, and the Pueblo County Detention Center work together to implement the program, and the agencies have reported this to be a positive experience in inter-agency collaboration.

The rapid tests allow individuals to receive treatment on the same day they receive a positive test result. The Office reports that this has proved critical for successful treatment outcomes in the program. If there are delays in test results, detention centers may release individuals before they are able to receive them. The delays between testing, results, and treatment are often how individuals fail to follow up with these kind of programs. Due to this collaboration between the jail and public health agency, no individual who received testing or treatment in the county jail has not completed the necessary follow up care with the program.

Community-Based Organizations in Pueblo have historically focused on outreach for testing and treatment of HIV and Hepatitis C, and the implementation of this program has allowed them to expand that outreach to syphilis as well.

## **FUNDING**

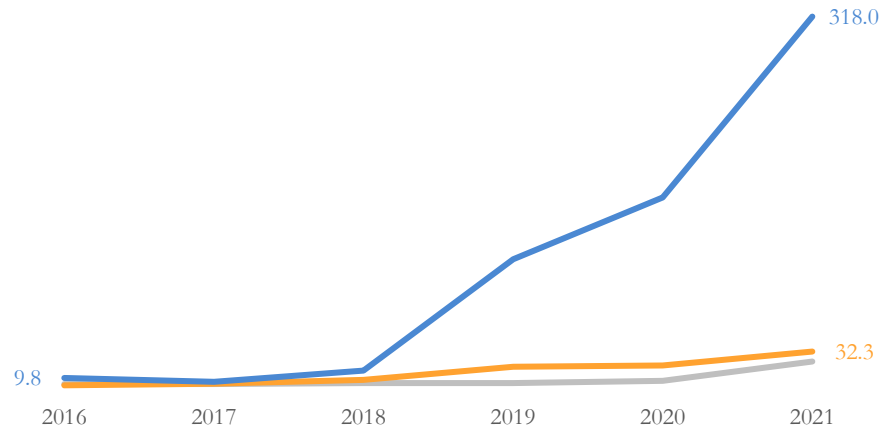
The federal grant funding for the pilot project in Pueblo County ends July 31, 2023, with no opportunity for renewal. While the Office of STI/HIV/VH receives limited funding for STI prevention activities, it does not have any specific federal funding opportunities to address syphilis treatment and prevention. Prevention-related funding from the CDC is categorical. The Office receives federal funding for: HIV prevention and surveillance, viral hepatitis surveillance and prevention, and sexually transmitted infection (STI) prevention. Of this STI prevention funding, the Office can use 10.0 percent for diagnostic testing. This funding currently gets allocated to LPHAs to allow them to provide free STI testing to individuals who are under and uninsured.

## **REQUEST**

The Department is requesting ongoing General Fund spending authority of \$1.25 million to extend the Congenital Syphilis Prevention Pilot Project in Pueblo County, and expand the program into El Paso and Jefferson Counties. Pueblo, El Paso, and Jefferson counties have been selected for the pilot continuation as these counties have some of the highest rates of syphilis per 100,000 WRAs, shown

below. These counties have also expressed interest in and capacity to implement this type of intervention.

Rate of syphilis per 100,000 women of reproductive age (15-44) have increased in Pueblo, El Paso, and Jefferson counties since 2016.



**PROGRAM COSTS**

The following table is the estimated costs of continuing the program in Pueblo County and expanding the program into El Paso and Jefferson counties. These are based on estimates from implementation of the pilot project.

COUNTY-LEVEL TESTING, TREATMENT, AND COST BREAKDOWNS				
	PUEBLO	EL PASO	JEFFERSON	TOTAL
Syphilis Rapids/Controls Tests	500	1,000	1,000	2,500
TPPA/RPR Tests	115	230	230	575
Treatments	200	400	400	1000
<b>TOTAL COSTS OF TESTING AND TREATMENT</b>	<b>\$261,974</b>	<b>\$441,010</b>	<b>\$441,010</b>	<b>\$1,143,993</b>

**PERSONNEL COSTS**

The Department is requesting 0.9 FTE for the first year of funding annualizing to 1.0 FTE on an ongoing basis. The funding for these FTE would not be to hire additional positions, but to supplement costs of the five FTE associated with the program in the classified system. The Office currently funds the staff members from the federal grant that expires on July 31, 2023.

