

JOINT BUDGET COMMITTEE



INTERIM SUPPLEMENTAL BUDGET REQUESTS FY 2022-23

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

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

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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Monkeypox Public Health Response.....1

INTERIM SUPPLEMENTAL REQUESTS

MONKEYPOX PUBLIC HEALTH RESPONSE

	REQUEST	RECOMMENDATION
TOTAL	\$3,347,178	\$3,347,178
FTE	0.0	0.0
General Fund	3,347,178	3,347,178
Cash Funds	0	0
Federal Funds	0	0

Does JBC staff believe the request satisfies the interim supplemental criteria of Section 24-75-111, C.R.S.? **YES**
 [The Controller may authorize an overexpenditure of the existing appropriation if it: (1) Is approved in whole or in part by the JBC; (2) Is necessary due to unforeseen circumstances arising while the General Assembly is not in session; (3) Is approved by the Office of State Planning and Budgeting (except for State, Law, Treasury, Judicial, and Legislative Departments); (4) Is approved by the Capital Development Committee, if a capital request; (5) Is consistent with all statutory provisions applicable to the program, function or purpose for which the overexpenditure is made; and (6) Does not exceed the unencumbered balance of the fund from which the overexpenditure is to be made.]

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? **YES**
 [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of unforeseen circumstances and an emergency or act of God.

DEPARTMENT REQUEST: The Department requests an increase of \$3.35 million General Fund spending authority in FY 2022-23 in order to respond to the Monkeypox (MPX) public health emergency.

STAFF RECOMMENDATION: Staff recommends that the Committee **approve** the request.

RECOMMENDATION FOR MPX PUBLIC HEALTH RESPONSE						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
Disease Control and Public Health Response						
(A) Administration						
Administration and Support	\$3,229,178	\$3,229,178	\$0	\$0	\$0	0.0
Office of HIV, Viral Hepatitis, and STI's						
Administration and Support	118,000	118,000	0	0	0	0.0
Total	\$3,347,178	\$3,347,178	\$0	\$0	\$0	0.0

STAFF ANALYSIS

BACKGROUND

Cases related to the current MPX outbreak began appearing in mid-May in the United States. These cases are caused by the Clade IIb strain of MPX, which has a survival rate of over 99.0 percent¹. It was declared a national public health emergency on August 5th, and the CDC has confirmed a total of

¹ <https://www.cdc.gov/poxvirus/monkeypox/about/faq.html>

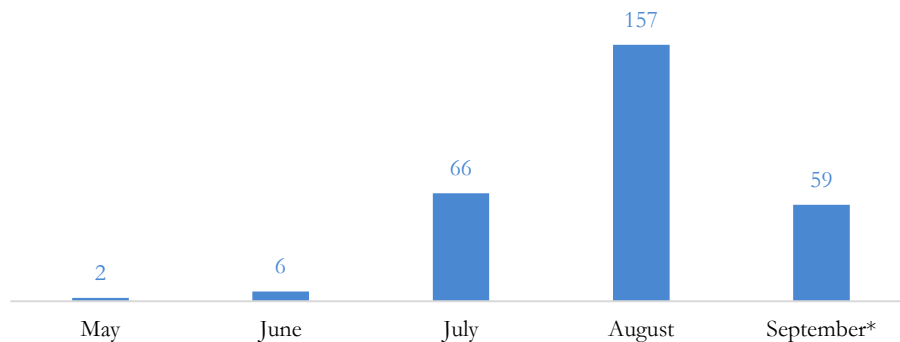
23,893 cases in the U.S. so far². Symptoms of MPX may begin similar to the flu with fever, chills, respiratory symptoms, headache, muscle aches, swollen lymph nodes, and exhaustion. Many individuals see a rash or skin bumps develop within one to three days after the onset of fever, often beginning on the face and spreading around the body³. It typically lasts two to four weeks, which is how long the bumps or lesions take to fully heal. MPX is not an airborne virus, however until the skin under these rashes is entirely healed, MPX can spread through close, personal contact such as:

- Direct contact with MPX rash, scabs, or body fluids from a person with MPX;
- Touching objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with MPX;
- Contact with respiratory secretions⁴.

