

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



**FY 2014-15 STAFF BUDGET BRIEFING
DEPARTMENT OF PUBLIC HEALTH
AND ENVIRONMENT**

**JBC Working Document - Subject to Change
Staff Recommendation Does Not Represent Committee Decision**

**Prepared By:
Megan Davisson, JBC Staff
December 13, 2013**

For Further Information Contact:

Joint Budget Committee Staff
200 E. 14th Avenue, 3rd Floor
Denver, Colorado 80203
Telephone: (303) 866-2061
TDD: (303) 866-3472

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

TABLE OF CONTENTS

Department Overview	1
Department Budget: Recent Appropriations.....	3
Department Budget: Graphic Overview	4
General Factors Driving the Budget	6
Summary: FY 2013-14 Appropriation & FY 2014-15 Request	12
Requests Requiring Legislation	15
Issues:	
Medical Marijuana Registry	18
State Laboratory.....	28
Water Quality Control Division.....	40
Waste Tires	47
Medical inflation.....	56
Implementation of Recent Legislation.....	60
Update on FY 2013-14 Funding Increases	65
Appendices:	
A – Numbers Pages	
B – Recent Legislation Affecting Department Budget	
C – Update on Long Bill Footnotes & Requests for Information	
D – Indirect Cost Assessment Methodology	
E – Change Requests' Relationship to Measures	
F – Medical Marijuana Audit Recommendations	
G – Waste Tire Bills Since 2003	
H – Water Quality Control Commission Rulemaking Process	
I – Programs Impacted by Medical Inflation	

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

Department Overview

The Department of Public Health and Environment consists of the following eleven divisions:

1) Administration and Support

- Provides department-wide administrative services;
- Houses the Health Disparities Program, which provides grants for health initiatives aimed at reducing and eliminating disparities currently existing in the provision of health services across the state; and
- Houses the Office of Planning and Partnerships which oversees the distribution of state funds to local public health agencies.

2) Center for Health and Environmental Information

- 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.

3) Laboratory Services

- 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 New Born Screening Units;
 - Public Health Microbiology and Environmental Microbiology Units;
 - Radiation County Facility;
 - Organic and Inorganic Units; and
 - Evidential Breath and Alcohol Testing and Certification Units.

4) Air Pollution Control Division

- Performs statewide air monitoring, pollutant analysis, and air emission modeling;
- Researches the causes and effects of pollution from mobile vehicles and implements strategies aimed at reducing emissions from mobile sources; and
- Permits, monitors, and inspects factories, power plants, and other commercial air pollutant emitters for compliance with air pollutant emissions standards.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

5) Water Quality Control Division

- Issues waste water discharge permits and, if necessary, takes enforcement action to ensure compliance with water quality standards;
- Monitors the pollutant levels in rivers, streams, and other bodies of water;
- Conducts surveillance of public and non-public drinking water sources to ensure compliance with federal and state water quality standards; and
- Reviews designs and specifications of new and/or expanding water treatment facilities.

6) Hazardous Materials and Waste Management Division

- Regulates the treatment, storage, and disposal of solid and hazardous waste in Colorado;
- Performs inspections of solid waste facilities;
- Oversees hazardous waste generators, transporters, and storage facilities;
- Regulates commercial radioactive materials in Colorado; and
- Administers the Waste Tire Program.

7) Division of Environmental Health and Sustainability

- Certifies and inspects wholesale food distributors and dairy processors;
- Oversees restaurant, child care facility, and school inspections done by local public health agencies (with a few exceptions where the State is responsible for these inspections);
- Administers the following environmental sustainability programs: the Environmental Leadership Program, the Pollution Prevention Program, and the Pharmaceutical Take-Back Program;
- Administers the Recycling Resources Opportunity Program; and
- Administers the Animal Feeding Operations Program.

8) Disease Control and Environmental Epidemiology Division

- Responsible for identifying, containing, controlling, and tracking the spread of communicable diseases, with a focus on: hepatitis, tuberculosis, sexually transmitted infections, and HIV/AIDS;
- Operates the Immunization Program which includes the Immunization Outreach Program, the Colorado Immunization Information System, and grants to local public health agencies for operation of immunization clinics; and
- Assesses the threat risk from environmental contaminants on human health, and when needed, takes action to contain and/or nullify these threats.

9) Prevention Services Division

- Administers the Tobacco Education, Prevention, and Cessation Program and the Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Prevention, Early Detection, and Treatment Program;
- Operates the Breast and Cervical Cancer Screening Program;
- Operates programs for children with special needs and the Genetics Counseling Program;
- Administers the School-Based Health Centers Program;
- Administers injury and suicide prevention programs;
- Operates the Primary Care Office and Oral Health Program; and

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

- Administers the following two federal food assistance programs:
 - Women, Infant and Children Program; and
 - Child and Adult Care Food Program.

Note the Nurse Home Visitor and Tony Grampsas Youth Services Program were transferred to the Department of Human Services on July 1, 2013.

10) Health Facilities and Emergency Medical Services Division

- 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.

11) Emergency Preparedness and Response Division

- 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.

Department Budget: Recent Appropriations

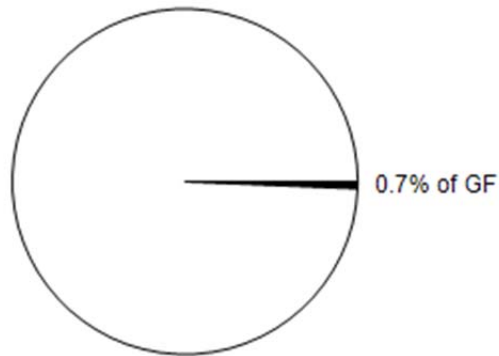
Funding Source	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15*
General Fund ^{/1}	\$27,473,436	\$31,142,676	\$53,402,747	\$50,211,598
Cash Funds	124,269,359	159,564,801	149,737,005	157,546,976
Reappropriated Funds	28,977,004	31,568,086	29,677,710	47,811,431
Federal Funds	<u>266,186,228</u>	<u>245,947,411</u>	<u>291,260,870</u>	<u>298,238,953</u>
Total Funds	\$446,906,027	\$468,222,974	\$524,078,332	\$553,808,958
Full Time Equiv. Staff	1,260.9	1,223.2	1,241.3	1,242.3

*Requested appropriation.

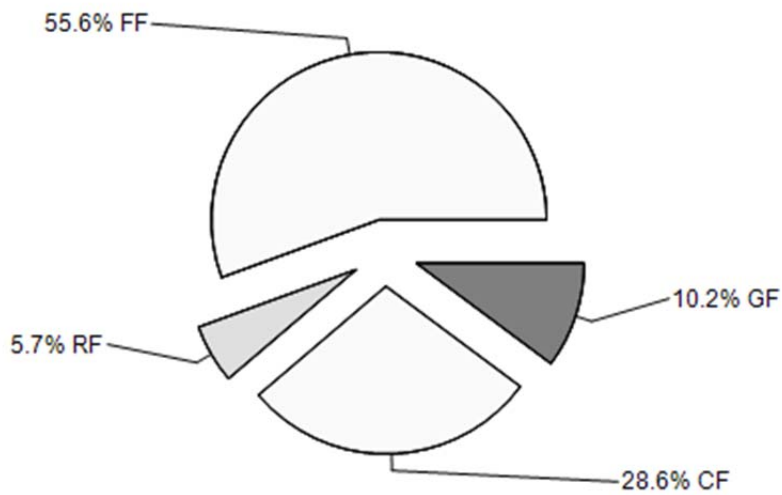
^{/1} Includes General Fund Exempt.

Department Budget: Graphic Overview

Department's Share of Statewide General Fund

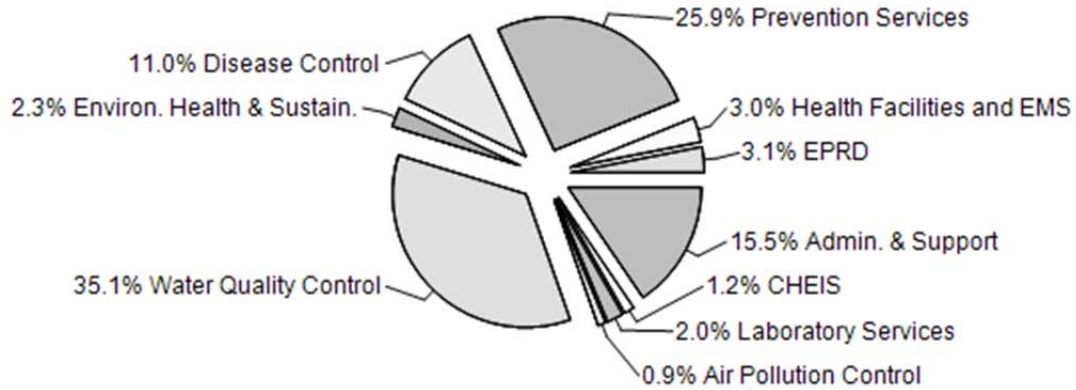


Department Funding Sources

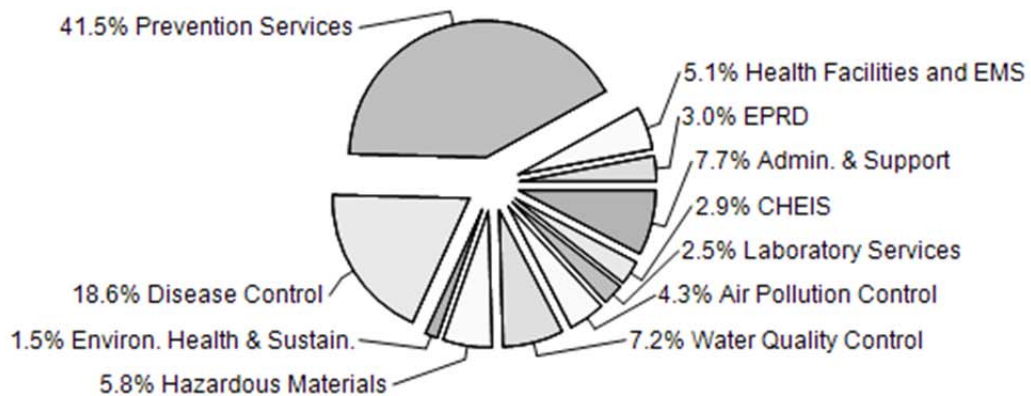


All charts are based on the FY 2013-14 appropriation.

Distribution of General Fund by Division



Distribution of Total Funds by Division



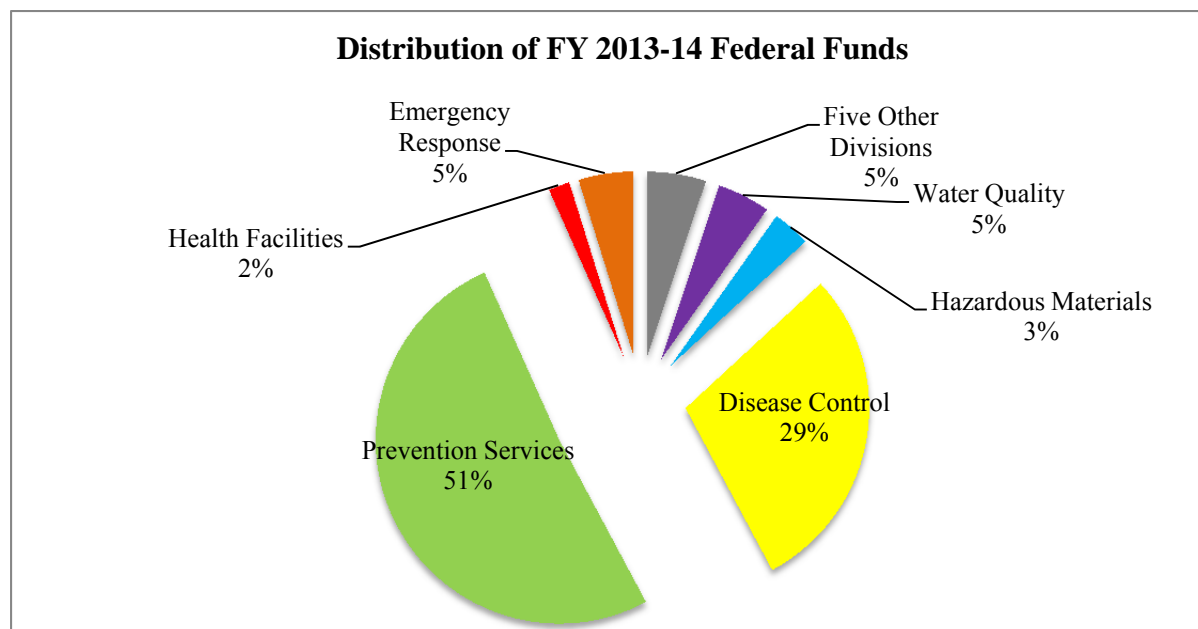
All charts are based on the FY 2013-14 appropriation.

General Factors Driving the Budget

Federal Funds

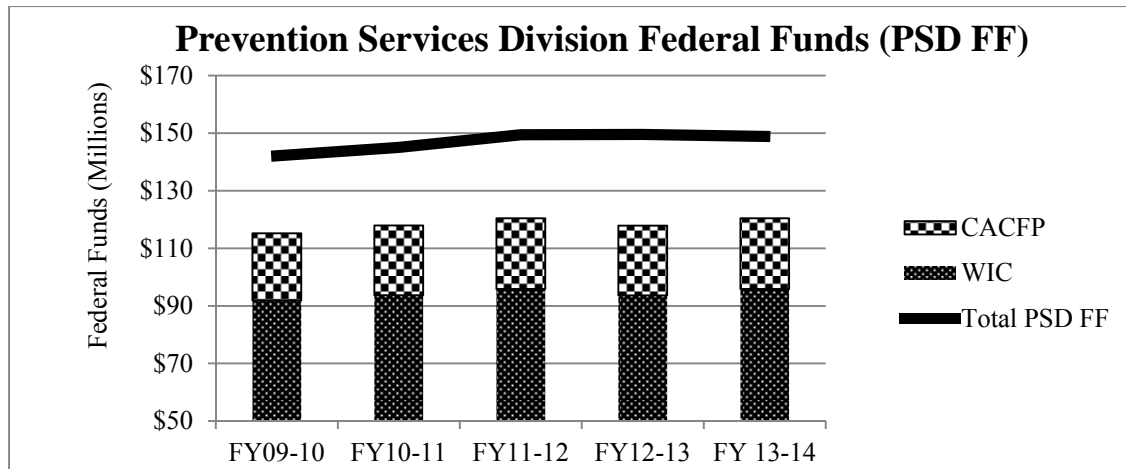
Federal funds have accounted for an average of 55.9 percent of the Department's total appropriation for the past three years. The Department receives federal funds from multiple federal agencies. The majority of the federal funds in the Department's Long Bill are shown for informational purposes only because the General Assembly does not have the authority to limit the actual amount of federal funds expended by the Department. The numbers in the FY 2013-14 Long Bill are based on the actual amount of federal funds received in the most recent actual year (FY 2011-12) to align the FY 2013-14 appropriation with a reasonable estimate of what the Department will actually receive.

Of the total FY 2013-14 federal funds, 59.0 percent, or \$148.9 million, are informationally appropriated to the Prevention Services Division, and 21.1 percent, or \$84.6 million, are informationally appropriated to the Disease Control and Environmental Epidemiology Division. The following graphic illustrates the distribution of federal funds in FY 2013-14.



Within the Prevention Services Division, the majority of the federal funds are for the Women, Infant and Children Program (WIC), and the Adult and Child Food Care Program (CACFP) as illustrated in the following table. Overall, the federal funds appropriated for these two programs account for approximately one quarter of all funding for the department.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision



Within the Disease Control and Environmental Epidemiology Division, 57.0 percent of the federal funds are for purchase of immunizations, and 19.2 percent of the federal funds are from the Ryan White Comprehensive AIDS Resources Emergency Act. The Ryan White Act funds are used for primary care and support services for individuals living with HIV and AIDS who lack health insurance and the financial resources to pay for their care.

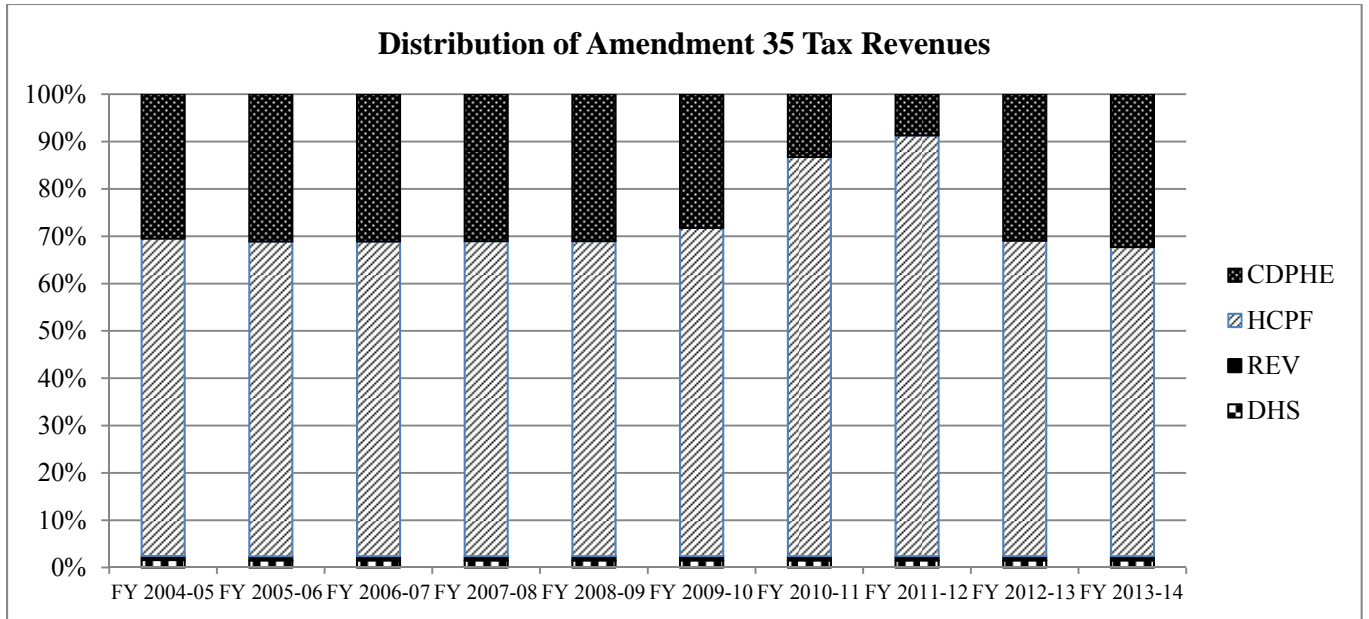
Amendment 35 Tobacco Tax Moneys

Amendment 35 was approved by voters in 2004, and imposed a \$0.64 tax on each pack of cigarettes sold in Colorado and related taxes on other tobacco products. In the Department, Amendment 35 tax revenues support the following program:

- Tobacco Education, Prevention, and Cessation Program;
- Health Disparities Grant Program;
- Cardiovascular, Pulmonary, and Chronic Disease Grant Program; and
- Breast and Cervical Cancer Screening Program¹.

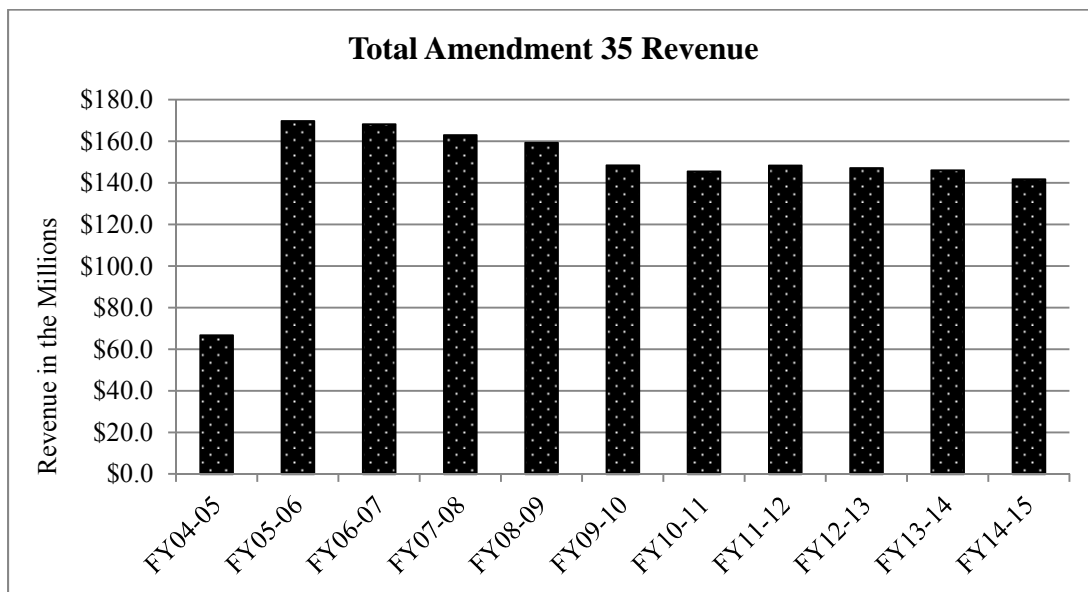
Appropriations for these programs are driven by the amount of revenue generated by the tax each fiscal year and distributed by the constitutionally and statutorily defined formula. The following graph illustrates how the Amendment 35 dollars are divided between The Departments of Health Care Policy and Financing (HCPF), Public Health and Environment (CDPHE), Revenue (REV), and Human Services (DHS).

¹ Current statute requires a portion of the funding for the Breast and Cervical Cancer Program be transferred to the Department of Health Care Policy and Financing for associated treatment costs.



From FY 2008-09 through FY 2011-12 the General Assembly declared a fiscal emergency and diverted a significant amount of Amendment 35 revenue from the Department of Public Health and Environment to the Department of Health Care Policy and Financing as one of the mechanisms to address the General Fund shortfall that occurred as a result of the economic recession.

Over time the continuing decline of Amendment 35 revenue will place burdens on the programs and services funded with this revenue and will eventually reach a point where the General Assembly may have to choose whether or not to add General Fund in order to maintain services. The following graph shows the decline of revenues from Amendment 35.



JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Since the Amendment 35 tax is only applicable to tobacco products and cigarettes, it is possible to maintain funding for programs currently funded with the Amendment 35 by including electronic cigarettes within the tax. Electronic cigarettes are not currently subject to the tax, but the General Assembly could opt to include electronic cigarettes within the tax in order to maintain funding for the health related programs funded by the Amendment 35 revenues.

Water Quality Control Division

The General Assembly increase the Water Quality Control Division's appropriation by \$1.3 million General Fund and 16.0 FTE in FY 2013-14 to enable the Division to improve the Division's ability to meet workload demands. The following table summarizes the responsibilities of the new staff and use of the additional funds.

Summary of Increased Resources for the Water Quality Control Division			
Section	Position	Tasks	
Clean Water	Permits	Permit Backlog	Keep current permit backlog from growing.
		Permit Backlog	Reduce the permit backlog.
	Compliance and Enforcement	Measuring Compliance	Conduct construction sector inspections.
		Measuring Compliance	Conduction industrial sector, stormwater inspections.
		Measuring Compliance	Municipal sector, stormwater MS4 audits.
		Measure Compliance	Reuse sector inspections and audits.
		Compliance Oversight	Review self-reported data and determine compliance.
		Formal Enforcement Actions	Develop, issue, and follow up on formal enforcement actions.
	Environmental Data Unit	Water Quality Status	Assess water quality data, determine standards attainment, and report information.
	Standards Unit	Water Quality Protection	Implement policy and guidance for discharger specific variance program.
Pesticides	Water Quality, Measuring Compliance	Continue development of the Pesticide Permitting Program.	
Drinking Water	Operations	Data Management	Input data included in applications and permits. Community outreach and information conduit to stakeholders for both Clean Water and Drinking Water.
		Community Relations Liaison	Community outreach and information conduit to stakeholders for both Clean Water and Drinking Water.
	Compliance & Enforcement	Compliance Support and Enforcement Backlog	Provide compliance support and address the backlog of enforcement actions.

School-based Health Centers

The School-Based Health Centers Program was created by H.B. 06-1396 and provides grants to school-based health centers (SBHCs) to support the base operating costs of the SBHCs. SBHCs provide medical and behavioral care to school children during the school day, and are run by the school districts in cooperation with other health service providers such as hospitals, medical providers, and community health centers. For FY 2013-14 the General Assembly added \$4.3 million General Fund for SBHCs to increase the size of grants awarded for ongoing expenses, and to also enable grants to be awarded for expansion projects, improvements to existing SBHC, and support the planning and development of new SBHCs.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Legislation

The General Assembly has passed on average ten non-budget bills (i.e. not the supplemental or Long Bill) each session which impact the Department's responsibilities. From FY 2008-09 through FY 2011-12 there were six bills related to the General Assembly's declaration of a fiscal emergency and transferred Amendment 35 funds to the Department of Health Care Policy and Financing where it was used to offset what would have otherwise been General Fund. The following table summarizes the total number of bills and associated fiscal impacts that have impacted the Department's appropriations.

Summary of Non-Budget Bills Impacting the Department							
	Number of Bills	Total	General Fund	Cash Funds	Reapprop. Funds	Federal Funds	FTE
FY 2008-09							
Total Non-Budget Bills	10	\$1,434,772	\$30,000	\$1,404,772	\$0	\$0	13.2
Fiscal Emergency Bill	<u>1</u>	<u>(214,070)</u>	<u>0</u>	<u>(214,070)</u>	<u>0</u>	<u>0</u>	<u>0.0</u>
Total - FY 2008-09	11	\$1,220,702	\$30,000	\$1,190,702	\$0	\$0	13.2
FY 2009-10							
Total Non-Budget Bills	9	2,441,404	60,000	2,381,404	0	0	26.4
Fiscal Emergency Bills	<u>3</u>	<u>(6,161,158)</u>	<u>0</u>	<u>(5,161,158)</u>	<u>(1,000,000)</u>	<u>0</u>	<u>0.0</u>
Total FY 2009-10	12	(\$3,719,754)	\$60,000	(\$2,779,754)	(\$1,000,000)	\$0	26.4
FY 2010-11							
Total Non-Budget Bills	7	4,967,606	0	4,967,606	0	0	6.8
Fiscal Emergency Bill	<u>1</u>	<u>(25,591,418)</u>	<u>0</u>	<u>(21,110,983)</u>	<u>(4,480,435)</u>	<u>0</u>	<u>0.0</u>
Total FY 2010-11	8	(\$20,623,812)	\$0	(\$16,143,377)	(\$4,480,435)	\$0	6.8
FY 2011-12							
Total Non-Budget Bills	9	(1,265,786)	(162,746)	(549,800)	338,684	(891,924)	0.9
Fiscal Emergency Bill	<u>1</u>	<u>(33,000,000)</u>	<u>0</u>	<u>(29,713,649)</u>	<u>(3,286,351)</u>	<u>0</u>	<u>(5.0)</u>
Total FY 2011-12	10	(\$34,265,786)	(\$162,746)	(\$30,263,449)	(\$2,947,667)	(\$891,924)	(4.1)
FY 2012-13							
Total Non-Budget Bills	8	\$3,850,132	\$2,881,956	\$968,176	\$0	\$0	1.6
FY 2013-14							
Total Non-Budget Bills	12	(\$3,806,163)	\$13,979,289	(\$16,937,252)	\$0	(\$848,200)	1.7

The following three bills were passed over the course of the 2012 and 2013 Session which had a significant impact on the Department's appropriation:

- House Bill 12-1326 increased the appropriation for the Oral Health Programs in the Prevention Services Division by \$3,022,800 General Fund to expand oral health services available to older Coloradoans.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

- House Bill 13-1117 transferred the Nurse Home Visitor Program, Tony Grampsas Youth Services Program, and the Colorado Children's Trust Fund to the Department of Human Services. House Bill 13-1117 reduced the appropriation to the Department by a total of \$19,904,563 and 7.5 FTE. Of the total reductions to the Department \$1,453,849 was General Fund, \$17,602,514 was cash funds, and \$848,200 was federal funds.

- House Bill 13-1191 appropriated \$15.0 million General Fund to the Water Quality Control Division for grants to local governments for the planning, design, construction and improvements to domestic wastewater treatment works which are needed to ensure compliance with the Water Quality Control Commission's nutrients management control regulation.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Summary: FY 2013-14 Appropriation & FY 2014-15 Request

Department of Public Health and Environment						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2013-14 Appropriation						
SB 13-230 (Long Bill)	\$527,884,495	\$39,423,458	\$166,674,257	\$29,677,710	\$292,109,070	1,239.6
HB 13-1117	(19,904,563)	(1,453,849)	(17,602,514)	0	(848,200)	(7.5)
HB 13-1191	15,000,000	15,000,000	0	0	0	0.0
Other legislation	<u>1,098,400</u>	<u>433,138</u>	<u>665,262</u>	<u>0</u>	<u>0</u>	<u>9.2</u>
TOTAL	\$524,078,332	\$53,402,747	\$149,737,005	\$29,677,710	\$291,260,870	1,241.3
FY 2014-15 Requested Appropriation						
FY 2013-14 Appropriation	\$524,078,332	\$53,402,747	\$149,737,005	\$29,677,710	\$291,260,870	1,241.3
R1 Marijuana research studies	7,084,656	0	7,084,656	0	0	1.0
R2 Water infrastructure	12,000,000	12,000,000	0	0	0	1.0
R3 Risk based contract monitoring	69,452	0	0	69,452	0	1.0
Non-prioritized requested changes	634,947	0	25,000	599,220	10,727	0.0
Centrally appropriated line items	11,650,162	315,828	1,979,078	562,755	8,792,501	0.0
Base adjustments	0	0	50,000	0	(50,000)	(0.0)
Annualize prior year legislation	(14,816,735)	(14,959,518)	142,783	0	0	(3.4)
Annualize prior year budget actions	(224,241)	(310,035)	(598,854)	680,925	3,723	1.4
Statewide IT common policy adjustments	<u>(68,726)</u>	<u>(237,424)</u>	<u>(872,692)</u>	<u>2,820,258</u>	<u>(1,778,868)</u>	<u>0.0</u>
TOTAL	\$540,407,847	\$50,211,598	\$157,546,976	\$34,410,320	\$298,238,953	1,242.3
Increase/(Decrease)	\$16,329,515	(\$3,191,149)	\$7,809,971	\$4,732,610	\$6,978,083	1.0
Percentage Change	3.1%	(6.0%)	5.2%	15.9%	2.4%	0.1%

/1 Includes General Fund Exempt.

Description of Requested Changes

R1 Marijuana research studies: The Department requests the spending authority for \$7.1 million cash funds from the Medical Marijuana Cash Fund and an associated 1.0 FTE to review data, prepare a request for proposals, and eventually award grants for research on the health effects of marijuana. The request includes roll-forward spending authority through FY 2015-16. The first issue contains an in-depth discussion about the Medical Marijuana Registry and this request.

R2 Water infrastructure: The Department is requesting \$12.0 million General Fund to enable the Department to issue flexible grants to municipalities and water districts throughout the state to continue to help meet water nutrients standards and to improve water and wastewater

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

infrastructure. The Water Quality Control Commission conducted two major actions in June 2012 as part of a coordinated strategy to address current and potential future nutrient pollution of Colorado surface waters. The first was the adoption of new regulations to address nutrient levels in surface water, and second was the adopted new regulation for nutrient limits in discharges from many domestic wastewater treatment plants and industrial wastewater dischargers. The implementation of these new regulations by water districts and municipalities was complicated by the September 2013 flooding. The Department anticipates that a portion of this funding would be used to assist flood-affected communities repair and rebuild their water and wastewater infrastructure.

The request is similar to the funding provided through H.B. 13-1191 because both would provide grants to municipalities and local district. The difference is that H.B. 13-1191 funds focused solely on projects related to complying with the new nutrients regulations. The current request is broader and will allow grants to be awarded for flood recovery activities in addition to grants for nutrients. In some cases grants will be made to organizations that need improvements related to both the flood and related to nutrients. The most recent Federal Emergency Management Agency (FEMA) estimate of flood damage to water and wastewater infrastructure is \$170.0 million.

The Department has not established a specific dollar amount that will be award for flood recovery and a dollar amount for nutrient planning, design or construction. Grants for flood recovery efforts will be awarded in consultation with State Office of Emergency Management, and will be designed and to offset “repair or replacement” costs not covered FEMA.

R3 Risk based contract monitoring: The Department is requesting \$69,452 reappropriated funds from departmental indirect cost recoveries and an associated 1.0 FTE to implement and oversee a standardized process for risk-based contract monitoring as an improvement based on recent audit findings. In FY 2013-14, the Department received funding from indirect cost recoveries to provide the department-wide financial risk management process with adequate and sustainable funding. Staff inquired about how this request was different from the FY 2013-14 request, and the Department indicated that the financial risk management process funded in FY 2013-14 is designed to evaluate the financial practices of contractors, including documentation of work performed, policies, procedures and the allowability of expenses. The Department also responded that the requested funding for risk based contract monitoring would be used to focus on the deliverables of a contract. The argument was made that the monitoring of the financial practices and deliverables are related, but could have different results in that a contractor may have good financial measures but poor deliverables. Additionally, a contractor may have great deliverables but poor financial practices.

Staff's concern with the request is that if the additional funding and FTE appropriated last year are already monitoring items like allowable expenses and documentation of work performed as stated by the Department, will an additional FTE who would then monitor the deliverables reach a point of too much monitoring on the part of the Department? Staff also questions if the contracts are being written with clear and timely deliverables, why the Department is finding a need not only for additional financial risk monitors, but also deliverable monitors?

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Lastly, as the final issue in this document addresses, the Department has not yet integrated a grants management system, and staff is concerned that instead of actually developing a solution to properly execute and approve grant funding, which would not only address a number of audit findings, but also improve the ability of the Department to ensure that state funds are being used in ways compliant with contract requirements and reduce the amount of existing staff time used to manually do some financial monitoring activities, the Department appears to be pursuing various other options that would only address pieces of the larger problem.

Non-prioritized requested changes: The request includes the annual fleet vehicle change from the Department of Personnel, and the following changes from the Office of Information Technology: secure Colorado phase II, eliminate redundant applications, Capitol Complex network resiliency, information technology service management ecosystem, Digital Trunked Radio System operations increase, and information technology technical development.

Centrally appropriated line items: The request includes adjustments to centrally appropriated line items for the following: state contributions for health, life, and dental benefits; merit pay; salary survey; short-term disability; supplemental state contributions to the Public Employees' Retirement Association (PERA) pension fund; shift differential; vehicle lease payments; workers' compensation; legal services; administrative law judges; payment to risk management and property funds; and Capitol complex leased space.

Base adjustments: The request includes three net zero changes to make technical changes to accurately reflect program expenditures.

Annualize prior year legislation: The request includes adjustments related to prior year legislation and budget actions, including reduction related to one-time funding of \$15.0 million General Fund for water nutrients grants appropriated through H.B. 13-1191.

Annualize prior year budget actions: The request includes a number of changes to annualize funding decisions made through the Long Bill including:

- General Fund increases related to full year funding for FTE added to the Water Quality Control Division;
- Out year costs of the regulation of two uranium mill projects;
- Second year funding changes for the infrared cameras and air pollution dispersion study; and
- The third year funding change related to the Department's funding for COFRS improvements.

Statewide IT common policy adjustments: The request includes adjustments to line items appropriated for: purchase of services from the computer center; Colorado state network; management and administration of the Governor's Office of Information Technology (OIT); communication services payments, information technology security, and COFRS modernization.

Requests Requiring Legislation

The Governor's November 1 budget request letter to the Joint Budget Committee included a number of items which would require legislation in 2014, which are discussed below.

Cash Fund Repayments

The Governor's request includes the repayment of three cash funds within the Department of Public Health and Environment. It is important to note that the Governor's letter indicated that fees would be lower if the General Assembly decided to repay the funds, but all three of the funds in the Department the fees paid into those funds are set in statute, and for one cash fund the fee was increased by a 2013 bill. Simply repaying these three cash funds would not be sufficient to lower the fees and additional legislation would have to be passed.

Recycling Resources Economic Opportunity Fund

Senate Bill 09-208 transferred \$1.5 million from the Recycling Resources Economic Opportunity Fund to the General Fund in FY 2008-09. The Governor's November 1 request includes the repayment of this transfer. The Recycling Resources Economic Opportunity Fund (Fund) is used for grants designed to promote waste diversion, recycling, recycling markets, the beneficial use of discarded materials, and other recycling-related activities. Revenue for the Fund is generated by a fee on solid waste disposal. It is important to note that S.B. 13-050 increased the solid waste disposal fee incrementally so that additional revenue in the amounts shown in the table below is credited to the Fund.

Impacts of S.B. 13-050 on the Recycling Resources Economic Opportunity Fund²	
Fee Change Pursuant to S.B. 13-050	
Calendar Year	Fee
CY 2013	\$0.07
CY 2014	\$0.09
CY 2015	\$0.11
CY 2016	\$0.14
Total Fee Change from FY13-14	\$0.07
Revenue Impact to the Recycling Resources Economic Opportunity Fund	
Fiscal Year	New Revenue
FY 2013-14	\$207,498
FY 2014-15	\$622,494
FY 2015-16	\$1,141,239
FY 2016-17	\$1,452,486
Total Revenue	\$3,423,717

² Information within the table is from the final fiscal note for S.B. 13-050 dated July 3, 2013.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Hazardous Substance Response Fund

The Governor's request includes a repayment of \$10.0 million to the Hazardous Substance Response Fund (HSRF) in FY 2014-15. The HSRF receives revenue from the solid waste user fee (same fee that funds the Recycling Resources Economic Opportunity Fund) and is used to pay for the State's cost of the federal Superfund Program which cleans up uncontrolled hazardous waste sites. The following table summarizes the total transfers (\$32,468,517) from the HSRF to the General Fund in FY 2008-09 and FY 2009-10.

Transfers from the HSRF to the General Fund		
	FY 2008-09	FY 2009-10
S.B. 09-208	\$17,468,517	\$0
S.B. 09-279	12,500,000	2,500,000
Total	\$29,968,517	\$2,500,000

House Bill 10-1329 added language to Section 25-16-104.6 (1) (a), C.R.S. which limited the HRSF fund balance to \$10.0 million, and required if the balance was not projected to fall below \$10.0 million within twenty-four months, the solid waste fee should be reduced. The following table shows the actual and projected balance for the HSRF.

Hazardous Substance Response Fund Balance				
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
	Actual	Actual	Estimated	Projected
Balance*	\$13,914,274	\$14,336,512	\$11,864,175	\$9,253,871
Two Year Average		\$14,125,393	\$13,100,344	\$10,559,023

*Includes the balance reserve of 16.5 percent of operating costs

Information from Department's Schedule 9 Cash Fund Report

Without additional statutory changes, and if the General Assembly did decide to repay the HRSF, the Department would have to evaluate the solid waste fee and present recommendations to the Solid Waste Commission. **In light of these issues, staff recommends the Department discuss at the hearing what reasoning was used to select the \$10.0 repayment figure, instead of say a percent of the total amount transferred in FY 2008-09 and FY 2009-10. Additionally staff recommends the Department discuss options for addressing the issue of the balance cap if the General Assembly decides to repay the HRSF.**

Waste Tire Cleanup Fund

The Waste Tire Cleanup Fund is used to reimbursement local agencies for the identification and cleanup of sites where waste tires have been illegally dumped, and for incentives for the reuse of waste tires. There are a number of issues with the current statutory structure of the Waste Tire Cleanup Fund which is discussed in the fourth issue of this document. In summary the issues are: (1) these funds can only be used to reimburse local cleanup costs which means locals must upfront the costs which does not happen often, and (2) the unspent funds at the end of each fiscal year rollover into the Processor and End Users Fund. Therefore if the General Assembly decided

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

to repay the Waste Tire Cleanup Fund and not make any additional statutory changes, there is a significant chance the funds will simply roll into the Processor and End User Fund at the end of the fiscal year in which the repayment is made.

Legislation Related to R1 Marijuana Research

Appendix B of the Governor's November 1 letter includes the following statement, "R-1 Marijuana Research may be enhanced and clarified by legislation to create a continuous appropriation for five years in order to allow these appropriations to accommodate the full five-year period of some suggested studies." The first issue of this document provides the staff recommendation if the Committee decided to sponsor legislation related to the marijuana research study request.

Legislation to Accompany R2 Water Infrastructure

Appendix B of the Governor's November 1 letter indicates that legislation would be required to extend the three year sunset of the Nutrients Grant Fund established by H.B. 13-1191 if the General Assembly approves the \$12.0 million water infrastructure request. Staff will make a recommendation on the request during the Department's figure setting presentation.

Issue #1: Medical Marijuana Registry

The statutory implementation of Amendment 64 charged the Department with monitoring the effects of marijuana but did not affect the Medical Marijuana Registry. The Medical Marijuana Registry is operated by the Department of Public Health and Environment and is funded by a fee on new and renewal applications for the Medical Marijuana Registry card. The fee is credited to the Medical Marijuana Cash Fund which is projected to have an excess fund balance of \$13.8 million in FY 2013-14. The size of the balance was an audit concern voiced by the State Auditor during the July 2013 presentation of the audit on the Medical Marijuana Program. In order to partially address the excessive balance, the Department has requested spending authority for \$7.0 million cash funds from the Medical Marijuana Cash Fund in FY 2014-15 to support research projects that will study the effects of medical marijuana. The State Board of Health will consider revisions to the application fee at the December 18, 2013 meeting as another mechanism to address the size of the balance.

SUMMARY:

- The Medical Marijuana Cash Fund has an estimated FY 2013-14 excess uncommitted fund balance of \$13.8 million, which is an increase of \$0.3 million from the excess uncommitted fund balance of \$13.4 million in FY 2012-13. If the application fee is reduced, staff projects the excess uncommitted reserve will be \$11.9 million in FY 2015-16.
- The State Auditor's July 2013 audit report of the Department's Medical Marijuana Program voiced the concern that the medical marijuana registry card "fee is set to high which has resulted in a fund balance that far exceeds the Registry's needs."³
- The Department has requested spending authority for \$7.0 million cash funds from the Medical Marijuana Cash Fund for studies looking at the health impacts of using medical marijuana. The Department is also request 1.0 FTE for five years to oversee the administration of the funds.
- Funding for the health research studies compounded by the proposed change in the fee and unknown impact on applicants as a result of marijuana legalization could result in insufficient funding for the Medical Marijuana Registry. The State Board of Health will consider revisions to the fee at the December 18, 2013 meeting.
- The impacts of Colorado's 2012 legalization of marijuana on the Medical Marijuana Registry are not clear at this point. Only time will tell if the Medical Marijuana Registry should remain in its current form, or if structural changes will be required. The two bills passed in the 2013 Session to implement Amendment 64 did not affect the Medical Marijuana Registry.

³ Page 1 of the June 2013 audit report titled "Medical Marijuana Regulatory System Part II

RECOMMENDATION:

Staff recommends the Committee sponsor legislation to require the State Board of Health to revisit the fee every six months for two years, then every twelve months thereafter to ensure the fee revenue is sufficient to cover the Registry's cost but not excessive.