Additionally, each county would provide security staff time. The detention centers require a security guard to be present during all medical intakes, including testing and treatment, and the Office did not include this staff time in the contractor costs in the request. The counties would also provide care navigation services to the participants.

**CONCLUSION**

The Department is requesting \$1.25 million General Fund on an ongoing basis to extend and expand a pilot project to address rising rates of CS. The program appears to have several successful outcomes in its first year; testing and treatment avoided nine potential cases of CS, and every participant that was tested for syphilis completed treatment as well. A consideration for the Committee is that CS is increasing in counties across the state. While this expansion is limited to three counties, any future expansions would need to be supported by General Fund or dedicated federal funds.

## ONE-TIME FUNDING AUTHORIZED IN RECENT LEGISLATIVE SESSIONS

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated significant one-time funding to the Department of Public Health and Environment that included \$128.4 million originating as state General Fund and \$113.5 million originating as federal Coronavirus State Fiscal Recovery funds (ARPA funds).

### RECOMMENDATION

Staff recommends that the Committee seek updates from all departments during their budget hearings on the use of significant one-time allocations of federal and state funding. The majority of one-time funding was appropriated to the Department in FY 2022-23, and actual expenditures will not be available on this funding until the next budget cycle.

### DISCUSSION

During the 2020B, 2021, and 2022 legislative sessions, the General Assembly allocated \$242.9 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, and FY 2022-23 and expenditures through FY 2021-22 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 NUMBER AND SHORT TITLE	APPROPRIATION/TRANSFER OF FUNDS	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 20B-001 COVID-19 Relief	\$6,780,000	Appropriates GF for one-year hiatus on health inspection fees to retail food establishments and reimburses facilities for lost fee revenue. Actual expenditures were \$6.8 million.
S.B. 21-137 Behav Health Recovery Act	750,000	Appropriates GF for the STI, HIV and AIDS program as well as the Mental Health First Aid program. Actual expenditures were \$750,000.
S.B. 21-243 Public Health Infrastructure	11,090,149	Appropriates GF for DCPHR in FY 22-23 and FY 23-24.
	10,000,000	Appropriates GF for distribution to local public health agencies in FY 22-23 and FY 23-24.
H.B. 22-1326 Fentanyl	5,792,413	Appropriates GF for opiate detection tests, education campaigns, regional trainings, website development, and independent studies.
H.B. 22-1358 Clean Water & Schools	21,000,000	Appropriates GF for CDPHE to distribute reimbursement to facilities for the costs of testing and remediation of lead in schools in the first year.
S.B. 22-183 Crime Victim Service Funding	1,000,000	Transfers \$1.0 million GF to the Community Crime Victims Grant Program.
S.B. 22-193 Air Quality Improvement Investments	65,000,000	Transfers \$65.0 million GF for the electrifying school buses grant program.
	7,000,000	Appropriates \$7.0 million GF to finance the aerial surveying of pollutants.
<b>TOTAL</b>	<b>\$128,412,562</b>	

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 NUMBER AND SHORT TITLE	APPROPRIATION/ TRANSFER OF FUNDS	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-137 Behav Health Recovery Act	\$5,900,000	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. Actual expenditures were \$5.2 million.
S.B. 21-243 Public Health Infrastructure	11,090,149 10,000,000	Appropriates funding from ERRCF for DCPHR in FY 2021-22. Appropriates funding from ERRCF for local public health agencies in FY 2021-22.
H.B. 22-1326 Fentanyl	26,000,000	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 Srvcs Children	1,500,000	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	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. 22-182 Economic Mobility Program	4,000,000	Transfers \$4.0 million from ERRCF to new Economic Mobility Program Fund in CDPHE, \$1.8 million of this transfer is appropriated to the Department for FY 2022-23 for maternal and child health programs.
S.B. 22-226 Support Health-care Wrkfrce	35,000,000	Appropriates \$35.0 million from ERRCF to CDPHE for emergency preparedness, immunization operating, and prevention services primary care.
<b>TOTAL</b>	<b>\$113,490,149</b>	

ALLOCATION AND EXPENDITURE OF ONE-TIME OTHER FUNDS

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - ONE-TIME OTHER FUNDS		
BILL NUMBER AND SHORT TITLE	APPROPRIATION/ TRANSFER OF FUNDS	BRIEF DESCRIPTION OF PROGRAM AND ANTICIPATED USE OF THE FUNDS
S.B. 21-137 Behav Health Recovery Act	\$1,000,000	Appropriates \$1.0 million from the MTCF for loan repayments for providers participating in CO mental health services corps. Actual expenditures were \$1.0 million.
<b>TOTAL</b>	<b>\$1,000,000</b>	

APPENDIX A  
NUMBERS PAGES  
(DIGITAL ONLY)

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 A is only available in the online version of this document.*

## 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 2022 Long Bill (H.B. 22-1329) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/hb22-1329>. The Long Bill footnotes relevant to this document are listed below.