This places those individuals who have had extended, close, personal contact with individuals who have tested positive for MPX at the highest risk. Additionally, there is risk for persons living in the same household as those who have tested positive for MPX, and potential risk to health workers and laboratory personnel without proper personal protective equipment (PPE). Currently, men who have sex with other men are at the highest risk for exposure to MPX in Colorado⁵. While that is the population being most impacted at the moment, there is nothing inherent about the virus that would limit its impact to specific communities. In countries where MPX is endemic, it is not concentrated among this population⁶.

As of September 16th, 290 MPX cases have been reported in Colorado, with 51 of those in September, and a majority (67.6 percent) located in the Denver Metro Area. Nine individuals have been hospitalized. The outbreak appears to be following a “propagated outbreak” trend, meaning that CDPHE has seen case counts peak and fall. Peaks have been detected in late-July, mid-August, and early-September, with each peak about two weeks apart. Given the emerging nature of this virus, CDPHE is closely monitoring it to determine trends in transmission. It is too soon to tell if the Department will continue to see the propagated transmission trend or if case counts will slow to a more sporadic pattern of transmission.

TOTAL NUMBER OF MPX CASES REPORTED IN COLORADO



*Data through September 20th.

² <https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

³ <https://cdphe.colorado.gov/diseases-a-to-z/monkeypox>

⁴ <https://www.cdc.gov/poxvirus/monkeypox/if-sick/transmission.html>

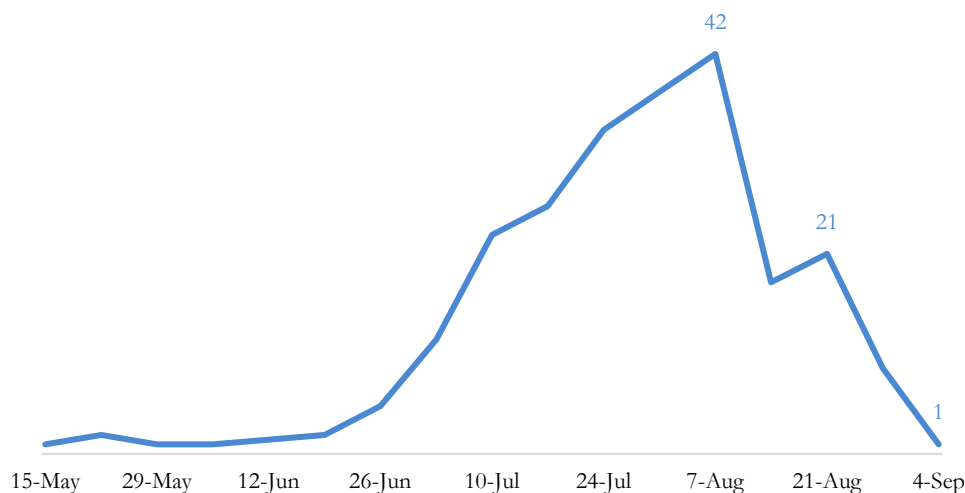
⁵ <https://cdphe.colorado.gov/diseases-a-to-z/monkeypox-faq>

⁶ <https://www.reuters.com/business/healthcare-pharmaceuticals/african-monkeypox-cases-not-concentrated-among-gay-men-experts-say-2022-08-04/>

REASONS FOR INTERIM SUPPLEMENTAL REQUEST

The first cases of MPX were identified in Colorado in mid-May. The Department's response ramped up as MPX began to spread during June and July, and as vaccines became available from the federal government. CDPHE states that the need for an immediate and robust response to MPX was in part due to lessons learned from the COVID-19 public health emergency. Colorado was at the forefront of standing up vaccination and testing sites, and was able to pivot much of the existing COVID-19 infrastructure to address MPX. Transmission rates have begun to slow in September, and the Department believes this is reflective of a quick response and broad public education efforts.