Legislative Option: If the Committee wishes to sponsor legislation to establish clear guidelines and a structure for a program to fund marijuana health research projects, staff recommends the legislation contain the following components which are discussed in detail in the next section:

- The creation a subaccount of the Medical Marijuana Cash Fund and provide the subaccount with continuous spending authority;
- A repeal of the subaccount in five years and require any unspent funds remaining in the subaccount to revert to the Medical Marijuana Cash Fund;
- The ability of the Department to transfer funds from the Medical Marijuana Cash Fund to subaccount based on the cost of health research projects approved by the Taskforce;
- A cap on the total amount of funds that can be approved for health research projects;
- An administrative structure for the Department so there are clear deliverables and accountability both for the Department and the General Assembly;
- The creation of a Taskforce, and a defined structure for the Taskforce which ensures that individuals qualified to make recommendations on health research projects are the individuals making the funding recommendations;
- Initial transfer to the subaccount for first year cost of 1.0 FTE

DISCUSSION:

Background

The Medical Marijuana Program Cash Fund (Fund) funds the direct and indirect costs associated with the administration of the Medical Marijuana Registry. The Medical Marijuana Registry was created in 2000 by Amendment 20 which allowed for limited use of medical marijuana. Patients are permitted to use marijuana to alleviate debilitating medical conditions if they have received a physician's recommendation and obtained a registry card from the Medical Marijuana Registry. The following table summarizes which debilitating conditions qualify for medical marijuana use and which conditions the State Board of Health has not approved for medical marijuana use.

Summary of Allowable and Denied Conditions for Medical Marijuana Use	
Allowable Conditions via Colorado Constitution	
Cancer	Persistent muscle spasms
Glaucoma	Seizures
HIV or AIDS	Severe nausea
Cachexia	Severe pain

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Summary of Allowable and Denied Conditions for Medical Marijuana Use	
Denied Conditions	
Asthma	Atherosclerosis
Bi-polar Disease	Chron's Disease
Diabetes Mellitus, Types 1 and 2	Diabetic Retinopathy
Hepatitis C	Hypertension
Tourette's Syndrome	Opioid Dependence
Post-Traumatic Stress Disorder	Severe Anxiety and Clinical Depression
Methicillin-Resistant Staphylococcus Aureus (MRSA)	

2013 Performance Audit

The Office of the State Auditor released, in June 2013, the second part of the Medical Marijuana Regulatory System, specifically focusing on the Department's role in the system and made nine recommends, which are included in Appendix F. The audit identified four primary issues, and for the purpose of this discussion, issue #4 is applicable.

- Issue 1 – inadequate oversight of physicians and ensuring appropriate recommendations;
- Issue 2 – lack of a process for caregivers to indicate the significant responsibilities they are assuming for managing the well-being of their patients or for documenting exceptional circumstances that require a caregiver to take on more than five patients;
- Issue 3 – questions about the authority of the Department to allow contractors and other state agencies to access the confidential Medical Marijuana Registry; and
- Issue 4 – setting fees too high, resulting in the Medical Marijuana Cash Fund having the largest excess uncommitted reserve in the State.

Medical Marijuana Cash Fund

There are two separate issues concerning the structure of the Medical Marijuana Cash Fund. The first issue is the current level of the fee is higher than it needs to be to support the ongoing costs of the Medical Marijuana Registry. The second issue is the existing, and growing size of the uncommitted fund balance of the Medical Marijuana Cash Fund in excess of the statutorily required reserve.

Issue #1 – Application Fee

The Registry is funded by a fee on new and renewal applications for a medical marijuana registry card. Registry cards must be renewed each year. The fee is set by the State Board of Health and the amount of revenue is dependent on both the number of people applying for medical marijuana identification card and the fee. The following table summarizes the number of applications each year for a medical marijuana registry card and the associated fee.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Calendar Year	Number of Medical Marijuana Registry Applications Since 2004				Application Fee
	No. of Applications	Change from Previous Year	Percent Change		
2004 actual	512	n/a	n/a		\$110
2005 actual	730	218	42.60%		\$110
2006 actual	1,040	310	42.50%		\$110
2007 actual	1,955	915	88.00%	Jan.-July = \$110 July 1 – Dec = \$90	
2008 actual	4,720	2,765	141.40%		\$90
2009 actual	41,107	36,387	770.90%		\$90
2010 actual	88,937	47,830	116.4%		\$90
2011 actual	80,803	(8,134)	(9.4%)		\$90
2012 estimate	101,626	20,823	25.8%	Effective Jan. 1 -	\$35
2013 projection	109,201	7,575	7.5%		\$35

Amendment 20 and accompanying statute clearly outline the intent of the voters that the fee be sufficient to cover the costs of the Registry. Article XVIII, Section 14, (3) (i) of the Colorado Constitution states: "The state health agency may determine and levy reasonable fees to pay for any direct or indirect administrative costs associated with its role in this program". Section 25-1.5-106 (17) (a), C.R.S. states the moneys in the Fund shall be for the establishment, operations, and maintenance of the Medical Marijuana Program.

The following table summarizes the Medical Marijuana Cash Fund revenue and expenditures and highlights the historical issue with the fee level for medical marijuana registry cards. The FY 2013-14 revenue is the staff projection of what revenue would look like if the Board of Health adopts the fee reduction effective February 1, and there is no reduction in the number of applications. If the fee is not reduced, and even if the General Assembly approves \$7.0 million for health research, the Medical Marijuana Cash Fund balance will continue to grow.

	Medical Marijuana Cash Fund Summary				
	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14
Beginning Fund Balance	\$340,194	\$8,249,707	\$8,249,707	\$12,033,533	\$13,429,959
Revenue	10,469,427	9,847,563	6,413,513	3,914,050	2,912,027
Expenditures*	(1,048,783)	(9,847,563)	(2,629,687)	(2,517,624)	(2,583,000)
Ending Fund Balance	\$9,760,838	\$8,249,707	\$12,033,533	\$13,429,959	\$13,758,986
Required 16.5% Reserve	173,049	1,624,848	433,898	415,408	426,195
Excess Uncommitted Reserve	\$9,587,789	\$6,624,859	\$11,599,635	\$13,014,551	\$13,332,791

*Expenditures for FY 2010-11 include a \$3.0 million transfer to the General Fund and an accounting adjustments reflect in FY 2010-11 related to expenditures in FY 2009-10.

The Department was aware of the excess fund balance starting in FY 2010-11 but did not adjust the fee until January 1, 2012, thereby building an excessive reserve. Without accounting for the impact of Amendment 64, the \$35 fee will provide sufficient revenue to cover the direct and

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

indirect costs associated with administration of the Medical Marijuana Registry, but is not low enough to address the excessive reserve. The State Board of Health will consider a reduction to the application fee at the December 18, 2013 meeting. The proposal would reduce the fee to \$15 per applicant effective February 1, 2014 through January 30, 2019, and then on February 1, 2019 the fee would rise to \$22 per application. The following table shows staff's projections of FY 2013-14 revenue, assuming the State Board of Health adopts the \$15 fee. The table includes multiple scenarios because it is unclear how many Registry card application will be submitted after the legalization of marijuana.

FY 2013-14 Medical Marijuana Cash Fund Revenue Projections					
	Months	No. of Applications	Fee	Revenue	Over/(Under) FY 2013-14 Approp.
No Drop in Applications					
Assume no Drop in Applications	July - December 2013	54,601	\$35	\$1,911,018	
	January 2014	9,100	\$35	318,503	
	February-June 2014	45,500	\$15	682,506	
Total FY 13-14 Revenue		109,201		\$2,912,027	\$330,756
25.0 Percent Drop in Applications					
Assume 75% Applicants Return	July - December 2013	54,601	\$35	\$1,911,018	
	January 2014	6,825	\$35	238,877	
	February-June 2014	34,125	\$15	511,880	
Total FY 13-14 Revenue		95,551		\$2,661,774	\$80,503
50.0 Percent Drop in Applications					
Assume 50% Applicants Return	July - December 2013	54,601	\$35	\$1,911,018	
	January 2014	4,550	\$35	159,251	
	February-June 2014	22,750	\$15	341,253	
Total FY 13-14 Revenue		81,901		\$2,411,522	(\$169,749)
75.0 Percent Drop in Applications					
Assume 25% of Applicants Return	July - December 2013	54,601	\$35	\$1,911,018	
	January 2014	2,275	\$35	79,626	
	February-June 2014	11,375	\$15	170,627	
Total FY 13-14 Revenue		68,251		\$2,161,270	(\$420,001)

As shown in the previous table the FY 2013-14 impacts to the revenue is largely dependent on the number of applicants. This is relevant to the Committee because depending on the number of applications the revenue used to support the Registry could drop to a level insufficient to cover the costs of the Registry. The following table summarizes various revenue scenarios for FY 2014-15 to give the Committee an idea of how revenue will be impacted by different fee levels and application numbers.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Revenue Projections for FY 2014-15 Based on Various Fee Levels and Number of Applications			
Applications^	Fee Levels	Revenue	Over/(Under) FY 13-14 Registry Appropriation*
100% of CY 2013 Applicants	\$35	\$3,822,035	\$1,242,035
	30	3,276,030	696,030
	25	2,730,025	150,025
	20	2,184,020	(395,980)
	15	1,638,015	(941,985)
	10	1,092,010	(1,487,990)
75.0% of CY 2013 Applicants	\$35	\$2,866,526	\$286,526
	30	2,457,023	(122,978)
	25	2,047,519	(532,481)
	20	1,638,015	(941,985)
	15	1,228,511	(1,351,489)
	10	819,008	(1,760,993)
50.0% of CY 2013 Applicants	\$35	\$1,911,018	(\$668,983)
	30	1,638,015	(941,985)
	25	1,365,013	(1,214,988)
	20	1,092,010	(1,487,990)
	15	819,008	(1,760,993)
	10	546,005	(2,033,995)
25.0% of CY 2013 Applicants	\$35	\$955,509	(\$1,624,491)
	30	819,008	(1,760,993)
	25	682,506	(1,897,494)
	20	546,005	(2,033,995)
	15	409,504	(2,170,496)
	10	273,003	(2,306,998)

^Calculations make the assumption that the 109,201 applicants is equal to 100.0 percent of applicants for FY 2014-15 for the purpose of this revenue projection

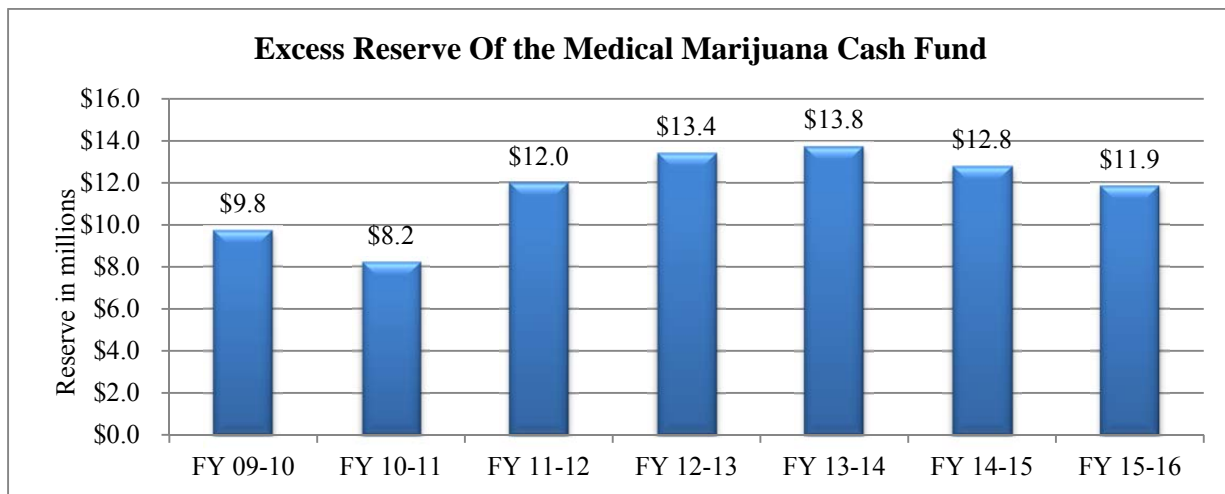
*FY 2013-14 Registry Appropriation equal \$2.1 million for personal services and operating cost plus \$0.48 million for centrally appropriated lines and indirect costs.

The historically slow response of the Department and the State Board of Health to initiate fee changes to try and maintain a reasonable fund balance is concerning. Additionally, neither the Board of Health or the Department are following the existing rules which state "the amount of the fee shall be evaluated annual by the Department. The Department shall propose modification

to the Board, as appropriate.⁴ **Staff recommends, to ensure that fees are set at an appropriate level, that the Committee sponsor legislation to require the Department and State Board of Health to review the fee every six months for the next two years, and annually thereafter.** The time frame is appropriate to adjust the fee if the number of applicants increase or decrease significantly after the legalization of marijuana. Staff acknowledges that adjusting the fee every six months is not ideal but in light of the historical lack of action, and the unknown changes resulting from Amendment 64, staff believes this structure would provide a minimum level of oversight to ensure that the Registry is neither over or underfunded.

Issue #2 – Excess Uncommitted Reserve

The excess uncommitted reserve presents a particularly complex issue of how to deal with it because of the conflict between the statutory restriction on reserves, and the constitutional restriction on what the funds can be used to fund. The statutory restriction on reserve limits is 16.5 percent of expenditures pursuant to Section 24-75-402 (2) (g), C.R.S, and if the reserve exceeds 16.5 percent the Department must adjust the fees to reduce the reserve pursuant to Section 24-75-402 (3) (c), C.R.S. Complicating how to spend down the reserve, Article XVIII, Section 14, (3) (i) of the Colorado Constitution states: "The state health agency may determine and levy reasonable fees to pay for any direct or indirect administrative costs associated with its role in this program". The following table shows the impact to the balance based on the proposed fee reduction while assuming there is no reduction to the number of applications.



Request to Fund Health Research

In order to address the current size of the excess uncommitted reserves, the Department has requested spending authority for \$7.0 million cash funds to fund health research projects looking at health impacts of medical marijuana use. The request would fund studies on the impacts of using medical marijuana for conditions like post-traumatic stress disorder and the used of medical marijuana in children to control seizures. There have been numerous attempts to add conditions to the list of allowable used, but all have failed. One common reason for the repeated failures is a lack of research to substantiate the benefit of using medical marijuana to treat various conditions. The intended outcome of the request is to increase the amount of research

⁴ Department rule 5 CCR 1006-2, Regulation 7 Determination of fees to pay for administrative costs of the medical use of marijuana program.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

available for health workers and policy makers on the health impacts of marijuana use. After conversations with Legislative Legal Services, staff was able to confirm that the request falls within the constitutionally required uses of funds in the Medical Marijuana Cash Fund.

Currently, research proposals funded with federal funds are subject to additional federal requirements because marijuana is still a federally controlled substance. Researchers must apply for, and receive federal approval to conduct marijuana research without jeopardizing federal funds. It is unclear what, if any, effects this may have on the number of proposals submitted.

The request notes that a Technical Advisory Board with experience reviewing and evaluating health research would be established to determine which proposals should be funded and which should not be funded. The request does not provide the Department or the General Assembly with guidelines for how the process of awarding funds would work or what type of structure the Department would implement to ensure that the funding was being used in appropriate manners.

Staff is concerned that the dollar figure of \$7.0 million for research grants is based on two very broad assumptions, one being between seven and fourteen proposals would be submitted and two that each proposal would ask for \$500,000 to \$1.0 million. Without other studies on marijuana to use for cost comparisons and without knowing how many proposals would be approved, staff does not believe it would benefit the General Assembly to approve spending authority without having better data to defend the appropriation. Part of the staff recommendation would provide the Department and the General Assembly with a mechanism to allocate funds based on the cost of approved proposals.

If the Joint Budget Committee and General Assembly wish to provide the Department with the ability to fund research proposals, and more clearly define what structure the Department should use to review and award funding, the Committee could sponsor legislation. Staff recommends the legislation contain the following components to allow the General Assembly to determine how much of the excess uncommitted reserves they wanted to spend, how to structure the program, and provide the Department with more guidance and transparency in awarding and overseeing the proposals:

Component #1 – create a continuously appropriated subaccount of the Medical Marijuana Cash Fund specifically for funds for research projects and staff to oversee the projects. This component is important because it provides the Department and the General Assembly with a transparent mechanism to track how much is spent and the assurance there is sufficient funding for approved research proposals. The Governor's request included a possible request for continuous spending authority because of the multiyear nature of the research projects. Staff does not believe that providing continuous spending authority to the Medical Marijuana Cash Fund is appropriate. By creating a continuously appropriated subaccount, the General Assembly could allow funds approved for research projects to be spent regardless of the timing of the state fiscal year.

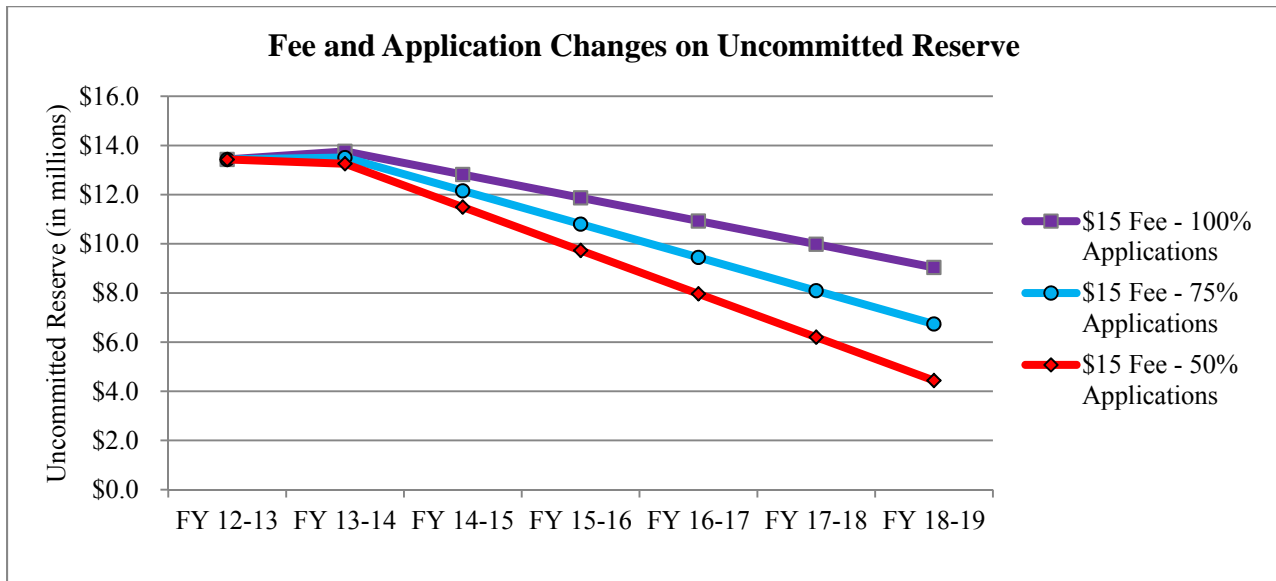
Component #2 – repeal the subaccount in five years and require any unspent funds remaining in the subaccount revert to Medical Marijuana Cash Fund. This component would ensure that any

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

funds initially designated for research projects but not expended would not revert to the General Fund in violation of the constitutional limitations.

Component #3 – provide the Department with the authority to transfer funds from the Medical Marijuana Cash Fund to subaccount based on the cost of health research projects approved by the Taskforce. This component addresses the concerns staff has with the \$7.0 million request, because instead of trying to guestimate the cost of the proposals and setting an appropriation, the Department would transfer amounts to the subaccount based on the action of the Taskforce.

Component #4 –set a cap on the total amount of funds that can be approved for heath research projects. This component would set a ceiling on the total funds the Taskforce and Department could encumber for research projects. This component is directly impacted by the adjustment of the fee, and the impact of Amendment 64 on the number of applications for a Registry card. The graphic below illustrates the staff projection of how the out-year impact of reducing the fee will impact the uncommitted reserve. The reason it is important for the Committee to take the fee change into consideration is because, if the number of number of applications drops, and anywhere from \$6.0 to \$10.0 million is encumbered for research projects, there may not be sufficient funds to pay for both the research projects and ongoing costs of the Registry.



Component #5 – Define an administrative structure for the Department so there are clear deliverables and accountability both for the Department and the General Assembly. This component would allow the General Assembly the chance to work with the Department on how to structure the grant program, and would provide the Department with more guidance and transparency in awarding and overseeing the proposals.

Component #6 – Establish a Taskforce and a structure for the Taskforce. This component would ideally ensure individuals qualified to make recommendations on health research projects are the individuals making the funding recommendations.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Component #7 – allow a transfer funding to the subaccount for the first year personal services and operating costs so that all costs related to the health research proposals are funded from one source.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue addresses the objective of increasing public awareness about the health impacts of marijuana use.

Issue #2: State Laboratory

The Department temporarily suspended blood-drug and blood-alcohol testing by the Toxicology Unit of the State Laboratory in July 2013. After internal department reviews and an audit by the Association of Public Health Laboratories, the Department decided to not reopen the Toxicology Unit in November 2013. The permanent closure of the Toxicology Unit impacts law enforcement agencies that purchase the blood test kits and the district attorney and public defenders that rely on expert testimony to describes what the testing results mean. Due to increased legal expenses, and a lack of revenue from testing fees, the State Laboratory will require additional General Fund for existing expenses related to the Toxicology Unit.

SUMMARY:

- In July 2013 the Department suspended the blood-drug and blood-alcohol testing done by the Toxicology Unit of the State Laboratory. This suspension was made permanent in November 2013 after Departmental reviews and an audit by the Association of Public Health Laboratories.
- The Department determined that approximately half of the clients who utilized the Toxicology Unit services would not return if testing resumed primarily due to the reopening of the private lab in Colorado Springs. Additionally, the Department determined the services offered by the Toxicology Unit did not fall within the realms of improving public health and were more legal in nature.
- If the Department had restarted testing, the Unit would have required a FY 2013-14 General Fund appropriation of \$436,429 to reopen the Unit without any changes to comply with audit findings. The preexisting financial obligations of the Unit compounded by no revenue has resulted in a need to appropriate General Fund in FY 2013-14 and FY 2014-15 to ensure fees paid for other laboratory services do not subsidize expenses attributable to the Toxicology Unit.
- The law enforcement agencies that previously purchase collection kits from the State Laboratory will now have to purchase their test kits from private providers resulting in an increased financial burden. On average the State Laboratory charged \$3 per kit and a private laboratory charges \$4 per kit. There is also a fiscal impact on district attorneys and defense attorneys who pay for the testing of samples.
- If the Colorado Bureau of Investigation was to create a blood-drug and blood-alcohol unit, there are no available cash funds to transfer to the Department of Public Safety. All costs to establish the Unit within the Colorado Bureau of Investigation will have to be borne by the General Fund.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

- The State Public Defender, the Colorado District Attorneys' Council, and the Attorney General's Office support having a state run toxicology laboratory and agree that the appropriate location for the lab is the Colorado Bureau of Investigation, not the State Laboratory at the Department of Public Health and Environment.

RECOMMENDATION:

Staff recommends the Department's FY 2013-14 supplemental appropriation include a General Fund appropriation to cover existing financial obligations of the Toxicology Unit that cannot be covered by cash funds. During the figure setting presentation staff will recommend a General Fund appropriation for preexisting financial obligations in FY 2014-15 of the Toxicology Unit.

Note: If the General Assembly decided to require the Colorado Bureau of Investigations to develop a Toxicology Unit to perform blood alcohol and blood drug testing, no statutory changes are required because there is no current statutory language referencing the Toxicology Unit in the Department of Public Health and Environment. There remains the possibility that if the General Assembly wanted to support the blood drug and blood alcohol testing done by the Colorado Bureau of Investigation (CBI), Section 43-4-402 (2), C.R.S. would need to be amended to allow CBI to receive funds from the Law Enforcement Assistance Fund. The General Assembly would need to decide if testing should be funded by fees, General Fund, or a combination.

DISCUSSION:

Statutory Authority for the Lab

There are only two places within the Colorado Revised Statutes where the State Laboratory is referenced. The first is Section 25-1.5-101 (1) (e) (I) and (II), C.R.S. which references the ability of the Department to operate a laboratory, and specifically states:

"(e) (I) To establish, maintain, and approve chemical, bacteriological, and biological laboratories, and to conduct such laboratory investigations and examinations as it may deem necessary or proper for the protection of the public health.

(II) The department shall transmit all fees received by the department in connection with the laboratories established pursuant to this paragraph (e), with the exception of fees received pursuant to part 10 of article 4 of this title that are credited to the newborn screening and genetic counseling cash funds created in section 25-4-1006 (1), to the state treasurer, who shall deposit them in the laboratory cash fund, which is hereby created in the state treasury. The state treasurer shall credit all interest earned from the revenues in the fund to the fund."

The other location is in Section 42-4-1304 (3), C.R.S. which references the Laboratories responsibilities when a death occurs and states:

"(3) All samples shall be tested and analyzed in the laboratories of the Department of public Health and environment, or in any other laboratory approved for this purpose by the Department of Public Health and Environment, to determine the amount of alcohol, drugs, and carbon monoxide contained in such samples or the amount of any other substance contained therein as deemed advisable by the Department of Public Health and Environment".

Laboratory Composition - What the Colorado State Lab Does

The State Laboratory is divided into six units, and the following is a brief description of what each unit does and the types of test each unit conducts.

- Newborn Screening Unit tests approximately 65,000 samples per year for nearly three dozen genetic disorders in babies born in Colorado and Wyoming, including PKU⁵, cystic fibrosis, and sickle cell anemia.
- Microbiology Program is comprised of microbiology-animal/human testing and microbiology-environmental testing. The program utilizes a combination of conventional culture techniques and cutting edge molecular techniques to rapidly detect infectious organisms of public health importance and to provide data for outbreak investigations.
 - Microbiology animal/human tests for:
 - sexually transmitted diseases (HIV, syphilis, chlamydia, and gonorrhea);
 - zoonotic diseases (hantavirus, rabies, plague, tularemia);
 - vaccine preventable diseases (Neisseria meningitidis, Haemophilus influenzae);
 - tuberculosis;
 - pertussis;
 - outbreak investigations (E. coli, shigella, salmonella, norovirus); and
 - influenza.
 -
 - Microbiology environmental tests for pathogenic organisms (E. coli, shigella, salmonella, Listeria) in:
 - Milk;
 - Water (private and public);
 - Retail food;
 - Retail food establishments; and
 - Food and beverages associated with outbreaks.
- Chemistry Program is comprised of organic chemistry, inorganic chemistry, and radiochemistry. This program provides testing of water (private, public, rivers, streams, etc.) and a vast array of other sample types for private citizens, state and federal partners.
 - *Organic chemistry* tests for carbon based compounds such as solvents, herbicides and pesticides that may be present in food and drinking water.
 - *Inorganic chemistry* tests for non-carbon based chemicals such as nutrients and metals in environmental samples and analyzes air filters.
 - *Radiochemistry* performs radiation counting to detect both the type and the intensity of radiation in both samples and potentially contaminated people.

⁵ Phenylketonuria is a birth defect that causes an amino acid called phenylalanine to build up in your body. Phenylketonuria is caused by a mutation in a gene that helps create the enzyme needed to break down phenylalanine. Information from <http://www.mayoclinic.com/health/phenylketonuria/DS00514>.

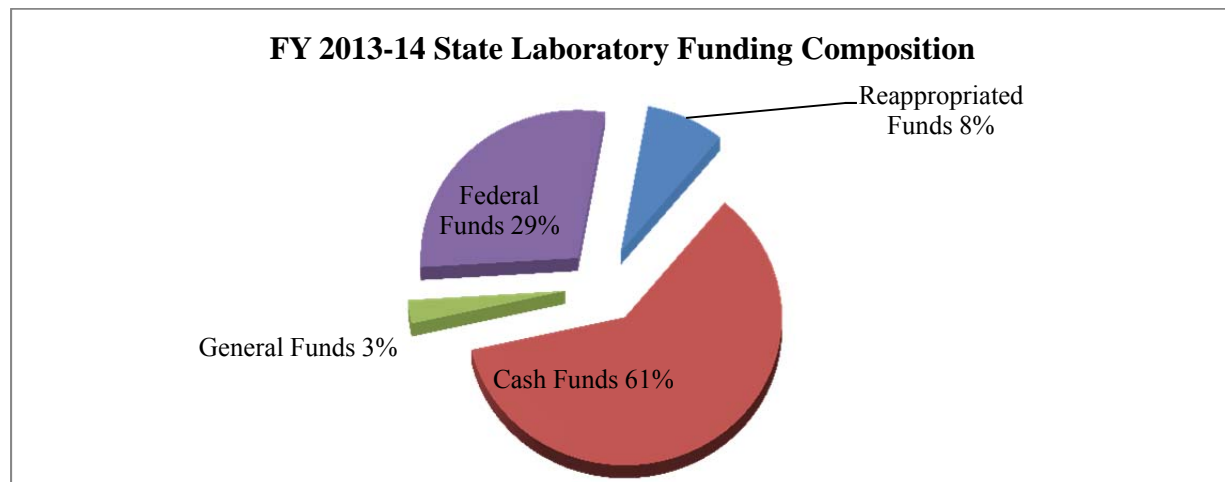
JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

- The Certification Unit inspects and certifies private laboratories for compliance with analytical and operating standards.
- The Toxicology Unit performed blood drug and blood alcohol testing.
- Evidential Breath Alcohol Testing (EBAT) Program certifies alcohol breath testing instruments (Intoxilyzers) and trains law enforcement officers in the proper use of those instruments.

The State Laboratory is the Laboratory Response Network (LRN) Reference Laboratory for Colorado. The LRN is a national network of local, state and federal public health, hospital-based, food testing, veterinary and environmental testing laboratories that provide laboratory diagnostics and the capacity to respond to biological and chemical threats and other public health emergencies (e.g., anthrax, plaque, ricin toxin). The Laboratory provides training and exercises to sentinel labs throughout the state, relating to emergency preparedness and response.

Funding Makeup of State Laboratory

Overall funding for the State Laboratory is a mix of General Fund, cash funds, reappropriated funds, and federal funds and the FY 2013-14 funding composition is shown in the following graphic.



The cash fund structure for the State Laboratory is designed so there are a total of three cash funds, one primary central cash fund for all the different laboratory units, and two additional cash funds for specific activities. The three primary cash funds are:

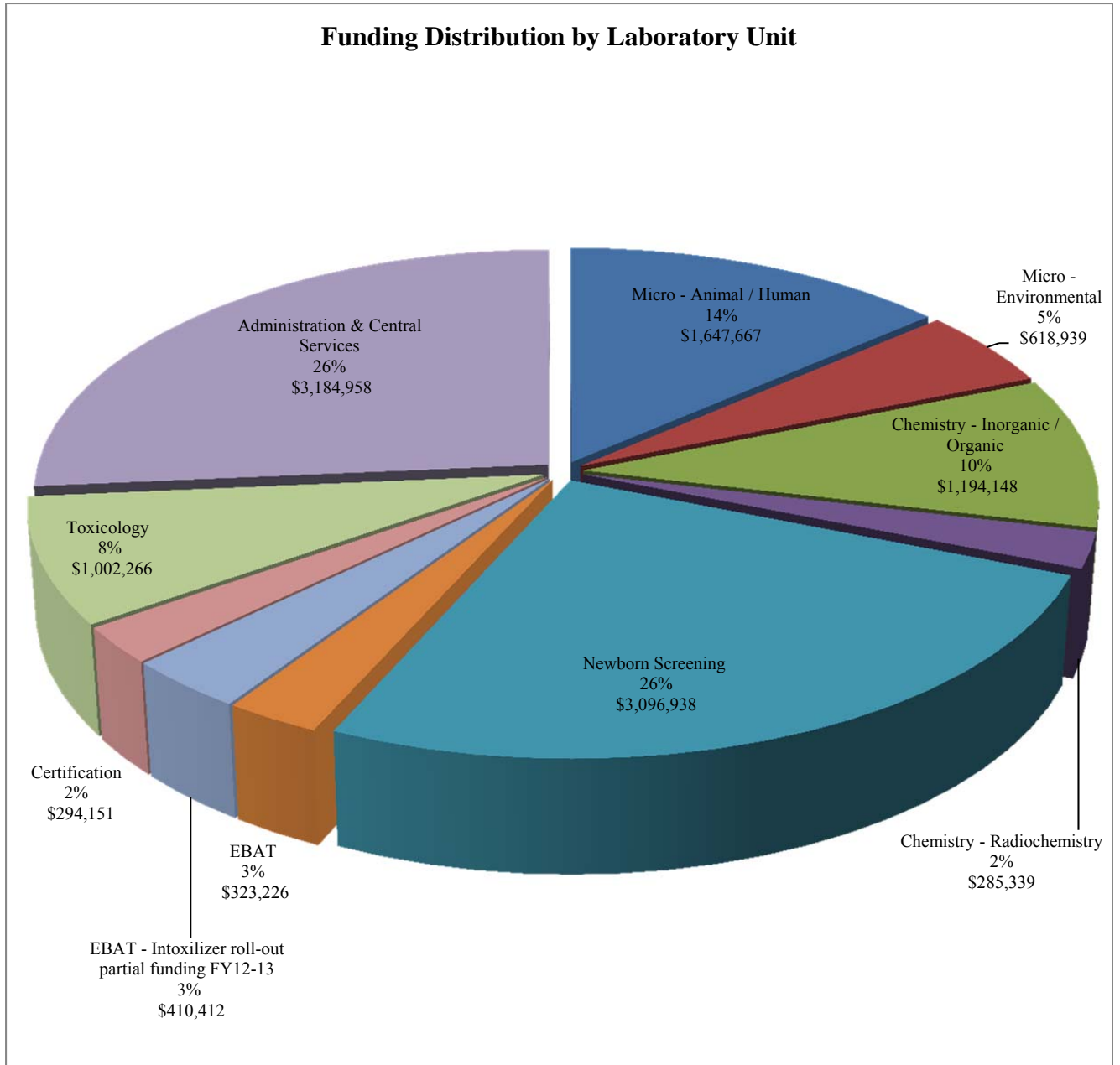
- Newborn Screening and Genetic Counseling Cash Fund is used to fund the Newborn Screening Unit and associated follow-up care and genetic counseling offered by the Family and Community Section of the Prevention Services Division; additionally this cash fund support education programs related to newborn screening and genetic counseling. The reserve for this cash fund is in excess of the 16.5 percent target by a million, to two million dollars because of the high cash outlay for service agreements and the cost of supplies which

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

occur at the beginning of each fiscal year. The State Controller is aware and agrees with the need for this cash fund to have a high reserve.

- Laboratory Cash Fund this cash fund collects fees from customers who have submitted microbiological specimens (i.e., HIV, West Nile, Hantavirus, Tuberculosis, Pertussis, Syphilis Serology, etc.) and environmental samples (water, soil and air filters). Cash fees are also assessed for environmental and forensic laboratory certifications, and prior to the suspension of the Toxicology Unit testing, collected the fee for blood drug and blood alcohol testing. Even if the Toxicology Unit had restarted testing, it was anticipated that revenues from blood drug and blood alcohol testing would have been less because of the reopening of the Colorado Springs Toxicology Laboratory and the discontinuation of the Toxicology Unit processing their tests. There are additional pressures on the Laboratory Cash Fund resulting from a reducing of test volumes for HIV and syphilis serology tests compounded by increases in equipment purchases and leases. The Laboratory has been able to utilize federal grant funds for operating costs without relying as heavily on cash funding. However, the Laboratory has been notified that these grants may be reduced in the next couple of years which would require the Laboratory to adjust fees. There is no plan to adjust fees in FY 2013-14 or FY 2014-14 at this time.
- Law Enforcement Assistance Fund is funded by a \$90 fine assessed on drivers convicted of impaired driving offenses and provides supplemental funding to local, county, and state law enforcement agencies to enforce Colorado's impaired driving laws. Specifically within the Department these funds are used for the certification and training of the Evidential Breath Alcohol Testing Unit pursuant to Section 43-4-402 (2) (a), C.R.S. Prior to the close of the Toxicology Unit, these funds also supported that unit, but upon the close of the Toxicology Unit these funds were no longer available. There remains the possibility that if the General Assembly wanted to support the blood drug and blood alcohol testing that may be done by the Colorado Bureau of Investigation (CBI) similar to how these funds were used to support the Toxicology Unit, Section 43-4-402 (2) would need to be amended to allow CBI to receive funds from the Law Enforcement Assistance Fund.

Additionally the Division received funding from the Water Quality Control Division for testing of water samples by the Organic Chemistry Unit, and various federal funds. The following table summarizes the funding sources for each unit outlined above and includes any relevant comments.



Elements that Resulted in the Permanent Closure of the Toxicology Unit

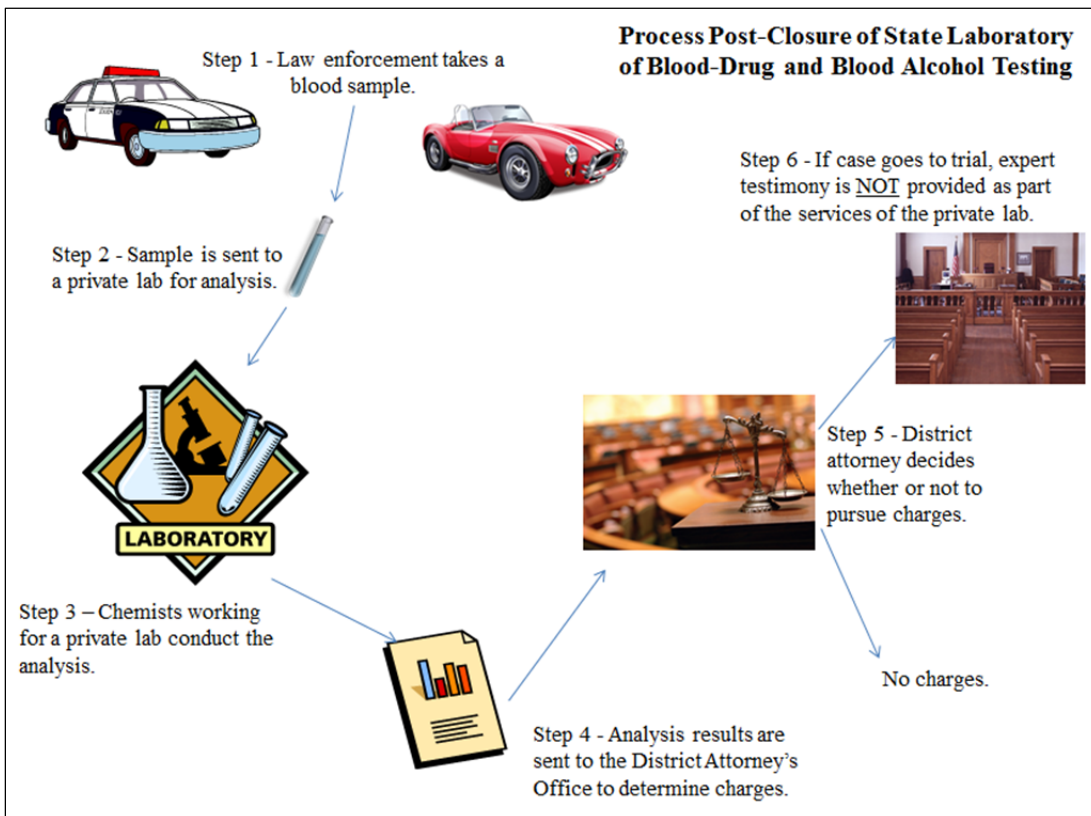
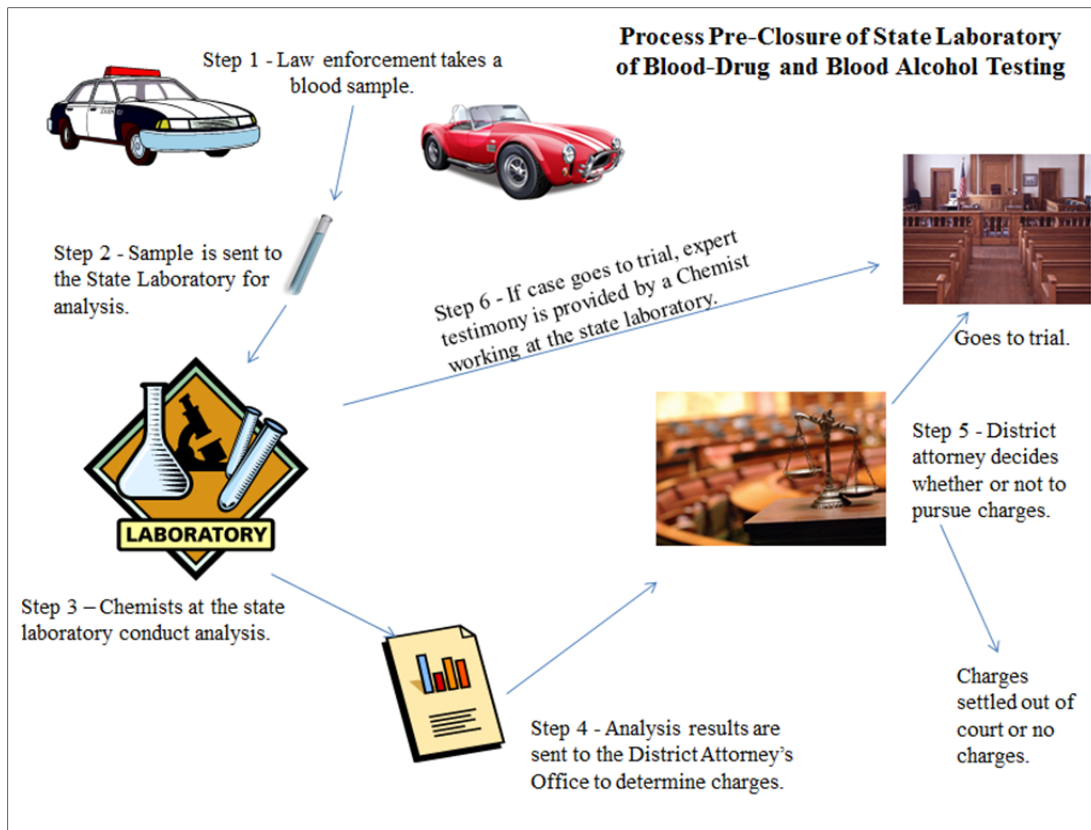
The permanent closure of the Toxicology Unit was not a decision reached quickly or without significant discussion by the Department and the numerous stakeholders who would be impacted by the closure. Below is a time line provided by the Department of the events which lead up to the October 2013 decision to permanent closure of the Toxicology Unit.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

State Laboratory Event Timeline	
Date	Event
March 2012 - September 2012	<ul style="list-style-type: none"> • Employee in toxicology laboratory terminated for performance issue. • Appeal filed by employee with allegations against Toxicology Unit supervisor. The Colorado Personnel Board dismissed the complaint on September 20, 2012, finding complainant failed to demonstrate existence of valid issues.
August, 10, 2012	Second employee in toxicology unit resigns for personal reasons.
February 7, 2013	Second employee complains to a District Attorney about being subject to subpoena and sends e-mail with allegations against Toxicology Unit supervisor and the laboratory.
February 12, 2012	Laboratory management staff developed a plan to reallocate staff duties to address complaints
March 5, 2013	The Department initiates investigation into the second employee’s allegations with Mountain States Employer’s Council (MSEC)
March 18, 2013	Mountain States Employer's Council issued report on the allegations to the Department.
April 9, 2013	Transition plan created to restructure toxicology unit supervision based on the findings of the Mountain States Employer's Council report.
May 31, 2013	Toxicology unit supervisor retires.
June 5, 2013	Toxicology Unit manager solicitation (first of three) closes without any eligible applicants.
June 7, 2013	Colorado Attorney General releases a redetected copy of the Mountain States Employer's Council report.
June 28, 2013	Laboratory Division Director retires.
July 1, 2013	<ul style="list-style-type: none"> • Toxicology Unit suspends testing. • Toxicology Laboratory voluntarily withdraws from annual certification process. • Interim Laboratory Director named.
July 5, 2013	All toxicology samples requiring testing transferred to ChemaTox laboratory and submitters notified of transfer. This transfer encumbered \$80,000 Laboratory Cash Funds.
July 2-8, 2013	Three additional Toxicology laboratory employees resign
July 8- 25, 2013	10.0 percent of samples initially tested by Toxicology Unit chemists for blood-alcohol testing over the previous twelve months sent to a private laboratory (AIT Labs) to verify accuracy (retesting) of Department chemist testing. Retesting cost \$44,000 Laboratory cash funds.
July 12, 2013	Second of three job recruitments for Toxicology Unit manager is released nationally.
August 19, 2013	Interim Laboratory Director is named Director.
September 18, 2013	A third recruitment to hire a Toxicology Director was scheduled to run again nationwide from 9/18/13 - 10/31/13. This recruitment initially yielded eleven applicants. However, during the middle of October, plans to close the Toxicology Unit were announced and the recruitment was cancelled
September 20, 2013	Retesting of samples submitted in July completed and final data submitted for analysis.
October 1-2, 2013	Association of Public Health Laboratories performs site visit and audit of the Colorado Toxicology Unit. This cost \$16,160 Laboratory cash funds.
October 22, 2013	The Department announces to the media that the Toxicology Unit will not re-open.
October 31, 2013	AIT Labs re-test result letters (if applicable) are sent to submitters

The graphics on the following page illustrates how closure of the Toxicology Unit impacts the process of determining and if applicable, prosecuting an individual for driving under the influence of alcohol or drugs.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision



JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Mountain States Employer's Council Report

Mountain States Employers Council provided a report on the findings of the merit of allegations filed by a former Laboratory employee. There were nine specific findings, of which five related to personnel issues and four related to operational issues. The report was publicly released with the names redacted by the Colorado Attorney General on June 7, 2013. The Attorney General included a letter with the release which stated that the Attorney General was releasing the report because "the report contained information that could be considered mitigating evidence in the prosecution of certain criminal cases in which the CDPHE lab was involved."⁶

Department's Reasons for Permanent Closure

Even after addressing the personnel issues, the Department determined that closing the Toxicology Unit was the right decision for the Department to make for three reasons. The first was the anticipated reduction of the number of tests once the Colorado Springs Toxicology Laboratory was recertified and the Toxicology Unit no longer processes their tests. The second reason was the anticipated increased financial cost of restarting the lab based on the audit recommends for increased staffing, compounded by the loss of revenue when the Unit was not testing. The last reason was that determination that the Toxicology Unit was providing more legal services to the district attorney's and defense councils than public health services because of the extensive requirements for chemists to testify at trials in which their test results applied, and the legal requirements the Toxicology Unit comply with Colorado Open Records Requests generated as part of the prosecution and defense of accused drivers.