- 96 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.

- 101 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.

- 102 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. The Department is in compliance with this footnote.

- 103 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.

- 104 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.

## 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-2022-23>. The requests for information relevant to this document are listed below.

- 1 All Departments -- Based on the Department's most recent available record, what is the FTE vacancy and turnover rate: (1) by department; (2) by division; (3) by program for programs with at least 20 FTE; and (4) by occupational class for classes that are located within a larger

occupational group containing at least 20 FTE. To what does the Department attribute this turnover/vacancy experience? Do the statewide compensation policies or practices administered by the Department of Personnel help or hinder the department in addressing vacancy or turnover issues?

**COMMENT:** The Department has submitted the report as requested and indicated that for FY 2021-22 the Department had a vacancy rate of 2.03 percent and a turnover rate of 17.87 percent.

CDPHE FY 2021-22 VACANCY AND TURNOVER RATES BY DIVISION		
DIVISION	VACANCY RATE	TURNOVER RATE
(1) Administration and Support	8.91%	20.45%
(2) Center for Health and Environmental Information	-1.03%	22.91%
(3) Disease Control and Public Health Response	14.72%	25.53%
(4) Air Pollution Control Division	-7.70%	11.76%
(5) Water Quality Control Division	0.80%	4.80%
(6) Hazardous Materials and Waste Management Division	-0.03%	7.63%
(7) Office of HIV, Viral Hepatitis and STI's	-28.90%	11.69%
(8) Division of Environmental Health and Sustainability	-5.97%	11.59%
(9) Prevention Services Division	-0.51%	21.55%
(10) Health Facilities and Emergency Medical Services Division	-0.41%	21.30%
<b>TOTAL</b>	<b>2.03%</b>	<b>17.87%</b>

- 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, 2022 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 Andrew Forbes on November 18th, 2022.



- 3 Department of Public Health and Environment; Office of Health Equity, Disease Control and Environmental Public Health Response, Prevention Services Division. The Department is requested to provide the following information to the Joint Budget Committee by November 1st 2022 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 2021-22.

REQUESTED INFORMATION FOR A35 PROGRAMS FOR FY 2021-22			
PROGRAM	ALLOCATION	EXPENDITURES	OVER/(UNDER)
Breast and Cervical Cancer	\$4,254,893	\$4,254,243	(\$650)
CCPD	10,512,269	9,160,483	(1,351,786)
Health Disparities Grant Program	2,913,050	2,008,979	(904,071)
Immunizations	421,914	421,914	0
Tobacco Grant Program	20,547,957	17,786,299	(2,761,658)

**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 2021-22 the WWC provided education to 15,545 individuals and provided 8,539 women with breast and cervical cancer screening services across 33 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 2021-22 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 and has reached approximately 2,477 individuals through trainings, open houses, and community organizing.

## **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, 51 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 2021-22 the program funded 45 projects across 31 organizations. 18,751 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 267,145 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.

- 4 Department of Public Health and Environment; Disease Control and Epidemiology Division -- The Department is requested to provide the following information to the Joint Budget Committee on August 1, 2022: Measles Mumps and Rubella (MMR) vaccination rates for the Kindergarten and populations across the state, how much money was allocated, through state or federal resources, to each local public health agency specifically to address the issue of MMR vaccination rates. In FY 2020-21 the Joint Budget Committee approved an ongoing increase of \$1.5 million for local public health agencies to address MMR vaccination rates, should any dollars from this appropriation be used for any targeted populations or diseases other than kindergarten MMR this information should also be included in the report.

### **COMMENT:**

#### **KINDERGARTEN MMR RATE**

Colorado's kindergarten MMR rate for the 2021-22 school year has decreased 2.09 percent to 88.38 percent from the 2020-21 school year rate of 90.5 percent. This reflects continued disruptions due to COVID and the downward trend in doses administered seen both nationally and in Colorado since the beginning of the pandemic.