ONSET OF REPORTED MPX CASES IN COLORADO



*This chart reflects reported onset of symptoms, with about a 2-week lag in data. While 16 individuals reported cases of MPX during the week of September 4th, only one of these cases began experiencing symptoms during that week.

The Department is requesting funding for the next three months, as further response will depend upon the trajectory of the outbreak at that time. Factors such as the potential impact of this supplemental funding as well as changes in the federal response may impact the spread of MPX. The requested supplemental funding would be used to focus on immediate response needs.

FUNDING

The Department initiated its public health response to MPX in May using existing funds appropriated via S.B. 21-243 (Colorado Department of Public Health And Environment Appropriation Public Health Infrastructure). Throughout August, the Governor allocated an additional \$2,898,600 from the American Rescue Plan Act (ARPA) of 2021 cash fund to the Department via an interagency agreement (IA) to address the public health emergency. While federal funding for CDPHE is restricted in its allowable use, the Department has submitted requests to the Centers for Disease Control (CDC) to redirect federal COVID-19 response funding to MPX and is awaiting approval. The Department has reached the capacity of its existing and additional IA funding, and is requesting supplemental funding to continue to support another three months of response activities. To date, no federal funding has been made available to states to address the MPX health emergency, and the Department is limited in its ability to use COVID-19 funding without jeopardizing FEMA reimbursements to the State.

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

[Senate Bill 21-243](#) appropriates \$11.0 million General Fund to CDPHE and \$10.0 million to local public health agencies (LPHAs) annually through FY 2023-24. The appropriation does not have restrictions on usage, and it is intended to allow CDPHE and LPHAs to build infrastructure and capacity to effectively respond to future public health threats in a timely manner. Given the General Assembly’s intent for these funds, the Department has utilized a portion of the S.B. 21-243 funding as well as the IA funding from the Governor’s office as a stopgap measure to respond to and limit the spread of MPX. The funding CDPHE received through S.B. 21-243 allowed the Department to respond much more rapidly and with greater flexibility to MPX, as well as distribute funding to LPHAs and other community-based organizations. The Department believes that the flexibility and resources afforded by S.B. 21-243 have been essential in its ability to respond to MPX. An example of this was that FTE were able to freely shift to respond to needs without being limited by the scope of funding as is the case with federally funded FTE. The Department is hopeful that this is reflective of how it will be able to address future public health issues.

LPHA FUNDING

CDPHE is leveraging funding from S.B. 21-243 to distribute additional funding to LPHAs and Community-Based Organizations (CBOs) to respond to MPX. These amounts are beyond initial funding allocations planned for FY 2022-23.

ORGANIZATION	ORGANIZATION TYPE	ESTIMATED DISTRIBUTION UNDER REQUEST
Boulder County Public Health	LPHA	\$107,629
Out Boulder	CBO	\$2,500
Boulder County Aids Project	CBO	\$45,000
El Paso County Public Health	LPHA	\$58,880
Tri-County Health Department	LPHA	\$185,000
Larimer	LPHA	\$77,500
Servicios de la Raza	CBO	\$200,000
Vivent Health	CBO	\$152,000
Colorado Health Network	CBO	\$65,000
Varying Other CBO(s)	CBO	\$83,000
Jefferson County Public Health	LPHA	\$108,600
Total		\$1,085,109

REQUEST COMPONENTS

\$1.0 million to staff vaccine clinics

- CDPHE is planning to host two vaccine clinics a day over a six-week time frame.
- This includes costs for personnel, mobile and static sites, and supplies.

\$900,000 to distribute to Denver Health and other safety net partners

- Denver Health has treated 90.0 percent of the MPX cases that have arisen so far, including cases from all over the state, and has needed to increase staffing to meet the rising demand in testing, treatment, and vaccination.
- The Department has already committed to distributing \$500,000 of the IA funding to these agencies to meet additional staffing needs through October.