Justification for Additional Staff if the Lab Had Reopened

One of the tricky parts of managing the staff of the Toxicology Unit is the "right of the accused to face their accuser". Since the chemists who perform the analysis on the blood samples for drug and alcohol levels have historically been placed in the category of accuser, they are required to be available to testify if the case in which the samples partake goes to trial. This requires the chemists to travel to the applicable court room, which could be in any part of the State, and wait for the time in which they might be called to testify on the results. The requirements that the chemists take the day or two to travel and testify created a void in the lab where samples require testing but no chemist is in the lab to test them because they are out testifying. This requirement of staff to travel to trials compounded by the continuing requirement to test new samples was a factor in the Department's decision to not reopening the Toxicology Unit.

Cost Increases to Law Enforcement, Public Defenders and District Attorneys

One of the major impacts of closing the Toxicology Unit is the cost increases to law enforcement, public defenders and the district attorneys for collection kits, testing, and expert testimony. Law enforcement agencies purchase blood alcohol collection kits which are used to collect samples when the individual is stopped by an officer and the increased cost of the kits will depend on which private laboratory the law enforcement entities use. For the district attorneys and public defenders, as shown in the table below the increases for certain tests will be significant and have a direct impact on the budget for these agencies. Note this comparison is based on the fee levels of the Toxicology Unit prior to closing and does not include any adjustments that would have been made if the Toxicology Unit had reopened.

⁶ June 7, 2013 Attorney General's Letter to District Attorney's regarding the CDPHE Lab Investigation.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

CDPHE Toxicology Unit Prices vs. Private Laboratory Testing Prices			
Test	ChemaTox	CDPHE	Regional Medical Laboratory
Blood Alcohol Analysis	\$20	\$25	\$119
5 Drug Panel	\$40	\$65	\$50
10 Drug Panel	\$110	\$135	\$207*
ELISA Single Drug	\$25	\$20	\$0
GC/MS - LC/MS Confirmation (first extraction)	\$200	\$85	N/A - Included
GC/MS - LC/MS Confirmation (additional extractions)	\$100	\$85	N/A - Included
Drug Facilitated Sexual Assault	\$258	\$260	\$347
Toxic Vapors	\$25	\$85	\$71
Blood Alcohol Collection Kits	\$4	\$3	Free w/account
Rebuild Blood Alcohol Collection Kit	\$2	\$3	Free w/account
Opinion Letter	\$200	\$80	Hourly Rate Unknown
Drug Fact Sheets (Specific to Case)	\$100	\$80	Hourly Rate Unknown
Case Review, Consulting, Testimony Time (per hour)	\$100	\$80	Hourly Rate Unknown
Travel and Waiting time (per hour)	\$50	\$80	Hourly Rate Unknown
Litigation Packs - No Drug Confirmations	\$75	\$50 Drug/\$35	Hourly Rate Unknown
Litigation Packs - Drug Confirmations	\$100	\$50 Drug/\$35	Hourly Rate Unknown
Courier Pickup	\$25.00	Not offered	Unknown

*Confirmation included in test cost

Staff did ask the RML laboratory for a pricing list but did not receive a response.

Financial Obligations of the Toxicology Unit

It is important to note that if the Toxicology Unit had resumed testing there would have been a financial implication to both the General Fund and the cash fund because of the cost of increased staffing required to properly staff the lab combined with the loss of revenue from clients who did not return to utilize the services of the Toxicology Unit. If testing had resumed, the Unit would have required a FY 2013-14 General Fund appropriation of \$436,429 to reopen without accounting for any costs associated with increased staffing. No revenue from testing compounded by preexisting financial obligations of the Unit results in a need to appropriate General Fund in FY 2013-14 and FY 2014-15 to ensure fees paid for other laboratory services. Laboratory do not subsidize expenses attributable to the Toxicology Unit. The following table summarizes the existing financial obligations as well as a comparison of the costs (without additional staff) if the Toxicology Unit had reopened.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Comparison of Financial Obligations if Closing and Reopening the Toxicology Unit				
Summary of Revenue and Expenditures	FY 2013-14 Estimated Cost if Reopened	Cost of Closing the Unit		
		FY 2013-14	FY 2014-15	FY 2015-16
Starting Balance*	\$499,109	\$499,109	(\$184,694)	(\$301,664)
Estimated Revenue	<u>130,000</u>	<u>130,000</u>	<u>0</u>	<u>0</u>
Available Balance	\$629,109	\$629,109	(\$184,694)	(\$301,664)
Expenditures				
Actual Expenditures through Nov. 2013	(\$350,033)	(\$350,033)	n/a	n/a
Personal Services	(72,228)	(92,273)	(\$26,748)	(\$26,748)
Operating Expenses	(404,277)	(132,497)	(90,222)	(43,222)
Legal Services	<u>(239,000)</u>	<u>(239,000)</u>	<u>unknown</u>	<u>unknown</u>
<i>Subtotal Expenditures</i>	<i>(1,065,538)</i>	<i>(813,803)</i>	<i>(116,970)</i>	<i>(69,970)</i>
Ending Balance	(\$436,429)	(\$184,694)	(\$301,664)	(\$371,634)

*Note the balance is a portion of the Laboratory Cash Fund attributable to the Toxicology Unit.

The following table includes a summary of expenditures at a more detailed level to provide the Committee with a reference for where the financial obligations remain, and where the differences between reopening and closing the Toxicology Unit exist.

Summary of Expenditures by Category				
	Expenditures if the Unit was reopened - FY 2013-14	Expenditures Related to Closing the Unit		
		FY 2013-14	FY 2014-15	FY 2015-16
Actual Expenditures	(\$350,033)	(\$350,033)	n/a	n/a
Estimated Personal Services				
Employee Salaries	(72,228)	(72,228)	(26,748)	(26,748)
Unemployment Payments	<u>0</u>	<u>(20,045)</u>	<u>0</u>	<u>0</u>
<i>Subtotal - Personal Services</i>	<i>(\$72,228)</i>	<i>(\$92,273)</i>	<i>(\$26,748)</i>	<i>(\$26,748)</i>
Estimated Operating Expenses				
Analysis of samples (as contracted for with private labs) and CORA requests	(38,759)	(38,759)	(33,222)	(33,222)
Office of Information Technology costs	(52,000)	0	0	0
Equipment leases	(33,738)	(33,738)	0	0
Supplies and operating costs	(279,780)	(60,000)	(20,000)	(10,000)
Instrument Leases and certification agreements	<u>0</u>	<u>0</u>	<u>(37,000)</u>	<u>0</u>
<i>Subtotal - Operating Expenses</i>	<i>(\$404,277)</i>	<i>(\$132,497)</i>	<i>(\$90,222)</i>	<i>(\$43,222)</i>
Estimated Legal Costs	<u>(239,000)</u>	<u>(239,000)</u>	<u>unknown</u>	<u>unknown</u>
Total Expenditures	(\$1,065,538)	(\$813,803)	(\$116,970)	(\$69,970)

Staff recommends the FY 2013-14 supplemental for the Department include a General Fund appropriation in the Legal Services line item to ensure the Toxicology Unit's legal services costs are not paid by various indirect cost recoveries from other cash funds. The recommendation for the FY 2014-15 appropriation will be made during the Department's figure setting presentation.

What to do with the current lab space

The State Laboratory covers 69,469 square feet, and the Toxicology Unit accounted for 4.3 percent (2,987 square feet) which is now vacant. There are a couple of options for other state laboratories to utilize the space, the Inspection and Consumer Services Laboratory in the Department of Agriculture or the Colorado Bureau of Investigation (CBI) if it was to begin blood drug and blood alcohol testing. It is staff's understanding that leasing the space out to a private laboratory could raise equity questions and is not being considered as a viable option. The Department of Agriculture had indicated they have no intent to pursue using the vacant space because of the upcoming consolidation of the Department in Broomfield. The Department of Public Safety was asked at their hearing with the Joint Budget Committee about the possibility of providing toxicology services that used to be provided by the Department of Public Health and Environment. The Department of Public Safety indicated they were reviewing the feasibility and noted that the toxicology services are a forensic discipline which meets the criteria of a forensic science laboratory. The response did note that the CBI does not have the ability to absorb the program within existing laboratory space, appropriations and resources. Currently there is a working group consisting of the two Departments and stakeholders to determine future actions related to toxicology services that may be provided by the state.

Opinion of the District Attorneys, Public Defenders, and Attorney General's Office

Staff asked the Colorado District Attorneys' Council, State Public Defender Office, and the Department of Law if there was a consensus position among the three of what direction the State should pursue related to a State run blood alcohol and blood drug testing laboratory. The three groups provided staff with the following consensus position:

1. The Colorado Department of Public Health and Environment should not be do these tests for criminal cases.
2. The Colorado Bureau of Investigation is the appropriate place for these tests because all criminal testing should be done by an accredited forensic laboratory.
3. Public Defenders and District Attorneys have seen the cost of DUI litigation packets tested by at least one private lab double. Additionally, the availability of witnesses and increased costs at a private lab will increase the cost and difficulty of cases for the defense and prosecution.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue is related to the Department's objective to provide cost effective public health services.

Issue #3: Water Quality Control Division

The current structure of cash fees for the Water Quality Control Division is inflexible and prohibits the ability of the Division to charge fees at a level sufficient to support specific the activities of the Division which would otherwise be cash funded. For FY 2013-14 the General Assembly approved funding for 16.0 additional FTE to enable the Division to progress towards a staffing level sufficient to meet the workload demands. Due to the limitations of the Division's ability to set fees, all 16.0 FTE were funded with General Fund. If the General Assembly had granted the Water Quality Control Commission with fee setting authority, 10.0 FTE would have been funded with cash funds once the fees were established.

SUMMARY:

- The Water Quality Control Commission supports the recommendation to sponsor legislation to provide the Commission with the authority to set fees for specific work done by the Division.
- Of the funding added in FY 2013-14 for 16.0 additional FTE, funding for 10.0 FTE would be transitioned to cash funds.
- The reduction of federal funds, especially funds from Colorado's portion of the federal Drinking Water Revolving Fund could result in a reduction of FTE if there is no change in Division's ability to charge adequate fees.
- If the State is unable to sufficiently support the work of the Water Quality Control Division, and the federal Environmental Protection Agency (EPA) determines the Division is unable to meet agreed upon performance measures, the EPA could take over responsibilities.

RECOMMENDATION:

Staff recommends the Committee sponsor legislation to make the following changes to the funding structure of the Water Quality Control Division:

- Eliminate the Water Quality Control Fund and establish the following five cash funds:
 - Public and Private Utilities Clean Water Fund;
 - Construction Clean Water Fund;
 - Commerce and Industry Clean Water Fund;
 - Pesticides Fund; and
 - Water Quality Certifications Fund.
- Allow the Water Quality Control Commission to set and adjust annual fees and develop a fee-for-service structure.

DISCUSSION:

There remains the need to change the funding structure for the Water Quality Division to more accurately account for Division's work which should be funded by cash funds and the work that

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

should be funded with General Fund because of the impact on public health. Additionally the amount of federal funds available to the Division is being reduced as a result of sequestration and budget reductions by the Environmental Protection Agency.

FY 2013-14 Staff Increase

The General Assembly added 16.0 FTE to the Water Quality Control Division in FY 2013-14 as an initial step to address the staffing shortage of the Division resulting in the Division's inability to meet performance goals and keep up with the workload demands. The FY 2013-14 FTE recommendation included a related recommendation to sponsor legislation to grant the Water Quality Control Commission with fee setting authority. The Water Quality Control Commission supports the recommendation to move the fees under Commission's authority.

Since legislation was not passed in the 2013 Session, the cost of the new FTE was funded with General Fund due to inadequate cash fund resources to pay for the portion of FTE whose duties that should be paid by cash funds. The following table summarizes of the 16.0 FTE added and how many FTE should be funded by cash funds.

Summary of FTE Added to the Water Quality Control Division						
Section	FTE	Personal Services	Operating	Total Direct Costs	Est. Indirect Costs*	Grand Total
Clean Water Program						
General Fund	4.5	\$230,076	\$270,193	\$500,269	\$46,005	\$546,274
Cash Funds	<u>10.0</u>	<u>511,280</u>	<u>56,530</u>	<u>567,810</u>	<u>214,660</u>	<u>782,470</u>
<i>Subtotal Clean Water Program</i>	<i>14.5</i>	<i>741,356</i>	<i>326,723</i>	<i>1,068,079</i>	<i>260,666</i>	<i>1,328,744</i>
Drinking Water Program	<u>1.5</u>	<u>76,692</u>	<u>70,480</u>	<u>147,172</u>	<u>15,335</u>	<u>162,507</u>
Total Increase						
General Fund	6.0	306,768	340,672	647,440	61,340	708,780
Cash Funds	10.0	511,280	56,530	567,810	214,660	782,470
Grand Total	16.0	\$818,048	\$397,202	\$1,215,250	\$276,001	\$1,491,251

*Includes centrally appropriated items like health, life and dental and short-term disability.

Federal Funds

The Division experienced a 7.5 percent cut to their FFY 2013-14 federal funds as a result of sequestration. This reduction was offset by a large number of vacancies funded with federal funds which limited the Divisions ability to meet Environmental Protection Agency (EPA) performance measures. It is unclear why the Division did not attempt to negotiate a reduction in performance measures to coincide with the funding reductions. For FFY 2013-14 the Division is negotiating changes to performance measures in anticipation of a continued reduction of federal funds.

Drinking Water Program Federal Fund Reductions

The Drinking Water State Revolving Fund was established by Congress in 1996 to provide States with a financing mechanism to enable States to ensure that public water systems are

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

producing safe drinking⁷. The Division uses funds from the Drinking Water State Revolving Fund for:

- Training, delivered by contractors, of water system operators to ensure that water systems were operated and complied with federal and state regulations and preference is given to training projects serving operators and owners of small public drinking water systems in rural Colorado; and
- University studies researching the formation of disinfection byproducts⁸ in Colorado watersheds affected by wildfire, and applied research on disinfection tank design to provide technical assistance to small systems struggling to comply with disinfection requirements. Without this applied research, small systems will need to hire their own engineering expertise to design their systems.

Based on the FFY 2013-14 reductions of 7.5 percent the Division held five positions vacant and anticipate keeping those positions vacant because the 7.5 percent reduction is ongoing. Overall 54.0 of the 68.0 FTE in the Drinking Water Program are federally funded and the Department projects it would cost \$512,500 to fill these positions. If the staffing levels of the Drinking Water Program are further reduced the risk is increased that the Drinking Water Program would be unable to adequately respond to chronic carcinogenic threats like disinfection byproducts without sacrificing other regulatory areas.

Clean Water Program Impacts

The Clean Water Program includes many programmatic areas funded with federal funds that have been impacted by the reduction of federal funds in FFY 2012-13 including:

- A \$103,000 reduction for water quality restoration project funds, resulting in four planning grants or one medium- sized restoration project grant not being issued to locals;
- A \$15,000 reduction for monitoring and assessment support funds, resulting in cancelation of the aquatic macro-invertebrate stressor study;
- A reduction in the number of clean water inspections for FFY 2012-13 from 252 to 239, and the anticipation that 190 inspections will be conducted in FFY 2013-14 (if the reductions were not continued, the Program would have done 205 inspections).

Proposed Funding Structure for the Water Quality Control Division

As staff noted earlier any change to the current funding structure for the Water Quality Control Division will require statutory change. **Staff recommends the Committee sponsor legislation to update the funding structure of the Division by authorizing the Water Quality Control Commission to establish the fees used by the Drinking Water and Clean Water Programs**

⁷ A State can use up to 10.0% of its grant (with a 1:1 dollar State match) to support its State drinking water program, develop and implement capacity development, source water protection, and operator certification programs. Up to 2.0% of the grant may be set aside to provide technical assistance to systems serving communities with populations fewer than 10,000, and up to 4.0% of the capitalization grant may be set aside for costs associated with administering the program.

⁸ To protect drinking water from disease-causing organisms, or pathogens, water suppliers often add a disinfectant, such as chlorine, to drinking water. Disinfection byproducts are formed when disinfectants used in water treatment plants react with bromide and/or natural organic matter (i.e., decaying vegetation) present in the source water. The previous information is from the following website http://www.epa.gov/envirofw/html/icr/gloss_dbp.html

in rule. The following two sections discuss the funding changes for the Drinking Water and Clean Water Programs.

Drinking Water Program

Currently, the only fee charged by the Drinking Water Program is an annual fee on public water systems. There are two options for funding changes to the Drinking Water Program to ensure that the appropriate funding sources are being utilized. The first is to allow the annual fee currently set in statute to be set by the Water Quality Control Commission. The second option is to allow the Water Quality Control Commission to establish a fee for processing drinking water infrastructure treatment facilities design reviews. Such fees have been in place for wastewater infrastructure siting and design reviews since 2007. Staff recommends the legislation allow the Water Quality Control Commission to set a fee for drinking water infrastructure treatment facilities design reviews. The revenue generated by the proposed fee would be used to ensure the Division is sufficiently staffed. Staff does not foresee the increased revenue that would be created as an offset to General Fund because there is a public benefit to having clean drinking water.

Clean Water Program

Currently, the Clean Water Program is funded primarily by a single cash fund, the Water Quality Control Fund. The current fee structure for the Water Quality Control Fund has twenty-five categories and 102 subcategories. No categories/subcategories have been removed since 1983 when the structure was first established. For example, there are five subcategories of sugar processing fees and five more for petroleum refining. Today there is just one sugar processing facility and one petroleum refining facility licensed to discharge waters.

In order to increase the transparency of fund expenditures, and increase the accountability to stakeholders of staff working on specific areas of the Clean Water Program, staff recommends the elimination of the Water Quality Control Fund and the Industrial Pretreatment Fund. Staff recommends the creation of the following cash funds for the Clean Water Program and the continuation of the Biosolids Fund.

- Public and Private Utilities Clean Water Fund;
- Construction Clean Water Fund;
- Commerce and Industry Clean Water Fund;
- Pesticides Fund; and
- Water Quality Certifications Fund.

Creating cash funds specific to the existing work structure of the Division will enable better tracking of revenue and expenditures by specific function and impacted stakeholder group. Improved information will assist with improvements to the provision of services, appropriate fees and adequate staffing levels.

The proposed Public and Private Utilities Clean Water Fund, Construction Clean Water Fund, and Commerce and Industry Clean Water Fund represent three existing program areas which comprise approximately 90.0 percent of the revenue of the existing Clean Water Fund. The

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

recommendation aligns the Division permitting and inspection services with a specific funding sources and combines similar stakeholder groups, based on the types of activities they perform.

Public and Private Utilities Fund

Purpose: This fund will collect fees from Colorado Water Quality Control Act permits and compliance obligations associated with the operation of sewage systems/domestic waste water treatment works, municipal separate storm sewer systems (MS4s), public water systems/water treatment facilities, and reclaimed water systems. The recommendation combines the existing Industrial Pretreatment Fund with this fund to streamline the funding for services provided to public and private utilities.

Stakeholders: Primarily municipalities and special districts, but also includes public entities providing services such as rest areas and campgrounds, private entities providing services such as housing (mobile home parks) and recreation (hotels and campground) facilities, and private industrial and commercial entities discharging into a publicly owned treatment works.

Construction Fund

Purpose: Revenue for the Construction Fund will be from fees collected from construction project owners and operators whose activities are subject to Colorado Water Quality Control Act and permit and compliance obligations associated with their projects.

Stakeholders: Home builders, transportation and utility project owners and contractors, and industries such as oil and gas operators who construct access roads and utilities.

Commerce and Industry Fund

Purpose: The Commerce and Industry Fund will receive fees paid by commercial and industrial operations whose activities result in a permitted discharge to waters of the State.

Stakeholders: Private business enterprises with operations in areas such as mining, oil and gas extraction, electrical power generation, food processing, automobile salvage, and timber harvesting. A small portion of the entities are public, and have a permitted discharge resulting from services such as airport operations and fish rearing operations.

Pesticides Fund

Purpose: Staff recommends, and the Division supports, the creation of a separate fund for the regulation of pesticides. Due to the newness of the pesticide program and the variety of stakeholders, creating a separate fund will enable the Division to track the needs and revenue associated with the Program.

Water Quality Certifications Fund

Purpose: Water quality certifications impacts water quality from various types of water supply and distribution and other construction projects and may require mitigation and post construction monitoring. The Colorado Governor's Office and Legislature have identified additional water storage and distribution projects as a high priority in response to the continuing drought conditions beginning in the early 2000s.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Stakeholders: There are five large water development projects that will require certification from the Division in the next two to three years. In addition to the five large projects outlined below, there are anticipated to be smaller water development projects requiring certification in the future.

- the Moffat Tunnel Expansion Project,
- Windy Gap Firming Project,
- Reuter Hess Reservoir Expansion,
- Chatfield Reallocation, Northern Integrated Supply Project (NISP), and
- Halligan-Seaman Project.

Biosolids Fund

Staff recommends, and the Division supports leaving the existing Biosolids Funds unchanged. The Water Quality Control Commission was granted the authority to establish fees within this fund for many years, and the framework has been and is expected to continue to be sustainable, with periodic refinement of the fee ceiling as defined in Section 30-20-110.5 C.R.S. The Biosolids Fund contains fees collected from entities that apply biosolids for beneficial reuse.

Drinking Water Cash Fund

There are no recommended changes to the Drinking Water Cash Fund.

Clean Water Fee

Currently all fees paid into the Water Quality Control Fund are annual fees. Regardless of the amount of work, the fee remains the same for each year which compounds the revenue issue. Additionally if an application is submitted, reviewed, and then withdrawn, the Division has no mechanism to charge the applicant for the time devoted to the application. The recommendation includes a change to the existing statutory fee structure, to enable the division to continue charging annual fees, and to add fees, set by the Water Quality Control Commission, for the Division's time spent at inspections and application review. The structure would replace the initial annual fee an applicant pays with an application fee.

Permitting and certification services are provided at the request of the applicant. The Division issues a permit or application which enables the applicant to conduct their business operations consistent with federal and state regulations. Requested services for clean water include all permit actions except terminations, preliminary (anticipated) effluent limitations for new or expanded domestic wastewater treatment facilities, site application and design reviews, and certifications to discharge into navigable waters (401 certification). Based on the information gathered from a time tracking study in 2010, it is estimated that if broken out to an hourly rate, the application fee is projected to range from \$50-\$100 per hour. The current hourly fee for applications in the Air Pollution Control Division is \$76.45 per hour and \$125.00 per hour for Hazardous Materials and Waste Management Division.

This new fee for service framework is projected to generate an adequate level of revenue to fund technical, administrative, and management staff currently providing permitting and certification services for the Division. The Division estimates that fee revenue will take up to three years to generate the full amount due to the need to develop rules.

Water Quality Control Commission

The Water Quality Control Commission supports the recommendation to remove the fees from statute and set the fees through the Commission. The Commission would the standard rule making process, summarized in Appendix H, if the Legislature authorized the Commission to establish fees for the Drinking Water and Clean Water Program.

**RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S
PEFORMANCE PLAN:**

This briefing issue addresses the Department's clean air and clean water winnable battle.

Issue #4: Waste Tires

The Waste Tire Program has undergone numerous changes over the past ten years, with the most significant change occurring in 2010 via H.B. 10-1018 which consolidated all components of the Waste Tire Program in the Department. After three years of administering the Waste Tire Program it has become evident that there remains a need for statutory changes to enable the Program to operate in an efficient manner.

SUMMARY:

- House Bill 10-1018 consolidated the Waste Tire Program within the Department of Public Health and Environment. After three years of administering the Waste Tire Program, it is apparent that there remains a need for statutory changes to enable the Program to operate in an efficient and effective manner.
- The Governor has requested the General Assembly repay \$0.5 million to the Waste Tire Cleanup Fund. This payback should not occur with additional statutory changes because of the current structure of all the waste tire cash funds.
- The Department has made it a legislative priority to work with the General Assembly to address the issues of the Waste Tire Cleanup Fund. The changes to the Waste Tire Cleanup Fund are one component of all the changes the Program requires.
- Of all the changes that are needed, the change to the Processors and End Users rebate is the most contentious but should not derail the other changes that are required to improve the Program's operation.

RECOMMENDATION:

Staff recommends the Committee sponsor legislation to make the following statutory changes to the Waste Tire Program:

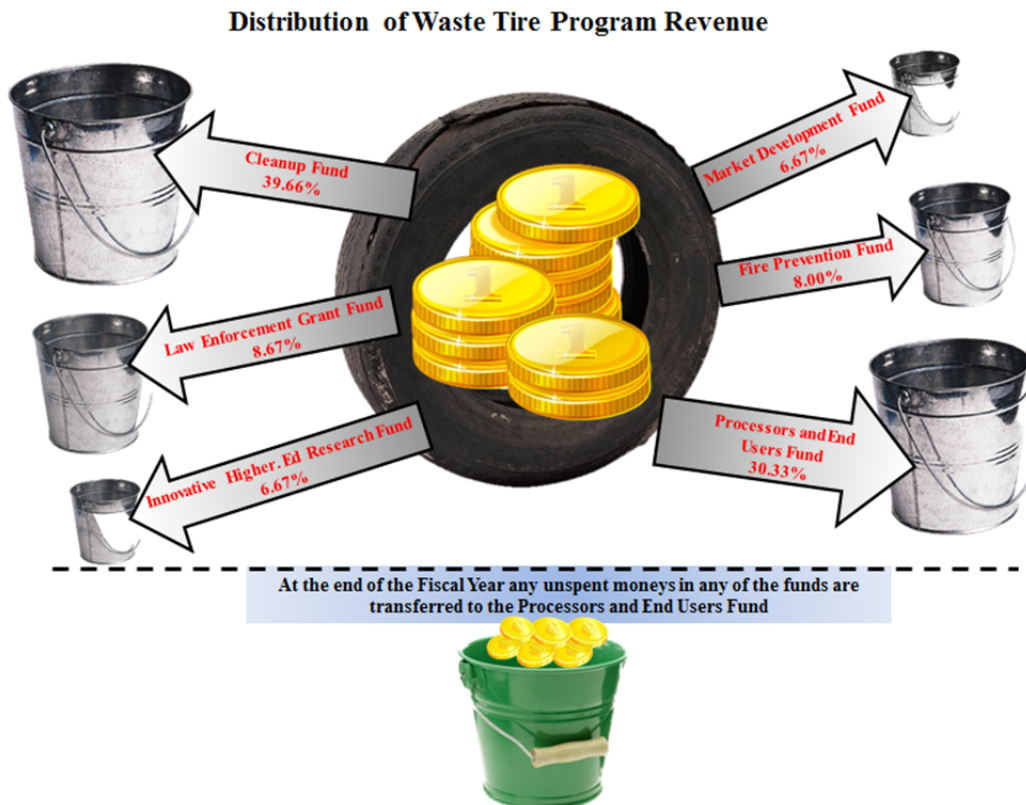
- Move the statutory language governing the Waste Tire Program from Title 25 to Title 30;
- Change the definition of a tire to clearly define what a tire is and make associated changes to identify which tires are subject to the fee
- Modify the statutory limits on the use of the Waste Tire Cleanup Fund;
- Eliminate all fiscal year end roll-overs to the Processor and End Users Fund;
- Combine the Law Enforcement Grant Fund and the Waste Tire Fire Prevention Fund into the new Law Enforcement and Waste Tire Fire Prevention Fund;
- Adjust the fee distribution to the waste tire cash funds;
- Clarify that the Department of Revenue receives 2.0 percent of the fee revenue;
- Require the Department of Revenue to report on the work being done to ensure the fee is being collected on all eligible tires; and
- Require the processor and end user reimbursement to be a percent of the actual cost to recycle the waste tires up to a reasonable cap.

The intent of the recommendation is two-fold: first to enable a more efficient and effective operation of the Program, and second to base the processor and end user reimbursement on the actual cost of the processor or end use and resolve the significant variation in the monthly reimbursement rate.

Option: Due to the contentious nature of the rebate, and if the Committee decides to sponsor the legislation, the Committee could opt to have two bills, one to make the structural changes excluding the processor and end user reimbursement and the second bill would address only the processor and end user reimbursement.

DISCUSSION:

The Waste Tire Program (Program) first appeared in the Department's statute in 2003. After a number of years of having the Program spread across multiple departments, the Program was consolidated within the Department of Public Health and Environment (Department) in 2010 via H.B. 10-1018. Appendix G summarizes all the bills passed since 2003 that amended statutory language for the Program. House Bill 10-1018 included a number of changes, two of which are directly relevant to this issue. The first change was to consolidate the Waste Tire Program within the Department, where as prior to H.B. 10-1018 the Program was primarily housed in the Department of Local Affairs, but also had components in the Department of Public Health, Higher Education, and Revenue. The second change was to create three new cash funds and implement a distribution formula and year end roll-over as shown in the following graphic.



JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Factor's Driving the Need for Structural Changes

There are a couple of factors which indicate that the current statutory structure of the Waste Tire Program is not enabling the Program to operate in the most efficient and effective manner, and the Department has been holding stakeholder meetings since June to discuss statutory improvements to the Program. The factors impeding the operation of the Program are:

- Location of the statutory language governing the Waste Tire Program excludes the Waste Tire Program from the rules and regulations governing other solid waste programs;
- The inability of the Department to fully use the funds in the Waste Tire Cleanup Program because of current requirement that counties/local governments upfront the cost of the cleanups then get reimbursed, and the limitation on which type of tires can be cleanup using these funds;
- The significant fluctuations of the monthly reimbursement paid by the Processor and End Users Fund and questions about whether the reimbursements are too high; and
- Questions surrounding the number of tires on which the fee is paid based on the estimated number of new tires sold in the State.

Staff recommends the Committee sponsor legislation to make numerous statutory changes to the Waste Tire Program statute to enable the Program to operate more efficiently. The following table summarizes the recommended changes to the cash funds and their uses. Following the table is a more detailed discussion of each component of the recommendation.

Current Format	Changes	Proposed Format
<u>Waste Tire Fee Administration Cash Fund</u> Up to 1.667% off the top. Actual amount based on actual costs incurred by the Department of Revenue.	Make set percentage and clarify the fee collection requirements.	<u>Waste Tire Fee Administration Cash Fund</u> Set amount of 2.0% of revenue (i.e. not off the top) Directly appropriate the funds and clarify that the Department shall use the funds to ensure all retailers are collecting and remitting the \$1.50 fee.
<u>Waste Tire Administration Fund</u>	New fund	<u>Waste Tire Administration Fund</u> 8.0 % To be used for the Department's personal services and operating expenses related to the Waste Tire Program.
<u>Waste Tire Cleanup Fund</u> 39.66% 1. 2/3 is for reimbursement to counties for cleanups 2. 1/3 is for reuse/recycling incentives (Section 25-17-202.6 (2), C.R.S. 3. Year-end rollover to the Processors and End Users Fund Year-end roll over to Processors and End Users Fund.	Percent distribution; Allowable uses	<u>Waste Tire Cleanup Fund</u> 20.0% Develop a state Cleanup Program to: <ul style="list-style-type: none"> • Identify and prioritizes cleanups; • Select, approve and monitor cleanup contractors, which may include counties; and • Eliminate requirement that counties/locals upfront cleanup costs. No year-end rollover. Does not include reuse/recycling incentives.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Current Format	Changes	Proposed Format
<u>Processors and End Users Fund</u> 30.33% Reimburse processors and end users. Receives the year-end rollover from all other funds.	Percent distribution and reimbursement methodology.	<u>Processors and End Users Fund</u> 48.00% The reimbursement shall be equal to a percent of the actual cost to process or end use the waste tires up to a cap. No year-end rollover.
<u>Law Enforcement and Waste Tire Fire Prevention Fund</u> *New fund for FY 2014-15	New fund that combines Law Enforcement Grant Fund and Fire Prevention Fund	<u>Law Enforcement and Waste Tire Fire Prevention Fund</u> 12.0 percent Allowable uses: <ul style="list-style-type: none"> • Regulation of waste tire haulers and facilities that generate, collect, store, process and/or use waste tires; • Grants to local agencies for equipment, training and other activities related to prevention and response to waste tire fires; and • Development of initiatives designed to encourage the disposal, recycling or reuse of illegally dumped tires and the recycling or reuse of waste tires. No year-end rollover.
<u>Law Enforcement Grant Fund</u> 8.67% Funds used for grants for enforcement, fire prevention and suppression, training and oversight of facilities.	Eliminated	Consolidated into the new Law Enforcement and Waste Tire Fire Prevention Fund.
<u>Waste Tire Fire Prevention Fund</u> 8.00% Funds used for the purchase of equipment for fire response, and training for state patrol, police, sheriffs, fire departments, and local health departments for waste tire regulation enforcement.	Eliminated	Consolidated into the new Law Enforcement and Waste Tire Fire Prevention Fund.
<u>Market Development Fund</u> 6.67% Pursuant to Section 25-17-202.9 (2), C.R.S. funds shall be used to encourage waste tire market development pursuant to a market development plan developed by the Waste Tire Advisory Committee. Year-end rollover to Processors and End Users Fund.	Percent distribution and allowable use.	<u>Market Development Fund</u> 10.0% The funds will be used to enhance market development through competitive one-time grants to do the following: <ul style="list-style-type: none"> • Overcome initial capital obstacles for new markets by partially funding equipment required for initial use. • Partially fund product testing, engineering studies, or other technical assistance required to support market development/acceptance. No year-end rollover.

Option: Due to the contentious nature of the processors and end users rebate, the Committee could sponsor two bills so that the debates on the reimbursement methodology do not derail the other recommended less controversial statutory changes.

Justification for Each Component of the Recommendation:

Component #1 - Move the statutory language governing the Waste Tire Program from Title 25 to Title 30. This component would align the regulation and oversight of the Waste Tire Program with the oversight and existing solid waste regulations for other solid waste programs reside in statute.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Component #2 - Change the definition of a tire to clearly define what a tire is and make associated changes to identify which tires are subject to the fee. The proposed revised definition is a "rubber cushion around a wheel" which is a marked improved from the current definition. Section 25-17-202 (f), C.R.S. currently defines a tire as follows:

"(f) "Tire" means a tire for any passenger vehicle, including any truck, weighing less than fifteen thousand pounds, and for any truck, including any truck tractor, trailer, or semitrailer, weighing more than fifteen thousand pounds; except that "tire" does not include:

(I) Tires that are recapped or otherwise reprocessed for use; or

(II) Tires that are used for:

(A) Farm equipment exempt from sales and use taxes pursuant to section 39-26-716, C.R.S.; or

(B) A farm tractor or implement of husbandry exempt from registration pursuant to section 42-3-104, C.R.S."

The issue with the current definition is that rather than defining what an actual tire is, the definition acts more like substantive law by excluding certain types of tires from not only the definition but also exempts certain tires from falling within the statutory regulations for the Waste Tire Program. The documents put forth by the Department for the stakeholder process includes the following amended definition for a tire: ""Tire" means a rubber cushion that fits around a wheel"⁹. One consequence of changing the tire definition is that the General Assembly would also need to clarify which tires are subject to the fee. Staff recommends that the exemption of truck tires from the fee not be eliminated because large truck tires weigh approximately four times as much as passenger tires, which means they require four times as much work to recycle.

Component #3 - modifications to the statutory limits on the use of the Waste Tire Cleanup Fund. Currently local governments/counties must upfront the cost of cleaning up waste tire dumps and then request reimbursement from the Program. This requirement has resulted in a minimal use of the Waste Tire Cleanup Funds because counties/local governments do not have the funds to pay the upfront costs of cleaning up waste tire dumps. Changing the statute to allow the Program to develop a list of approved cleanup contractors, and paying those contractors to cleanup waste tire dumps would enable the Waste Tire Cleanup funds to be used for cleanups. Additionally, the Department would be able to develop a statewide list of all the waste tire dumps and prioritize which dumps to cleanup.

Another issue with the current limits on the Waste Tire Cleanup Fund is the limit on what can be cleaned up with these funds. Only tires which fall within the current definition of tire can be cleaned up using these funds, therefore if there are mining or truck or agriculture tires in the dump, and a county cleans those tires up, the Program cannot reimburse the county for those costs. This limitation further reduces the number of cleans up done by counties. It should be noted the Department has made it a legislative priority to make these changes to the Waste Tire Cleanup Fund. The Governor's request to pay back the Waste Tire Cleanup Fund will be discussed at the end of this issue.

⁹ Page 2 from the Waste Tire Statutes Revision dated October 10, 2013.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Component #4 - Eliminate all fiscal year end roll-overs to the Processor and End Users Fund. This is a first, and important step to level out the reimbursement paid to processors and end user of waste tires, but more importantly ensures that if, for example a waste tire cleanup project takes longer than one fiscal year, the Program to able to ensure the funding is available to properly cleanup the tires. If this roll-over provision is not eliminated for the Waste Tire Cleanup Fund and the General Assembly decides to pay back that Fund, it is likely the funds would rollover into the Processors and End Users Fund at the end of FY 2013-14.

Component #5 - Combine the Law Enforcement Grant Fund and the Waste Tire Fire Prevention Fund into the new Law Enforcement and Waste Tire Fire Prevention Fund. Historically the use of the moneys in these funds has been limited partly due to the segregated nature of the funds. By combining the funds, the Program will be able to better enforce the proper disposal of waste tires and award grants to ensure counties have the proper equipment and training if a waste tire fire occurs.

Component #6 - Adjust the fee distribution to the waste tire cash funds. The Department continues to work with stakeholders on changes to the Waste Tire Program, and at the November 2013 stakeholder meeting the Department put forth a Waste Tire Program funding proposal¹⁰. Since the Department has been working with stakeholders and was willing to put forth the proposal forth based on expenditures and Program needs, staff recommends the Committee adopt the proposed funding distributions as shown in the following table.

Recommended Changes to Percent Distribution of Waste Tire Fee		
	Current Percent	Proposed Percent[^]
Department of Revenue		
Waste Tire Fee Administration Cash Fund*	1.67% off the top	2.00%
Department of Public Health and Environment		
Waste Tire Program Administration	Currently administration costs are spread across the other funds.	8.0%
Waste Tire Cleanup Fund	39.66%	20.00%
Processors and End Users Fund	30.33%	48.00%
Law Enforcement and Waste Tire Fire Prevention Fund	New fund for FY 2014-15	12.0%
Law Enforcement Grant Fund	8.67%	Consolidated into the new Law Enforcement and Waste Tire Fire Prevention Fund.
Waste Tire Fire Prevention Fund	8.00%	Consolidated into the new Law Enforcement and Waste Tire Fire Prevention Fund.
Market Development Fund	6.67%	10.00%
Innovative Higher Education Research Fund	6.67%	Sunsets in FY 2013-14
Total	100.00%	100.00%

[^] Proposed percent is taken from the "Funding Proposal for Waste Tire Program" spreadsheet put forth by the Department at the November 2013 stakeholder meeting.

¹⁰ Waste Tire Program Fund Calculation Spreadsheet - <http://www.colorado.gov/cs/Satellite/CDPHE-HM/CBON/1251643610748>

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

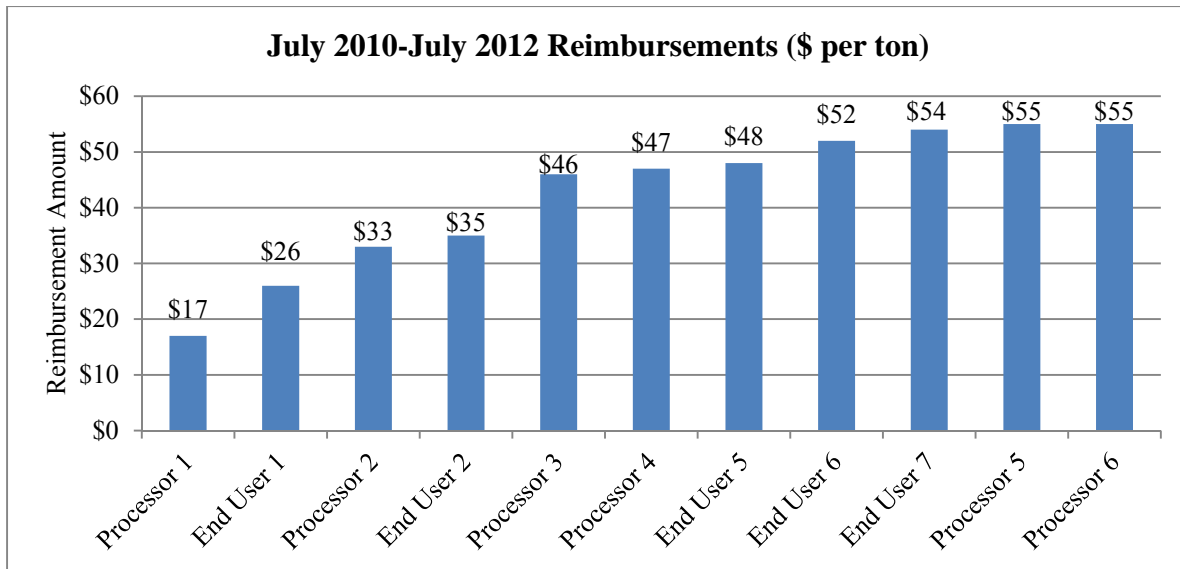
Components #7 & #8 - (7) clarify that the Department of Revenue receives 2.0 percent of the fee revenue; and (8) require the Department of Revenue to report on the work being done to ensure the fee is being collected on all eligible tires. Currently the \$1.50 fee on new tires is only collected on 3.8 million tires. Based on the projections in the May 9, 2013 Colorado Waste Tire Market Development Plan prepared by Tetra Tech, there is approximately 4.6 million tires sold in Colorado and subject the fee. The discrepancy between the number of tires on which the fee should be paid and the actual number of tires on which the fee is paid is concerning to staff because it indicates that the Department of Revenue may not be collecting the fee on as many as 800,000 as required by Section 25-17-202 (2), C.R.S. Part of the problem may be current statutory language which implies the Department of Revenue must bill for their costs, and the recommendation would clarify statute to say the Department of Revenue receives 2.0 percent of the revenues to enforce the collection of the fee.