During the pandemic, Colorado has seen a decline in vaccine doses reported as administered across all pediatric and adolescent non-COVID-19 vaccines in CIIS, which is a real-time dataset that shows the actual impact of the COVID-19 pandemic on the administration of routine immunizations. Based on CIIS data, we observed a 38% decline in doses administered across all pediatric and adolescent vaccines for the weeks between March 15, 2020 and April 19, 2020 compared to 2019. As the Stay at Home and Safer at Home orders ended, we saw a slight rebound in administration of these vaccines. There was a 21% decrease for the weeks between April 26, 2020 and March 14, 2021 compared to the same weeks in 2019-20. For the year spanning March 21, 2021 through the week of March 13, 2022,

we saw a 23% decrease compared to the same time frame in 2019-20. For the weeks between March 20, 2022 and July 10, 2022, we have seen a 10% decrease compared to the same time frame in 2019. This improvement corresponds to the reopening of clinics that had temporarily closed or consolidated services during the early weeks of the COVID-19 pandemic -- but it clearly shows that more work remains to get kids back on track with routine vaccines.

**FIRST GRADE MMR RATE**

The Department does not collect data specific to first graders in the School and Childcare Immunization Dataset - they are included in the larger data collection effort for students enrolled in kindergarten through 12th grade. The only grade that is collected and broken out separately is kindergarten because the Department is required to report kindergarten immunization and exemption rates to be published by the Centers for Disease Control and Prevention for their annual Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten — United States update in the Morbidity and Mortality Weekly Report (MMWR). This report typically comes out around October of each year and compares Colorado to other states. Looking at students enrolled in grades from kindergarten through 12th grade, 94.39% were up to date with their MMR vaccinations during the 2021-22 school year.

**FUNDING ALLOCATED TO LPHAS SPECIFICALLY TO ADDRESS MMR RATES**

In FY 2020-21 the Joint Budget Committee approved an ongoing increase of \$1.5 million for LPHAs to address MMR vaccination rates that is tied to the new section of the immunization core services contract that directs LPHAs to “implement evidence-based strategies to improve immunization rates in populations identified as under immunized by CDPHE.” The Department distributed the FY 2021-22 funding through option letters starting November 8, 2021:

MMR FUNDING FOR COUNTY LPHAS IN FY 2021-22	
COUNTY LPHAS	MMR STATE FUNDING FY 2021-22
Alamosa	\$7,361
Baca	3,945
Bent	4,128
Boulder	73,551
Broomfield	18,847
Chaffee	6,989
Cheyenne	3,479
Clear Creek	4,919
Conejos	5,320
Costilla	4,028
Custer	4,029
Delta	10,394
Denver	167,735
Dolores	3,477
Eagle	15,631
El Paso	176,876
Elbert <sup>2</sup>	0
Fremont	12,452
Grand	6,260
Gunnison	6,582
Jackson	3,308
Jefferson (including Gilpin)	134,134

MMR FUNDING FOR COUNTY LPHAS IN FY 2021-22	
COUNTY LPHAS	MMR STATE FUNDING FY 2021-22
Kiowa	3,360
Kit Carson	4,899
Lake	4,881
Larimer	81,354
Las Animas - Huerfano	7,470
Lincoln	4,260
Mesa	39,171
Moffat	6,461
Montezuma	9,643
Montrose	13,396
Northeast (Logan, Morgan, Phillips, Sedgwick, Washington & Yuma)	20,637
Otero with Crowley	12,081
Ouray	3,988
Park	6,789
Pitkin	6,425
Prowers	6,399
Pueblo	46,280
Rio Blanco	4,560
Rio Grande	5,849
Routt	8,353
Saguache	4,894
San Juan Basin (La Plata & Archuleta)	18,539
San Juan County	3,143
San Miguel	4,736
Silver Thread (Hinsdale & Mineral)	3,315
Summit	9,215
Teller	8,329
Tri-County (Adams, Arapahoe & Douglas)	375,111
Weld	84,490
<b>TOTAL</b>	<b>\$1,499,525</b>

<sup>2</sup> Elbert County Public Health does not have a contract for core immunization services.

- 5 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 5, 2022: A sustainability plan for the Health Facilities General Licensure Cash fund, including a history of the fund balance and any proposed changes to the fee structure.

**COMMENT:** The Department’s response is included in the R3 Cash Fund Fee Relief 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 2023-24 budget request, the FY 2021-22 Annual Performance Report and the FY 2022-23 Performance Plan can be found at the following link:

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