\$183,144 for the Immunization Branch

- To purchase supplies and software related to recording, distributing, and storing vaccines.

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- Funding for the Immunization Branch is restricted in its use, with less than 5.0 percent of operating funds allowed to be used for MPX response. These funds are already budgeted towards Department activity for FY 2022-23.

\$336,667 for the State Laboratory

- To support increased testing including supplies, courier services, and biohazard waste disposal.
- Funding for the State Laboratory is restricted in its use, with less than 8.0 percent of operating funds allowed to be used for MPX response. These funds are already budgeted towards Department activity for FY 2022-23.

\$9,667 for the Office of Emergency Preparedness and Response (OEPR)

- To cover vaccine administration supplies and travel costs.
- Current funding for OEPR is entirely restricted and cannot be put towards MPX response.

\$118,000 for the Office of STI/HIV/VH (OSVH)

- For supplies related to outreach events and education and funding for the Community Resource Fund to support isolation for MPX positive cases.
- Current funding for OSVH is entirely restricted and cannot be put towards MPX response.
- The CDC recommends that individuals with MPX isolate for the duration of illness which can impose a significant financial burden. The Community Resource Distribution Plan provides emergency financial assistance to these individuals. It is meant to be a short-term solution when no other resources are available, and would not duplicate other assistance. Eligibility criteria will be established by CDPHE and would cover essential costs that allow an individual to isolate such as: essential utilities, medication, essential food and supplies, transportation, and housing.

\$791,700 for three months of CDPHE mobile vaccine units (MVUs)

- These units will be dedicated to MPX vaccination, and will increase the length of time that MVUs are able to offer vaccines. The MVUs in this request are currently operating using the IA funding, and do not have funding to operate beyond September 30th.

PUBLIC HEALTH RESPONSE

CDPHE's response to MPX is guided by the following goals:

- 1 Mitigate spread in communities with highest transmission and among populations most at risk.
- 2 Increase provider awareness.
- 3 Engage/educate high risk communities.
- 4 Increase access to testing.
- 5 Build external testing capacity via commercial labs.
- 6 Support by the State lab.
- 7 Increase access to vaccinations.

VACCINATIONS

CDPHE is distributing the JYNNEOS vaccine which was approved in 2019 for the prevention of MPX in individuals 18 years of age and older at high risk for MPX infection⁷. As of September 16th, 13,815 doses of the vaccine had been administered and 11,434 individuals had been vaccinated in Colorado⁸. Since the end of June, CDPHE has held 108 vaccination clinics in the Denver Metro Area and Front Range, and five clinics in rural Colorado. These have been located on the CDPHE campus, at community organizations, on mobile vaccine buses, or at social locations such as bars.

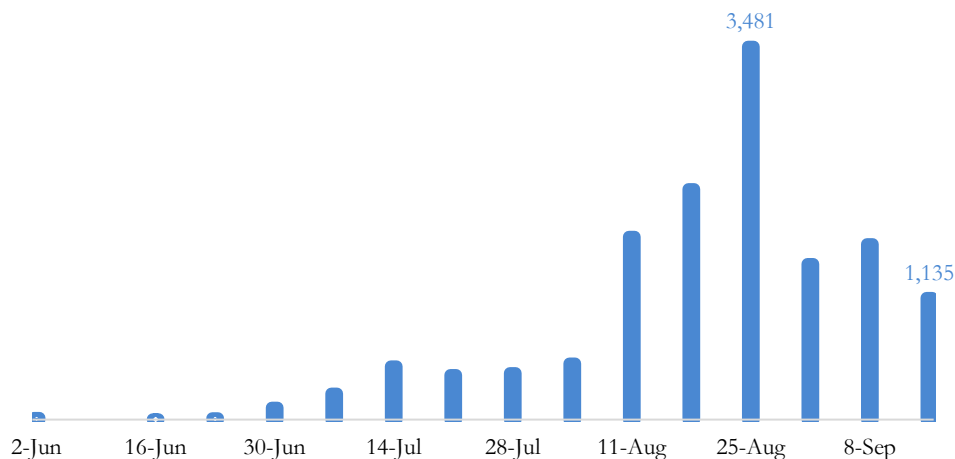
⁷ <https://www.fda.gov/vaccines-blood-biologics/jynneos>