The eighth component of the recommendation is intended to create a way for the General Assembly to know if the Department of Revenue is complying with statute. If a retailer is not paying the fee on new tires, it is probable that the retailer would not properly dispose of the waste tires because there is no incentive to be accountable and could incentivize other retailers to not pay the fee because of the possibility the Department of Revenue would not enforce the fee collection. Increasing the accountability on the Department of Revenue to ensure that all retailers are collecting the fee, will improve the data the Department of Public Health and Environment uses to ensure proper disposal of waste tires.

Component #8 – Require the processor and end user reimbursement to be a percent of the actual cost to recycle the waste tires up to a reasonable cap. This component is the most contentious because of the vested interest processors and end users have in maintaining a high reimbursement. The current processors and end users reimbursement fluctuates significantly because of how the reimbursement is structured and the impact of the year en rollovers from the other cash funds. By eliminating the year end rollovers, that revenue into the Processors and End Users Fund will be more consistent from month to month and eliminate the incentive to submit rebates immediately after the rollover occurs.

Eliminating the rollover is only one piece of the solution to fixing the current reimbursement. Staff questions if the \$65 per ton reimbursement complies with the statutory intent of the reimbursement to partially reimbursement processors and end users. Pursuant to Section 25-7-202.5, C.R.S. the purpose of the partial reimbursement is to assist new and existing waste tire recycling technologies become economically feasible. The following chart, based on information provided by Geocycle from an open records request, shows for July 2010-June 2012 the reimbursement rate per ton of tires paid to a number of companies who processed more than 200 tons of tires and illustrates the wide variation in reimbursement rates.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision



It is concerning to staff that the reimbursement rate is so varied and questions if the reimbursement is acting as a partial offset to the cost of recycling tires or more as a subsidy to recycle tires. Additionally of note, there are two processors and end users anticipated to come online within the next year who would greatly increase the number of tires (could be as high as an additional 5.0 million tires recycled when the processors and end users are operating at full capacity, which would result in an increase in the number of tons eligible for the rebate. There are multiple options for how to set the reimbursement rate, but staff recommends the reimbursement rate be set based on a percent of the actual cost to processor and end use. It does not make sense that the General Assembly would be comfortable with allowing the reimbursement to be set without regard to the actual cost of processing or end using the waste tires.

In order to prevent an overexpenditure of the Processor and End User Fund, staff recommends the reimbursement be capped for all processors and end users. The appropriate level at which the General Assembly wishes to cap the reimbursement is not something staff has data on which to base a recommendation and would recommend the General Assembly provide the Solid and Hazardous Waste Commission the authority to set the reimbursement cap because of the ability to have a full rule making and stakeholder process.

The following is a summary of the options for how to set the reimbursement rate:

- Option 1 – allow the reimbursement to equal to one twelve of the monthly revenue credited to the Processors and End Users Fund with the intent that there are little fluctuations in the monthly reimbursement rate. This option does not take into account the actual cost of processors and end users.
- Option 2 – set a fixed reimbursement rate. The primary issue with this option is that if there is a significant increase in the number of tons eligible for reimbursement, there may be insufficient funds in the Processors and End Users Fund to pay on all eligible tons.
- Option 3 – Implement a quarterly rebate which would function similar to option 1, but would be based on 3 months of revenue. This option, similar to option 1 does not account for the

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

actual cost, but would reduce the administrative work required to issue the reimbursement, but could cause short-term cash flow problems for processors and end users who currently depend on the monthly reimbursement.

- Option 4 – base the reimbursement on a percent of the actual cost of the processor or end user up to a cap. This option would account for the actual costs, but could increase the administrative workload on both the Department but also on processors and end users depending on the level of their records and financial data.

As highlighted by the numerous options all of which have pros and cons, there is not a single right answer, but staff believes that in order to make sure the Program is operating as intended the General Assembly has a duty to make statutory changes.

Waste Tire Cleanup Fund Payback

The Governor's request includes repaying \$500,000 transferred to the General Fund from the Waste Tire Cleanup Fund in S.B. 09-279. It is important to note, as is highlighted in the table below, that an additional \$1.9 million was transferred from the Waste Tire Cleanup Fund to the General Fund via H.B. 10-1327.

Bill	Transfer Amount
S.B. 09-279	\$500,000 in FY 2008-09.
H.B. 10-1327	\$1.9 million in FY 2009-10

As stated above, the request would also require statutory changes to the rollover, and allowable uses of the Fund if the intent of the request is to use the funds to cleanup waste tire dumps. Staff has not heard of any funding issues for the Waste Tire Cleanup Fund, only structural issues, and would **recommend the Department discuss at the hearing why this Fund was selected as a payback fund, and why the payback amount was \$500,000.**

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue addresses issues related to the regulation of waste tires and is related to the clean air and clean water objective.

Issue #5: Medical Inflation

The Department purchases medical supplies for a number of programs including the chemistry and microbiology units of the State Laboratory, test kits for the Tuberculosis Control and Treatment Program, and pharmaceuticals for programs administered by the Disease Control and Environmental Epidemiology Division. The Department has not received a medical inflation increase since FY 2002-03 to enable the funding available for medical supply purchases to increase commensurate with the increasing cost of supplies.

SUMMARY:

- The Department received medical inflation increases in FY 2001-02 and FY 2002-03 for three units within the State Laboratory (excluding the Toxicology Unit), six programs within the Disease Control and Environmental Epidemiology Division, and five programs within the Prevention Services Division (note one of these programs was transferred to the Department of Health Care Policy and Financing).
- The Department received a provider rate increase in the three programs within the Prevention Services Division in FY 2002-03. Note one of these programs was transferred to the Department of Health Care Policy and Financing and continues to receive the provider rate increase.
- For FY 2014-15 the Department of Human Services as part of the Outside Medical Expenses request (Department request number ten) has requested a medical inflation increase of 6.5 percent for contracted medical costs for individuals living at the Mental Health Institutes.

RECOMMENDATION:

Staff recommends the Department discuss the merits of providing a medical inflation increase to specific Department programs in FY 2014-15.

DISCUSSION:

The definition of medical inflation can fluctuate depending on the context of the conversation. For this issue, medical inflation relates to the increasing cost of medical supplies, pharmaceuticals, and medical laboratory supplies. Medical inflation as used in this issue will not relate to the increasing costs of professional medical services. As used in this issue, provider rate increases relate to increases provided for services which, if not provided by non-state employees, would be provided by state employees.

The Department of Public Health and Environment administers a number of programs which are required to purchase pharmaceuticals, medical services, or medical laboratory supplies in order to accomplish their work. Within the Department there are programs within the following Divisions that purchase medical supplies and/or pharmaceuticals: the State Laboratory, Disease Control and Environmental Epidemiology Division, and the Prevention Services Division. Appendix I contains a listing of the Programs.

Historical Medical Inflation Increases

The Department did receive a medical inflation increase as part of the statewide medical inflation common policy prior to suspension of the increase in FY 2003-04. The Department received an increase of \$422,000 total funds, of which \$284,000 was General Fund for medical inflation increases in FY 2001-02. The Department last received an increase of \$260,000 General Fund medical inflation increase in FY 2002-03.

Medical Inflation Increase for FY 2014-15

The Centers for Medicare and Medicaid have produced a forecast summary for national health expenditures for 2012-2022. Included within the forecast is a breakdown by type of actual expenditure for 2006 -2011 and projected expenditures for 2012-2022. There are specific categories for prescription drugs and non-durable medical products. Staff recommends using the projected percent change for these two categories in place of a general medical inflation rate because the general medical inflation rate includes expenditures not applicable to this discussion including personal health care, hospital care, professional services and durable medical equipment. The following table summarizes the percent changes by expenditure type for prescription drugs and non-durable medical products as projected by CMS.

Inflation Rates For Medical Costs		
	Prescription Drugs	Non-durable Medical Equipment
2006 Actual	5.2%	5.9%
2007 Actual	2.8%	3.7%
2008 Actual	5.0%	2.3%
2009 Actual	0.4%	4.0%
2010 Actual	2.9%	4.0%
2011 Actual	-0.8%	4.3%
2012 Projected	0.6%	3.4%
2013 Projected	5.2%	11.0%
2014 Projected	6.9%	4.6%
2015 Projected	5.6%	5.8%
2016 Projected	6.2%	5.5%
2017 Projected	6.0%	6.1%
2018 Projected	6.3%	6.2%

Information from Table 2 of the CMS National Health
Expenditure Projections 2012-2022

Based on the summary points of the report, the decline in 2011 for prescription drugs is related to the increased adoption of generic drugs as a number of popular brand-name drugs lost patent protection, increases in cost-sharing requirements, and lower spending on new medicines. The summary also states that the 2015-2022 increase is related to rising drug prices and expected increases in utilization. While the above percentage figures represent a percent change in expenditures, staff believes these percent figures more accurately representative the medical inflation changes that specifically relate to the Department's expenditures. There are other medical inflation rates out there, the 6.5 percent projected by the Pricewaterhouse Cooper Health Research Institute, but that relates more to health care and health insurance premiums. As

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

comparison as shown in the following table, from the same CMS, compares the prescription drug and non-durable medical equipment changes to hospital care changes and physician and clinical services.

	Inflation Rates For Medical Costs			
	Prescription Drugs	Non-durable Medical Equipment	Hospital Care	Physician and Clinical Services
2006 Actual	5.2%	5.9%	6.2%	5.2%
2007 Actual	2.8%	3.7%	5.3%	5.3%
2008 Actual	5.0%	2.3%	6.7%	3.5%
2009 Actual	0.4%	4.0%	4.9%	3.1%
2010 Actual	2.9%	4.0%	4.3%	4.3%
2011 Actual	-0.8%	4.3%	4.9%	4.6%
2012 Projected	0.6%	3.4%	4.1%	3.9%
2013 Projected	5.2%	11.0%	4.7%	7.1%
2014 Projected	6.9%	4.6%	5.6%	5.4%
2015 Projected	5.6%	5.8%	6.2%	5.0%
2016 Projected	6.2%	5.5%	6.1%	5.5%
2017 Projected	6.0%	6.1%	6.4%	6.3%
2018 Projected	6.3%	6.2%	6.4%	6.6%

Information from Table 2 of the CMS National Health Expenditure Projections 2012-2022

Staff recommends certain programs within the Department receive the medical inflation increases because of the continuing increasing cost of supplies and materials required for various programs to do their job. Staff believes that if the General Assembly is will to provide medical inflation increases to the Department of Human Services and also the Department of Corrections, the General Assembly should also provide an increase to the Department of Public Health and Environment because the Department is required to purchase pharmaceuticals and medical supplies as a core function of their work which is no different than the Department of Human Services and Department of Corrections. Staff will recommend the FY 2014-15 appropriation for the line items which contain funding for the purchase of pharmaceuticals, and medical supplies include an increase as follows:

- Funding for pharmaceuticals include an increase of 6.9 percent which aligns with the increase projected by CMS;
- Funding for medical equipment and laboratory supplies include an increase of 4.6 percent which is in line with the projected increase by CMS.

The following table summarizes the most recent actual expenditures on pharmaceuticals, medical equipment and laboratory supplies across the applicable programs.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Summary of Recent Actual Expenditures on Medical Supplies and Pharmaceuticals			
	Medical Services	Medical Laboratory Supplies	Pharmaceuticals*
FY 2010-11			
General Fund	\$373,318	\$250,362	\$1,389,195
Cash Funds	6,106,278	1,898,513	2,116,841
Federal Funds	<u>1,409,434</u>	<u>896,458</u>	<u>9,848,339</u>
Total	\$7,889,030	\$3,045,334	\$13,354,374
FY 2011-12			
General Fund	340,631	176,846	1,394,647
Cash Funds	6,348,493	2,056,188	1,006,696
Federal Funds	<u>1,216,975</u>	<u>802,643</u>	<u>56,462,948</u>
Total	\$7,906,100	\$3,035,677	\$58,864,291
FY 2012-13			
General Fund	2,078,020	165,252	1,374,328
Cash Funds	4,053,978	2,352,841	994,554
Federal Funds	<u>1,516,188</u>	<u>765,631</u>	<u>52,317,318</u>
Total	\$7,648,186	\$3,283,725	\$54,686,201

*The pharmaceutical expenditures for FY 2011-12 and FY 2012-13 include an accounting adjustment to reflect the costs of purchasing immunizations pursuant to a federal requirement.

If the Committee approves the recommendation during figure setting, the following table summarizes the fiscal impact based on the FY 2012-13 actual expenditures. Note that all federal funds are informational.

Cost of Medical Inflation Based on FY 2012-13 Expenditures				
	Medical Services	Medical Laboratory Supplies	Pharmaceuticals	Total
General Fund	\$95,589	\$7,602	\$94,829	\$198,019
Cash Funds	186,483	108,231	68,624	\$363,338
Federal Funds	69,745	35,219	3,609,895	\$3,714,859
Total	\$351,817	\$151,051	\$3,773,348	\$4,276,216

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue addresses the ability of the Department to purchase supplies required to perform the work of various programs which relates to the Department's object to promote public health.

Issue #6: Implementation of Recent Legislation

There have been a number of bills passed by the General Assembly over the past two sessions which have created new programs or increased the responsibilities of existing Department programs. This issue presents a summary of the bills, requirements not yet implemented, any fiscal issues, and additional considerations which may impact the ability of the Department to implement the legislation.

SUMMARY:

- The bills covered in this issue range from the creation of a death registration system, to funding for natural resources damage recoveries at areas around the Rocky Mountain Arsenal, to access to childhood immunizations, to funding for water quality changes, to the Department's licensing authority over health facilities.
- Five bills were passed in the 2013 Session, of which only one bill does not have additional considerations which may impede the Department's ability to full implement the bill. Note an additional consideration is not necessary an indication of something amiss, but more of an outstanding issue that if not resolved, could impact how a bill is implemented.
- Of the three bills passed in the 2012 Session, one bill has a fiscal consideration, and one bill has additional concerns which may impact the Department's ability to fully implement the bill.

RECOMMENDATION:

Recommendation #1 - Staff recommends the Department's FY 2013-14 supplemental include an increase of \$131,000 cash funds from the Vital Statistics Cash Fund due to the late issuance of the contract to develop the Electronic Death Registration System, and the resulting inability to expended the \$131,000 cash funds originally appropriated FY 2012-13 in H.B. 12-1041.

Recommendation #2 - Staff recommends the Committee sponsor legislation to eliminate the transfer of \$2.0 million from the Prevention, Early Detection, and Treatment Fund to the Department of Health Care Policy and Financing thus allowing an additional \$2.0 million for cancer, cardiovascular, and chronic pulmonary disease grants.

Recommendation #3 - Staff recommends the Committee sponsor legislation to transfer Department of Human Services staff responsible for licensure and regulatory oversight of group homes for individuals with intellectual and developmental disabilities to the Department of Public Health and Environment's Health Facilities Division.

DISCUSSION:

In order to provide the Committee with an update of the implementation of legislation passed by the General Assembly, and because the Committee did sponsor a couple of 2013 bills, staff felt it

was appropriate to include an information briefing issue on the implementation status of these bills.

SB 13-222 Access to Childhood Immunizations

Description: The Department convened a taskforce to develop methods to increase access to immunizations, and to examine the existing mechanism for the statewide purchase of vaccines. The Taskforce must develop options to more effectively purchase and distribute vaccines for insured individuals.

Implementation: The taskforce began monthly meetings in September 2013 and will continue these meetings through June 2014. Recommendations will be presented as they are finalized by the taskforce.

Issues: None.

SB 13-113 Natural Resource Damage Recovery Fund

Description: The bill allowed for private and public sources to repay the loan from the Hazardous Substance Response Fund and the General Fund used for the cost of litigation and natural resource damage assessment of the State's lawsuit regarding natural resource damages related to the activities at the Rocky Mountain Arsenal. Once the loans are repaid, the \$17.0 million received as part of the settlement can be granted out for improvements to natural resources in areas primarily surrounding the Rocky Mountain Arsenal.

Implementation: The burden of developing a mechanism to repay the loan in a manner other than utilizing the interest earned on the principle from the settlement of the Rocky Mountain Arsenal litigation lies with the stakeholders including local governments, and nonprofits. To date, the stakeholders are working on a process to formalize a repayment plan, and anticipate presenting a repayment option to the Department of Law and Department of Public Health and Environment by July 1, 2014.

Issue: This issue is not related to the ability to implement the legislation, but more a policy issue because based on current interest rates, the loan is not anticipated to be repaid until at least 2017. The longer stakeholders are unable to access the \$17.0 million, the lower the purchasing power the \$17.0 million will have.

SB 13-232 Continue Tobacco Tax Medicaid Management Transfers

Description: The bill indefinitely continues the transfer of \$2.0 million Amendment 35 funds from the Prevention, Early Detection, and Treatment Fund to the Department of Health Care Policy and Financing.

Implementation: The transfer occurs as part of the annual budget process.

Issue: This issue is not related to the ability to implement the legislation, but more a policy issue because the Department of Health Care Policy and Financing has stated the \$2.0 million is being used as a General Fund offset and they do not have sufficient funds to implement a disease management program. There was no request this year from the Department of Health Care

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Policy and Financing for funding to implement a disease management program pursuant to Section 25.5-5-316 (2), C.R.S. It is important to note that Article X, Section 21 of the Colorado Constitution (Amendment 35) does not require any Amendment 35 funds be used for a disease management program, and the requirement that \$2.0 million Amendment 35 funds be used for disease management was added when Amendment 35 was formalized in statute.

Recommendation: If the \$2.0 million is not being used in the Department of Health Care Policy and Financing for disease management as has been indicated, **staff recommends the Committee sponsor legislation to remove the transfer from statute and allow the Prevention, Early Detection and Treatment Fund to retain the \$2.0 for purposes authorized by Amendment 35.** Note this recommendation would require an increase of \$2.0 million General Fund in the Department of Health Care Policy and Financing to offset the loss of these funds.

HB 13-1044 Authorize Graywater Use

Description: The bill defines what types of graywater (i.e. water that has been used in one manner, discharged and available for a second purpose on the same location) are eligible for use.

Implementation: The Water Quality Control Division is currently working through the stakeholder process prior to the development of the final regulations (Regulation 86) to go into effect March 2015.

Issues: Other agencies must develop regulations in parallel to Regulation 86 for the success of implementation of the bill as a whole. For example, the State Plumbing Board must authorize the use of graywater by adopting that portion of the International Plumbing Code. Additionally, water systems must work with the Department of Natural Resources to solidify that their water rights support the use of graywater. Finally, local cities, cities and counties, counties, water districts, wastewater districts, local health departments, and watershed management agencies must develop local ordinances and resolutions to authorize graywater within their jurisdictions. While these issues don't prevent the Water Quality Control Division from developing Regulation 86, these other parallel issues could derail the implementation of this voluntary regulation at a local level.

HB 13-1191 Nutrients Grant Fund

Description: The bill authorized the Department to award grants to local governments for the planning, design, construction, or improvement of domestic wastewater treatment works owned or operated by a local government that are needed to comply with nutrients management control regulation.

Implementation: The Department has award the \$15.0 million for projects in FY 2013-14.

Issues: The Department received grant requests which exceeded the total available funds and was unable to fund three grant requests. The Department has requested \$12.0 million General Fund for FY 2013-14 as a continuation of the improvements to domestic wastewater treatment works.

HB 13-1155/HB 12-1268

Description: Transferred the authority for building and fire inspections for health facilities from the Department to the Department of Public Safety effective July 1, 2013.

Implementation: An interagency agreement has been development between the two Departments, and the staff and associated funding have been transferred financially to the Department of Public Safety. Due to space limitations the staff remains located at the Department of Public Health and Environment. The Department of Public Health and Environment will conduct rulemaking to modify the Department's licensure requirements and fees to reflect the transfer of responsibilities.

Issues: None for the Department of Public Health. The Department of Public Safety has indicated there may be a supplement funding request related to space for the 13.0 FTE in the Department of Public Safety.

HB 12-1041 Electronic Death Registration System

Description: The bill requires the Department to develop and implement an electronic death registration system so that physicians responsible for reporting death information to the Department's Office of Vital Statistics are able to do so electronically.

Implementation: The department has selected a contractor and signed a contract for the system development. The development and installation of the system started in September 2013, and is anticipated to be tested through the fall of 2014. The system will be available for public use starting on January 1, 2015.

Issues: There are two issues, one of which may impact the effectiveness of the system and the second is a fiscal concern.

- User registration will be impacted by the proportion of physicians who sign up for the program, and other states have faced resistance on the part of some physicians to sign up. The Affordable Care Act is pushing electronic medical records, and may help the Department sign up more physicians in the program. Department staff is working to identify physicians who might serve as ambassadors to the health care provider community and help encourage other providers to sign up.
- The contract for the development and installation of the system was issued later than the original fiscal note anticipated. Therefore the funds appropriated in FY 2012-13, \$131,000 cash funds was not spent, and will be required in FY 2013-14.

HB 12-1294 CDPHE Authority Health Care Facilities

Description: The bill made a number of modifications to the Department's authority concerning the licensure of health facilities. The Department was required to work with the Department of Human Services to resolve differing requirements for the regulation of any Program of All-inclusive Care for the Elderly (PACE) facility consistent with federal requirements; and was required to work with the Departments of Human Services, and Health Care Policy and Financing, in consultation with industry representatives, to resolve differing requirements for the regulation of community residential homes.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Implementation: The Department has implemented a number of the changes through Board of Health Rules, and has submitted a plan to resolve different requirements between Departments to the General Assembly. There is currently a pilot project between the Department and the Department of Human Services to eliminate current duplications that exist as a result of two departments regulating group homes for individuals with intellectual and developmental disabilities differently. The pilot project, partly a result of this bill but also a result of the transfer of the Intellectual and Developmental Disability Programs to the Department of Health Care Policy and Financing via H.B. 13-1314, has Department of Human Services licensing staff working at the Department of Public Health and Environment (DPHE) alongside health facilities staff to identify and eliminate duplicative oversight and regulation of group homes.

Issues: The following two outstanding issues have been identified by the Department as possible impacts to the Department's ability to full implement the legislation.

- There remains disagreement about the intent of the provisions in the bill to eliminate home care agency state licensure for the Program of All-Inclusive Care (PACE) providers. Implementation of the provisions related to these sections of the bill will be dependent on the Division working with stakeholders to reach a consensus agreement.

- The Department has indicated there remain issues with the implementation plan because of the transfer of the Intellectuals with Developmental Disabilities Program to the Department of Health Care Policy and Financing.

The pilot project to eliminate regulatory duplications on group homes is working, but issues remain due because the Department of Human Services (DHS) staff are still technically DHS staff, thus only able to perform duties as related to DHS regulation of group home and cannot fully integrate within the health facilities division. Staff inquired if the Departments¹¹ would support the permanent transfer of DHS staff to the Health Facilities Division. All three Departments indicated they would support the permanent transfer of the staff, and believe permanently housing all survey staff at the DPHE will further streamline functions between all three Departments since DPHE has the expertise regarding site surveys and licensure.

Recommendation: Staff recommends the Committee sponsor legislation to transfer Department of Human Services staff responsible for licensure and regulatory oversight of group homes for individuals with intellectual and developmental disabilities to the Department of Public Health and Environment's Health Facilities Division. If the Committee decides to sponsor legislation, staff will work the Departments to identify the specific dollars and FTE that need to be transferred.

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue addresses the implementation of recent legislation and relates to the objective to provide cost-effective public health and environmental protection services.

¹¹ Departments include the Department of Public Health and Environment, Department of Human Services (DHS), and the Department of Health Care Policy and Financing (HCPF). HCPF is included because the DHS staff are paid by Medicaid.

Issue #7: Update on Funding Increases from FY 2013-14

The General Assembly provided a number of funding increases to the Department of Public Health and Environment through the FY 2013-14 Long Bill including an additional \$4.3 million for school-based health centers, an additional \$50,000 for a grants management system, and additional funding for the treatment side of the Breast and Cervical Cancer Program. This issue provides a brief update on how those additional funds are being used and what, if any, issues exist with expending all of the funding.

SUMMARY:

- Funding for school-based health centers was increased by \$4.3 million General Fund in FY 2013-14 and the Department has worked out a plan to ensure that all the funding is granted out to school-based health centers. Due to the timing of the grant cycle and the size of the increase School-based Health Centers won't be able to expend all of the funds in FY 2013-14 without roll-forward spending authority.
- Funding for treatment provided through the Breast and Cervical Cancer Program in FY 2013-14 to ensure all women eligible for treatment through the Breast and Cervical Cancer Program are able to receive it. No additional funding was appropriated for increased costs associated with additional screenings. The screening component of the Breast and Cervical Cancer Program resides in the Department of Public Health and Environment.
- Funds were appropriated for the development of a grants management system for the Department by the Office of Information Technology. Due to issues of compatibility with the new state accounting system no grants management system is being developed for the Department.

RECOMMENDATION:

Recommendation #1 - Staff recommends the FY 2013-14 supplemental include the authority to roll forward \$3.9 million General Fund appropriated for School-based Health Centers to FY 2014-15.

Recommendation #2 - Staff recommends the appropriation to the Office of Information Technology be reduced by \$50,000 total funds because the Department should not be paying for services it is not receiving.

DISCUSSION:

School-based Health Centers

Description: The School-based Health Centers Program provide medical and behavioral care to school child during the school day, and are run by the school districts in cooperation with other health service including hospitals, medical providers, and community health centers.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Fiscal Impact: The SBHC Program is entirely funding with General Fund, and the following table summarizes the funding history since the Program was created.

Summary of School-based Health Centers Funding			
Fiscal Year	General Fund	FTE	Description of Funding Changes
FY 2006-07	\$500,000	0.7	Funding provided through the appropriation clause in H.B. 06-1396
FY 2007-08	(190)	0.0	Base reduction through the Long Bill,
FY 2008-09	500,000	0.0	Increase provided through the Long Bill.
FY 2009-10	0	0.0	No change
FY 2010-11	0	0.0	No change
FY 2012-13	(5,494)	0.0	Base reduction through the Long Bill
FY 2013-14	4,266,501	2.2	Increase provided through the Long Bill.
Total FY 2014-15 Request	\$5,260,817	2.9	

Implementation: The increase provided by the General Assembly in FY 2013-14 required the Department to modify the SBHC funding structure to ensure the additional funding was fairly and appropriately granted out. The Department, in connection with the Colorado Association of School Based Health Care, the Colorado health Foundation, Caring for Colorado, and the Colorado Health Institute developed a plan for how to expend the additional funds. The following table summarizes how the Program anticipated expending the funds:

Summary of Estimated Costs for SBHC in FY 2013-14	
Cost	Amount
Department Costs	
Personal Services for 2.9 FTE	\$222,309
Operating Expenses - including grantee training and site visit travel	\$101,948
Data System and Data System Consultation	<u>\$56,500</u>
Department Costs Subtotal	\$380,757
Funds Granted out to SBHCs	
Clinical technical assistance contractor to work with sites on meeting clinical standards	\$44,000
SBHCs Original Contracts	\$920,000
SBHCs Expansion Contracts	<u>\$2,728,793</u>
SBHC Pre-planning Grants	\$20,000
Funds expected to be released in February/March 2014	<u>\$1,167,267</u>
Grant Funds Subtotal	\$4,880,060
Total Funding	\$5,260,817

Data System

The Department is planning the development and implementation of a data system to enable the Program to better track and account for the use of grant funds. Development is scheduled to begin in January 2014, with developing and initial testing completed by December 2014, and a fully operational system by July 1, 2015. Further costs will be incurred each year for development and continued maintenance and use of the system.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Service Expansion and Construction Grants

The Department conducted the initial grant requests prior to the finalization of the Long Bill and only accounted for a continuation of the funding received in FY 2012-13 (\$920,000). Upon passage of the Long Bill the Department quickly set to work to determine a funding formula for the new funding appropriated by the General Assembly. The Department determined the quickest way to grant out the additional funds was to ask SBHC to amend their initial requests based on the costs of base increases, service expansion, and build-out/construction costs. The result of the second round of requests was the encumbrance of an additional \$2.7 million. Based on conversations with the Colorado Association of School-based Health Centers, SBHCs won't be able to expend these additional dollars by June 30, 2013 because of the limited time in FY 2013-14.

Remaining Grant Funds

Due to the magnitude of the new funding, the total expansion funding did not fully encumber the increase, and the Department asked for new proposals. The Department anticipates granting out the remaining \$1.2 million based on the approved proposals by March 2014. SBHCs face a similar problem related to the timing issues limiting the SBHCs ability to expend the full grant amount by the close of FY 2013-14.

Issues: There are two outstanding issues regarding funding for SBHCs: (1) the need for roll-forward spending authority to enable SBHCs to fully expend the grant funds award in FY 2013-14, and (2) the continuing inability to track the amount of Medicaid funds used to pay for Medicaid eligible services provided in a SBHC.

Issue #1 – in order to allow SBHCs the time to expend their full FY 2013-14 grant award **staff recommends the FY 2013-14 supplement include the authority to roll forward \$3.9 million General Fund to FY 2014-15.**

Issue #2 – Tracking Medicaid funds

The issue with tracking the amount of Medicaid funds paid to SBHCs is that Medicaid pays Medicaid providers not service locations. Providers have a Medicaid identification number (ID number) that is not location specific, and many providers work at more than one location. The lack of a location identifier makes it impossible to track the location where the services were provided. Currently 47 out of 48 SBHCs have a provider with a Medicaid ID number. Only one SBHC does not bill Medicaid for any services. There are a couple of other issues compounding the issue of tracking Medicaid funds:

- The Structure of capitated payments to Behavioral Health Organizations and the subsequent contracting between BHOs and School-based Health Centers makes it difficult to track the amount of behavioral health services funded with Medicaid funds; and
- Lack of billing for reproductive health services by SBHCs due to concerns that an explanation of benefits (EOB) may be mailed to a parent/guardian, thus compromising an adolescent's confidentiality.

The Department, HCPF, and the Colorado Association of School-based Health Centers, who is leading the discussions, are discussing two possible options to address the linkage of care to a

specific SBHC: (1) adding a provider specialty code to the provider ID number; or (2) using a location code that specifies care that was provided in SBHC.

Breast and Cervical Cancer Program - Screening

FY 2013-14 Program Description

For FY 2013-14 there are two components of the Breast and Cervical Cancer Program (BCCP):

- The screening program within the Department provides free breast and cervical cancer screenings through the Women's Wellness Connection run by this Department; and
- The treatment program run by the Department of Health Care Policy and Financing for women who are screened and found to have breast or cervical cancer

FY 2013-14 Expansion

The funding added in FY 2013-14 expanded the treatment to all eligible women regardless of the clinic at which they were screened. There was no funding provided for the additional cost of screening women by non-Women's Wellness Connection clinics and the Komen Foundation provided \$10,000 to help clinics screening women offset their costs for FY 2013-14. The Department of Health Care Policy and Financing indicated the expansion went into effect on December 1, 2013.

FY 2014-15 Repeal

Effective July 1, 2014 current statute governing treatment programs of BCCP repeals. Staff is aware that stakeholders are working to ensure that women who are not covered under other insurance programs will still be able to receive treatment services. The impact to the Department of Public Health and Environment is an increase of funds equal to the amount previously transferred to the Department of Health Care Policy and Financing. Since these are Amendment 35 dollars, the statutory formula will determine if these funds will be used for additional screening or grants provided from the Prevention, Early Detection, and Treatment Fund.

Fiscal Impact: The fiscal impact to the Department of Public Health and Environment of the repeal is an increase of \$936,892 cash funds for either additional BCCP screening or grants for cancer, cardiovascular, and chronic pulmonary diseases. The fiscal impact of the expansion on the Department is minimal but it is unclear what the additional need of clinics will be until there is a better idea of how many more screenings will be done.

Colorado Grants Management System

Description: The General Assembly appropriated \$50,000 total funds to be used by the Office of Information Technology to build a grants management system similar to the one in the Department of Public Safety. Note as part of the increase, it was anticipated the system would be expanded so that the Department of Education was also able to use the system, therefore there would have been three Departments using the system, and the cost of expanding the system (a total of \$150,000) was spread across the three Departments.

Implementation: The Office of Information Technology has not expanded the system, does not plan to at this time due to compatibility issues between grant management system and the new statewide accounting system.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Issues: The FY 2013-14 funding recommendation stemmed from a 2012 audit concern of the Tobacco Education, Prevention and Cessation Grant Program which identified significant failings on the part of the Department to ensure that grants were appropriately monitored and audited. Staff was, and continues to be concerned that without a grant management system the Department will be unable to correct to the audit findings. The recommendation was based on the understanding that the Office of Information Technology (OIT) would expand the existing grants management system currently used by the Department of Public Safety. As part of the expansion the system could also be used by the Department of. It was anticipated each of the three Departments would pay \$50,000 per year for their share of the system.

Staff is still concerned that the Department still does not have an adequate way to ensure the issues identified in the audit are resolved and do not continue to occur. It is unclear how the Department plans to implement, in the near future a system, capable of monitoring grants in a manner sufficient to address the audit findings.

***Recommendations:* Staff recommends the appropriation to the Office of Information Technology be reduced by \$50,000 total funds because the Department should not be paying for services it is not receiving.**

RELEVANCE OF BRIEFING ISSUE TO THE DEPARTMENT'S PERFORMANCE PLAN:

This briefing issue addresses funding increases for three specific programs and relates to the objective to provide cost-effective public health services.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Number Pages

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	------------------------------	------------------------------	-------------------------------------	-------------------------------	--------------------------------------

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
Dr. Larry Wolk, Executive Director

(1) ADMINISTRATION AND SUPPORT

This division is comprised of three subdivisions: Administration, Office of Health Disparities, and Local Public Health Planning and Support.

(A) Administration

This subdivision performs operations that are common to all divisions, including accounting, budgeting, data processing, human resources, and purchasing. The appropriation for this subdivision includes money for centrally-appropriated personal services, and is primarily funded with reappropriated funds from departmental indirect cost recoveries.

Personal Services	<u>4,690,988</u>	<u>4,738,491</u>	<u>5,071,993</u>	<u>5,634,632</u> *
FTE	59.0	59.9	62.0	65.8
Reappropriated Funds	4,633,693	4,679,304	5,014,693	5,577,332
Federal Funds	57,295	59,187	57,300	57,300
Leave Payouts	<u>481,145</u>	<u>481,145</u>	<u>481,145</u>	<u>481,145</u>
Reappropriated Funds	481,145	481,145	481,145	481,145
Health, Life, and Dental	<u>1,656,762</u>	<u>3,032,873</u>	<u>4,478,614</u>	<u>9,297,823</u>
General Fund	576,203	613,200	689,576	660,502
Cash Funds	709,006	1,643,931	3,003,080	3,477,062
Reappropriated Funds	371,553	775,742	785,958	919,424
Federal Funds	0	0	0	4,240,835

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Short-term Disability	<u>71,658</u>	<u>70,682</u>	<u>82,355</u>	<u>194,209</u>	
General Fund	11,579	10,603	12,226	16,010	
Cash Funds	45,611	45,611	54,089	70,214	
Reappropriated Funds	14,468	14,468	16,040	18,105	
Federal Funds	0	0	0	89,880	
S.B. 04-257 Amortization Equalization Disbursement	<u>1,131,454</u>	<u>1,368,509</u>	<u>1,595,059</u>	<u>3,638,663</u>	
General Fund	180,994	189,702	234,990	299,730	
Cash Funds	721,531	897,523	1,049,100	1,315,518	
Reappropriated Funds	228,929	281,284	310,969	339,483	
Federal Funds	0	0	0	1,683,932	
S.B. 06-235 Supplemental Amortization Equalization					
Disbursement	<u>908,448</u>	<u>1,175,282</u>	<u>1,439,394</u>	<u>3,411,247</u>	
General Fund	144,468	162,245	211,391	280,997	
Cash Funds	579,802	771,309	947,104	1,233,298	
Reappropriated Funds	184,178	241,728	280,899	318,265	
Federal Funds	0	0	0	1,578,687	
Salary Survey	<u>0</u>	<u>0</u>	<u>983,956</u>	<u>1,327,109</u>	
General Fund	0	0	136,839	111,596	
Cash Funds	0	0	658,504	476,908	
Reappropriated Funds	0	0	188,613	129,526	
Federal Funds	0	0	0	609,079	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Merit Pay	<u>0</u>	<u>0</u>	<u>600,659</u>	<u>1,260,930</u>	
General Fund	0	0	83,534	95,489	
Cash Funds	0	0	401,985	455,643	
Reappropriated Funds	0	0	115,140	119,710	
Federal Funds	0	0	0	590,088	
Shift Differential	<u>0</u>	<u>4,568</u>	<u>4,970</u>	<u>5,099</u>	
General Fund	0	49	368	55	
Cash Funds	0	4,519	4,602	5,044	
Federal Funds	0	0	0	0	
Workers' Compensation	<u>303,605</u>	<u>423,647</u>	<u>512,315</u>	<u>658,392</u>	
Reappropriated Funds	303,605	423,647	512,315	658,392	
Operating Expenses	<u>1,262,589</u>	<u>1,262,707</u>	<u>1,277,707</u>	<u>1,938,926</u>	
Reappropriated Funds	1,262,589	1,262,707	1,277,707	1,938,926	
Legal Services	<u>2,073,307</u>	<u>2,167,756</u>	<u>2,589,131</u>	<u>2,589,131</u>	
Reappropriated Funds	2,073,307	2,167,756	2,589,131	2,589,131	
Administrative Law Judge Services	<u>8,651</u>	<u>1,680</u>	<u>47,493</u>	<u>7,744</u>	
Reappropriated Funds	8,651	1,680	47,493	7,744	
Purchase of Services from Computer Center	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	*
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Colorado State Network	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	*
Reappropriated Funds	0	0	0	0	
Management and Administration of OIT	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	*
Reappropriated Funds	0	0	0	0	
Payment to Risk Management and Property Funds	<u>86,714</u>	<u>109,012</u>	<u>99,120</u>	<u>109,598</u>	
Cash Funds	9,069	0	0	0	
Reappropriated Funds	77,645	109,012	99,120	109,598	
Vehicle Lease Payments	<u>320,002</u>	<u>323,558</u>	<u>257,112</u>	<u>312,839</u>	*
General Fund	1,081	1,081	620	620	
Cash Funds	189,469	204,328	190,026	215,026	
Reappropriated Funds	54,406	50,661	38,997	58,997	
Federal Funds	75,046	67,488	27,469	38,196	
Leased Space	<u>5,685,640</u>	<u>5,811,638</u>	<u>6,250,500</u>	<u>6,253,866</u>	
Cash Funds	173,905	170,254	180,000	183,366	
Reappropriated Funds	5,502,553	5,583,614	6,000,000	6,000,000	
Federal Funds	9,182	57,770	70,500	70,500	
Capitol Complex Leased Space	<u>31,686</u>	<u>24,873</u>	<u>35,150</u>	<u>30,452</u>	
Reappropriated Funds	31,686	24,873	35,150	30,452	
Communication Services Payments	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	*
Reappropriated Funds	0	0	0	0	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
COFRS Modernization	<u>0</u>	<u>0</u>	<u>0</u>	<u>699,370</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	0	0	0	699,370	
Information Technology Security	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	*
General Fund	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Utilities	<u>523,142</u>	<u>523,107</u>	<u>563,651</u>	<u>563,651</u>	
Cash Funds	120,832	122,884	161,324	161,324	
Reappropriated Funds	390,727	389,415	390,727	390,727	
Federal Funds	11,583	10,808	11,600	11,600	
Building Maintenance and Repair	<u>271,858</u>	<u>271,858</u>	<u>271,858</u>	<u>271,858</u>	
Reappropriated Funds	271,858	271,858	271,858	271,858	
Reimbursement for Members of the State Board of Health	<u>4,500</u>	<u>4,300</u>	<u>4,500</u>	<u>4,500</u>	
General Fund	4,500	4,300	4,500	4,500	
Indirect Costs Assessment	<u>542,440</u>	<u>272,869</u>	<u>489,161</u>	<u>489,161</u>	
Cash Funds	302,282	77,448	300,000	300,000	
Reappropriated Funds	8,325	84,149	40,000	40,000	
Federal Funds	231,833	111,272	149,161	149,161	
Payments to OIT	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,855,223</u>	*
Reappropriated Funds	0	0	0	6,855,223	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
SUBTOTAL - (A) Administration	20,054,589	22,068,555	27,135,843	46,035,568	69.6%
<i>FTE</i>	<u>59.0</u>	<u>59.9</u>	<u>62.0</u>	<u>65.8</u>	<u>6.1%</u>
General Fund	918,825	981,180	1,374,044	1,469,499	6.9%
Cash Funds	2,851,507	3,937,807	6,949,814	7,893,403	13.6%
Reappropriated Funds	15,899,318	16,843,043	18,495,955	27,553,408	49.0%
Federal Funds	384,939	306,525	316,030	9,119,258	2785.6%

(B) Office of Health Disparities

This subdivision is responsible for administration of the Health Disparities Grant Program, which works to overcome the differences in the quality of health care and associated health outcomes that occur in different racial and ethnic groups across Colorado. The Office is funded by 2.4 percent of the Amendment 35 Tobacco Tax revenue, and a small amount of General Fund.

Personal Services	<u>261,664</u>	<u>271,569</u>	<u>271,569</u>	<u>280,678</u>
FTE	3.6	3.5	4.3	4.3
General Fund	49,323	50,539	50,539	52,564
Cash Funds	0	0	221,030	228,114
Reappropriated Funds	212,341	221,030	0	0
Operating Expenses	<u>25,065</u>	<u>28,915</u>	<u>65,579</u>	<u>65,579</u>
General Fund	6,672	6,672	6,672	6,672
Cash Funds	0	0	58,907	58,907
Reappropriated Funds	18,393	22,243	0	0
Health Disparities Grants	<u>3,714,989</u>	<u>2,510,054</u>	<u>3,699,149</u>	<u>3,699,149</u>
Cash Funds	0	0	3,699,149	3,699,149
Reappropriated Funds	3,714,989	2,510,054	0	0

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
SUBTOTAL - (B) Office of Health Disparities	4,001,718	2,810,538	4,036,297	4,045,406	0.2%
<i>FTE</i>	<u>3.6</u>	<u>3.5</u>	<u>4.3</u>	<u>4.3</u>	<u>0.0%</u>
General Fund	55,995	57,211	57,211	59,236	3.5%
Cash Funds	0	0	3,979,086	3,986,170	0.2%
Reappropriated Funds	3,945,723	2,753,327	0	0	0.0%

(C) Local Public Health Planning and Support

The Department provides local public health agencies with planning, technical, and financial support to ensure that local public health agencies are able to effectively deliver health and environmental services. This subdivision is funded primarily with General Fund and cash funds from the Public Health Services Support Fund.