⁸ <https://cdphe.colorado.gov/diseases-a-to-z/monkeypox>

The vaccine is usually administered via subcutaneous injection, however in August, the U.S. Food and Drug Administration (FDA) approved an emergency use authorization to allow providers to administer the vaccine via intradermal injection⁹. This means that for every single vial of vaccine, providers can now administer up to five doses while producing a similar immune response. On August 31st, CDPHE expanded the criteria for vaccination, began allowing for second doses of the vaccine, and transitioned to an automated system for appointment scheduling. Updated expanded vaccination eligibility categories are:

- Anyone (any sexual orientation or gender identity) who has had close physical contact with someone who has MPX in the last 14 days.
- Anyone (any sexual orientation or gender identity) who:
 - Has had multiple sexual partners in the last 14 days, or
 - Has had sexual partners they did not previously know in the last 14 days, or
 - Has had close physical contact with other people in a venue where anonymous or group sex may occur in the last 14 days, or
 - Was diagnosed with gonorrhea or syphilis in the past three months, or
 - Who already uses or is eligible for HIV PrEP (medication to prevent HIV, e.g. Truvada or Descovy or Apretude), or
 - Who engages in commercial and/or transactional sex (e.g. sex in exchange for money, shelter, food, and other goods or needs).
- Anyone (any sexual orientation or gender identity) identified by public health as a known high-risk contact of someone who has MPX.

MPX VACCINE DOSES ADMINISTERED IN CO



The Department has prioritized vaccinations for those at high risk for exposure, and will continue to update eligibility as supply and protocol from the federal government change. The JYNNEOS vaccine is being provided to states at no cost from the federal government’s strategic national stockpile. The federal government has not at this point provided any additional funding for the states to distribute or administer these vaccines, and current funding from the CDC for COVID-19 response is highly restricted in its usage. The Department is pursuing federal funding sources and has engaged the state’s congressional delegation in this conversation. While the availability of JYNNEOS vaccines from the

⁹ <https://www.fda.gov/news-events/press-announcements/monkeypox-update-fda-authorizes-emergency-use-jynneos-vaccine-increase-vaccine-supply>

federal government remains somewhat limited, the Department expects supply to increase in the future. CDPHE does not currently see supply as the limiting factor for vaccine distribution, but rather individuals' ability to access the vaccine. It is working to meet individuals where they are at which has proved difficult for a number of reasons. These include barriers to reaching clinics, a lack of funding related to administration, and stigma surrounding transmission of and risk for MPX.

MOBILE VACCINATION UNITS (MVUs)

MPX vaccine has been made available on existing MVUs in order to reach equity populations that are at high risk for MPX. Throughout COVID-19, this system of vaccine delivery proved to be better able to reach populations with barriers to traditional vaccination sites such as lack of transportation, non-accommodating work schedules, and not having a primary care provider. Additionally, this program has increased access in rural communities and has become a vital resource for vaccination in areas of the state with fewer public health resources and providers. As these MVUs are already established across the state and have become trusted resource for vaccinations, CDPHE believes adding them to the outreach efforts for MPX is a logical and necessary step. MVUs can reach members of the community at locations where they feel more comfortable receiving vaccines, where they might face lower stigmatization, and at times that are convenient for them.

COORDINATION WITH PUBLIC HEALTH PARTNERS

At the onset of MPX, CDPHE quickly coordinated with public health partners, including larger public health agencies, Denver Health, and community-based organizations. Local public health agencies are able to provide vaccinations, testing, outreach, and contact tracing, helping the Department contain MPX transmission. Denver Health has been overwhelmed as it has seen the majority of MPX patients, and has received support from the Department while other health care systems prepare to treat MPX. Through H.B. 22-1401 (Hospital Nurse Staffing Standards), CDPHE has already asked these systems for their MPX emergency response plans. Partnerships with community-based organizations have allowed for targeted outreach to specific and difficult to reach populations.