Assessment, Planning, and Support Program	<u>541,086</u>	<u>575,112</u>	<u>666,855</u>	<u>535,656</u>
FTE	6.3	5.4	8.4	8.4
General Fund	304,195	308,652	308,652	316,756
Cash Funds	18,014	63,113	139,303	0
Federal Funds	218,877	203,347	218,900	218,900
Distributions to Local Public Health Agencies	<u>7,981,128</u>	<u>7,924,218</u>	<u>8,513,222</u>	<u>8,513,222</u>
General Fund	5,935,190	5,935,188	6,531,478	6,531,478
Cash Funds	2,045,938	1,989,030	1,981,744	1,981,744
Environmental Health Services Not Provided by Local Health Departments	<u>239,324</u>	<u>241,239</u>	<u>0</u>	<u>0</u>
General Fund	239,324	241,239	0	0
Distributions to Local Public Health Agencies for Provisions of Public and Environmental Health Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Cash Funds	0	0	0	0

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Non-Appropriated Federal Funds	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
Federal Funds	0	0	0	0	
SUBTOTAL - (C) Local Public Health Planning and Support	8,761,538	8,740,569	9,180,077	9,048,878	(1.4%)
<i>FTE</i>	<u>6.3</u>	<u>5.4</u>	<u>8.4</u>	<u>8.4</u>	<u>0.0%</u>
General Fund	6,478,709	6,485,079	6,840,130	6,848,234	0.1%
Cash Funds	2,063,952	2,052,143	2,121,047	1,981,744	(6.6%)
Federal Funds	218,877	203,347	218,900	218,900	0.0%
TOTAL - (1) Administration and Support	32,817,845	33,619,662	40,352,217	59,129,852	46.5%
<i>FTE</i>	<u>68.9</u>	<u>68.8</u>	<u>74.7</u>	<u>78.5</u>	<u>5.1%</u>
General Fund	7,453,529	7,523,470	8,271,385	8,376,969	1.3%
Cash Funds	4,915,459	5,989,950	13,049,947	13,861,317	6.2%
Reappropriated Funds	19,845,041	19,596,370	18,495,955	27,553,408	49.0%
Federal Funds	603,816	509,872	534,930	9,338,158	1645.7%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(2) CENTER FOR HEALTH AND ENVIRONMENTAL INFORMATION

This division is comprised of four subdivisions: Health Statistics and Vital Records, Medical Marijuana Registry, Information Technology Services, and Indirect Cost Assessment.

(A) Health Statistics and Vital Records

This subdivision is responsible for the maintenance of Colorado birth, death, marriage, divorce, and other vital records and issues related certificates. The subdivision administers the Voluntary Adoption Registry, which facilitates voluntary contact between Colorado-born adoptees 18 years of age and older and their birth parents. Staff provide education and training on vital records rules, regulations and statutes to individuals and local public health agencies. Data users include the Center for Disease Control, local public health agencies, and epidemiologists. This subdivision is primarily funded with cash funds from the Vital Statistics Records Cash Fund and federal funds.

Personal Services	<u>3,114,317</u>	<u>3,161,369</u>	<u>3,138,183</u>	<u>3,273,032</u>
FTE	49.1	57.6	49.2	49.2
Cash Funds	1,761,775	1,779,745	1,779,796	1,914,645
Reappropriated Funds	0	5,393	5,887	5,887
Federal Funds	1,352,542	1,376,231	1,352,500	1,352,500
Operating Expenses	<u>320,121</u>	<u>422,018</u>	<u>835,368</u>	<u>939,270</u>
Cash Funds	50,253	228,450	565,468	669,370
Federal Funds	269,868	193,568	269,900	269,900

SUBTOTAL - (A) Health Statistics and Vital Records	3,434,438	3,583,387	3,973,551	4,212,302	6.0%
FTE	<u>49.1</u>	<u>57.6</u>	<u>49.2</u>	<u>49.2</u>	0.0%
Cash Funds	1,812,028	2,008,195	2,345,264	2,584,015	10.2%
Reappropriated Funds	0	5,393	5,887	5,887	0.0%
Federal Funds	1,622,410	1,569,799	1,622,400	1,622,400	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Medical Marijuana Registry

The Department is required to administer the Medical Marijuana Registry, which serves as the state database for all individuals who have satisfied the medical requirements to use medical marijuana and have paid the Medical Marijuana Registry fee. The Medical Marijuana Registry is entirely cash funded by the Medical Marijuana Program Cash Fund and was not impacted by any of the 2013 Session legislation on the implementation of Amendment 64.

Personal Services	<u>1,919,021</u>	<u>1,928,191</u>	<u>1,928,192</u>	<u>1,986,436</u>	
FTE	25.9	31.4	25.9	25.9	
Cash Funds	1,919,021	1,928,191	1,928,192	1,986,436	
Operating Expenses	<u>264,693</u>	<u>84,350</u>	<u>172,110</u>	<u>172,110</u>	
Cash Funds	264,693	84,350	172,110	172,110	
Transfer to Department of Regulatory Agencies for Medical Marijuana	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Cash Funds	0	0	0	0	

SUBTOTAL - (B) Medical Marijuana Registry	2,183,714	2,012,541	2,100,302	2,158,546	2.8%
FTE	<u>25.9</u>	<u>31.4</u>	<u>25.9</u>	<u>25.9</u>	<u>0.0%</u>
Cash Funds	2,183,714	2,012,541	2,100,302	2,158,546	2.8%

(C) Information Technology Services

This subdivision contains the centrally appropriated information technology line items for services provided the Governor's Office of Information Technology to the Department. This subdivision is primarily funded by departmental indirect cost recoveries and federal funds.

Personal Services	<u>205,504</u>	<u>263,750</u>	<u>320,931</u>	<u>0</u>	
FTE	1.9	1.8	2.8	0.0	
Cash Funds	24,845	22,849	70,849	0	
Reappropriated Funds	180,659	240,901	250,082	0	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Operating Expenses	<u>763,975</u>	<u>765,146</u>	<u>765,146</u>	<u>0</u>	
Cash Funds	103,927	103,927	103,927	0	
Reappropriated Funds	660,048	661,219	661,219	0	
Purchase of Services from Computer Center	<u>4,711,006</u>	<u>5,279,004</u>	<u>5,268,032</u>	<u>0</u>	
General Fund	283,248	302,199	234,946	0	
Cash Funds	695,918	750,425	872,692	0	
Reappropriated Funds	1,976,511	2,751,575	2,381,526	0	
Federal Funds	1,755,329	1,474,805	1,778,868	0	
Multiuse Network Payments	<u>687,082</u>	<u>648,930</u>	<u>641,970</u>	<u>0</u>	
General Fund	0	0	0	0	
Cash Funds	0	0	0	0	
Reappropriated Funds	480,741	448,730	641,970	0	
Federal Funds	206,341	200,200	0	0	
Management and Administration of OIT	<u>524,564</u>	<u>341,279</u>	<u>352,987</u>	<u>0</u>	
Cash Funds	22,305	6,431	0	0	
Reappropriated Funds	418,372	258,424	352,987	0	
Federal Funds	83,887	76,424	0	0	
Communication Services Payments	<u>6,898</u>	<u>28,273</u>	<u>16,691</u>	<u>0</u>	
Reappropriated Funds	6,898	28,273	16,691	0	
COFRS Modernziation	<u>0</u>	<u>609,540</u>	<u>699,370</u>	<u>0</u>	
General Fund	0	363,931	417,565	0	
Cash Funds	0	245,609	0	0	
Reappropriated Funds	0	0	0	0	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Information Technology Security	0	0	65,049	0	
General Fund	0	0	2,478	0	
Reappropriated Funds	0	0	62,571	0	
SUBTOTAL - (C) Information Technology Services	6,899,029	7,935,922	8,130,176	0	(100.0%)
<i>FTE</i>	<u>1.9</u>	<u>1.8</u>	<u>2.8</u>	<u>0.0</u>	<u>(100.0%)</u>
General Fund	283,248	666,130	654,989	0	(100.0%)
Cash Funds	846,995	1,129,241	1,329,273	0	(100.0%)
Reappropriated Funds	3,723,229	4,389,122	4,367,046	0	(100.0%)
Federal Funds	2,045,557	1,751,429	1,778,868	0	(100.0%)

(D) Indirect Cost Assessment

Indirect Cost Assessment	<u>1,495,430</u>	<u>1,563,141</u>	<u>831,469</u>	<u>831,469</u>	
Cash Funds	789,689	943,899	300,000	300,000	
Reappropriated Funds	15,564	13,385	31,369	31,369	
Federal Funds	690,177	605,857	500,100	500,100	
SUBTOTAL - (D) Indirect Cost Assessment	1,495,430	1,563,141	831,469	831,469	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
Cash Funds	789,689	943,899	300,000	300,000	0.0%
Reappropriated Funds	15,564	13,385	31,369	31,369	0.0%
Federal Funds	690,177	605,857	500,100	500,100	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
TOTAL - (2) Center for Health and Environmental Information	14,012,611	15,094,991	15,035,498	7,202,317	(52.1%)
<i>FTE</i>	<u>76.9</u>	<u>90.8</u>	<u>77.9</u>	<u>75.1</u>	(3.6%)
General Fund	283,248	666,130	654,989	0	(100.0%)
Cash Funds	5,632,426	6,093,876	6,074,839	5,042,561	(17.0%)
Reappropriated Funds	3,738,793	4,407,900	4,404,302	37,256	(99.2%)
Federal Funds	4,358,144	3,927,085	3,901,368	2,122,500	(45.6%)

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	------------------------------	------------------------------	-------------------------------------	-------------------------------	--------------------------------------

(3) LABORATORY SERVICES

This division is comprised of the: Director's Office, Chemistry and Microbiology Section, and the Certification Section. The Director's Office provides managerial and administrative support to the other sections. The Chemistry and Microbiology Section performs the following activities: analysis of blood and tissue specimens, testing for newborn genetic disorders, diagnostic testing for bacterial diseases, analysis for disease outbreaks, and water and environmental testing. The Certification Section certifies private medical laboratories, state and local law enforcement breath-alcohol testing devices (intoxilyzers), and environmental laboratories, including water testing laboratories, and on-site dairy laboratories. This division is primarily funded with cash funds from the Newborn Screening and Genetic Counseling Cash Fund, the Laboratory Cash Fund, the Law Enforcement Assistance Fund, and federal funds.

Director's Office	<u>494,431</u>	<u>494,964</u>	<u>494,971</u>	<u>504,971</u>
FTE	5.7	5.3	5.5	5.5
Cash Funds	478,949	494,964	494,971	504,971
Federal Funds	15,482	0	0	0
 Chemistry and Microbiology Personal Services	 <u>4,829,858</u>	 <u>4,534,983</u>	 <u>5,569,263</u>	 <u>5,591,205</u>
FTE	57.7	62.4	58.7	57.7
General Fund	817,785	743,573	743,576	766,774
Cash Funds	1,936,161	2,378,415	2,445,578	2,444,322
Reappropriated Funds	89,309	92,650	93,509	93,509
Federal Funds	1,986,603	1,320,345	2,286,600	2,286,600
 Chemistry and Microbiology Operating Expenses	 <u>3,859,169</u>	 <u>3,856,907</u>	 <u>4,296,063</u>	 <u>4,275,610</u>
General Fund	314,813	314,817	314,817	314,817
Cash Funds	2,581,243	2,840,316	2,919,373	2,898,920
Reappropriated Funds	140,115	46,491	238,873	238,873
Federal Funds	822,998	655,283	823,000	823,000

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Certification	<u>1,989,845</u>	<u>1,189,026</u>	<u>807,963</u>	<u>817,963</u>	
FTE	10.8	10.8	11.0	11.0	
Cash Funds	565,913	572,711	584,063	594,063	
Reappropriated Funds	1,200,000	0	0	0	
Federal Funds	223,932	616,315	223,900	223,900	
Indirect Cost Assessment	<u>1,423,520</u>	<u>1,650,954</u>	<u>1,900,000</u>	<u>1,900,000</u>	
Cash Funds	905,266	1,299,656	1,500,000	1,500,000	
Reappropriated Funds	1,693	0	0	0	
Federal Funds	516,561	351,298	400,000	400,000	
TOTAL - (3) Laboratory Services	12,596,823	11,726,834	13,068,260	13,089,749	0.2%
FTE	<u>74.2</u>	<u>78.5</u>	<u>75.2</u>	<u>74.2</u>	<u>(1.3%)</u>
General Fund	1,132,598	1,058,390	1,058,393	1,081,591	2.2%
Cash Funds	6,467,532	7,586,062	7,943,985	7,942,276	(0.0%)
Reappropriated Funds	1,431,117	139,141	332,382	332,382	0.0%
Federal Funds	3,565,576	2,943,241	3,733,500	3,733,500	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(4) AIR POLLUTION CONTROL DIVISION

This division is comprised of four subdivisions: Administration, Technical Services, Mobile Sources, and Stationary Sources. The division's major sources of cash funds are fees charged for air pollution permits and inspections.

(A) Administration

This subdivision provides administrative support to the Air Quality Control Commission and manages the implementation of air programs by the other subdivisions.

Program Costs	<u>415,425</u>	<u>414,280</u>	<u>422,883</u>	<u>422,883</u>	
FTE	3.7	3.8	4.5	4.5	
Cash Funds	282,804	290,282	290,283	290,283	
Federal Funds	132,621	123,998	132,600	132,600	
Indirect Cost Assessment	<u>2,584,221</u>	<u>2,919,783</u>	<u>3,100,000</u>	<u>3,100,000</u>	
Cash Funds	1,923,566	2,366,447	2,500,000	2,500,000	
Federal Funds	660,655	553,336	600,000	600,000	

SUBTOTAL - (A) Administration	2,999,646	3,334,063	3,522,883	3,522,883	0.0%
FTE	<u>3.7</u>	<u>3.8</u>	<u>4.5</u>	<u>4.5</u>	<u>0.0%</u>
Cash Funds	2,206,370	2,656,729	2,790,283	2,790,283	0.0%
Federal Funds	793,276	677,334	732,600	732,600	0.0%

(B) Technical Services

This subdivision houses the Air Quality Monitoring; Modeling and Analysis; and Visibility and Risk Assessment programs.

Personal Services	<u>2,998,398</u>	<u>3,061,145</u>	<u>3,160,951</u>	<u>3,222,651</u>	
FTE	33.5	35.4	34.7	34.7	
Cash Funds	1,818,871	1,981,450	1,981,451	2,043,151	
Federal Funds	1,179,527	1,079,695	1,179,500	1,179,500	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Operating Expenses	<u>476,813</u>	<u>643,144</u>	<u>493,981</u>	<u>493,981</u>	
Cash Funds	300,241	302,601	317,381	317,381	
Federal Funds	176,572	340,543	176,600	176,600	
Local Contracts	<u>1,387,765</u>	<u>766,437</u>	<u>1,636,221</u>	<u>1,636,221</u>	
Cash Funds	567,638	531,803	816,121	816,121	
Federal Funds	820,127	234,634	820,100	820,100	
SUBTOTAL - (B) Technical Services	4,862,976	4,470,726	5,291,153	5,352,853	1.2%
<i>FTE</i>	<u>33.5</u>	<u>35.4</u>	<u>34.7</u>	<u>34.7</u>	0.0%
Cash Funds	2,686,750	2,815,854	3,114,953	3,176,653	2.0%
Federal Funds	2,176,226	1,654,872	2,176,200	2,176,200	0.0%

(C) Mobile Sources

This subdivision is comprised of the Research and Support Program which contains three subprograms: (1) the High Altitude Testing Program; (2) the Oxygenated Fuel Program; and (3) the Clean Fuel Fleet Program. The subdivision also contains the Inspection and Maintenance Program which works to reduce motor vehicle-related pollution through the inspection and emissions-related repair of motor vehicles. Emissions testing of gas and diesel powered vehicles is required when registering, renewing registrations, or selling vehicles within the program areas along Colorado's Front Range.

Personal Services	<u>2,624,315</u>	<u>2,502,033</u>	<u>2,657,694</u>	<u>2,727,695</u>
FTE	29.5	28.0	29.3	29.3
Cash Funds	2,297,666	2,331,093	2,331,094	2,401,095
Federal Funds	326,649	170,940	326,600	326,600
Operating Expenses	<u>331,452</u>	<u>355,390</u>	<u>393,379</u>	<u>393,379</u>
Cash Funds	265,400	230,781	327,327	327,327
Federal Funds	66,052	124,609	66,052	66,052

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Diesel Inspection/Maintenance Program	<u>629,662</u>	<u>642,816</u>	<u>642,817</u>	<u>650,817</u>	
FTE	6.6	6.6	6.6	6.6	
Cash Funds	629,662	642,816	642,817	650,817	
Mechanic Certification Program	<u>2,036</u>	<u>650</u>	<u>7,000</u>	<u>7,000</u>	
Cash Funds	2,036	650	7,000	7,000	
Local Grants	<u>61,289</u>	<u>70,229</u>	<u>77,597</u>	<u>77,597</u>	
Cash Funds	61,289	70,229	77,597	77,597	
SUBTOTAL - (C) Mobile Sources	3,648,754	3,571,118	3,778,487	3,856,488	2.1%
<i>FTE</i>	<u>36.1</u>	<u>34.6</u>	<u>35.9</u>	<u>35.9</u>	(0.0%)
Cash Funds	3,256,053	3,275,569	3,385,835	3,463,836	2.3%
Federal Funds	392,701	295,549	392,652	392,652	0.0%

(D) Stationary Sources

This subdivision is responsible for controlling and reducing air pollutants from stationary sources (i.e., factories, power plants, wood stoves, etc.). The staff permit, monitor, and inspect stationary sources that emit air pollutants. The subdivision houses the following three programs: the Inventory and Support Services Program, the Permits and Compliance Assurance Program, and the Hazardous and Toxic Control Program.

Personal Services	<u>6,364,764</u>	<u>7,373,068</u>	<u>7,768,074</u>	<u>7,917,833</u>
FTE	83.4	91.7	97.3	97.3
General Fund	0	0	338,483	344,886
Cash Funds	4,859,564	5,924,391	5,924,391	6,067,747
Federal Funds	1,505,200	1,448,677	1,505,200	1,505,200

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Operating Expenses	<u>408,364</u>	<u>800,325</u>	<u>618,737</u>	<u>562,537</u>	
General Fund	0	0	156,390	100,190	
Cash Funds	345,563	461,701	399,547	399,547	
Federal Funds	62,801	338,624	62,800	62,800	
Local Contracts	<u>750,077</u>	<u>788,878</u>	<u>820,567</u>	<u>820,567</u>	
Cash Funds	651,575	687,994	722,067	722,067	
Federal Funds	98,502	100,884	98,500	98,500	
Preservation of the Ozone Layer	<u>220,771</u>	<u>207,552</u>	<u>228,739</u>	<u>228,739</u>	
FTE	2.0	1.8	2.0	2.0	
Cash Funds	220,771	207,552	228,739	228,739	
Air Quality Dispersion Study	<u>0</u>	<u>0</u>	<u>590,086</u>	<u>378,152</u>	
Cash Funds	0	0	590,086	378,152	
SUBTOTAL - (D) Stationary Sources	7,743,976	9,169,823	10,026,203	9,907,828	(1.2%)
<i>FTE</i>	<u>85.4</u>	<u>93.5</u>	<u>99.3</u>	<u>99.3</u>	0.0%
General Fund	0	0	494,873	445,076	(10.1%)
Cash Funds	6,077,473	7,281,638	7,864,830	7,796,252	(0.9%)
Federal Funds	1,666,503	1,888,185	1,666,500	1,666,500	0.0%
TOTAL - (4) Air Pollution Control Division	19,255,352	20,545,730	22,618,726	22,640,052	0.1%
<i>FTE</i>	<u>158.7</u>	<u>167.3</u>	<u>174.4</u>	<u>174.4</u>	(0.0%)
General Fund	0	0	494,873	445,076	(10.1%)
Cash Funds	14,226,646	16,029,790	17,155,901	17,227,024	0.4%
Federal Funds	5,028,706	4,515,940	4,967,952	4,967,952	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(5) WATER QUALITY CONTROL DIVISION

This division is comprised of the Clean Water Program and the Drinking Water Program. The division's major sources of cash funds are fees charged for water quality permits, and reappropriated funds from the Department of Agriculture for groundwater protection.

(A) Administration

This subdivision, as requested for FY 2014-14 would provide funding for division-wide administrative and management support services.

Administration Program	0	0	0	0	
General Fund	0	0	0	0	
Reappropriated Funds	0	0	0	0	
Personal Services	<u>1,103,785</u>	<u>1,051,594</u>	0	0	
FTE	14.3	13.5	0.0	0.0	
General Fund	558,548	695,507	0	0	
Cash Funds	187,445	208,430	0	0	
Federal Funds	357,792	147,657	0	0	
Operating Expenses	<u>22,603</u>	<u>20,446</u>	0	0	
General Fund	18,747	18,747	0	0	
Cash Funds	3,459	1,638	0	0	
Federal Funds	397	61	0	0	

SUBTOTAL - (A) Administration	1,126,388	1,072,040	0	0	0.0%
FTE	<u>14.3</u>	<u>13.5</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	577,295	714,254	0	0	0.0%
Cash Funds	190,904	210,068	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	358,189	147,718	0	0	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Clean Water Program

This Program is responsible for training and certifying the operators of all water and wastewater treatment facilities in the state, and is comprised of the Watershed Assessment, Outreach, and Assistance Program which houses three sections: monitoring, assessment, and outreach. The Program also includes an administration section which provides management and support staff for the Water Quality Control Commission, clerical support for other subdivisions, as needed, and maintains a centralized records system for the Division. The subdivision also includes the Permitting and Compliance Assurance Program which is responsible for issuing discharge permits, monitoring compliance with permits, conducting inspections, providing technical assistance, and as necessary, pursuing enforcement actions.

Personal Services	<u>6,843,063</u>	<u>6,673,286</u>	<u>8,826,371</u>	<u>9,166,692</u>	
FTE	76.6	79.2	103.3	104.6	
General Fund	531,247	412,310	1,849,173	2,108,553	
Cash Funds	3,306,007	3,363,676	3,613,300	3,694,241	
Reappropriated Funds	37,671	19,335	37,998	37,998	
Federal Funds	2,968,138	2,877,965	3,325,900	3,325,900	
Operating Expenses	<u>995,258</u>	<u>1,381,568</u>	<u>1,401,348</u>	<u>1,333,154</u>	
General Fund	501,585	501,585	841,402	773,208	
Cash Funds	51,588	75,913	117,471	117,471	
Reappropriated Funds	1,675	1,675	1,675	1,675	
Federal Funds	440,410	802,395	440,800	440,800	
Local Grants and Contracts	<u>1,777,795</u>	<u>2,317,249</u>	<u>1,777,800</u>	<u>1,777,800</u>	
Federal Funds	1,777,795	2,317,249	1,777,800	1,777,800	
Water Quality Improvement	<u>111,336</u>	<u>362,405</u>	<u>167,196</u>	<u>167,196</u>	
Cash Funds	111,336	362,405	167,196	167,196	
Nurtients Grant Fund	<u>0</u>	<u>0</u>	<u>15,000,000</u>	<u>12,000,000</u>	*
FTE	0.0	0.0	0.0	1.0	
General Fund	0	0	15,000,000	12,000,000	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
SUBTOTAL - (B) Clean Water Program	9,727,452	10,734,508	27,172,715	24,444,842	(10.0%)
<i>FTE</i>	<u>76.6</u>	<u>79.2</u>	<u>103.3</u>	<u>105.6</u>	<u>2.2%</u>
General Fund	1,032,832	913,895	17,690,575	14,881,761	(15.9%)
Cash Funds	3,468,931	3,801,994	3,897,967	3,978,908	2.1%
Reappropriated Funds	39,346	21,010	39,673	39,673	0.0%
Federal Funds	5,186,343	5,997,609	5,544,500	5,544,500	0.0%

(C) Drinking Water Program

The Drinking Water Program is established under the federal Safe Drinking Water Act, and is used to implement measures to ensure that public water systems throughout Colorado provide safe drinking water for Colorado citizens.

Personal Services	<u>5,931,216</u>	<u>6,330,861</u>	<u>6,024,756</u>	<u>6,078,900</u>	
<i>FTE</i>	<u>70.4</u>	<u>67.9</u>	<u>69.8</u>	<u>69.9</u>	
General Fund	801,586	813,868	890,560	935,216	
Cash Funds	334,996	339,596	339,596	349,084	
Federal Funds	4,794,634	5,177,397	4,794,600	4,794,600	
Operating Expenses	<u>1,993,568</u>	<u>1,399,554</u>	<u>2,064,079</u>	<u>2,057,024</u>	
General Fund	94,449	94,449	164,929	157,874	
Cash Funds	1,750	1,750	1,750	1,750	
Federal Funds	1,897,369	1,303,355	1,897,400	1,897,400	
SUBTOTAL - (C) Drinking Water Program	7,924,784	7,730,415	8,088,835	8,135,924	0.6%
<i>FTE</i>	<u>70.4</u>	<u>67.9</u>	<u>69.8</u>	<u>69.9</u>	<u>0.1%</u>
General Fund	896,035	908,317	1,055,489	1,093,090	3.6%
Cash Funds	336,746	341,346	341,346	350,834	2.8%
Federal Funds	6,692,003	6,480,752	6,692,000	6,692,000	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
(D) Indirect Cost Assessments					
Indirect Cost Assessment	<u>2,247,765</u>	<u>2,300,000</u>	<u>2,400,000</u>	<u>2,400,000</u>	
Cash Funds	683,567	845,177	1,100,000	1,100,000	
Federal Funds	1,564,198	1,454,823	1,300,000	1,300,000	
SUBTOTAL - (D) Indirect Cost Assessments	2,247,765	2,300,000	2,400,000	2,400,000	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
Cash Funds	683,567	845,177	1,100,000	1,100,000	0.0%
Federal Funds	1,564,198	1,454,823	1,300,000	1,300,000	0.0%
TOTAL - (5) Water Quality Control Division	21,026,389	21,836,963	37,661,550	34,980,766	(7.1%)
<i>FTE</i>	<u>161.3</u>	<u>160.6</u>	<u>173.1</u>	<u>175.5</u>	<u>1.4%</u>
General Fund	2,506,162	2,536,466	18,746,064	15,974,851	(14.8%)
Cash Funds	4,680,148	5,198,585	5,339,313	5,429,742	1.7%
Reappropriated Funds	39,346	21,010	39,673	39,673	0.0%
Federal Funds	13,800,733	14,080,902	13,536,500	13,536,500	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(6) HAZARDOUS MATERIALS AND WASTE MANAGEMENT DIVISION

This division is comprised of six subdivisions: Administration, Hazardous Waste Control Program, Solid Waste Control Program, Contaminated Site Cleanups and Remediation Programs, Radiation Management, and Waste Tire Program.

(A) Administration

This Office provides division-wide administrative and management support services. The primary source of funding is various division cash funds, reappropriated funds from the Local Governmental Severance Tax Fund, and federal funds.

Program Costs	<u>136,890</u>	<u>105,403</u>	<u>294,753</u>	<u>303,753</u>	
FTE	0.8	1.0	3.4	3.4	
Cash Funds	136,890	89,725	255,353	264,353	
Reappropriated Funds	0	15,678	39,400	39,400	
Federal Funds	0	0	0	0	
Legal Services	<u>183,162</u>	<u>200,323</u>	<u>491,981</u>	<u>480,394</u>	
Cash Funds	35,235	63,074	335,233	323,646	
Reappropriated Funds	242	0	455	455	
Federal Funds	147,685	137,249	156,293	156,293	
Indirect Cost Assessment	<u>1,984,292</u>	<u>2,153,997</u>	<u>2,550,000</u>	<u>2,550,000</u>	
Cash Funds	1,114,801	1,313,696	1,650,000	1,650,000	
Reappropriated Funds	33,091	30,399	50,000	50,000	
Federal Funds	836,400	809,902	850,000	850,000	
SUBTOTAL - (A) Administration	2,304,344	2,459,723	3,336,734	3,334,147	(0.1%)
FTE	<u>0.8</u>	<u>1.0</u>	<u>3.4</u>	<u>3.4</u>	<u>0.0%</u>
Cash Funds	1,286,926	1,466,495	2,240,586	2,237,999	(0.1%)
Reappropriated Funds	33,333	46,077	89,855	89,855	0.0%
Federal Funds	984,085	947,151	1,006,293	1,006,293	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Hazardous Waste Control Program

This subdivision has four primary responsibilities: permitting, compliance assurance, corrective action, and compliance assistance. This subdivision monitors compliance and enforces hazardous waste regulations over 500 large-quantity hazardous waste generators, 3,000 small generators, hazardous waste transporters, and 50 hazardous waste treatment, storage and disposal facilities. Funding for this subdivision is from the Hazardous Waste Service Cash Fund and federal funds.

Personal Services	<u>3,561,826</u>	<u>3,840,384</u>	<u>4,395,132</u>	<u>4,437,632</u>	
FTE	31.3	32.3	32.0	32.0	
Cash Funds	1,328,651	1,434,519	2,161,932	2,204,432	
Federal Funds	2,233,175	2,405,865	2,233,200	2,233,200	
Operating Expenses	<u>158,020</u>	<u>155,910</u>	<u>166,026</u>	<u>161,323</u>	
Cash Funds	77,617	78,909	85,626	80,923	
Federal Funds	80,403	77,001	80,400	80,400	

SUBTOTAL - (B) Hazardous Waste Control Program	3,719,846	3,996,294	4,561,158	4,598,955	0.8%
FTE	<u>31.3</u>	<u>32.3</u>	<u>32.0</u>	<u>32.0</u>	0.0%
Cash Funds	1,406,268	1,513,428	2,247,558	2,285,355	1.7%
Federal Funds	2,313,578	2,482,866	2,313,600	2,313,600	0.0%

(C) Solid Waste Control Program

This subdivision is responsible for the regulation of all solid waste management facilities in Colorado, including landfills, composting facilities, recycling facilities, transfer facilities, certain types of waste surface impoundments, asbestos waste facilities, solid waste incinerators, medical waste facilities, and scrap tire haulers and disposal facilities. This subdivision is also responsible for the Waste Tire Management Program which is responsible for enforcing rules governing waste tire disposal and use. Funding for this subdivision is from cash funds, including the Solid Waste Management Fund, Waste Tire Prevention Fund, and Waste Tire Cleanup Fund.

Program Costs	<u>2,208,572</u>	<u>2,417,920</u>	<u>2,765,749</u>	<u>2,808,249</u>	
FTE	22.3	22.7	23.8	23.8	
Cash Funds	2,208,572	2,417,920	2,765,749	2,808,249	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Waste Tire Management Program	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	0	0	0	0	
SUBTOTAL - (C) Solid Waste Control Program	2,208,572	2,417,920	2,765,749	2,808,249	1.5%
FTE	<u>22.3</u>	<u>22.7</u>	<u>23.8</u>	<u>23.8</u>	<u>0.0%</u>
Cash Funds	2,208,572	2,417,920	2,765,749	2,808,249	1.5%

(D) Contaminated Site Cleanups and Remediation Programs

This subdivision contains four programs outlined below and is funded primarily from the Hazardous Substance Response Fund and federal funds. (1) Superfund Program which works with the Environmental Protection Agency as either the lead agency or support agency in the review and implementation of cleanup plans and oversight of the cleanup work. Funding for cleanup of the Rocky Mountain Arsenal superfund site is included in this program. (2) The Contaminated Site Cleanups Program which works to facilitate the cleanup of contaminated sites that have not been designated as superfund sites. (3) Provision of Compensation and Liability Act (CERCLA) technical support to the Department of Law. (4) The Uranium Mill Tailings Remedial Action Program, which assists local governments in managing mill tailings that were not removed during the cleanup and are disturbed during road work or other renewal or building activities.

Personal Services	<u>5,434,142</u>	<u>4,480,629</u>	<u>6,131,427</u>	<u>6,151,427</u>
FTE	22.5	21.1	21.4	21.4
Cash Funds	461,057	402,078	1,158,327	1,178,327
Federal Funds	4,973,085	4,078,551	4,973,100	4,973,100
Operating Expenses	<u>709,019</u>	<u>1,183,864</u>	<u>743,982</u>	<u>743,982</u>
Cash Funds	18,384	14,059	53,382	53,382
Federal Funds	690,635	1,169,805	690,600	690,600
Contaminated Sites Operation and Maintenance	<u>1,267,186</u>	<u>1,568,810</u>	<u>1,634,586</u>	<u>1,634,586</u>
Cash Funds	1,191,752	1,075,866	1,559,186	1,559,186
Federal Funds	75,434	492,944	75,400	75,400

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Transfer to the Department of Law for CERCLA Related					
Costs	<u>715,819</u>	<u>614,448</u>	<u>1,010,661</u>	<u>1,010,661</u>	
Cash Funds	715,819	614,448	1,010,661	1,010,661	
Uranium Mill Tailings Remedial Action Program					
FTE	<u>215,201</u>	<u>235,169</u>	<u>217,805</u>	<u>219,805</u>	
Reappropriated Funds	2.6	2.5	3.1	3.1	
Federal Funds	187,643	187,426	190,205	192,205	
Federal Funds	27,558	47,743	27,600	27,600	
Rocky Flats Program Costs					
FTE	<u>141,732</u>	<u>120,822</u>	<u>141,700</u>	<u>141,700</u>	
Federal Funds	1.3	1.0	2.3	2.3	
Federal Funds	141,732	120,822	141,700	141,700	
Rocky Flats Legal Services					
Federal Funds	<u>10,524</u>	<u>21,238</u>	<u>12,660</u>	<u>12,660</u>	
Federal Funds	10,524	21,238	12,660	12,660	
Transfer to the Department of Law for Natural Resource					
Damage Claims at Rocky Mountain Arsenal	<u>0</u>	<u>0</u>	<u>50,000</u>	<u>50,000</u>	
Cash Funds	0	0	50,000	50,000	
SUBTOTAL - (D) Contaminated Site Cleanups and Remediation Programs	8,493,623	8,224,980	9,942,821	9,964,821	0.2%
FTE	<u>26.4</u>	<u>24.6</u>	<u>26.8</u>	<u>26.8</u>	<u>(0.0%)</u>
Cash Funds	2,387,012	2,106,451	3,831,556	3,851,556	0.5%
Reappropriated Funds	187,643	187,426	190,205	192,205	1.1%
Federal Funds	5,918,968	5,931,103	5,921,060	5,921,060	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(E) Radiation Management

This subdivision provides regulatory services for radioactive materials through the review of license applications and inspections of facilities; administration of contract services with local public health agencies for indoor radon testing, prevention, and education; and the monitoring low-level radioactive waste producers by ensuring proper and economically sound disposal. Funding for this subdivision is primarily from the Radiation Control Fund and federal funds.

Personal Services	<u>2,297,649</u>	<u>2,395,354</u>	<u>2,505,289</u>	<u>2,538,289</u>	
FTE	24.6	25.6	24.2	24.2	
Cash Funds	2,059,704	2,154,888	2,267,389	2,300,389	
Federal Funds	237,945	240,466	237,900	237,900	
Operating Expenses	<u>378,671</u>	<u>251,917</u>	<u>378,739</u>	<u>378,739</u>	
Cash Funds	97,974	84,466	98,039	98,039	
Federal Funds	280,697	167,451	280,700	280,700	

SUBTOTAL - (E) Radiation Management	2,676,320	2,647,271	2,884,028	2,917,028	1.1%
FTE	<u>24.6</u>	<u>25.6</u>	<u>24.2</u>	<u>24.2</u>	0.0%
Cash Funds	2,157,678	2,239,354	2,365,428	2,398,428	1.4%
Federal Funds	518,642	407,917	518,600	518,600	0.0%

(F) Waste Tire Program

The Waste Tire Program has established a comprehensive "cradle-to-grave" management system to track tires from the moment they are removed from a vehicle until they are appropriately disposed of or recycled. The Program is responsible for the following: (1) Regulation of waste tire haulers and facilities that generate, collect, store, process and/or use waste tires; (2) Awarding grants to local agencies for equipment, training and other activities related to prevention and response to waste tire fires; (3) Developing initiatives designed to encourage the disposal, recycling or reuse of illegally dumped tires and the recycling or reuse of waste tires; and (4) Reimbursements to waste tire processors and end users.

Waste Tire Cleanup Program	<u>877,632</u>	<u>1,102,908</u>	<u>1,851,959</u>	<u>1,851,959</u>	
FTE	2.6	2.9	1.0	1.0	
Cash Funds	877,632	1,102,908	1,851,959	1,851,959	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Law Enforcemet and Waste Tire Fire Prevention	<u>266,777</u>	<u>337,045</u>	<u>781,831</u>	<u>781,831</u>	
FTE	0.0	0.0	2.1	2.1	
Cash Funds	266,777	337,045	781,831	781,831	
Waste Tire Market Development	<u>18,916</u>	<u>228,404</u>	<u>314,813</u>	<u>314,813</u>	
FTE	0.0	0.2	0.5	0.5	
Cash Funds	18,916	228,404	314,813	314,813	
Processors and End Users Reimbursement	<u>3,218,348</u>	<u>4,863,240</u>	<u>3,982,446</u>	<u>3,982,446</u>	
FTE	0.4	0.0	0.5	0.5	
Cash Funds	3,218,348	4,863,240	3,982,446	3,982,446	
SUBTOTAL - (F) Waste Tire Program	4,381,673	6,531,597	6,931,049	6,931,049	0.0%
FTE	<u>3.0</u>	<u>3.1</u>	<u>4.1</u>	<u>4.1</u>	(0.0%)
Cash Funds	4,381,673	6,531,597	6,931,049	6,931,049	0.0%
TOTAL - (6) Hazardous Materials and Waste Management Division	23,784,378	26,277,785	30,421,539	30,554,249	0.4%
FTE	<u>108.4</u>	<u>109.3</u>	<u>114.3</u>	<u>114.3</u>	(0.0%)
Cash Funds	13,828,129	16,275,245	20,381,926	20,512,636	0.6%
Reappropriated Funds	220,976	233,503	280,060	282,060	0.7%
Federal Funds	9,735,273	9,769,037	9,759,553	9,759,553	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(7) DIVISION OF ENVIRONMENTAL HEALTH AND SUSTAINABILITY

This Division is responsible for programs designed to protect the public from disease and injury through identification and control of environmental factors in food, drugs, medical devices, institutions, consumer products, and insect and rodent vectors affecting public health. The Division has responsibility for the following programs that are funded with General Fund, cash funds from inspection fees, and federal funds. (1) The Dairy Inspection Program inspects dairy farms; milk haulers, tankers and receivers; milk cooperatives; milk processing plants; and manufactured dairy product plants. (2) The Retail Food Service Inspection Program inspects restaurants, grocery stores, school cafeterias, and food programs for the elderly. (3) The Wholesale Food Manufacturing and Storage Program inspects food storage and warehouse facilities, food manufacturers, and shellfish dealers. (4) The Insect/Vector Control Program monitors diseases that are spread by insects and rodents, such as encephalitis, the bubonic plague, and West Nile Virus. (5) The Environmental Institutions Program inspects child care centers, summer camps, public and private schools, and private correctional facilities. (6) The Health Fraud Program prepares and disseminates information related to potentially harmful and/or recalled products. (7) The Drug/Medical Device Program inspects body art facilities, drug manufacturers, and medical device manufacturers. (8) Three environmental sustainability programs including: the: Recycling Resources Program Economic Opportunity Program which works to enhance pollution prevention efforts involving multiple Department divisions and a variety of media (air, water, and waste), and the Animal Feeding Operations Program which regulates animal feeding operations, including the Housed Commercial Swine Feeding Operations Program. (9) Inspecting tanning facilities and responding to complaints about hotels, motels, mobile home park operators, and camp ground operators.

Personal Services	<u>2,288,323</u>	<u>2,459,527</u>	<u>2,392,319</u>	<u>2,394,590</u>
FTE	25.1	26.3	26.9	26.4
General Fund	1,113,613	1,124,899	1,124,900	1,098,610
Cash Funds	831,447	791,892	838,242	864,803
Reappropriated Funds	78,306	79,221	94,177	96,177
Federal Funds	264,957	463,515	335,000	335,000
Operating Expenses	<u>160,180</u>	<u>175,387</u>	<u>174,614</u>	<u>174,614</u>
General Fund	27,442	27,336	29,500	29,500
Cash Funds	88,010	85,261	98,158	98,158
Reappropriated Funds	9,016	7,966	11,256	11,256
Federal Funds	35,712	54,824	35,700	35,700

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Sustainability Programs	<u>1,288,120</u>	<u>859,185</u>	<u>1,362,536</u>	<u>1,320,536</u>	
FTE	10.0	7.7	10.1	9.6	
Cash Funds	184,463	206,173	258,836	266,836	
Federal Funds	1,103,657	653,012	1,103,700	1,053,700	
Animal Feeding Operations Program	<u>456,782</u>	<u>432,621</u>	<u>470,288</u>	<u>528,288</u>	
FTE	3.7	3.0	3.5	4.0	
General Fund	99,526	99,419	99,538	99,538	
Cash Funds	357,256	333,202	370,750	428,750	
Recycling Resources Economic Opportunity Program	<u>1,700,917</u>	<u>1,429,717</u>	<u>2,059,072</u>	<u>2,468,258</u>	
FTE	1.6	1.5	1.6	1.6	
Cash Funds	1,700,917	1,429,717	2,059,072	2,468,258	
Oil and Gas Consultation Program	<u>98,160</u>	<u>97,330</u>	<u>120,693</u>	<u>122,693</u>	
FTE	1.0	1.0	1.0	1.0	
Cash Funds	98,160	97,330	120,693	122,693	
Waste Tire Program	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	0	0	0	0	
Indirect Costs Assessment	<u>212,700</u>	<u>607,713</u>	<u>1,050,000</u>	<u>1,050,000</u>	
Cash Funds	143,006	407,290	700,000	700,000	
Federal Funds	69,694	200,423	350,000	350,000	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
TOTAL - (7) Division of Environmental Health and Sustainability	6,205,182	6,061,480	7,629,522	8,058,979	5.6%
<i>FTE</i>	<u>41.4</u>	<u>39.5</u>	<u>43.1</u>	<u>42.6</u>	(1.2%)
General Fund	1,240,581	1,251,654	1,253,938	1,227,648	(2.1%)
Cash Funds	3,403,259	3,350,865	4,445,751	4,949,498	11.3%
Reappropriated Funds	87,322	87,187	105,433	107,433	1.9%
Federal Funds	1,474,020	1,371,774	1,824,400	1,774,400	(2.7%)

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(8) DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY DIVISION

This division is comprised of three subdivisions: Administration, General Disease Control, and Surveillance; Special Purpose Disease Control Programs; and Environmental Epidemiology. The primary sources of funding for this division include General Fund, cash funds from the tobacco master settlement agreement, and federal funds.