CONTACT TRACING

Individuals who have been exposed to MPX can receive post-exposure prophylaxis in the form of a vaccine to prevent or lessen severity of illness. Therefore, contact tracing and notification are important activities that prompt those who have been exposed to be vaccinated. In cases where the Department is able to contact trace, it has found this to be a successful strategy in limiting spread, and particularly successful in preventing hospitalization. The Department has had mixed success with contact notification, as some cases are unwilling to disclose or unable to name their contacts.

COMMUNITY PARTNERSHIPS

The Department was able to create new partnerships with key stakeholders to respond to MPX. This includes weekly meetings with key LGBTQ+ serving organizations, and as-needed meetings with business owners that create safe spaces for the LGBTQ+ community. These relationships have allowed CDPHE to identify and utilize designated spaces to park MVUs throughout the state.

LEVERAGING COVID-19 INFRASTRUCTURE

The Department is leveraging existing COVID-19 infrastructure to respond to MPX:

- COVID-19 Epidemiology Response Teams are providing technical assistance to LPHAs.

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- The COVID-19 Infection Prevention Team, School/Childcare Team, and Special Populations Team are assisting with developing MPX case and outbreak response guidance and assisting with response efforts.
 - The COVID-19 Data and Surveillance Team is assisting with MPX data analysis, data integration, and data visualization.
 - The COVID-19 Medical Epidemiology Unit is assisting with clinical consultation and treatment distribution (TPOXX).
 - The same immunization, health equity, and field nurse staff who have been responding to COVID are now also responding to MPX, including leadership, clinical staff, vaccine compliance, reminder/recall, Colorado Immunization Information System (CIIS), PrepMod staff, and health equity regional coordinators.
 - Diagnostic testing for MPX is currently supported by laboratory preparedness and COVID-19 response staff.

CHALLENGES IN RESPONDING TO MPX

- CDHPE is continuing to work on outreach to the BIPOC community in Colorado. The Department has found that the messaging and outreach that has resonated well in white, non-Hispanic communities is not resonating for BIPOC communities. It is working with community leaders to design messaging and outreach that will be more appropriate. CDPHE has engaged key community leaders in the Black and African American communities, and is working to engage leaders in the Latinx, Hispanic, and Chicano communities.
- The Department has not been able to host events that include administration of multiple vaccines, including MPX, COVID-19, and flu. This is to avoid jeopardizing FEMA reimbursement of COVID vaccine costs. The central procurement team is currently working to develop a new scope of work that would separate all COVID costs from other vaccine costs to ensure that multiple vaccines can be offered without risking FEMA reimbursement.
- The Department has also seen significant stigma around MPX. Through broad public education, as well as outreach to specific communities and community leaders, CDPHE is hoping to increase awareness and reduce stigma associated with MPX.
- Tecovirimat (TPOXX) is an antiviral drug that may be recommended for people infected with MPX who are likely to become severely ill. The Medical Epidemiology Team has worked closely with providers to help them access TPOXX and navigate the regulatory process. Because TPOXX is an investigational drug, there is a significant amount of paperwork as well as follow-up required on behalf of the pharmacist and provider. The Department has been successful in facilitating this treatment for more than 80 individuals, and is currently working on pre-positioning doses across the state. In addition to sending Health Alert Network messages, medical epidemiologists have provided regular TPOXX updates to providers on the weekly Clinical Partners call, the monthly statewide provider call, and collaborated with Project ECHO on a “Monkeypox Bootcamp ” series.
- There is concern about the spread of MPX related to individuals returning to college campuses as well as early education settings. In August, CDPHE met with all of the leaders of higher education institutions in the state in to fully brief them on concerns and best practices. The Department also has teams engaging with early childhood settings and providers. The Department has held a number of educational webinars, including one later this week for school nurses and educators.