(A) Administration, General Disease Control and Surveillance

This subdivision has three areas of responsibility: provision of division-wide administration and support, maintaining and monitoring the disease-monitoring network, and operationation of the Immunization Program. The Immunization Program consists of the following components: (1) The Immunization Outreach Program which provides free immunization clinics around the state; (2) The Colorado Immunization Information System collects and stores a child's immunization records, which enables health care providers to easily check a child's immunization status during a health care visit. This helps ensure a child is up-to-date on their immunizations and are not over-immunized. The system can also send reminders to parents of children who are not up-to-date on their immunizations. At kindergarten entry 78.6 percent of children are up to date on their immunizations. (3) Provision of grants to local public health agencies for the operation of immunization clinics.

Personal Services	<u>780,305</u>	<u>316,202</u>	<u>1,218,860</u>	<u>1,274,860</u>
FTE	8.5	8.8	12.5	13.0
General Fund	533,820	0	1,053,722	1,109,722
Cash Funds	0	0	6,538	6,538
Federal Funds	246,485	316,202	158,600	158,600
Operating Expenses	<u>250,846</u>	<u>307,385</u>	<u>0</u>	<u>0</u>
General Fund	222,102	222,102	0	0
Cash Funds	0	0	0	0
Federal Funds	28,744	85,283	0	0
Immunization Personal Services	<u>2,746,111</u>	<u>3,264,386</u>	<u>2,817,139</u>	<u>2,767,214</u>
FTE	26.8	29.8	28.7	27.7
General Fund	808,255	816,838	879,239	829,314
Federal Funds	1,937,856	2,447,548	1,937,900	1,937,900

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Immunization Operating Expenses	<u>50,552,174</u>	<u>47,780,454</u>	<u>50,334,514</u>	<u>50,328,861</u>	
General Fund	649,272	684,272	689,925	684,272	
General Fund Exempt	446,100	441,600	438,300	438,300	
Cash Funds	1,145,843	783,872	895,289	895,289	
Federal Funds	48,310,959	45,870,710	48,311,000	48,311,000	
Appropriation from the Tobacco Tax Cash Fund to the					
General Fund	<u>446,100</u>	<u>441,600</u>	<u>438,300</u>	<u>438,300</u>	
Cash Funds	446,100	441,600	438,300	438,300	
Federal Grants	<u>2,717,571</u>	<u>2,148,265</u>	<u>2,717,600</u>	<u>2,717,600</u>	
FTE	25.1	21.3	18.3	18.3	
Federal Funds	2,717,571	2,148,265	2,717,600	2,717,600	
Indirect Cost Assessment	<u>2,439,898</u>	<u>2,363,295</u>	<u>2,702,108</u>	<u>2,702,108</u>	
Cash Funds	18,323	17,097	52,108	52,108	
Federal Funds	2,421,575	2,346,198	2,650,000	2,650,000	
SUBTOTAL - (A) Administration, General Disease					
Control and Surveillance	59,933,005	56,621,587	60,228,521	60,228,943	NaN
<i>FTE</i>	<u>60.4</u>	<u>59.9</u>	<u>59.5</u>	<u>59.0</u>	<u>(0.8%)</u>
General Fund	2,213,449	1,723,212	2,622,886	2,623,308	0.0%
General Fund Exempt	446,100	441,600	438,300	438,300	0.0%
Cash Funds	1,610,266	1,242,569	1,392,235	1,392,235	0.0%
Federal Funds	55,663,190	53,214,206	55,775,100	55,775,100	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Special Purpose Disease Control Programs

This subdivision is responsible for disease control programs which work to control and prevent certain communicable diseases including sexually transmitted infections, HIV and AIDS, and tuberculosis.

Sexually Transmitted Infections, HIV and AIDS Personal

Services	<u>3,578,617</u>	<u>3,496,957</u>	<u>3,641,052</u>	<u>3,659,636</u>
FTE	44.5	43.8	44.7	44.7
General Fund	0	0	0	11,500
Cash Funds	13,186	75,652	75,652	82,736
Federal Funds	3,565,431	3,421,305	3,565,400	3,565,400

Sexually Transmitted Infections, HIV and AIDS

Operating Expenses	<u>4,400,253</u>	<u>5,418,270</u>	<u>4,554,368</u>	<u>4,554,368</u>
Cash Funds	1,646,391	1,814,834	1,800,468	1,800,468
Federal Funds	2,753,862	3,603,436	2,753,900	2,753,900

Ryan White Act Personal Services

FTE	<u>987,865</u>	<u>1,009,392</u>	<u>988,121</u>	<u>988,121</u>
General Fund	11.9	12.1	11.3	11.3
Federal Funds	21,386	21,621	21,621	21,621
Federal Funds	966,479	987,771	966,500	966,500

Ryan White Act Operating Expenses

General Fund	<u>20,712,137</u>	<u>20,892,973</u>	<u>20,756,924</u>	<u>20,756,924</u>
Cash Funds	1,357,404	1,357,404	1,357,404	1,357,404
Federal Funds	3,111,081	3,080,314	3,155,820	3,155,820
Federal Funds	16,243,652	16,455,255	16,243,700	16,243,700

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Tuberculosis Control and Treatment Personal Services	<u>1,652,359</u>	<u>1,992,321</u>	<u>1,645,192</u>	<u>1,645,192</u>	
FTE	20.4	23.7	15.9	15.9	
General Fund	127,979	120,792	120,792	120,792	
Reappropriated Funds	0	0	0	0	
Federal Funds	1,524,380	1,871,529	1,524,400	1,524,400	
Tuberculosis Control and Treatment Operating Expenses	<u>3,225,676</u>	<u>3,260,177</u>	<u>3,225,708</u>	<u>3,225,708</u>	
General Fund	1,186,408	1,186,408	1,186,408	1,186,408	
Reappropriated Funds	0	0	0	0	
Federal Funds	2,039,268	2,073,769	2,039,300	2,039,300	
SUBTOTAL - (B) Special Purpose Disease Control Programs	34,556,907	36,070,090	34,811,365	34,829,949	0.1%
FTE	<u>76.8</u>	<u>79.6</u>	<u>71.9</u>	<u>71.9</u>	0.0%
General Fund	2,693,177	2,686,225	2,686,225	2,697,725	0.4%
Cash Funds	4,770,658	4,970,800	5,031,940	5,039,024	0.1%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	27,093,072	28,413,065	27,093,200	27,093,200	0.0%

(C) Environmental Epidemiology

This subdivision is responsible for the Birth Defects Monitoring and Prevention Program, which identifies children up to age three who have birth defects, developmental disabilities, or risks of developmental delay. Once a child is identified as eligible for the program, they are referred to a community provider of early intervention services, with the goal of reducing and/or preventing secondary disabilities.

Birth Defects Monitoring and Prevention Program Costs	<u>375,369</u>	<u>308,143</u>	<u>412,545</u>	<u>418,545</u>
FTE	3.0	2.7	4.7	4.7
General Fund	115,217	117,656	117,656	123,656
Cash Funds	98,646	86,351	133,389	133,389
Federal Funds	161,506	104,136	161,500	161,500

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Environmental Epidemiology Federal Grants	<u>1,586,365</u>	<u>1,452,304</u>	<u>1,586,400</u>	<u>1,586,400</u>	
FTE	10.4	11.6	11.8	11.8	
Federal Funds	1,586,365	1,452,304	1,586,400	1,586,400	
Cannabis Health Environmental and Epidemiological Training, Outreach, and Surveillance	<u>0</u>	<u>0</u>	<u>307,542</u>	<u>7,405,044</u> *	
FTE	0.0	0.0	4.0	5.0	
Cash Funds	0	0	307,542	7,405,044	
SUBTOTAL - (C) Environmental Epidemiology	1,961,734	1,760,447	2,306,487	9,409,989	308.0%
FTE	<u>13.4</u>	<u>14.3</u>	<u>20.5</u>	<u>21.5</u>	<u>4.9%</u>
General Fund	115,217	117,656	117,656	123,656	5.1%
Cash Funds	98,646	86,351	440,931	7,538,433	1609.7%
Federal Funds	1,747,871	1,556,440	1,747,900	1,747,900	0.0%
TOTAL - (8) Disease Control and Environmental Epidemiology Division	96,451,646	94,452,124	97,346,373	104,468,881	7.3%
FTE	<u>150.6</u>	<u>153.8</u>	<u>151.9</u>	<u>152.4</u>	<u>0.3%</u>
General Fund	5,021,843	4,527,093	5,426,767	5,444,689	0.3%
General Fund Exempt	446,100	441,600	438,300	438,300	0.0%
Cash Funds	6,479,570	6,299,720	6,865,106	13,969,692	103.5%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	84,504,133	83,183,711	84,616,200	84,616,200	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(9) PREVENTION SERVICES DIVISION

This division is comprised of the following five subdivisions: Administration, Chronic Disease Prevention Programs, Primary Care Office, Family and Community Health, and Nutrition Services.

(A) Administration

This subdivision provides administrative services to the other division programs. Funding is General Fund, various division cash funds, and federal funds.

Administration	<u>114,517</u>	<u>117,233</u>	<u>117,233</u>	<u>120,233</u>	
FTE	1.3	3.2	2.0	2.0	
General Fund	114,517	117,233	117,233	120,233	
Indirect Cost Assessment	<u>3,139,137</u>	<u>3,626,758</u>	<u>3,342,735</u>	<u>3,342,735</u>	
Cash Funds	411,754	831,244	800,000	800,000	
Reappropriated Funds	0	0	137,347	137,347	
Federal Funds	2,727,383	2,795,514	2,405,388	2,405,388	
SUBTOTAL - (A) Administration	3,253,654	3,743,991	3,459,968	3,462,968	0.1%
FTE	<u>1.3</u>	<u>3.2</u>	<u>2.0</u>	<u>2.0</u>	0.0%
General Fund	114,517	117,233	117,233	120,233	2.6%
Cash Funds	411,754	831,244	800,000	800,000	0.0%
Reappropriated Funds	0	0	137,347	137,347	0.0%
Federal Funds	2,727,383	2,795,514	2,405,388	2,405,388	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Chronic Disease Prevention Programs

These programs target the prevention of specific chronic diseases including: breast and cervical cancer, lung cancer, and cardiovascular and chronic pulmonary disease. This subdivision also includes oral health programs, and tobacco cessation, education, and prevention programs. Funding is cash funds from the tobacco settlement and tobacco tax revenue, and federal funds.

Cancer Registry	<u>1,342,505</u>	<u>1,389,572</u>	<u>1,345,798</u>	<u>1,353,298</u>	
FTE	14.5	15.6	11.6	11.6	
General Fund	218,188	221,498	221,498	228,998	
Federal Funds	1,124,317	1,168,074	1,124,300	1,124,300	
Transfer to the Health Disparities Grant Program Fund	<u>3,552,896</u>	<u>3,487,422</u>	<u>3,506,400</u>	<u>3,506,400</u>	
Cash Funds	3,552,896	3,487,422	3,506,400	3,506,400	
Transfer to the Department of Health Care Policy and Financing for Disease Management	<u>2,000,000</u>	<u>2,000,000</u>	<u>2,000,000</u>	<u>2,000,000</u>	
Cash Funds	2,000,000	2,000,000	2,000,000	2,000,000	
Transfer to the Department of Health Care Policy and Financing for Breast and Cervical Cancer Treatment	<u>1,215,340</u>	<u>936,892</u>	<u>936,892</u>	<u>936,892</u>	
Cash Funds	1,215,340	936,892	936,892	936,892	
Chronic Disease and Cancer Prevention Grants	<u>4,829,935</u>	<u>5,045,861</u>	<u>5,016,256</u>	<u>5,016,256</u>	
FTE	37.3	41.9	36.1	36.1	
Cash Funds	119,344	0	305,656	305,656	
Federal Funds	4,710,591	5,045,861	4,710,600	4,710,600	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Breast and Cervical Cancer Screening	<u>5,776,776</u>	<u>7,346,346</u>	<u>7,481,508</u>	<u>7,481,508</u>	
FTE	8.8	10.2	2.7	2.7	
Cash Funds	2,033,529	3,775,348	3,738,308	3,738,308	
Federal Funds	3,743,247	3,570,998	3,743,200	3,743,200	
Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Program Administration	<u>426,161</u>	<u>664,324</u>	<u>664,325</u>	<u>690,325</u>	
FTE	4.4	6.8	8.5	8.5	
Cash Funds	426,161	664,324	664,325	690,325	
Cancer, Cardiovascular Disease, and Chronic Pulmonary Disease Grants	<u>2,279,170</u>	<u>13,027,950</u>	<u>13,309,089</u>	<u>13,309,089</u>	
Cash Funds	2,279,170	13,027,950	13,309,089	13,309,089	
Tobacco Education, Prevention, and Cessation Program Administration	<u>361,142</u>	<u>695,003</u>	<u>695,004</u>	<u>721,005</u>	
FTE	3.4	7.0	9.1	9.1	
Cash Funds	361,142	695,003	695,004	721,005	
Tobacco Education, Prevention, and Cessation Grants	<u>5,158,772</u>	<u>19,641,130</u>	<u>26,584,735</u>	<u>26,584,735</u>	
Cash Funds	5,158,772	19,641,130	25,303,695	25,303,695	
Reappropriated Funds	0	0	1,281,040	1,281,040	
Oral Health Programs	<u>1,257,994</u>	<u>3,143,995</u>	<u>4,283,041</u>	<u>4,290,541</u>	
FTE	7.4	8.1	6.3	6.3	
General Fund	178,538	2,144,670	3,202,743	3,210,243	
Cash Funds	199,418	195,014	200,298	200,298	
Federal Funds	880,038	804,311	880,000	880,000	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
SUBTOTAL - (B) Chronic Disease Prevention					
Programs	28,200,691	57,378,495	65,823,048	65,890,049	0.1%
<i>FTE</i>	<u>75.8</u>	<u>89.6</u>	<u>74.3</u>	<u>74.3</u>	(0.0%)
General Fund	396,726	2,366,168	3,424,241	3,439,241	0.4%
Cash Funds	17,345,772	44,423,083	50,659,667	50,711,668	0.1%
Reappropriated Funds	0	0	1,281,040	1,281,040	0.0%
Federal Funds	10,458,193	10,589,244	10,458,100	10,458,100	0.0%

(C) Primary Care Office

This Office assesses the need for primary health care professionals in various parts of the state and directs incentives to qualified professionals and clinics willing to serve in areas that are short of providers. Funding for the Office is cash funds from the tobacco settlement revenue and federal funds.

Primary Care Office	<u>4,791,464</u>	<u>3,075,378</u>	<u>1,272,542</u>	<u>1,272,542</u>	
FTE	4.9	4.0	3.2	3.2	
Cash Funds	3,821,725	2,426,919	302,842	302,842	
Federal Funds	969,739	648,459	969,700	969,700	
SUBTOTAL - (C) Primary Care Office					
<i>FTE</i>	<u>4.9</u>	<u>4.0</u>	<u>3.2</u>	<u>3.2</u>	0.0%
Cash Funds	3,821,725	2,426,919	302,842	302,842	0.0%
Federal Funds	969,739	648,459	969,700	969,700	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(D) Family and Community Health

This subdivision includes the following three program areas: (1) Women's Health Programs, (2) Children and Youth Programs, and (3) Injury, Suicide, and Violence Prevention Programs. Funding for this subdivision includes General Fund, federal funds.

(1) Women's Health

Women's Health Programs include health services for low-income women, prenatal and postpartum services, and counseling and education to low-income pregnant women and their newborns.

Family Planning Program Administration	<u>387,136</u>	<u>395,998</u>	<u>1,050,698</u>	<u>1,061,198</u>	
FTE	4.2	4.4	12.0	12.0	
General Fund	387,136	395,998	395,998	406,498	
Federal Funds	0	0	654,700	654,700	
 Family Planning Purchase of Services	 <u>4,931,718</u>	 <u>5,051,855</u>	 <u>4,932,026</u>	 <u>4,932,026</u>	
General Fund	1,223,026	1,223,326	1,223,326	1,223,326	
Federal Funds	3,708,692	3,828,529	3,708,700	3,708,700	
 Family Planning Federal Grants	 <u>351,360</u>	 <u>184,263</u>	 <u>351,400</u>	 <u>351,400</u>	
FTE	3.6	1.8	3.8	3.8	
Federal Funds	351,360	184,263	351,400	351,400	
 Adult Stem Cells Cure Fund	 <u>62,779</u>	 <u>0</u>	 <u>140,000</u>	 <u>140,000</u>	
Cash Funds	62,779	0	140,000	140,000	
 Maternal and Child Health	 <u>4,659,370</u>	 <u>6,852,981</u>	 <u>4,659,400</u>	 <u>4,659,400</u>	
FTE	12.4	25.1	15.0	15.0	
Federal Funds	4,659,370	6,852,981	4,659,400	4,659,400	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Nurse Home Visitor Program	<u>12,623,268</u>	<u>13,098,207</u>	<u>0</u>	<u>0</u>	
FTE	3.1	3.1	0.0	0.0	
Cash Funds	12,418,625	12,093,024	0	0	
Federal Funds	204,643	1,005,183	0	0	
SUBTOTAL - (1) Women's Health	23,015,631	25,583,304	11,133,524	11,144,024	0.1%
FTE	<u>23.3</u>	<u>34.4</u>	<u>30.8</u>	<u>30.8</u>	<u>0.0%</u>
General Fund	1,610,162	1,619,324	1,619,324	1,629,824	0.6%
Cash Funds	12,481,404	12,093,024	140,000	140,000	0.0%
Federal Funds	8,924,065	11,870,956	9,374,200	9,374,200	0.0%

(2) Children and Youth Health

Children and Youth Programs include the children with special needs health care program, genetics counseling for children with possible genetic disorders, and school-based health centers.

Health Care Program for Children with Special Needs	<u>1,348,414</u>	<u>1,153,576</u>	<u>1,381,567</u>	<u>1,390,327</u>	
FTE	15.6	13.7	15.6	15.6	
General Fund	664,314	697,467	697,467	706,227	
Federal Funds	684,100	456,109	684,100	684,100	
Health Care Program for Children with Special Needs					
Purchase of Services	<u>3,369,123</u>	<u>3,075,430</u>	<u>3,409,973</u>	<u>3,409,973</u>	
General Fund	1,847,899	1,847,898	1,847,899	1,847,899	
Cash Funds	0	0	40,874	40,874	
Federal Funds	1,521,224	1,227,532	1,521,200	1,521,200	
Genetics Counseling Personal Services	<u>76,603</u>	<u>115,632</u>	<u>0</u>	<u>0</u>	
FTE	1.0	1.0	0.0	0.0	
Cash Funds	76,603	115,632	0	0	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Genetics Counseling Operating Expenses	<u>1,549,822</u>	<u>1,567,679</u>	<u>1,654,417</u>	<u>1,666,498</u>	
FTE	0.0	0.0	1.0	1.0	
Cash Funds	1,549,822	1,567,679	1,654,417	1,666,498	
School-based Health Centers	<u>998,204</u>	<u>994,316</u>	<u>5,260,817</u>	<u>5,260,817</u>	
FTE	0.3	1.1	2.9	2.9	
General Fund	998,204	994,316	5,260,817	5,260,817	
Interagency Prevention Programs Coordination	<u>129,939</u>	<u>133,284</u>	<u>0</u>	<u>0</u>	
FTE	1.9	1.5	0.0	0.0	
General Fund	129,939	133,284	0	0	
Federal Grants	<u>1,108,651</u>	<u>891,924</u>	<u>1,108,700</u>	<u>1,108,700</u>	
FTE	7.0	5.9	9.0	9.0	
Federal Funds	1,108,651	891,924	1,108,700	1,108,700	
Child Fatality Prevention	<u>0</u>	<u>0</u>	<u>456,966</u>	<u>570,205</u>	
FTE	0.0	0.0	4.0	3.0	
General Fund	0	0	456,966	570,205	
SUBTOTAL - (2) Children and Youth Health	8,580,756	7,931,841	13,272,440	13,406,520	1.0%
FTE	<u>25.8</u>	<u>23.2</u>	<u>32.5</u>	<u>31.5</u>	(3.1%)
General Fund	3,640,356	3,672,965	8,263,149	8,385,148	1.5%
Cash Funds	1,626,425	1,683,311	1,695,291	1,707,372	0.7%
Federal Funds	3,313,975	2,575,565	3,314,000	3,314,000	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(3) Injury, Suicide, and Violence Prevention

Injury, Suicide and Prevention Programs include: suicide and injury prevention programs, the Tony Grampsas Youth Services Program which works to reduce youth violence, and the Colorado Children's Trust. Note effective July 1, 2013 the Tony Grampsas Youth Services Program and the Nurse Home Visitor Program will reside in the Department of Human Services pursuant to H.B. 13-1117.

Colorado Children's Trust Fund Personal Services	<u>172,206</u>	<u>423,465</u>	<u>0</u>	<u>0</u>
FTE	2.4	4.9	0.0	0.0
Cash Funds	51,427	39,917	0	0
Federal Funds	120,779	383,548	0	0
Colorado Children's Trust Fund Operating Expenses	<u>751,809</u>	<u>783,124</u>	<u>0</u>	<u>0</u>
Cash Funds	229,062	184,770	0	0
Federal Funds	522,747	598,354	0	0
Tony Grampsas Youth Services Programs	<u>3,555,968</u>	<u>3,563,221</u>	<u>0</u>	<u>0</u>
FTE	2.8	3.3	0.0	0.0
General Fund	0	0	0	0
Cash Funds	3,555,968	3,563,221	0	0
Suicide Prevention	<u>281,614</u>	<u>384,348</u>	<u>384,348</u>	<u>391,848</u>
FTE	1.9	1.7	2.0	2.0
General Fund	281,614	384,348	384,348	391,848
Injury Prevention	<u>1,971,534</u>	<u>1,819,853</u>	<u>1,971,500</u>	<u>1,971,500</u>
FTE	11.4	12.3	11.4	11.4
Federal Funds	1,971,534	1,819,853	1,971,500	1,971,500
Traumatic Brain Injury Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0 0.0</u>
Reappropriated Funds	0	0	0	0

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	------------------------------	------------------------------	-------------------------------------	-------------------------------	--------------------------------------

Department of Human Services Grant	<u>0</u>	<u>0</u>	<u>0</u>	<u>0 0.0</u>	
Reappropriated Funds	0	0	0	0	

SUBTOTAL - (3) Injury, Suicide, and Violence					
Prevention	6,733,131	6,974,011	2,355,848	2,363,348	0.3%
<i>FTE</i>	<u>18.5</u>	<u>22.2</u>	<u>13.4</u>	<u>13.4</u>	<u>0.0%</u>
General Fund	281,614	384,348	384,348	391,848	2.0%
Cash Funds	3,836,457	3,787,908	0	0	0.0%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	2,615,060	2,801,755	1,971,500	1,971,500	0.0%

SUBTOTAL - (D) Family and Community Health	38,329,518	40,489,156	26,761,812	26,913,892	0.6%
<i>FTE</i>	<u>67.6</u>	<u>79.8</u>	<u>76.7</u>	<u>75.7</u>	<u>(1.3%)</u>
General Fund	5,532,132	5,676,637	10,266,821	10,406,820	1.4%
Cash Funds	17,944,286	17,564,243	1,835,291	1,847,372	0.7%
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	14,853,100	17,248,276	14,659,700	14,659,700	0.0%

(E) Nutrition Services

This subdivision includes the Women, Infants and Children (WIC) Nutrition Program and the Child and Adult Food Care Program. WIC provides a monthly check to low-income (185.0 percent of the federal poverty level) women and children who are at-risk of poor nutritional options. The Child and Adult Food Care Program provides reimbursement for nutritious foods to participating child care centers, Head Start programs, family day care homes, and adult day care centers. These programs are entirely federally funded.

Women, Infants, and Children Supplemental Food Grant	<u>95,869,953</u>	<u>94,174,109</u>	<u>95,870,000</u>	<u>95,870,000</u>	
FTE	18.0	16.7	17.4	17.4	
Federal Funds	95,869,953	94,174,109	95,870,000	95,870,000	

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
Child and Adult Care Food Program	<u>24,534,865</u>	<u>24,633,601</u>	<u>24,534,900</u>	<u>24,534,900</u>	
FTE	7.3	8.2	8.0	8.0	
Federal Funds	24,534,865	24,633,601	24,534,900	24,534,900	
SUBTOTAL - (E) Nutrition Services	120,404,818	118,807,710	120,404,900	120,404,900	0.0%
FTE	<u>25.3</u>	<u>24.9</u>	<u>25.4</u>	<u>25.4</u>	<u>0.0%</u>
Federal Funds	120,404,818	118,807,710	120,404,900	120,404,900	0.0%
TOTAL - (9) Prevention Services Division	194,980,145	223,494,730	217,722,270	217,944,351	0.1%
FTE	<u>174.9</u>	<u>201.5</u>	<u>181.6</u>	<u>180.6</u>	<u>(0.6%)</u>
General Fund	6,043,375	8,160,038	13,808,295	13,966,294	1.1%
Cash Funds	39,523,537	65,245,489	53,597,800	53,661,882	0.1%
Reappropriated Funds	0	0	1,418,387	1,418,387	0.0%
Federal Funds	149,413,233	150,089,203	148,897,788	148,897,788	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(10) HEALTH FACILITIES AND EMERGENCY MEDICAL SERVICES DIVISION

This division is comprised of three subdivisions: Licensure, Emergency Medical Services, and Indirect Cost Assessment.

(A) Licensure

This subdivision licenses, certifies, and inspects a variety of different types of health facilities in an effort to assure that patients and residents receive quality care, by focusing on education, inspection, investigation of complaints, and enforcement. It is responsible for establishing and enforcing standards for emergency medical services. Funding for this subdivision is from fees paid for licenses and Medicaid reappropriated funds from the Department of Health Care Policy and Financing.

Health Facilities General Licensure Program	<u>3,522,533</u>	<u>3,841,194</u>	<u>3,349,969</u>	<u>3,383,486</u>	
FTE	42.8	45.7	32.9	32.5	
General Fund	264,209	266,542	193,386	196,513	
Cash Funds	3,258,324	3,574,652	3,156,583	3,186,973	
Medicaid/Medicare Certification Program	<u>8,344,401</u>	<u>8,398,572</u>	<u>7,745,205</u>	<u>7,779,685</u>	
FTE	94.7	91.9	87.4	87.4	
Reappropriated Funds	3,987,981	3,959,619	3,708,224	3,742,704	
Federal Funds	4,356,420	4,438,953	4,036,981	4,036,981	
Transfer to Department of Public Safety	0	0	<u>631,702</u>	<u>639,148</u>	
Reappropriated Funds	0	0	323,400	327,123	
Federal Funds	0	0	308,302	312,025	

SUBTOTAL - (A) Licensure	11,866,934	12,239,766	11,726,876	11,802,319	0.6%
FTE	<u>137.5</u>	<u>137.6</u>	<u>120.3</u>	<u>119.9</u>	<u>(0.3%)</u>
General Fund	264,209	266,542	193,386	196,513	1.6%
Cash Funds	3,258,324	3,574,652	3,156,583	3,186,973	1.0%
Reappropriated Funds	3,987,981	3,959,619	4,031,624	4,069,827	0.9%
Federal Funds	4,356,420	4,438,953	4,345,283	4,349,006	0.1%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(B) Emergency Medical Services

This subdivision certifies and regulates emergency medical services providers, licenses air ambulance agencies, administers grants, and coordinates the designation of trauma centers. Funding for this subdivision is primarily cash funds from the Emergency Medical Services Account of the Highway Users Tax Fund.

State EMS Coordination, Planning and Certification

Program	<u>1,348,728</u>	<u>1,286,750</u>	<u>1,463,157</u>	<u>1,593,678</u>
FTE	14.1	13.5	15.0	15.0
Cash Funds	1,348,728	1,286,750	1,463,157	1,593,678

Distributions to Regional Emergency Medical and Trauma Councils (RETACs)

Cash Funds	<u>1,785,000</u>	<u>1,785,000</u>	<u>1,785,000</u>	<u>1,785,000</u>
------------	------------------	------------------	------------------	------------------

Emergency Medical Services Provider Grants

Cash Funds	<u>6,480,993</u>	<u>6,397,270</u>	<u>6,793,896</u>	<u>6,693,896</u>
------------	------------------	------------------	------------------	------------------

Trauma Facility Designation Program

FTE	<u>343,743</u>	<u>352,483</u>	<u>383,237</u>	<u>390,237</u>
Cash Funds	2.3	2.0	2.1	2.1
	343,743	352,483	383,237	390,237

Federal Grants

FTE	<u>199,370</u>	<u>180,125</u>	<u>199,400</u>	<u>199,400</u>
Federal Funds	1.0	1.1	1.5	1.5
	199,370	180,125	199,400	199,400

Poison Control

General Fund	<u>1,414,876</u>	<u>1,414,876</u>	<u>1,414,876</u>	<u>1,414,876</u>
	1,414,876	1,414,876	1,414,876	1,414,876

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
SUBTOTAL - (B) Emergency Medical Services	11,572,710	11,416,504	12,039,566	12,077,087	0.3%
<i>FTE</i>	<u>17.4</u>	<u>16.6</u>	<u>18.6</u>	<u>18.6</u>	<u>(0.0%)</u>
General Fund	1,414,876	1,414,876	1,414,876	1,414,876	0.0%
Cash Funds	9,958,464	9,821,503	10,425,290	10,462,811	0.4%
Federal Funds	199,370	180,125	199,400	199,400	0.0%

(C) Indirect Cost Assessment

Indirect Cost Assessment	<u>2,204,705</u>	<u>2,317,241</u>	<u>2,770,458</u>	<u>2,770,458</u>	
Cash Funds	925,981	1,075,907	1,300,564	1,300,564	
Reappropriated Funds	482,923	459,792	569,894	569,894	
Federal Funds	795,801	781,542	900,000	900,000	
SUBTOTAL - (C) Indirect Cost Assessment	2,204,705	2,317,241	2,770,458	2,770,458	0.0%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
Cash Funds	925,981	1,075,907	1,300,564	1,300,564	0.0%
Reappropriated Funds	482,923	459,792	569,894	569,894	0.0%
Federal Funds	795,801	781,542	900,000	900,000	0.0%

TOTAL - (10) Health Facilities and Emergency Medical Services Division	25,644,349	25,973,511	26,536,900	26,649,864	0.4%
<i>FTE</i>	<u>154.9</u>	<u>154.2</u>	<u>138.9</u>	<u>138.5</u>	<u>(0.3%)</u>
General Fund	1,679,085	1,681,418	1,608,262	1,611,389	0.2%
Cash Funds	14,142,769	14,472,062	14,882,437	14,950,348	0.5%
Reappropriated Funds	4,470,904	4,419,411	4,601,518	4,639,721	0.8%
Federal Funds	5,351,591	5,400,620	5,444,683	5,448,406	0.1%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
--	----------------------	----------------------	-----------------------------	-----------------------	------------------------------

(11) EMERGENCY PREPAREDNESS AND RESPONSE DIVISION

This division helps responders prepare for a wide variety of man-made and natural disasters, including floods, wildfires, tornados, infectious disease epidemics, food and water borne disease outbreaks, and terrorist attacks. The Division coordinates a statewide network of laboratories, agencies, hospitals, and other resources. Approximately half of the appropriation is redistributed to local public health agencies and hospitals to support emergency preparedness activities statewide. The division is funded by General Fund and matching federal funds.

Emergency Preparedness and Response Program	<u>14,965,344</u>	<u>16,333,256</u>	<u>14,838,779</u>	<u>14,842,089</u>	
FTE	34.1	32.2	35.6	35.6	
General Fund	1,726,649	1,600,079	1,600,079	1,603,389	
Federal Funds	13,238,695	14,733,177	13,238,700	13,238,700	
 Stroke and STEMI Heart Attack Designation	<u>0</u>	<u>0</u>	<u>41,402</u>	<u>41,402</u>	
FTE	0.0	0.0	0.6	0.6	
General Fund	0	0	41,402	41,402	
 Indirect Cost Assessment	<u>622,816</u>	<u>546,965</u>	<u>805,296</u>	<u>805,296</u>	
Federal Funds	622,816	546,965	805,296	805,296	

TOTAL - (11) Emergency Preparedness and Response Division	15,588,160	16,880,221	15,685,477	15,688,787	0.0%
FTE	<u>34.1</u>	<u>32.2</u>	<u>36.2</u>	<u>36.2</u>	<u>0.0%</u>
General Fund	1,726,649	1,600,079	1,641,481	1,644,791	0.2%
Federal Funds	13,861,511	15,280,142	14,043,996	14,043,996	0.0%

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document - Does Not Represent Committee Decision

	FY 2011-12 Actual	FY 2012-13 Actual	FY 2013-14 Appropriation	FY 2014-15 Request	Request vs. Appropriation
TOTAL - Department of Public Health and Environment	462,362,880	495,964,031	524,078,332	540,407,847	3.1%
<i>FTE</i>	<u>1,204.3</u>	<u>1,256.5</u>	<u>1,241.3</u>	<u>1,242.3</u>	<u>0.1%</u>
General Fund	27,087,070	29,004,738	52,964,447	49,773,298	(6.0%)
General Fund Exempt	446,100	441,600	438,300	438,300	0.0%
Cash Funds	113,299,475	146,541,644	149,737,005	157,546,976	5.2%
Reappropriated Funds	29,833,499	28,904,522	29,677,710	34,410,320	15.9%
Federal Funds	291,696,736	291,071,527	291,260,870	298,238,953	2.4%

Appendix B: **Recent Legislation Affecting Department Budget**

2012 Session Bills

H.B. 12-1041 (Electronic Death Registration System): Creates an electronic death registration system to allow persons responsible for reporting death information to the Office of the State Registrar of Vital Statistics to do so electronically. For FY 2012-13 appropriates \$743,940 cash funds from the Vital Statistics Records Cash Fund to the Department, and reappropriates \$78,940 to the Governor's Office of Information Technology for information technology management costs.

H.B. 12-1099 (Phytoremediation Hemp Remediation Pilot Program): Creates the Industrial Hemp Remediation Pilot Program to study how contaminated soils and water can be cleaned through the growth of industrial hemp. Creates the seven member industrial hemp remediation pilot program committee, which is responsible for designing the pilot program according to certain specifications, soliciting funding, selecting a secure, indoor growing site, and completing a final report. Appropriates \$25,000 cash funds from the Hemp Remediation Pilot Program Cash Fund to the Department for FY 2012-13.

H.B. 12-1126 (On-site Wastewater Treatment Systems): Authorizes local boards of health to adopt certain On-site Water Treatment Systems (OWTS) rules and practices appropriate to local conditions. Repeals uniform, statewide criteria regarding the presumed density of OWTS installation, deferring to local rules. Clarifies that a permit variance complies with regulations that owners are under a duty to continue repairs when authorized to make emergency use of an OWTS; clarifies that the OWTS fee applies to new, repaired, and upgraded systems, and removes criteria for local OWTS permit variances from statute and requires the Water Quality Control Commission to adopt minimum variance criteria by rule. Appropriates \$8,530 cash funds from the Water Quality Control Fund and 0.1 FTE to the Department for FY 2012-13.

H.B. 12-1246 (Reverse Payday Shift State Employees Paid Biweekly): Reverses the payday shift for state employees who are paid on a biweekly basis. Appropriations \$6,885 General Fund to the Department for FY 2012-13.

H.B. 12-1283 (Consolidate Homeland Security Functions Under CDPS): Consolidates Colorado's homeland security functions, personnel, and resources into a new Division of Homeland Security and Emergency Management (DHSEM) within the Department of Public Safety (DPS). Transfers 2.0 FTE from the Department of Public Health and Environment to perform training and communications functions in the new Office of Preparedness within the DHSEM of DPS. Reduces the FY 2012-13 appropriation to the Department of Public Health and Environment by \$147,729 General Fund and 2.0 FTE.

H.B. 12-1294 (CDPHE Authority Health Care Facilities): Modifies the Department's authority concerning the licensing of health facilities by eliminating several facility types from licensure. Requires the Department to:

- establish a schedule for an extended survey cycle or a tiered inspection or survey system;
- apply the extended survey cycle or tiered inspection for health facilities that have been licensed for at least three years and that have not been the subject of any enforcement activity or complaints within the past three years;
- institute a performance incentive system to reduce renewal license fees for health facilities that have no specific deficiencies;
- impose no standards for construction that are more stringent than, or that do not comply with, national, state, and applicable local building and fire codes;
- conduct a fitness review when a health facility changes ownership;
- establish criteria for deeming that licensing requirements have been satisfied;
- allow the State Board of Health to increase provisional license and other fees by no more than the annual percentage change in the Denver-Boulder-Greeley Consumer Price Index;
- work jointly with DHS to resolve differing requirements for the regulation of any Program of All-inclusive Care for the Elderly (PACE) facility consistent with federal requirements; and
- work with the Departments of Public Health and Environment, Human Services, and Health Care Policy and Financing, in consultation with industry representatives, to resolve differing requirements for the regulation of community residential homes.

Clarifies that home care placement agencies are not licensed or certified by DPHE and subjects facilities that make such a claim to a civil penalty, and creates the Health Care Facility Stakeholder Forum. Expands the definition of "community clinic". Appropriates \$183,730 cash funds from the Health Facilities General Licensure Cash Fund and 2.4 FTE to the Department for FY 2012-13.

H.B. 12-1326 (Concerning Assistance to the Elderly): Allows seniors who are eligible for Medicaid, but not for Medicaid long-term care services, to receive services under the Dental Assistance Program in the Department of Public Health and Environment. Appropriates \$3,022,800 General Fund and 1.0 FTE to the Department for FY 2012-13.

H.B. 12-1335 (Long Bill): General appropriations act for FY 2012-13.

2013 Session Bills

S.B. 13-011 (Colorado Civil Unions Act): Authorizes the creation of civil unions in Colorado. Two persons regardless of gender, may enter into a civil union if they are not related by blood, not married to or in a civil union with another person, and are over the age of 18. Specifies the persons who may certify a civil union, and the rights, benefits, protections, duties, obligations, responsibilities, and other incidents under law that are granted or imposed under the law to spouses apply in like manner to parties to a civil union. Appropriates \$6,976 and 0.1 FTE to the Department for FY 2012-13, and appropriates \$4,021 and 0.1 FTE to the Department for FY 2013-14.

S.B. 13-050 (Recycling Resources Economic Opportunity Fund): Increases the waste disposal fee from \$0.07 per cubic yard per load to \$0.14 per cubic yard per load over three years; extends the repeal of the Recycling Resources Economic Opportunity Fund to July 1, 2026, outlines the responsibilities of the Prevention Advisory Board Assistance Committee and the Pollution Prevention Advisory Board. Extends the statutory required elimination of monofills by five years. Appropriates \$204,593 cash funds from the Recycling Resources Economic Opportunity Fund to the Department in FY 2013-14.

S.B. 13-100 (Supplemental Appropriation): Supplemental appropriations to modify the FY 2012-13 appropriations for the Department.

S.B. 13-219 (Methamphetamine Laboratory Remediation): Requires the implementation of State Board of Health approved rules governing the testing, evaluation, and cleanup of illegal drug laboratories. Requires the Board to establish fees and administrative penalties. Allows a person convicted of possession of chemicals, supplies, or equipment with intent to manufacture the illegal drugs to be the subject of a lawsuit. Creates the Illegal Drug Laboratory Fund and appropriates \$61,491 and 0.5 FTE from the Fund to Department in FY 2013-14, and reappropriates \$15,450 to the Department of Law for the provision of legal services.

S.B. 13-222 (Improve Access Childhood Immunizations): Allows the Department to establish a universal purchasing system for procuring vaccines for insured individuals in the state, and to explore authorizing the Department of Health Care Policy and Financing to purchase vaccines recommended by the federal advisory committee on immunization practices. Requires the Department to convene a stakeholder task force to make recommendations regarding the financing and delivery of childhood immunizations, including through a vaccine purchasing system; and authorizes the State Board of Health to adopt rules to implement the task force's recommendations. Allows the Department to expend moneys in the Immunization Fund to purchase vaccines through a vaccine purchasing system, if developed. The act also permits the Department of Health Care Policy and Financing to purchase recommended vaccines through a vaccine purchasing system, if developed, for children enrolled in the children's basic health plan. Appropriates \$68,054 General Fund and 1.0 FTE to the Department in FY 2013-14.

S.B. 13-225 (STEMI Heart Attack Stroke Data Hospital Designation): Creates the STEMI Task Force to study and make recommendations for developing a statewide plan to improve quality of care to ST-elevation myocardial infarction (STEMI) heart attack patients; and the Stroke Advisory Board to study and make recommendations for developing a statewide plan to improve quality of care for stroke patients. Outlines the demographic of the membership on each board. Allows hospitals that have an accreditation, certification, or designation in STEMI or stroke care from a nationally recognized accrediting body to send information and supporting documentation to the Department, and requires the Department to make a hospital's national accreditation, certification, or designation available to the public and deem the hospital as satisfying requirements for recognition and publication by the department. Appropriates \$41,402 and 0.6 FTE to the Department in FY 2013-14.

S.B. 13-230 (Long Bill): General appropriations act for FY 2013-14.

S.B. 13-232 (Continue Tobacco Tax Medicaid Management): Eliminates the repeal of a transfer of \$2.0 million from the Prevention, Early Detection, and Treatment Fund (Fund) to the Department of Health Care Policy and Financing (HCPF) for Medicaid disease management and treatment programs. Reduces the appropriation to HCPF by \$2.0 million General Fund in FY 2013-14 and increases the HCPF appropriation by \$2.0 million cash funds from the Fund.

S.B. 13-255 (Statutory Changes to Child Fatality Review Teams): Requires local public health agencies to establish child fatality prevention review teams operating under the purview of the Department of Public Health and Environment. Outlines the responsibilities of the review teams. Adds a definition for "local or regional review team". Changes the membership of the Department's child fatality prevention review team and outlines the duties of this team. Updates the review time frame for the Department of Human Services (DHS) review team, and requires DHS review team to make annual policy recommendations that address systems involved with children and to follow up on specific system recommendations. Appropriates \$456,966 General Fund and 4.0 FTE to the Department of Public Health and Environment for FY 2013-14. Appropriates \$63,755 General Fund and 1.0 FTE to the Department of Human Services for FY 2013-14.

S.B. 13-283 (Implement Amendment 64 Consensus): Permits a local government to prohibit the use of a compressed flammable gas as a solvent in residential marijuana cultivation, and allows retail marijuana businesses to participate in the medical marijuana responsible vendor program. Requires the drug policy task force of the Colorado Commission on Criminal and Juvenile Justice to make recommendations to the General Assembly regarding criminal law changes that need to be made in order to conform to Amendment 64. Requires the Governor to designate the appropriate state agency to:

- Create a list of banned substances in marijuana cultivation;
- Work with a private organization to develop good cultivation and handling practices;
- Work with a private organization to develop good laboratory practices; and
- Establish an educational oversight committee for marijuana issues.

Encourages peace officer training to include advanced roadside impairment driving enforcement training, and subject to available funds, the Peace Officers Standards and Training (P.O.S.T.) Board shall arrange training in advanced impairment driving enforcement for drug-recognition experts who will act as trainers for all other peace officers.

Requires the Division of Criminal Justice in the Department of Public Safety to undertake or contract for a scientific study of law enforcement activities related to retail marijuana implementation, and the Department of Public Health and Environment to monitor the emerging science and medical information regarding marijuana through a panel of health care experts.

Clarifies that drug paraphernalia does not include marijuana accessories as defined by Amendment 64 if used or possessed by someone 21 years of age or older. Prohibits the use of retail marijuana products on school property, adds marijuana to the "Colorado Clean Indoor Air Act", and creates an open container offense for marijuana to mirror the open container offense

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

for alcohol. Outlines which business operating licenses can be revoked if retail marijuana is consumed or cultivated onsite. Prohibits the cultivation, use, or consumption of marijuana at a community residential home or regional center. Permits certain business deductions to be used to calculate the state tax owed. Appropriates the following amounts in FY 2013-14 to implement the act:

- \$307,542 cash funds and 4.0 FTE from the Marijuana Cash Fund to the Department of Public Health and Environment;
- \$154,034 General Fund to the Department of Public Safety;
- \$280,000 General Fund to the Department of Revenue; and
- \$20,000 General Funds to the Department of Law.

H.B. 13-1117 (Alignment of Child Development Programs): Creates the Office of Early Childhood in the Department of Human Services (DHS). Moves the following programs to that Office: Early Childhood Leadership Council from the Governor's Office and makes changes to the composition of the Council. Moves the following programs from the Department of Public Health and Environment to DHS: Nurse Home Visitor Program, Tony Grampsas Youth Services Program, the Colorado Youth Mentoring Services Program, the Colorado Student Dropout Prevention and Intervention Program, the Colorado Student Before-and-After-School Project; the Colorado Children's Trust Fund, and the family resource center program. Reduces the appropriation to the Department of Public Health and Environment by \$19,904,563 total funds, including \$1,453,849 General Fund, \$17,602,514 cash funds, and \$848,200 federal funds and 7.5 FTE, and increases the appropriation to the Department of Human Services by a like amount.

H.B. 13-1155 (Correct HB 12-1268 Provisions That Effect Transfers): Makes the interdepartmental transfer of the staff responsible for the life safety code inspections of health facilities contained in H.B. 12-1268 from the Department of Public Health and Environment (DPHE) to the Division of Fire Prevention and Control in the Department of Public Safety (DPS) contingent upon approval from the Secretary of the federal Department of Health and Human Services (federal DHHS). Due to the fact that the bill was signed into law on March 14, 2013, a reduction totaling \$1,207,865 and 15.0 FTE in FY 2013-14 to the Department of Public Health and Environment and associated increase of a like amount in the Department of Public Safety were included in S.B. 13-230.

H.B. 13-1191 (Nutrient Grant Domestic Wastewater Treatment Plant): Creates the Nutrients Grant Fund which is continuously appropriated and directs the Department to award grants from the Fund to local governments for the planning, design, construction, or improvement of domestic wastewater treatment works owned or operated by a local government that are needed to comply with the commission's nutrients management control regulation. Appropriates \$15,000,000 General Fund to the Fund in FY 2013-14.

H.B. 13-1239 (Creation of a Statewide Youth Development Plan): Directs the Department of Human Services, Tony Grampsas Youth Services Board, and stakeholders to create a statewide youth development plan and a baseline measurement of youth activities based on available data and resources. Authorizes the board to award up to \$300,000 for technical assistance grants for

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

community-based prevention and intervention organizations that work with youth to assist those organizations in developing evidence-based programs. In FY 2013-14 reduces the appropriation to the Department of Public Health and Environment by \$133,284 General Fund and 2.0 FTE and increases the appropriation to the Department of Human Services by \$133,284 General Fund and 1.0 FTE.

H.B. 13-1317 (Implement Amendment 64 Majority Recommendation): Requires the Department to establish standards and criteria for testing and certification of marijuana and to regulate those entities that provide such independent testing and certification. Appropriates \$87,615 cash funds from the Marijuana Cash Fund and 1.0 FTE for FY 2013-14.

Appendix C: Update on Long Bill Footnotes & Requests for Information

Long Bill Footnotes

56 Department of Public Health and Environment, Air Pollution Control Division, Stationary Sources, Air Quality Dispersion Study -- It is the intent of the General Assembly that the appropriation be used for the purpose of collecting data that will be used to conduct a health risk assessment.

Comment: The Department is in compliance with this footnote.

57 Department of Public Health and Environment, Prevention Services Division, Chronic Disease Prevention Programs, Transfer to the Health Disparities Grant Program Fund -- It is the intent of the General Assembly that if actual Amendment 35 revenues are higher than the appropriation, the transfer to the Health Disparities Grant Program Fund of 3.2 percent of Amendment 35 revenue be increased by a like amount.

Comment: This footnote provides the Department the authority to transfer the required 3.2 percent 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 Amendment 35 revenues are higher than the estimated used to set the Long Bill.

58 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 -- Pursuant to Article V, Section 50, of the Colorado Constitution, 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.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

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

Comment: This footnote reiterates the statutory requirements of how funding for school-based health centers may be used. The Department is in compliance with this footnote.

Requests for Information

1. Department of Public Health and Environment, Prevention Services Division, Tobacco Education Tobacco Education, Prevention, and Cessation Grants -- The Department is requested to submit a report on the types of grants award by the Tobacco Education, Prevention and Cessation Committee in FY 2012-13 and FY 2013-14. The request is requested to include the purpose of the grant, the amount of the grant, the recipient, and a report on how the funds were actually used. The Department is requested to submit this report to the Joint Budget Committee and Legislative Audit Committee by November 1, 2013.

Comment: The Department submitted the requested information on organizations which received Tobacco Education, Prevention, and Cessation Grants. The information was provided for FY 2012-13, broken into first quarter grants and grants for the second through fourth quarter. Information was also provided on first quarter of FY 2013-14 grants, and grants with an anticipated start date of January 1, 2014.

FY 2012-13 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
American Lung NOT	Provide the Not On Tobacco (N-O-T) evidenced-based teen smoking cessation program to youth in Colorado schools and community-based projects.	\$21,976
American Lung TARP	To assist TFCCI grantees to create local tobacco control policies that (1) limit youth access to tobacco products and minimize youth exposure to tobacco advertising; (2) protect individuals from secondhand smoke at the community level, and (3) protect individuals from secondhand smoke in multi-unit housing.	\$68,345
Bacchus Network	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Aurora, Colorado.	\$58,180
Boulder	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Longmont, Colorado.	\$47,870
Delta	Provide education designed to advance local policies known to reduce tobacco use and exposure to Secondhand Smoke in low income multi-unit housing in the Delta Housing Authority.	\$17,711
Denver Health	Provide education designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke in low income multi-unit housing in the City and County of Denver.	\$33,897
El Paso Fountain	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Fountain, Colorado.	\$41,862
El Paso Manitou	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Manitou Springs, Colorado.	\$20,772
Jefferson County Golden	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Golden, Colorado	\$32,215
Jefferson County Lakewood	Provide education in the City of Lakewood designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke.	\$41,399
Jefferson County Unincorporated	Provide education in Unincorporated Jefferson County designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke.	\$46,497

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Jefferson County Wheat Ridge	Provide education in the City of Wheat Ridge designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke.	\$38,314
Grand Junction Housing Authority	Provide education designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke in low income multi-unit housing in the Grand Junction Housing Authority.	\$20,772
Montezuma County	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in City of Cortez, Colorado	\$28,415
National Jewish - Quitline	The Colorado QuitLine is a statewide, evidence-based tobacco cessation program for Colorado residents who are ready to quit. The purpose of the grant is to increase tobacco cessation by providing a proactive phone-based coaching program, web-based services, and nicotine replacement therapy. Text messaging and a special program for pregnant and postpartum women are also offered.	\$411,485
Northwest Co VNA	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in City of Steamboat Springs, Colorado	\$32,013
Otero County	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in La Junta, Rocky Ford and Otero.	\$30,817
Pueblo City Council	Advance local policies designed to reduce tobacco use and illegal tobacco sales to minors through the project Youth Access in Pueblo County.	\$31,494
University of Colorado - Division of Behavioral Health and Wellness	Provide education and training to advance local community and organizational policies designed to reduce tobacco use and exposure to secondhand smoke in multiunit housing settings and mental health care settings across the state.	\$29,170
Amendment 35 Program Evaluation Regents -CEPEG	Provide data collection, analysis and reporting to monitor program effectiveness of tobacco control efforts and to provide information for planning and implementation in accordance with the evaluation requirements of the Tobacco Education, Prevention and Cessation Grant Program.	\$37,500
San Juan Basin	Provide education in the City of Durango designed to advance local policies known to reduce tobacco use and exposure to secondhand smoke.	\$31,315
SE2 - Quit Line	The purpose of this project is to develop and sustain a strong social media community for Coloradans who are in the process of quitting tobacco, are considering quitting tobacco or those who want to help someone else quit tobacco and to provide them with support, encouragement and resources that will increase participant engagement. Social media channels (including Facebook and Twitter) will be developed and utilized to promote cessation services offered through the Colorado QuitLine.	\$12,555
SE2 -Public Relations	The purpose of this project is to provide communications and public relations technical assistance for the 18 Tobacco-Free Colorado Communities Initiative (TFCCI) grantees in order to ensure effective implementation of local projects.	\$24,996
FY 2012-13 1st Quarter Total		\$1,159,570

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Amendment 35 Program Evaluation Regents -CEPEG	Conduct evaluation and surveillance projects to guide STEPP grantee work. Provide technical assistance to STEPP grantees and coordinate with CDPHE staff to assure implementation and reach of program.	\$1,505,188
American Lung Association - Children's Environmental Intervention Training	The Children's Environmental Intervention Training (CEIT) is a free training that provides early childhood educators (ECEs) and childcare providers with information and resources about asthma management and the harms of environmental tobacco smoke (ETS). The training includes information on why and how to implement or strengthen the smoke-free policies in their organization (center or in-home childcare) and equips participants with strategies and techniques for talking to parents in a non-threatening way about how to protect their children from ETS. Participants in the 60-minute training receive 1.5 Continuing Education Credits and resources to help educate parents.	\$53,344
American Lung Association-NOT	N-O-T is an evidence-based Youth Smoking Cessation Program that utilizes social cognitive theory to incorporate training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure. Ultimately, N-O-T provides teens struggling to quit smoking with a resource that not only offers support to quit, but also the opportunity to reflect and change behaviors. This strategic approach results in their ability to consciously make smarter decisions around health and wellness, ensuring that Colorado teens become healthy adults.	\$261,140

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Bacchus Network	Develop, implement and evaluate a text message-based cessation system that is aligned with The Community Guide evidence on effective mobile phone based cessation interventions and is geared for young adults with an emphasis on non-students.	\$249,976
Boulder County Public Health	Boulder County Public Health, Tobacco Education and Prevention Partnership (TEPP) program’s efforts will create a comprehensive, collaborative tobacco prevention and control program in Boulder County, that places emphasis on serving populations that have higher than average tobacco burdens. Working with multiple collaboratives, TEPP will conduct coordinated education campaigns and programming designed to reduce all types of tobacco use and help reduce exposure to secondhand smoke on college and Boulder County government campuses, reduce youth access to tobacco products through advancement of retailer licensing ordinances and enhanced enforcement, strengthen cessation efforts by incorporating cessation protocols and QuitLine information in local systems serving disparately affected populations, and bolster prevention efforts for youth. TEPP will provide public health expertise to two campuses as they work on smoke-free campus policies. We will also work with partners to promote smoke-free policies in at least 250 multi-unit housing residences, direct an additional 120 callers to the Colorado QuitLine, while creating an additional 3 million media impressions for smoke-free housing, tobacco prevention, and the Colorado QuitLine. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$423,794
Boys and Girls Club of Chaffee County	The Boys & Girls Clubs of Chaffee County (BGCCC) will spearhead the tobacco cessation, education and prevention messaging in Chaffee County, Colorado and increase the use of evidence-based cessation services, develop innovative strategies to increase quit attempts among priority populations and work with stakeholders/influencers to advocate for and bring about policy change.	\$18,750
Boys and Girls Club of Metro Denver	Through the Colorado Alliance of Boys & Girls Clubs (Alliance), with Boys & Girls Clubs of Metro Denver (BGCMD) as lead agency, will focus on evaluating BGC’s tobacco prevention activities statewide through implementation of SMART (Skills Mastery and Resistance Training) Moves. The project will involve 14 BGC organizations throughout Colorado, which includes 46 individual Club sites that are varied in size and scope, including a military base and an Indian Reservation. SMART Moves helps build Club youth’s knowledge and resistance skills for avoiding risky behaviors, including tobacco usage, while simultaneously promoting self-esteem and positive decision-making.	\$636,280
Chaffee County Public Health Department	Chaffee County Public Health Department innovative cessation program for low-income pregnant women and new mothers will seek to; increase successful quit attempts; educate the target population on the harmful effects of tobacco and secondhand smoke through innovative strategies and to reduce secondhand smoke exposure in infants and young children; and gather data on the characteristics and behaviors of the target population. The main programmatic component of this innovative tobacco cessation initiative is the Baby and Me Tobacco Free program. Baby and Me Tobacco Free will be combined with four additional programmatic elements, which include; referrals to the Colorado QuitLine; implementation of the ONE Step program aimed at reducing secondhand smoke exposure; a text messaging project to interested participants; and a “Fiesta” event for the Hispanic population of Chaffee County designed to introduce this program as well as other public health and Family Youth Initiative (FYI) programs in order to promote the program in a culturally relevant manner.	\$16,336
Children's Hospital Colorado	Children's Hospital Colorado will continue ONE Step in the Child Health Clinic, adapt it to the Children’s Neonatal Intensive Care Unit (NICU), and disseminate it to community pediatric practices in Arapahoe and La Plata counties. The program is modeled after CDC Community Guide recommended practices for provider reminders and brief cessation interventions in a clinical setting and is focused on increased screening of children’s secondhand smoke exposure by pediatric providers, decreased secondhand smoke exposure experienced by children, and increased smoking cessation success rates among caregivers.	\$285,144
Delta County Department of Health and Human Services	The Delta County Tobacco Education Program (DCTEP) is collaborating with the Delta Montrose Technical College (DMTC) and Delta County School District 50J to provide programs that are designed to serve segments of the population that have higher than average tobacco burdens. DCTEP will conduct a coordinated education program that is designed to prevent or reduce the use of all types of tobacco products and help reduce exposure to secondhand smoke. DCTEP will aim to pass a tobacco-free campus policy for DMTC and promote evidence-based cessation methods to students and staff. DCTEP will utilize a student advocacy group to help with educating and surveying students about tobacco use, behaviors, attitudes and opinions about a tobacco-free campus.	\$31,592
Denver Health & Hospital Authority - QuitLine e-referral system	Denver Health and Hospital Authority (DHHA) is leading a collaborative pilot project called QuitLine Linkage and Information Network for e-Referral (Q-LINE). The Q-LINE project will facilitate electronic referrals to the Colorado QuitLine and generate population-based tobacco use and intervention estimates.	\$511,991

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Denver Health & Hospital Authority- Tobacco	<p>The Denver Community Tobacco Initiative is comprehensive, integrated, youth-focused, and will produce sustainable changes in systems and policies. DHHA will provide programs that are designed to serve segments of the population that have higher than average tobacco burdens. First, a media campaign will be developed focusing on youth, using themes and media types (social media, text-messaging). Next, DHHA will partner with the Boys & Girls Clubs of Metro Denver to train youth to monitor compliance with newly-aligned regulations on marketing and retail sales. Thirdly, In addition to integrating tobacco cessation into the quality improvement plans of CHS, DHHA will partner with the federally-qualified health centers of CHS and the clinics of DPH to develop an electronic medical record that supports “Ask, advise, and refer”. Lastly, DHHA will develop monitoring systems that will allow the organization to identify disparities and track progress on tobacco control and prevention. Using the “Evolverment” youth engagement model, the project will train high school youth advocates to implement issue-specific campaigns to update the 1998 Denver Youth Access to Tobacco ordinance and pass a minimum standard for tobacco retail licensure in Denver. Details of this update include a retail licensing law for non-cigarette tobacco sales, the mandating of the placement of tobacco products in retail outlets, the requirement of frequent compliance checks, the prohibition of free “giveaways” of tobacco samples, and the restriction of tobacco advertising, all designed to reduce illegal sales and promotion of tobacco to minors. DHHA will work with local youth and young adults in substantive ways to assess tobacco prevention and cessation media templates and develop a communication plan. The plan will then be communicated through a plethora of media outlets utilizing technology and social media including a main website, mobile-optimized websites, Facebook pages, paid Facebook advertisements, a Twitter feed, and website content. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.</p>	\$4,336,711
Eagle County Public Health Agency	<p>This project will provide education programming that is designed to prevent and/or reduce the use of all types of tobacco products and reduce exposure to secondhand smoke. The program will boost cessation efforts in Eagle, Garfield and Pitkin Counties through a three-pronged approach. First Eagle County (EC) will survey local Health Care providers knowledge of the QuitLine while simultaneously running a media campaign promoting the program. Next EC will develop a model for health systems change for local health care providers. Lastly, EC will provide public health expertise to Colorado Mountain Colleges of the West Mountain Region as they implement and enforce a tobacco free campus policy.</p>	\$104,276
El Paso County Public Health	<p>El Paso County Public Health (EPC) will reduce tobacco use in its county through four activities. The first will be to encourage local health care providers to increase CO QuitLine referrals. The second is to build support to advance point-of-sale and licensing policy initiatives in the area. Third, the group will create and utilize a GIS mapping system to capture youth facility and tobacco retailer locations as well as indicate locations where compliance checks and violations have occurred. Lastly, EPC will work to reduce tobacco related disparities by increasing the number of MUH facilities that implement smoke-free policies. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.</p>	\$1,870,032
E-Squared (SE2), Media Templates	<p>Develop print and digital communication templates to support local campaign efforts and offset creative service burdens on local partners.</p>	\$403,000
Fremont County Public Health Agency	<p>The Fremont County Public Health Agency's (FCPHA) Tobacco Program for Pregnant Women is a voluntary, incentive-based tobacco cessation program that targets low-income women with the goal of improving the health of women, children, and their families in Fremont County by; reducing the number of young women in Fremont County who smoke during pregnancy and following birth; reducing the number of low-birth weight babies born in Fremont County and reducing the number of children exposed to second hand smoke in the home and/or automobiles</p>	\$25,572
Grand Futures Prevention Coalition	<p>Grand Futures Prevention Coalition community Intervention project will make tobacco less desirable, less acceptable and less accessible in Grand County, by reducing initiation among youth and adults and promulgating effective policies and regulations that reduce youth and adult use and access to tobacco products. This project will use a social marketing /norming media campaign, form a task force to review and research local tobacco policies, and develop a plan to mobilize the community to address changes for tobacco prevention.</p>	\$37,840
Gunnison County	<p>The Gunnison County Substance Abuse Prevention Project Community Tobacco Initiative will reduce youth initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke by building and sustaining a regional tobacco focused youth coalition.</p>	\$19,563

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Hinsdale County Public Health Agency	Hinsdale County Health Dept (HC) will initiate a comprehensive tobacco control program with three objectives. First, HC will partner with the community health center, mental health, dental office and social services to implement education programs and cessation services in order to increase referrals to the Colorado QuitLine and promote quit attempts and smoke-free policies among their clients. Second, HC will build and mobilize a youth coalition. Third, HC will build and empower a Community Tobacco Coalition.	\$25,000
Inline Media, Inc	Implement a mass marketing campaign utilizing existing creative (including ads from the CDC Tips From Former Smokers media campaign) to promote and drive calls to the Colorado QuitLine, prioritizing young adults and low-SES audiences.	\$1,000,000
Jefferson County Public Health	This project aims to improve cessation success through the implementation of evidence-based health communications and media activities targeting youth and young adults in Jefferson County. In addition Jefferson County will implement education programs to advance local policies to reduce secondhand smoke in areas that disproportionately expose populations with a higher than average tobacco burden and to counter tobacco industry strategies, reduce youth access to tobacco, and provide education designed to build support for tobacco price increase. This project will launch and evaluate the reach of a robust and effective health communications and media campaign through Jefferson and Gilpin County.	\$519,312
Larimer County Health Department	The Larimer County Department of Health & Environment (LCDHE) project is focused on comprehensive tobacco control activities that include strategies appropriate for multiple population groups. The key aspects of the Community Tobacco Initiative Larimer County are as follows; work with Larimer County Workforce Center's (WFC) to assess youth and young adult perceptions of tobacco usage, educate staff and implement Ask, Advise, Refer interventions; engage youth and youth-serving professionals in youth coalition activities, as well as identifying at least two youth-based tobacco policy priorities; work with Colorado State University (CSU) to assess the current administration's attitudes, opinions, and knowledge around tobacco, identify current tobacco cessation services available to students and staff, provide public health expertise to the University as they mobilize a tobacco prevention workgroup to work on smoke-free campus policies and participate on a regional task force (planned with other collegiate partners); assess local compliance with the CCIAA by working with local restaurant and bar owners towards a smoke free patio initiative; and conduct an assessment of smoke-free rooms at local hotels.	\$441,084
Mesa County Health Department	Mesa County Health Department and Primary Care Partners will form a collaboration to establish health system change through the design, implementation and evaluation of innovative community tobacco cessation interventions. Primary Care Partners will implement the evidence-based strategies of a provider reminder system to prompt providers to ask patients about tobacco use at every visit and the 5-As (ask, advise, assess, assist, arrange) approach to ensure a consistent process of evaluating tobacco use and providing referrals to cessation resources including the Colorado QuitLine. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$918,436
Montezuma County	Montezuma County Public Health agency will focus on youth prevention and build on the strengths of existing collaborations between the Tobacco Education and Prevention Program and youth and young children serving agencies in Montezuma and Dolores counties. This project will reduce tobacco initiation in youth, expand the capacity of adults and youth to understand the context of the environments in which they work and improve their ability to work together to create change, increase awareness of tobacco addiction as a chronic disease, and protect young children from secondhand smoke (SHS). The Positive Collaborations to Create Healthy Environments for Youth project will focus on understanding and changing the context of youth and adult partners and the cultural context in which tobacco is used. This project will conduct a youth driven media messaging campaign designed to reduce youth tobacco initiation, and work with the local school district to assess and update their Tobacco Free Campus policies.	\$82,876
Montrose County Department of Health and Human Services	Montrose County Health and Human Services will provide a comprehensive Community Tobacco Initiative in Montrose County. This initiative will increase tobacco cessation rates and corresponding successes, decrease the rate of tobacco initiations, reduce the prevalence of women who are pregnant and smoke, and revive the local anti-tobacco coalition.	\$42,869
National Jewish - Quitline	The Colorado QuitLine is a statewide, evidence-based tobacco cessation program for Colorado residents who are ready to quit. The purpose of the grant is to increase tobacco cessation by providing a proactive phone-based coaching program, web-based services, and nicotine replacement therapy. Text messaging and a special program for pregnant and postpartum women are also offered.	\$2,492,998

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Northeast CO Health Department	<p>The Northeast Colorado Health Department will target pregnant women and mothers of young children in northeast Colorado with a special emphasis on low socioeconomic status. The Baby and Me Tobacco Free innovative cessation program for will be provided to low-income pregnant women and new mothers who will seek to; increase successful quit attempts; educate the target population on the harmful effects of tobacco and secondhand smoke through innovative strategies and to reduce secondhand smoke exposure in infants and young children; and gather data on the characteristics and behaviors of the target population. The Northeast Tobacco project will educate community health providers about the program to recruit women to the program.</p>	\$43,957
Northwest Co VNA - Community	<p>The purpose of the project is to reduce the burden of disease caused by tobacco use in Northwest Colorado by implementing an evidence-based, comprehensive tobacco cessation program for low-income and uninsured residents of Routt and Moffat counties. Northwest Colorado Visiting Nurse Association (NWCovina) will provide services through our Federally Qualified Health Centers (FQHCs) in Routt County and Moffat County and NWCovina Public Health and Home Health programs. We will partner with the Regional Care Coordination Organization (RCCO- Medicaid Accountable Care Collaborative) and the regional community mental health center, as well as primary care practices in both counties. The project will include tobacco use assessment, referral to Colorado QuitLine, cessation support, treatment, and follow-up services in each NWCovina location. The project will also include technical assistance to create a new system of coordinated patient care to embed assessment, treatment and evidence-based tobacco cessation guidelines in primary care physician offices in order to effect health system change.</p>	\$126,300
Otero County Health Department	<p>Otero County Health Dept (HC) will conduct a regional approach to tobacco education, cessation, and prevention. This will be achieved through 2 activities. First HC will partner with local health organizations to integrate a Rapid Improvement Activity (RIA) designed to update healthcare systems to utilize the Tobacco Cessation and Secondhand Exposure Guidelines and the 5A's/or 2A's and 1R intervention model. Next HC staff and CHC staff in each county will be trained to implement The Freedom from Smoking Program curriculum provided through the American Lung Association. Otero County Health Dept will conduct a media campaign throughout the SouthEast region of Colorado. Media will be placed in each community on available newspapers, radio stations, Movie Theater, and social media using new language and messaging to educate the public. Research will be conducted on the messages, materials, and mediums used to drive adaptation and success.</p>	\$276,226
Penrose-St. Francis Health Foundation (Catholic Charities)	<p>The purpose of this project is to develop, pilot and evaluate a hospital cessation program based on the Ottawa Model for Smoking Cessation within the Penrose-St. Francis hospital system. The hospital cessation intervention will provide the practical tools and technical assistance essential for hospital leadership and practitioners to implement the 2012 Joint Commission tobacco cessation performance measures which include screening all patients for tobacco use, provision of cessation treatment during the hospital stay and at discharge, and conducting follow-up with patients to offer cessation support post-discharge.</p>	\$186,055
Peter Webb Public Relations (Webb PR), Web Hub	<p>This vendor will work in two primary areas: Develop a Colorado Tobacco Web Hub and promote that hub through statewide media. These activities will provide a central infrastructure for disparate campaigns and will provide state staff with the ability to edit and maintain the site if needed. While the primary focus of the site will be to increase cessation attempts, it will also provide information on secondhand smoke, youth tobacco prevention and other tobacco-specific information.</p>	\$721,875
Pueblo City-County Health Department	<p>Pueblo City-County Health Dept (PC) will reduce the burden of tobacco within the region through a number of activities. First PC will work to form a tobacco policy committee focused on conducting an education program that is designed to reduce or prevent use of all types of tobacco products and reduce exposure to secondhand smoke through a tobacco usage policy. Next PC will work closely with the student groups at CSU-P to educate and facilitate tobacco awareness activities on campus. Third, PC will work with the Dept of Social Services to promote the ONE Step program and align their requirement for smoke-free in-home childcare settings to be consistent with the state Clean Indoor Air law. Lastly, PC will continue work to enact an ordinance in the city of Pueblo for licensing of tobacco retailers. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.</p>	\$385,353

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
RMC Health	<p>This program is designed to decrease the cessation gap affecting low SES youth and increase the percentage of Colorado youth that live, learn, work and play in communities with effective tobacco policies. To achieve these goals, RMC Health will market an existing alternative to suspension program, Second Chance, to Colorado middle schools, high schools, and communities, and provide statewide implementation support. The project will be rigorously evaluated to determine the effectiveness of Second Chance on increasing adolescents' motivation to quit using tobacco and the extent to which schools implemented alternative to suspension policies. Second Chance is a web-based tobacco education program that can be used as an alternative to suspension for middle and high school youth who have violated tobacco policy at school or in the community. The key benefit to this approach is that it keeps youth in school instead of sending already at-risk youth home by suspending or expelling them.</p>	\$181,346
San Juan Basin	<p>San Juan Basin Health Department's Lasso Tobacco Coalition will conduct an education program in several communities to strengthen local protections from secondhand smoke exposure and to change social norms to reduce youth access to tobacco. The project will Focus on a Durango ordinance that will provide smoke-free public parks, playgrounds, and the River Trail and is expected to be placed into law by the end of 2012. Other policy work will continue with youth-adult partnerships on the Southern Ute Indian Tribe (SUIT) campus to implement an approved 100 foot perimeter policy around recreation properties and the Montessori Academy. SJBHD will provide public health expertise to the Fort Lewis College in their efforts to implement a smoke-free campus. SJBHD supporting student forums, student wellness initiatives and media campaigns. We will work to reduce tobacco burdens among segments of the population with higher than average tobacco burdens by promoting policy work on the Commons campus. The project will specifically evaluate the readiness to strengthen current perimeter policy on The Commons campus in La Plata County. This campus houses, among other smaller agencies, Durango Adult Education Center (DAEC) and Southwest Colorado Community College (SCCC). The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.</p>	\$216,797
Tri County Public Health	<p>Tri-County Health Department will address tobacco use prevention and secondhand smoke reduction in Adams, Arapahoe, and Douglas Counties. We will accomplish this by working with partners in multiple sectors including regional partnerships with other local health agencies. We will work with Front Range Community College (FRCC) to develop and implement a tobacco-free campus policy that is designed to reduce a health disparity among a population with higher than average tobacco burden. This will be done as a regional partnership with Larimer and Boulder Counties to affect all campuses of FRCC, though most of our contact will be with the two campuses in Adams County. We will work with all 15 school districts in our jurisdiction to strengthen their existing tobacco-free campus policies and standardize enforcement in all schools. We will also work with schools and other youth-serving agencies to form at least four youth coalitions to influence local policy change. Finally, we will work with public housing authorities in Adams and Arapahoe Counties to develop and implement smoke-free policies in their multiunit housing.</p>	\$1,115,064
University of Colorado Behavioral Health and Wellness	<p>BHWP will support grantees' cessation and health systems change activities through interdisciplinary training and technical assistance (TA) that incorporate tobacco cessation best practices, clinical guidelines, and expert consultation. Over the first contract year BHWP will disseminate the Tobacco Control Self-Assessment to all grantees; synthesize statewide findings, and provide each grantee and CDPHE with a customized feedback report on organizational readiness for evidence-based strategies. In addition BHWP will conduct at least two regional tobacco recovery trainings. Next BHWP will identify the most efficient system for offering Continuing Medical Education (CME) credits for health care providers and public health partners; expand the scope of BHWP's Tobacco Toolkit to reflect the needs of the general population with addendums for specific priority populations, including Latinos, youth, and individuals with behavioral health disorders; complete a high-utility evaluation of BHWP deliverables including CDPHE grantees progress toward tobacco-cessation rapid improvement goals and grantee agency case studies.</p>	\$61,269
University of Colorado Denver - Behavioral Health and Wellness Program	<p>Close the service gap for persons with mental illness and addictions and insure that this population has the same opportunity to quit smoking and live in smoke-free environments. Implement statewide technical assistance and interactive trainings to behavioral health peers, providers, administrators and organizations to decrease the incidence of tobacco clients with behavioral health disorders. Leverage existing resources and create the most current evidence-based guidelines to assist community healthcare organizations to meet individualized objectives. Assist centers to implement, expand, and sustain smoke-free policies.</p>	\$312,082

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2012-13 2nd, 3rd, and 4th Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
University of Colorado Hospital Authority	The purpose of this project is to develop, pilot and evaluate a hospital cessation program based on the Ottawa Model for Smoking Cessation within the University of Colorado hospital system. The hospital cessation intervention will provide the practical tools and technical assistance essential for hospital leadership and practitioners to implement the 2012 Joint Commission tobacco cessation performance measures which include screening all patients for tobacco use, provision of cessation treatment during the hospital stay and at discharge, and conducting follow-up with patients to offer cessation support post-discharge.	\$198,763
University School of Public Health	The Colorado School of Public Health, Center for Public Health Practice (CSPH) will develop a series of introductory online learning modules and a professional learning network in order to increase the capacity of newly funded STEPP contractors and their community partners. Professional development best practices and adult learning theory will be applied in the design and delivery of the tobacco control modules and in the facilitation of the learning network. CSPH will also provide technical assistance to STEPP community grantees to mobilize stakeholders in systems and environmental change to reduce the impact of tobacco in their communities by assisting with: coalition development and mobilization, youth engagement, and policy and environment change.	\$325,184
Weld County Dept of Public Health & Environment	Weld County's Tobacco Prevention and Control Project will reduce the cessation success gap affecting low SES youth and adult smokers; decrease tobacco prevalence and initiation among young adults, especially straight to work young adults; prevent initiation among youth, but especially among high burden and low SES youth; conduct an education program designed to reduce exposure to secondhand smoke and work with local and state partners on tobacco pricing campaigns which have been shown to deter tobacco usage.	\$255,208
Total		\$20,718,583

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Amendment 35 Program Evaluation Regents -CEPEG	Conduct evaluation and surveillance projects to guide STEPP grantee work. Provide technical assistance to STEPP grantees and coordinate with CDPHE staff to assure implementation and reach of program.	\$800,000
American Lung Association - Children's Environmental Intervention Training	The Children's Environmental Intervention Training (CEIT) is a free training that provides early childhood educators (ECEs) and childcare providers with information and resources about asthma management and the harms of environmental tobacco smoke (ETS). The training includes information on why and how to implement or strengthen the smoke-free policies in their organization (center or in-home childcare) and equips participants with strategies and techniques for talking to parents in a non-threatening way about how to protect their children from ETS. Participants in the 60-minute training receive 1.5 Continuing Education Credits and resources to help educate parents.	\$71,124
American Lung Association-NOT	N-O-T is an evidence-based Youth Smoking Cessation Program that utilizes social cognitive theory to incorporate training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure. Ultimately, N-O-T provides teens struggling to quit smoking with a resource that not only offers support to quit, but also the opportunity to reflect and change behaviors. This strategic approach results in their ability to consciously make smarter decisions around health and wellness, ensuring that Colorado teens become healthy adults.	\$348,187
Bacchus Network	Develop, implement and evaluate a text message-based cessation system that is aligned with The Community Guide evidence on effective mobile phone based cessation interventions and is geared for young adults with an emphasis on non-students.	\$333,271
Bent County	Tobacco Free Bent County will increase tobacco cessation, reduce initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke within the county. This will be achieved by work done with the Bent County Social Services to increase available cessation related processes and resources ultimately driving up the number of individuals referred to the Colorado QuitLine. Bent County staff will complement these efforts through the launch of a local media campaign.	\$33,333

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Boulder County Public Health	Boulder County Public Health, Tobacco Education and Prevention Partnership (TEPP) program’s efforts will create a comprehensive, collaborative tobacco prevention and control program in Boulder County, that places emphasis on serving populations that have higher than average tobacco burdens. Working with multiple collaboratives, TEPP will conduct coordinated education campaigns and programming designed to reduce all types of tobacco use and help reduce exposure to secondhand smoke on college and Boulder County government campuses, reduce youth access to tobacco products through advancement of retailer licensing ordinances and enhanced enforcement, strengthen cessation efforts by incorporating cessation protocols and QuitLine information in local systems serving disparately affected populations, and bolster prevention efforts for youth. TEPP will provide public health expertise to two campuses as they work on smoke-free campus policies. We will also work with partners to promote smoke-free policies in at least 250 multi-unit housing residences, direct an additional 120 callers to the Colorado QuitLine, while creating an additional 3 million media impressions for smoke-free housing, tobacco prevention, and the Colorado QuitLine. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$305,650
Boys and Girls Club of Chaffee County	The Boys & Girls Clubs of Chaffee County (BGCCC) will spearhead the tobacco cessation, education and prevention messaging in Chaffee County, Colorado and increase the use of evidence-based cessation services, develop innovative strategies to increase quit attempts among priority populations and work with stakeholders/influencers to advocate for and bring about policy change.	\$25,000
Boys and Girls Club of Metro Denver	Through the Colorado Alliance of Boys & Girls Clubs (Alliance), with Boys & Girls Clubs of Metro Denver (BGCMD) as lead agency, will focus on evaluating BGC’s tobacco prevention activities statewide through implementation of SMART (Skills Mastery and Resistance Training) Moves. The project will involve 14 BGC organizations throughout Colorado, which includes 46 individual Club sites that are varied in size and scope, including a military base and an Indian Reservation. SMART Moves helps build Club youth’s knowledge and resistance skills for avoiding risky behaviors, including tobacco usage, while simultaneously promoting self-esteem and positive decision-making.	\$799,365
Broomfield - City and County	The Broomfield Public Health and Environment Division (BPHE) will increase tobacco cessation, reduce initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke within the county. This will be achieved through a number of activities. First, BPHE will encourage traffic to the Colorado QuitLine by distributing and integrating cessation resources into the organization's Women, Infant and Children (WIC) program. BPHE will then ensure a community partner will receive the American Lung Association' ONE Step train-the-trainer training. Lastly, BPHE will complement these efforts with a local media campaign.	\$47,064
Chaffee County Public Health Department	Chaffee County Public Health Department innovative cessation program for low-income pregnant women and new mothers will seek to; increase successful quit attempts; educate the target population on the harmful effects of tobacco and secondhand smoke through innovative strategies and to reduce secondhand smoke exposure in infants and young children; and gather data on the characteristics and behaviors of the target population. The main programmatic component of this innovative tobacco cessation initiative is the Baby and Me Tobacco Free program. Baby and Me Tobacco Free will be combined with four additional programmatic elements, which include; referrals to the Colorado QuitLine; implementation of the ONE Step program aimed at reducing secondhand smoke exposure; a text messaging project to interested participants; and a “Fiesta” event for the Hispanic population of Chaffee County designed to introduce this program as well as other public health and Family Youth Initiative (FYI) programs in order to promote the program in a culturally relevant manner.	\$21,777
Children's Hospital Colorado	Children's Hospital Colorado will continue ONE Step in the Child Health Clinic, adapt it to the Children’s Neonatal Intensive Care Unit (NICU), and disseminate it to community pediatric practices in Arapahoe and La Plata counties. The program is modeled after CDC Community Guide recommended practices for provider reminders and brief cessation interventions in a clinical setting and is focused on increased screening of children’s secondhand smoke exposure by pediatric providers, decreased secondhand smoke exposure experienced by children, and increased smoking cessation success rates among caregivers.	\$379,723
Delta County Department of Health and Human Services	The Delta County Tobacco Education Program (DCTEP) is collaborating with the Delta Montrose Technical College (DMTC) and Delta County School District 50J to provide programs that are designed to serve segments of the population that have higher than average tobacco burdens. DCTEP will conduct a coordinated education program that is designed to prevent or reduce the use of all types of tobacco products and help reduce exposure to secondhand smoke. DCTEP will aim to pass a tobacco-free campus policy for DMTC and promote evidence-based cessation methods to students and staff. DCTEP will utilize a student advocacy group to help with educating and surveying students about tobacco use, behaviors, attitudes and opinions about a tobacco-free campus.	\$42,123

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Denver Health & Hospital Authority - Quitline e-referral system	Denver Health and Hospital Authority (DHHA) is leading a collaborative pilot project called QuitLine Linkage and Information Network for e-Referral (Q-LINE). The Q-LINE project will facilitate electronic referrals to the Colorado QuitLine and generate population-based tobacco use and intervention estimates.	\$682,474
Denver Health & Hospital Authority- Tobacco	The Denver Community Tobacco Initiative is comprehensive, integrated, youth-focused, and will produce sustainable changes in systems and policies. DHHA will provide programs that are designed to serve segments of the population that have higher than average tobacco burdens. First, a media campaign will be developed focusing on youth, using themes and media types (social media, text-messaging). Next, DHHA will partner with the Boys & Girls Clubs of Metro Denver to train youth to monitor compliance with newly-aligned regulations on marketing and retail sales. Thirdly, In addition to integrating tobacco cessation into the quality improvement plans of CHS, DHHA will partner with the federally-qualified health centers of CHS and the clinics of DPH to develop an electronic medical record that supports “Ask, advise, and refer”. Lastly, DHHA will develop monitoring systems that will allow the organization to identify disparities and track progress on tobacco control and prevention. Using the “Evolverment” youth engagement model, the project will train high school youth advocates to implement issue-specific campaigns to update the 1998 Denver Youth Access to Tobacco ordinance and pass a minimum standard for tobacco retail licensure in Denver. Details of this update include a retail licensing law for non-cigarette tobacco sales, the mandating of the placement of tobacco products in retail outlets, the requirement of frequent compliance checks, the prohibition of free “giveaways” of tobacco samples, and the restriction of tobacco advertising, all designed to reduce illegal sales and promotion of tobacco to minors. DHHA will work with local youth and young adults in substantive ways to assess tobacco prevention and cessation media templates and develop a communication plan. The plan will then be communicated through a plethora of media outlets utilizing technology and social media including a main website, mobile-optimized websites, Facebook pages, paid Facebook advertisements, a Twitter feed, and website content. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$1,537,617
Eagle County Public Health Agency	This project will provide education programming that is designed to prevent and/or reduce the use of all types of tobacco products and reduce exposure to secondhand smoke. The program will boost cessation efforts in Eagle, Garfield and Pitkin Counties through a three-pronged approach. First Eagle County (EC) will survey local Health Care providers knowledge of the QuitLine while simultaneously running a media campaign promoting the program. Next EC will develop a model for health systems change for local health care providers. Lastly, EC will provide public health expertise to Colorado Mountain Colleges of the West Mountain Region as they implement and enforce a tobacco free campus policy.	\$138,556
El Paso County Public Health	El Paso County Public Health (EPC) will reduce tobacco use in its county through four activities. The first will be to encourage local health care providers to increase CO QuitLine referrals. The second is to build support to advance point-of-sale and licensing policy initiatives in the area. Third, the group will create and utilize a GIS mapping system to capture youth facility and tobacco retailer locations as well as indicate locations where compliance checks and violations have occurred. Lastly, EPC will work to reduce tobacco related disparities by increasing the number of MUH facilities that implement smoke-free policies. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$846,709
E-Squared (SE2), Media Templates	Develop print and digital communication templates to support local campaign efforts and offset creative service burdens on local partners.	\$806,000
Fremont County Public Health Agency	The Fremont County Public Health Agency's (FCPHA) Tobacco Program for Pregnant Women is a voluntary, incentive-based tobacco cessation program that targets low-income women with the goal of improving the health of women, children, and their families in Fremont County by; reducing the number of young women in Fremont County who smoke during pregnancy and following birth; reducing the number of low-birth weight babies born in Fremont County and reducing the number of children exposed to second hand smoke in the home and/or automobiles	\$44,096
Grand Futures Prevention Coalition	Grand Futures Prevention Coalition community Intervention project will make tobacco less desirable, less acceptable and less accessible in Grand County, by reducing initiation among youth and adults and promulgating effective policies and regulations that reduce youth and adult use and access to tobacco products. This project will use a social marketing /norming media campaign, form a task force to review and research local tobacco policies, and develop a plan to mobilize the community to address changes for tobacco prevention.	\$83,786

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Gunnison County	The Gunnison County Substance Abuse Prevention Project Community Tobacco Initiative will reduce youth initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke by building and sustaining a regional tobacco focused youth coalition.	\$26,084
Hinsdale County Public Health Agency	Hinsdale County Health Dept (HC) will initiate a comprehensive tobacco control program with three objectives. First, HC will partner with the community health center, mental health, dental office and social services to implement education programs and cessation services in order to increase referrals to the Colorado QuitLine and promote quit attempts and smoke-free policies among their clients. Second, HC will build and mobilize a youth coalition. Third, HC will build and empower a Community Tobacco Coalition. Implement a mass marketing campaign utilizing existing creative (including ads from the CDC Tips From Former Smokers media campaign) to promote and drive calls to the Colorado QuitLine, prioritizing young adults and low-SES audiences.	\$33,333
Inline Media, Inc	This project aims to improve cessation success through the implementation of evidence-based health communications and media activities targeting youth and young adults in Jefferson County. In addition Jefferson County will implement education programs to advance local policies to reduce secondhand smoke in areas that disproportionately expose populations with a higher than average tobacco burden and to counter tobacco industry strategies, reduce youth access to tobacco, and provide education designed to build support for tobacco price increase. This project will launch and evaluate the reach of a robust and effective health communications and media campaign through Jefferson and Gilpin County.	\$2,000,000
Jefferson County Public Health	The Lake County Public Health Agency (LCPHA) will increase tobacco cessation, reduce initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke within the county. This will be achieved by two main activities: First, LCPHA and Lake County Build a Generation (BAG) agency will conduct a risk assessment of youth initiation to tobacco use as well as the capacity to address youth tobacco initiation. Next, LCPHA and BAG will conduct a community risk assessment of adult tobacco use and secondhand smoke exposure to determine risk and the capacity to address adult tobacco use and second hand exposure within the County.	\$691,643
Lake County	The Larimer County Department of Health & Environment (LCDHE) project is focused on comprehensive tobacco control activities that include strategies appropriate for multiple population groups. The key aspects of the Community Tobacco Initiative Larimer County are as follows; work with Larimer County Workforce Center's (WFC) to assess youth and young adult perceptions of tobacco usage, educate staff and implement Ask, Advise, Refer interventions; engage youth and youth-serving professionals in youth coalition activities, as well as identifying at least two youth-based tobacco policy priorities; work with Colorado State University (CSU) to assess the current administration's attitudes, opinions, and knowledge around tobacco, identify current tobacco cessation services available to students and staff, provide public health expertise to the University as they mobilize a tobacco prevention workgroup to work on smoke-free campus policies and participate on a regional task force (planned with other collegiate partners); assess local compliance with the CCIAA by working with local restaurant and bar owners towards a smoke free patio initiative; and conduct an assessment of smoke-free rooms at local hotels.	\$25,000
Larimer County Health Department	The Lincoln County Public Health (LCPH) will increase tobacco cessation, reduce initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke within the county. This will be achieved by two main activities: First, LCPH will promote, implement, or expand tobacco-free school policies and/or evidence-based activities to prevent or cease tobacco use by students. Next, LCPH will collect and share baseline data about tobacco advertising within the county.	\$331,445
Lincoln County Public Health	The San Luis Valley Regional Medical Center will strengthen resources in the healthcare settings to promote and implement the clinical guidelines of tobacco cessation. SLVMC will utilize a Tobacco Navigation Program in its Family Practice and Internal Medicine clinics. SLVRMC will collaborate with County Public Health partners with existing school-based prevention coalitions to develop and implement activities that promote smoking cessation in youth, ages 14-25, in their respective counties.	\$19,741
Lutheran Hospital Association of the San Luis Valley and San Luis Valley Regional Medical Center	Mesa County Health Department and Primary Care Partners will form a collaboration to establish health system change through the design, implementation and evaluation of innovative community tobacco cessation interventions. Primary Care Partners will implement the evidence-based strategies of a provider reminder system to prompt providers to ask patients about tobacco use at every visit and the 5-As (ask, advise, assess, assist, arrange) approach to ensure a consistent process of evaluating tobacco use and providing referrals to cessation resources including the Colorado QuitLine. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$198,113
Mesa County Health Department		\$175,290

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Montezuma County	Montezuma County Public Health agency will focus on youth prevention and build on the strengths of existing collaborations between the Tobacco Education and Prevention Program and youth and young children serving agencies in Montezuma and Dolores counties. This project will reduce tobacco initiation in youth, expand the capacity of adults and youth to understand the context of the environments in which they work and improve their ability to work together to create change, increase awareness of tobacco addiction as a chronic disease, and protect young children from secondhand smoke (SHS). The Positive Collaborations to Create Healthy Environments for Youth project will focus on understanding and changing the context of youth and adult partners and the cultural context in which tobacco is used. This project will conduct a youth driven media messaging campaign designed to reduce youth tobacco initiation, and work with the local school district to assess and update their Tobacco Free Campus policies.	\$149,109
Montrose County Department of health and Human Services	Montrose County Health and Human Services will provide a comprehensive Community Tobacco Initiative in Montrose County. This initiative will increase tobacco cessation rates and corresponding successes, decrease the rate of tobacco initiations, reduce the prevalence of women who are pregnant and smoke, and revive the local anti-tobacco coalition.	\$57,158
National Jewish - Quitline	The Colorado QuitLine is a statewide, evidence-based tobacco cessation program for Colorado residents who are ready to quit. The purpose of the grant is to increase tobacco cessation by providing a proactive phone-based coaching program, web-based services, and nicotine replacement therapy. Text messaging and a special program for pregnant and postpartum women are also offered.	\$3,999,999
Northeast CO Health Department	The Northeast Colorado Health Department will target pregnant women and mothers of young children in northeast Colorado with a special emphasis on low socioeconomic status. The Baby and Me Tobacco Free innovative cessation program for will be provided to low-income pregnant women and new mothers will seek to; increase successful quit attempts; educate the target population on the harmful effects of tobacco and secondhand smoke through innovative strategies and to reduce secondhand smoke exposure in infants and young children; and gather data on the characteristics and behaviors of the target population. The Northeast Tobacco project will educate community health provides about the program to recruit women to the program.	\$258,607
Northwest Co VNA - Community	The purpose of the project is to reduce the burden of disease caused by tobacco use in Northwest Colorado by implementing an evidence-based, comprehensive tobacco cessation program for low-income and uninsured residents of Routt and Moffat counties. Northwest Colorado Visiting Nurse Association (NWCOVNA) will provide services through our Federally Qualified Health Centers (FQHCs) in Routt County and Moffat County and NWCOVNA Public Health and Home Health programs. We will partner with the Regional Care Coordination Organization (RCCO- Medicaid Accountable Care Collaborative) and the regional community mental health center, as well as primary care practices in both counties. The project will include tobacco use assessment, referral to Colorado QuitLine, cessation support, treatment, and follow-up services in each NWCOVNA location. The project will also include technical assistance to create a new system of coordinated patient care to embed assessment, treatment and evidence-based tobacco cessation guidelines in primary care physician offices in order to effect health system change.	\$168,397
Otero County Health Department	Otero County Health Department (HC) will conduct a regional approach to tobacco education, cessation, and prevention. This will be achieved through 2 activities. First HC will partner with local health organizations to integrate a Rapid Improvement Activity (RIA) designed to update healthcare systems to utilize the Tobacco Cessation and Secondhand Exposure Guidelines and the 5A's/or 2A's and 1R intervention model. Next HC staff and CHC staff in each county will be trained to implement The Freedom from Smoking Program curriculum provided through the American Lung Association. Otero County Health Dept will conduct a media campaign throughout the South East region of Colorado. Media will be placed in each community on available newspapers, radio stations, Movie Theater, and social media using new language and messaging to educate the public. Research will be conducted on the messages, materials, and mediums used to drive adaptation and success.	\$368,302
Ouray County Schools Community Resource Consortium, Inc dba Voyager Youth Program	Ouray County Schools Community Resource Consortium, Inc. will work with school districts (2) in Ouray County to promote, implement, and/or expand tobacco-free school policies. Ouray County will lead the Voyager Youth Coalition in the development of a plan to create a youth-led initiative designed to reduce use and initiation of tobacco use among youth in Ouray County.	\$33,333

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Penrose-St. Francis Health Foundation (Catholic Charities)	The purpose of this project is to develop, pilot and evaluate a hospital cessation program based on the Ottawa Model for Smoking Cessation within the Penrose-St. Francis hospital system. The hospital cessation intervention will provide the practical tools and technical assistance essential for hospital leadership and practitioners to implement the 2012 Joint Commission tobacco cessation performance measures which include screening all patients for tobacco use, provision of cessation treatment during the hospital stay and at discharge, and conducting follow-up with patients to offer cessation support post-discharge.	\$248,073
Peter Webb Public Relations (Webb PR), Web Hub	This vendor will work in two primary areas: Develop a Colorado Tobacco Web Hub and promote that hub through statewide media. These activities will provide a central infrastructure for disparate campaigns and will provide state staff with the ability to edit and maintain the site if needed. While the primary focus of the site will be to increase cessation attempts, it will also provide information on secondhand smoke, youth tobacco prevention and other tobacco-specific information.	\$1,552,700
Pueblo City-County Health Department	Pueblo City-County Health Dept (PC) will reduce the burden of tobacco within the region through a number of activities. First PC will work to form a tobacco policy committee focused on conducting an education program that is designed to reduce or prevent use of all types of tobacco products and reduce exposure to secondhand smoke through a tobacco usage policy. Next PC will work closely with the student groups at CSU-P to educate and facilitate tobacco awareness activities on campus. Third, PC will work with the Dept of Social Services to promote the ONE Step program and align their requirement for smoke-free in-home childcare settings to be consistent with the state Clean Indoor Air law. Lastly, PC will continue work to enact an ordinance in the city of Pueblo for licensing of tobacco retailers. The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$257,631
Regents- Healthy Kids Colorado Survey	Implement and analyze data for the Unified Youth Survey in Colorado.	\$198,621
RMC Health	This program is designed to decrease the cessation gap affecting low SES youth and increase the percentage of Colorado youth that live, learn, work and play in communities with effective tobacco policies. To achieve these goals, RMC Health will market an existing alternative to suspension program, Second Chance, to Colorado middle schools, high schools, and communities, and provide statewide implementation support. The project will be rigorously evaluated to determine the effectiveness of Second Chance on increasing adolescents' motivation to quit using tobacco and the extent to which schools implemented alternative to suspension policies. Second Chance is a web-based tobacco education program that can be used as an alternative to suspension for middle and high school youth who have violated tobacco policy at school or in the community. The key benefit to this approach is that it keeps youth in school instead of sending already at-risk youth home by suspending or expelling them.	\$241,795
San Juan Basin	San Juan Basin Health Department's Lasso Tobacco Coalition will conduct an education program in several communities to strengthen local protections from secondhand smoke exposure and to change social norms to reduce youth access to tobacco. The project will Focus on a Durango ordinance that will provide smoke-free public parks, playgrounds, and the River Trail and is expected to be placed into law by the end of 2012. Other policy work will continue with youth-adult partnerships on the Southern Ute Indian Tribe (SUIT) campus to implement an approved 100 foot perimeter policy around recreation properties and the Montessori Academy. SJBHD will provide public health expertise to the Fort Lewis College in their efforts to implement a smoke-free campus. SJBHD supporting student forums, student wellness initiatives and media campaigns. We will work to reduce tobacco burdens among segments of the population with higher than average tobacco burdens by promoting policy work on the Commons campus. The project will specifically evaluate the readiness to strengthen current perimeter policy on The Commons campus in La Plata County. This campus houses, among other smaller agencies, Durango Adult Education Center (DAEC) and Southwest Colorado Community College (SCCC). The Media Implementation Support is a media campaign that includes television, print, radio, and out of home advertising. This campaign runs across multiple counties, driving residents to state tobacco web hub at TobaccoFreeCO.org and to local and statewide cessation and prevention resources.	\$99,057
San Juan County	San Juan County Public Health (SJCPH) will develop and mobilize a youth coalition to inform and prioritize tobacco prevention strategies in San Juan County. San Juan County will collaborate with the Silverton Youth Center to implement a media campaign to educate youth and adults in tobacco use prevention, and tobacco industry marketing tactics in the communities of Silverton.	\$33,300

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

FY 2013-14 1st Quarter Grantees		
Grantee:	Project Summary:	Grant Amount
Summit County	Summit County Public Health SCPH will increase tobacco cessation, reduce initiation of tobacco use, decrease tobacco prevalence among youth and decrease exposure to secondhand smoke within the county. First, SCPH will build and mobilize a community Tobacco Task Force to develop a plan to reduce use and initiation of tobacco among young adults in Summit County. Next, SCPH will build and mobilize a teen anti-tobacco coalition to reduce use and initiation of tobacco in Summit County.	\$33,300
Teller County	Teller County Public Health will work with patients of the Federally Qualified Health Center and Teller County Behavioral Health Center to establish procedures and systems to include or improve AAR (Ask, Advise, and Refer) protocol and increase the number of QuitLine referrals.	\$33,300
Tri County Public Health	Tri-County Health Department will address tobacco use prevention and secondhand smoke reduction in Adams, Arapahoe, and Douglas Counties. We will accomplish this by working with partners in multiple sectors including regional partnerships with other local health agencies. We will work with Front Range Community College (FRCC) to develop and implement a tobacco-free campus policy that is designed to reduce a health disparity among a population with higher than average tobacco burden. This will be done as a regional partnership with Larimer and Boulder Counties to affect all campuses of FRCC, though most of our contact will be with the two campuses in Adams County. We will work with all 15 school districts in our jurisdiction to strengthen their existing tobacco-free campus policies and standardize enforcement in all schools. We will also work with schools and other youth-serving agencies to form at least four youth coalitions to influence local policy change. Finally, we will work with public housing authorities in Adams and Arapahoe Counties to develop and implement smoke-free policies in their multiunit housing.	\$1,489,752
University of Colorado Behavioral Health Wellness	Close the service gap for persons with mental illness and addictions and insure that this population has the same opportunity to quit smoking and live in smoke-free environments. Implement statewide technical assistance and interactive trainings to behavioral health peers, providers, administrators and organizations to decrease the incidence of tobacco clients with behavioral health disorders. Leverage existing resources and create the most current evidence-based guidelines to assist community healthcare organizations to meet individualized objectives. Assist centers to implement, expand, and sustain smoke-free policies.	\$416,109
University of Colorado Behavioral Health and Wellness (BHWP)- TA and Training	BHWP will support grantees' cessation and health systems change activities through interdisciplinary training and technical assistance (TA) that incorporate tobacco cessation best practices, clinical guidelines, and expert consultation. Over the first contract year BHWP will disseminate the Tobacco Control Self-Assessment to all grantees; synthesize statewide findings, and provide each grantee and CDPHE with a customized feedback report on organizational readiness for evidence-based strategies. In addition BHWP will conduct at least two regional tobacco recovery trainings. Next BHWP will identify the most efficient system for offering Continuing Medical Education (CME) credits for health care providers and public health partners; expand the scope of BHWP's Tobacco Toolkit to reflect the needs of the general population with addendums for specific priority populations, including Latinos, youth, and individuals with behavioral health disorders; complete a high-utility evaluation of BHWP deliverables including CDPHE grantees progress toward tobacco-cessation rapid improvement goals and grantee agency case studies.	\$300,000
University of Colorado Hospital Authority	The purpose of this project is to develop, pilot and evaluate a hospital cessation program based on the Ottawa Model for Smoking Cessation within the University of Colorado hospital system. The hospital cessation intervention will provide the practical tools and technical assistance essential for hospital leadership and practitioners to implement the 2012 Joint Commission tobacco cessation performance measures which include screening all patients for tobacco use, provision of cessation treatment during the hospital stay and at discharge, and conducting follow-up with patients to offer cessation support post-discharge.	\$264,353
University School of Public Health	The Colorado School of Public Health, Center for Public Health Practice (CSPH) will develop a series of introductory online learning modules and a professional learning network in order to increase the capacity of newly funded STEPP contractors and their community partners. Professional development best practices and adult learning theory will be applied in the design and delivery of the tobacco control modules and in the facilitation of the learning network. CSPH will also provide technical assistance to STEPP community grantees to mobilize stakeholders in systems and environmental change to reduce the impact of tobacco in their communities by assisting with: coalition development and mobilization, youth engagement, and policy and environment change.	\$733,216
Weld County Dept of Public Health & Environment	Weld County's Tobacco Prevention and Control Project will reduce the cessation success gap affecting low SES youth and adult smokers; decrease tobacco prevalence and initiation among young adults, especially straight to work young adults; prevent initiation among youth, but especially among high burden and low SES youth; conduct an education program designed to reduce exposure to secondhand smoke and work with local and state partners on tobacco pricing campaigns which have been shown to deter tobacco usage.	\$340,277
Total		\$22,122,893

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Pending Grantees for the Remainder of FY 2013-14		
Grantee:	Project Summary:	Grant Amount
American Lung Association	American Lung Association of Colorado will provide Colorado-specific data to support smoke-free public housing policies, describe resident attitudes on the policy, tobacco use behaviors, health status and residential unit turnover costs associated with removing smoke residue, replacing carpets, window coverings and other smoke-related damage that can be used to promote smoke-free housing.	\$169,700
Denver Health and Hospital Authority	Denver Health and Hospital Authority (DHHA) will be launching a multi-pronged effort to compliment the tobacco work already being executed by the organization. In efforts to provide accurate and effective cessation treatment to patients, DHHA will first standardize its pharmacotherapy formulary and implement a tobacco cessation clinic into a number of locations. Next in an effort to enhance the cessation rate amongst patients who are smoking parents DHHA will implement a specialized Ask, Advice, and Refer model within a few select clinics. Lastly, DHHA will develop and host a Smoke-Free Multi-Unit Housing Landlord Summit in regional partnership with tobacco control staff at Jefferson County Public Health Department and Tri-County Health Department.	\$274,467
Exempla Lutherans Medical Center	Exempla Lutherans Medical Center (ELMC) will implement a unique cessation model to significantly decrease tobacco use and sustain a tobacco free environment for low socio-economic status (SES) mothers. This will be achieved through effective pre and post birth cessation counseling and adequate Nicotine Replacement Therapy (NRT) treatment. ELMC will build this model and train the appropriate staff to ensure successful implementation and operation.	\$189,657
Full Circle of Lake County, Inc.	The Full Circle Tobacco Initiative (FCT) will utilize a Positive Youth Development strategy to decrease initiation among youth, especially high burden and low SES populations, and decrease exposure to secondhand smoke, with an emphasis on low SES populations. The decrease in initiation will be achieved through a number of evidence based after school activities and programs.	\$26,147
Jefferson County Public Health	Jefferson County Public Health (JCPH) will strive to increase the number of smoke-free housing policies in low income MUH housing and housing authority properties in Jefferson County and to substantially reduce perceived legal barriers to these policies among the legal community across the Denver Metro area. This will be achieved through the following actions 1. Provide education to the legal community about the benefits and legality of smoke-free MUH housing policies and the burden of SHS on low income MUH residents; 2. Coordinate with Denver Public Health to offer legally-based education for property owners of subsidized MUH; 3. Providing tailored educational resources, including a smoke-free policy toolkit, designed for Denver-Metro area attorneys interested in working with MUH properties	\$199,101
Mesa County Health Department	Mesa County Health Department, through a targeted but comprehensive approach, will increase the number of current smokers receiving cessation support, reduce the number of straight-to-work young adults who currently smoke, and increase the number of employers who have implemented smoke-free policies and smoking cessation supports. In addition, an employer toolkit will be distributed to Mesa County businesses and business associations in order to increase the number of worksite-based cessation services available in Mesa County.	\$51,643
Montrose County Health and Human Services	Montrose County Health and Human Services (MCHHS) will expand their tobacco program to reach the at-risk populations of the correctional system. Through partnership with the Montrose County Jail and the Community Corrections program, this program will allow tobacco education and cessation support to be offered to inmates and clients of the correctional system.	\$9,903
Northwest Colorado Visiting Nurse Association	Northwest Colorado Visiting Nurse Association (NWCOVNA) will promote tobacco cessation by connecting tobacco users with NWCOVNA Cessation services. Community partners will include dental and mental health providers, hospitals, employers, human services agencies and schools. This program will also assess the previously STEPP-funded N-CTRL policy initiative. Results and findings will inform the outreach, education and prevention messages for youth and young adults, which are part of this new Northwest Colorado Health Equity - Community Tobacco Initiative.	\$161,477
Rocky Mountain Health Foundation	Rocky Mountain Health Plan Foundation will be the lead agency, working with 28 health departments, in implementing this tobacco cessation program designed to assist pregnant women to quit smoking and stay quit following the delivery of their baby. Each participating agency will establish procedures to screen every pregnant woman served by the agency, develop a system of referrals from medical providers, and provide information and strategies to women to assist them in quitting as early as possible in their pregnancy through a series of four prenatal contact sessions. Agencies continue to monitor the women up to a year following delivery, providing coaching as needed to help women stay quit. Two other systems being included in the program: Ask and Advise about exposure to secondhand smoke and referrals to Colorado QuitLine. Partnering agencies will collect demographic data on participants and document all visits as part of the evaluation of program success and quit rates.	\$413,645

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Pending Grantees for the Remainder of FY 2013-14		
Grantee:	Project Summary:	Grant Amount
St. Anthony North Family Medicine Residency Clinic	St. Anthony North Family Medicine Residency Clinic (SANFMR) will be upgrading their current cessation continuum support by engaging patients on an immediate basis through the following interventions: 1) Point of care services provided by a Smoking Cessation Health Coach; 2) Nicotine Replacement therapy consultation from a Pharmacist; 3) Follow up from Smoking Cessation Health Coach.	\$49,916
Summit Community Care Clinic	The Summit County Care Clinic (SCCC) is looking to bolster its efforts in cessation support through the following two activities. First SCCC will create an internal evaluation system to monitor the type, frequency and overall impact of tobacco cessation interventions being utilized. Second, a quality assurance team made up of Clinic staff and community representatives will convene to study cessation data and practices at the Care Clinic and generate a set of recommendations to improve the success rate of patients wishing to quit smoking. The clinic will then implement the findings of both the evaluation system and the quality assurance team to improve the success rate of cessation efforts for its patients.	\$50,000
Women's Resources Center	Women's Resource Center (WRC) will combine WRC's proven strategies using Patient Navigators, Neighborhood Promoters, and cultural competency with evidence based approaches to tobacco education and cessation programs. Over 18 months the program will initiate "ask-advise-refer" clinical guidelines in the target populations of medically indigent and/or Latinas, and conduct a media outreach campaign.	\$14,597
Total		\$1,610,253

2. Department of Public Health and Environment, Water Quality Control Division -- The Department is requested to submit a report on changes in workload and staffing needs of the Water Quality Control Division from the staffing needs reported to the Joint Budget Committee on November 1, 2012. The Department is requested to submit this report to the Joint Budget Committee by November 1, 2013.

Comment: The information provided in response to this request for information was discussed in detail in this document's Water Quality Control Division Funding Sources briefing issue.

3. Department of Public Health and Environment, Air Pollution Control Division -- The Department is requested to submit a report on changes in workload and staffing needs of the Air Pollution Control Division from the needs reported to the Joint Budget Committee on November 1, 2012. The Department is requested to submit this report to the Joint Budget Committee by November 1, 2013.

Comment: The Department submitted the requested information on November 1, 2013. The following is a summary of the information reported by the Department.

Recent Funding and Staffing Increases Approved by the General Assembly:

During the 2012 legislative session, the General Assembly authorized 13.0 FTE for Air Pollution Control Division (APCD) to address growth in the oil and gas sector. During the 2013 legislative session, the General Assembly authorized 5.0 term limited FTE to conduct infra-red camera inspections and compliance actions for well production facilities throughout the state. These new FTE will be critical to the Division's ongoing efforts to reduce the time it takes to issue air quality permits, while also ensuring that oil and gas development in Colorado is conducted in an environmentally responsible manner.

Efforts to Address Increasing Workload Demands That Do Not Require New FTE

In the permitting area, the Stationary Sources Program underwent an intensive process improvement analysis in 2008 that resulted in the elimination of approximately 50 permit processing steps. Several general permits for both the oil and gas and stationary source sectors were developed and several more general permits will go into effect in FY 2013-14. These standardized general permits apply to more straightforward permitting situations; allow covered air pollution sources to be permitted more quickly than under the traditional permitting process. The Stationary Sources Program has identified and implemented a number of practical improvements to the permitting process including:

- permit billing process modification;
- process improvements for modeling air quality impacts from new and modified facilities; and
- institution of a new process to significantly expedite the handling of applications for sources exempt from permitting.

With respect to source inspections, the Division has decreased the inspection cycle for minor sources from once every five years to once every seven years. This allows the Division to keep up with the increasing number of source, but increases the likelihood that minor sources will remain out of compliance with air quality requirements for longer periods of time. While the inspection cycle for traditional minor sources has been lengthened, the additional term limited FTE appropriated during the 2013 legislative session has allowed the Division to dramatically improve the inspection cycle for oil and gas well facilities.

In recent years the Division has chosen not to adopt new federal hazardous air pollutant standards for very small sources, leaving enforcement of these requirements to EPA. While this can create confusion among sources, the Division does not have the resources to take on the required permitting and inspections for these small sources. To address this issue, the Division is currently working with EPA on potential changes to our air quality plan that would streamline our permitting and inspection duties for these small sources, and thus allow the Division to take delegation of these requirements.

In connection with its enforcement activities, the Division has implemented a number of process improvements that allow existing staff to handle more cases. The Division has prioritize enforcement, by handling less serious violations outside the formal enforcement process either by addressing the violations on-site, or by issuing warning letters to violators.

In an effort to adapt to its expanding workload the Technical Services Program has prioritized its activities. This includes focusing its resources on core monitoring activities. TSP also no longer conducts as rigorous quality assurance and calibration checks on its air quality monitors, restricting its activities to the minimum required under federal law.

The Mobile Sources Program has been able to successfully meet its increased workload through a combination of increased resources and better utilization of existing staff. In connection with SB09-003, as well as a Decision Item the following year, MSP received three new FTE to handle the expansion of the vehicle inspection and maintenance (IM)

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

program into Larimer and Weld Counties. These new FTE allowed the program to staff two new emission technical centers in Greeley and Fort Collins, which provide assistance to failing motorists and the automotive repair community. MSP has also been able to find efficiencies and better utilize staff to cover additional duties associated with the expanded IM program. Through increased productivity, existing staff have taken on new duties in connection with the Division’s diesel retrofit efforts, increased strategy effectiveness research and expanded outreach to the repair community.

Existing Staffing Needs

Additional FTE dedicated to the oil and gas sector may not be necessary for several years, absent a sharp increase in oil and gas activity above current growth projections. The remaining programs within the Division have identified the following staffing needs:

- Three Title V permitting engineers for large source emitters which require a significant permit processing which has grown more complex with the advent of new state and federal air quality requirements;
- Three FTE associated with the promulgation of rules related to new more stringent federal air pollution requirements for: (1) Revised 8-hour Ozone National Ambient Air Quality Standard (NAAQS); (2) Climate change-related requirements, including EPA regulations for permitting large carbon dioxide sources; (3) Revised Nitrogen Dioxide NAAQS; (4) Revised Sulfur Dioxide NAAQS; (5) Revised Particulate Matter NAAQS; (6) Federal New Source Performance Standards; and (7) Federal Hazardous Air Pollutant Standards. The three FTE would be as follows:
 - One monitoring and data scientist in the Technical Services Program for the placement of three new air quality monitors related to the requirements of the new NAAQS requirements;
 - One inventory specialist to support new air quality planning efforts associated with the revised NAAQS requirements;
 - One regulatory development staff to develop new state air quality regulations which correlate to the new federal requirements and associated air quality planning work.

The following table summarizes the anticipated cost of the new staff and the increased revenue new staff would generate. Note the primary source of increased revenue is from additional inspection and permit work and not any revenue that could be generated by fines or penalties.

Estimated Cost of 7.0 New FTE for Air Pollution Control Division						
	New FTE	FY14-15 Estimate	FY15-16 Estimate	FY16-17 Estimate	FY17-18 Estimate	FY18-19 Estimate
Personal Services	7.0	\$580,957	\$584,794	\$588,632	\$590,551	\$590,551
Operating Expenses		\$44,764	\$12,074	\$12,074	\$12,074	\$20,684
Estimated Indirect Costs		\$143,290	\$136,683	\$137,562	\$138,001	\$139,973
Total		\$769,001	\$733,551	\$738,268	\$740,626	\$751,208
Additional Permit Revenue	3.0	\$138,870	\$277,740	\$277,740	\$277,740	\$277,740

Consequences of Continuation of Inadequate Division Staffing

The following points are consequences if the Division remains understaffed:

- Continued inability to meet Title V permitting renewal deadlines resulting in outdated permits, potential adverse air quality impacts from obsolete permitting provisions and potential EPA takeover of Colorado’s Title V Program;
- Deterioration of inspection and enforcement capabilities resulting in unaddressed violations, increased air pollution and the subsequent impacts to public health;
- Inability to meet air pollution monitoring requirements leading to potential EPA action against Colorado, including disapproval of Colorado’s State Implementation Plan;
- Delays in adopting new air pollution regulations leading to increased air pollution, negative health consequences and additional EPA regulatory oversight of Colorado facilities; and
- General deterioration of Colorado’s air quality program resulting in decreased federal funding

Appendix D: Indirect Cost Assessment Methodology

Description of Indirect Cost Assessment Methodology

The Department of Public Health and Environment indirect cost assessment methodology is calculated based on three components: an “*Indirect Cost Pool*”, an “*Indirect Cost Base*”, and an “*Indirect Cost Rate*”.

The *Indirect Cost Pool* is comprised of centrally appropriated line items, outlined in **Table 1**, in the Administration subdivision for FY 2014-15. This change will enable the General Assembly to easily identify in a single location what operations are paid for with indirect cost assessments. The line items being moved are marked with an "*" in the following table.

Table 1 - Line Items Supported by Indirect Cost Assessments
(1) (A) Administration and Support
Personal Services
Leave Payouts
Health, Life, and Dental
Short-term Disability
SB. 04-257 Amortization Equalization Disbursement
SB 06-235 Supplemental Amortization Equalization Disbursement
Salary Survey
Merit Pay
Shift Differential
Workers Compensation
Operating Expenses
Legal Services
Administrative Law Judge Services
Payments to Risk Management
Vehicle Lease Payments
Capitol Complex Leased Space
Utilities
Building Maintenance and Repair
Purchase of Services from Computer Center*
Colorado State Network*
Management and Administration of OIT*
Communication Service Payments*
COFRS Modernization*
Information Technology Security*

The *Indirect Cost Base* is comprised of the total appropriation for each division. For some divisions the total appropriation is adjusted to account for things like reappropriated funds from

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

The *Indirect Cost Base* is comprised of the total appropriation for each division. For some divisions the total appropriation is adjusted to account for things like reappropriated funds from General Fund sources and appropriations for centrally appropriated lines. **Table 2** notes which division totals are adjusted and the explanation for why the base is adjusted.

Table 2 Indirect Cost Base Adjustments	
Division	Division Total Adjustments
Administration	Reduced centrally appropriated line items, Tobacco Master Settlement Funds, and indirect expenses
CHEIS	Reduced Indirect Expenses.
Laboratory Services	Reduced RF that comes from GF Sources
Air Pollution Control	No changes
Water Quality Control	Reduced RF that comes from GF Sources
Hazardous Material and Waste Management	No changes
Environmental Health and Sustainability	Reduced RF that comes from GF Sources
Disease Control and Environmental Epidemiology Prevention Services	Adjusted for Tobacco Master Settlement funds. Adjusted for Tobacco Master Settlement funds, other non-indirect funds, and federal WIC funds.
Health Facilities and Emergency Medical Services	No changes
Emergency Response and Preparedness	No changes

The *Indirect Cost Rate* has three components and is unique to the fund source, meaning cash fund sources have a different rate than federal fund sources. The Indirect Cost Rate is based on the manner of how the funds are used:

- Onsite rates are the highest and charged to funds used to pay for expenses which occur at the main campus;
- Offsite rates which are slightly lower and charged to funds which cover expenses that occur at one of the satellite offices in Pueblo and Grand Junction;
- Contract rates are the lowest rate is charged to funds used for contracts and grants.

Table 3 summarizes the requested versus the federally approved rates for FY 2012-13, FY 2013-14, and requested rates for FY 2014-15.

Table 3 Indirect Cost Rates				
Rate Type	FY 2012-13 Approved Rate	FY 2013-14 Requested Rate	FY 2013-14 Approved Rate	FY 2014-15 Requested Rate
Cash Funds Rate				
On Site	19.0%	22.9%	22.9%	In progress
Off Site	13.9%	17.6%	17.6%	In progress
Contract	1.4%	1.3%	1.3%	In progress

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

Table 3 Indirect Cost Rates				
Rate Type	FY 2012-13 Approved Rate	FY 2013-14 Requested Rate	FY 2013-14 Approved Rate	FY 2014-15 Requested Rate
Federal Funds Rate				
On Site	18.3%	22.1%	22.1%	In progress
Off Site	11.8%	16.4%	16.4%	In progress
Contract	1.0%	1.2%	1.2%	In progress

Appendix E: Change Requests' Relationship to Measures

This appendix will show how the Department of Public Health and Environment indicates each change request ranks in relation to the Department's top priorities and what measures the Department is using to gauge the success of each request.

Change Requests' Relationship to Performance Measures			
R	Change Request Description	Goals / Objectives	Measures
1	Medical Marijuana Cash Fund dollars to review data, prepare a request for proposals, and eventually award grants for research on the health effects of marijuana.	Marijuana research and education, including working with partners to plan and conduct research on health impacts of marijuana use.	Identification of baseline date, other measures yet to be developed.
2	General Fund to enable the Department to issue flexible grants to municipalities and water districts throughout the state to continue to help meet water nutrients standards and to improve water and wastewater infrastructure. Additional the Department anticipates that a portion of this funding would be used to assist flood-affected communities repair and rebuild their water and wastewater infrastructure.	Winnable battle – clean air and clean water.	n/a
3	Funding to implement and oversee a standardized process for risk-based contract monitoring.	Not applicable to any of the Department's November 1, 2013 strategic policy initiatives.	n/a
4	Increase for the implementation of divisional indirect cost recoveries to ensure a standardized method for how each division pays for the division's administrative costs. The Department is also requesting consolidation of their indirect cost assessment line items into a single line item.	Not applicable to any of the Department's November 1, 2013 strategic policy initiatives.	n/a

Appendix F: Medical Marijuana Audit Recommendations

RECOMMENDATION LOCATOR

Rec. No.	Page No.	Recommendation Summary	Agency Addressed	Agency Response	Implementation Date
1	33	Improve oversight of physician recommendations for medical marijuana by: (a) developing a risk-based approach to conduct positive confirmations; (b) revising the physician certification form to require the cause of the patient's qualifying medical condition, the reason for recommending any marijuana amounts above the standard counts, and an attestation of not having financial ties with any medical marijuana business; (c) working with the Colorado Medical Board to determine risk factors to establish potentially inappropriate recommendations and guidelines related to investigations of physicians; (d) routinely analyzing data from the Medical Marijuana Registry and conducting research to identify physicians that should be investigated; (e) conducting research to identify physicians that should be investigated for having financial ties with medical marijuana businesses, conducting hearings for such physicians, and seeking statutory change if more authority is needed; and (f) placing information on appropriate dosing of marijuana for medical use on the website.	Department of Public Health and Environment	<ul style="list-style-type: none"> a. Agree b. Agree c. Agree d. Agree e. Partially Agree f. Agree 	<ul style="list-style-type: none"> a. December 2013 b. January 2014 c. March 2014 d. March 2014 e. July 2014 f. July 2014
2	39	Improve the timeliness of processing Medical Marijuana Registry applications by: (a) implementing methods to track the timeliness of individual applications and information on problem applications; (b) establishing clear criteria on which problem applications are subject to the 35-day deadline and implementing other deadlines for problem cases; (c) monitoring the timeliness of individual applications and analyze the causes of untimely processing; (d) monitoring whether "lean" efforts are enhancing efficiency and undertaking more projects as needed; and (e) implementing and reporting on a performance measure on timely processing of applications.	Department of Public Health and Environment	<ul style="list-style-type: none"> a. Agree b. Agree c. Agree d. Agree e. Agree 	<ul style="list-style-type: none"> a. September 2013 b. September 2013 c. September 2013 d. December 2013 e. August 2013

All Information from the June 2013 Audit "Medical Marijuana Regulatory System Part II, Performance Audit".

RECOMMENDATION LOCATOR

Rec. No.	Page No.	Recommendation Summary	Agency Addressed	Agency Response	Implementation Date
3	45	Work with the Department of Revenue and stakeholders to determine if Public Health can discontinue maintaining information on medical marijuana dispensaries. If the determination is that this information is not necessary, discontinue collecting it and work with the General Assembly, as necessary, to revise statute to implement this change.	Department of Public Health and Environment	Agree	May 2014
			Department of Revenue	Agree	July 2014
4	53	Strengthen the oversight of caregivers by: (a) implementing procedures to ensure that caregivers meet all legal requirements; (b) approving waivers for caregivers to serve more than five patients only when exceptional circumstances exist; and (c) working with Revenue to determine whether additional criteria are needed to differentiate caregivers from businesses, implement methods to determine whether an individual is a caregiver or a business, and work with the General Assembly as necessary to implement any proposed changes.	Department of Public Health and Environment	a. Agree b. Agree c. Partially Agree	a. January 2014 b. December 2013 c. December 2013
5	55	Work with the Department of Revenue and stakeholders to: (a) evaluate the need to continue to collect information on which caregivers have been designated by individuals as their providers and ensuring any information maintained is updated and accurate; and (b) determine whether Public Health or Revenue needs greater statutory authority to effectively regulate caregivers and if so, present proposed changes to the General Assembly as necessary.	Department of Public Health and Environment	a. Partially Agree b. Partially Agree	a. June 2013 b. December 2013
			Department of Revenue	a. Agree b. Partially Agree	c. July 2014 d. July 2014

RECOMMENDATION LOCATOR

Rec. No.	Page No.	Recommendation Summary	Agency Addressed	Agency Response	Implementation Date
6	69	Ensure the confidentiality of the Medical Marijuana Registry by: (a) seeking guidance from the Attorney General on what constitutes an “authorized employee” who can be given access to the Registry and work with the General Assembly if needed to define “authorized employee” in statute; (b) seeking guidance from the Attorney General on whether protected Registry information includes pending applications and work with the General Assembly if needed to clarify statute; (c) seeking guidance from the Attorney General on what confidential Registry information Public Health has authority to provide to law enforcement and work with the General Assembly if needed to clarify statute; (d) ensuring that all contracts involving the Registry are complete and accurate and amending, as needed, contracts with Denver Health and Hospital Authority; (e) revising the policy for handling confidentiality breaches to allow the notification of affected parties in a way that minimizes further compromise of confidentiality; and (f) ensuring that staff take proper precautions to protect confidential data and follow policies when breaches of confidentiality occur.	Department of Public Health and Environment	<ul style="list-style-type: none"> a. Agree b. Agree c. Agree d. Agree e. Agree f. Agree 	<ul style="list-style-type: none"> a. June 2014 b. December 2013 c. December 2013 d. December 2013 e. December 2013 f. September 2013
7	76	Improve the Medical Marijuana Registry’s general computer controls by: (a) developing a system to record which fields were modified by a user to provide historical information on key fields; (b) identifying fields that require data input controls and implementing those controls; (c) developing a method to identify physicians who are no longer eligible to recommend medical marijuana; (d) creating a disaster recovery plan that incorporates all critical components and complies with Colorado Information Security Policies; and (e) encrypting all backups of Registry data and storing the backups off-site.	Department of Public Health and Environment	<ul style="list-style-type: none"> a. Partially Agree b. Partially Agree c. Partially Agree d. Agree e. Agree 	<ul style="list-style-type: none"> a. May 2014 b. May 2014 c. May 2014 d. July 2013 e. December 2013

RECOMMENDATION LOCATOR

Rec. No.	Page No.	Recommendation Summary	Agency Addressed	Agency Response	Implementation Date
8	84	Improve management of the Medical Marijuana Cash Fund by: (a) suspending or reducing the Medical Marijuana Registry application fee until the excess reserve balance is in compliance with statutory requirements; (b) developing and including in the Fiscal Year 2015 budget request a proposal to further reduce the Cash Fund's excess reserve balance and work with the General Assembly as needed to implement the proposal; and (c) annually reviewing the reasonableness of the application fee, including any excess reserves in the Cash Fund, and making timely recommendations for changes to the Board of Health.	Department of Public Health and Environment	a. Agree b. Agree c. Agree	a. January 2014 b. October 2013 c. December 2013
9	88	Improve controls over expenses from the Medical Marijuana Cash Fund by: (a) allocating shared direct expenses appropriately; (b) following State Fiscal Rules, State Personnel Rules, and department policies and procedures for expenses; and (c) ensuring that all staff who review, approve, and allocate expenses have training on applicable policies and procedures.	Department of Public Health and Environment	a. Agree b. Agree c. Agree	a. December 2013 b. July 2013 c. September 2013

Appendix G – Waste Tire Bills Since 2003

Bill Number – Short Title	Description – Note "Department" refers to the Department of Public Health and Environment
H.B. 03-1329 – Waste Tire Surcharge	Imposed an additional \$0.25 surcharge on the disposal of motor vehicle tires. Credited the surcharge to the new Processor and End Users Fund (Fund), and required 72.0 percent of the Fund be used for reimbursements to processors and end users of raw waste tires and 28.0 percent be used for tire reuse or recycling incentives in public projects.
H.B. 04-1428 – Moratorium for Tire Monofills	Prohibited local governments from granting a permit for a monofill designated only for tire disposal until July 1, 2014. Required entities that recycle waste tires to report to the Department and the Transportation Legislation Review Committee about how many tires are recycled and what methods are used for recycling.
H.B. 05-1126 – Regulate Waste Tire Haulers	Required commercial waste tire haulers to: <ul style="list-style-type: none"> • Transport waste tires only to a waste tire storage site, waste tire landfill site, or a permitted municipal or privately owned solid waste landfill site; and • Register with the Department by January 1, 2006. <p>Gave the State Board of Health rule-making authority over such registrations, including record-keeping, reporting, and bonding requirements, and the Department's waste tire program enforcement and oversight.</p>
S.B. 05-020 – Obsolete Statutes	Repeals outdated provisions in the statutory language for the waste tire recycling fee.
H.B. 06-1074 – Waste Tires Fee Recycling Grants	Extended the waste tire recycling development fee and the Processors and End Users Fund until July 1, 2012. Allows moneys in the Waste Tire Recycling Development Cash Fund that remain at the end of any fiscal year to be spent without further appropriation (roll-forward authority). <p>Required the Advanced Technology Fund which was funded by the waste tire recycling development fee, be used to finance research, development, and technology transfer with regard to waste diversion and recycling strategies, including those pertaining to waste tires.</p>
H.B. 07-1288 – Sustain Resource Economic Opportunity	<u>Waste tire recycling development fee</u> Required the waste tire recycling development fee (fee) on waste motor vehicle tires to be stated and shown as a separate and distinct item on the statement from the retailer to the customer. Effective July 1, 2007, imposes an additional fee of \$0.50 on: <ul style="list-style-type: none"> • any waste motor vehicle tire for any passenger vehicle, including any truck weighing less than 15,000 pounds; • motorcycle tires; and • truck tires, including tires on truck tractors, trailers, and semitrailers, weighing more than 15,000 pounds other than tires that are recapped or otherwise reprocessed for use. <p>Required 50.0 percent of the moneys collected by the fee to be credited to the Processors and End Users Fund, and remaining 50.0 percent to the Waste Tire Cleanup Fund.</p> <p><u>Processors and End Users of Waste Tires Cash Fund</u> Required any moneys in the Processors and End Users of Waste Tires Cash Fund not expended or encumbered from any appropriation at the end of any fiscal year to remain available, without further appropriation, for expenditure in the next fiscal year by the Department of Local Affairs, Division of Local Government.</p>

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

S.B. 07-182 – Innovative Higher Education Research Fund	<p>Created the Higher Education Competitive Research Authority (Authority) and the Innovative Higher Education Research Fund (Fund). Required moneys to be transferred to the Fund from the Waste Tire Recycling Development Cash Fund and the Advanced Technology Fund. Required the Fund be used for matching grants to Colorado public institutions of higher education for federally sponsored research projects.</p> <p>Transferred control of the Advanced Technology Fund from the Colorado Commission on Higher Education to the Pollution Prevention Advisory Board in the Department. Required the Advisory Board, and the associated Assistance Committee, to develop criteria for making research grants from the Advance Technology Fund for specified purposes and to actually make the research grants.</p>
H.B. 08-1412 – Revisor's Bill	Revisor's bill - Amended statute referencing the Advance Technology Fund.
S.B. 08-037 – Flexible Enforcement Hazardous Waste Law	Deleted the repeal dates for the Department's Waste Tire Program.
S.B. 09-289 – Collect and Allocate Waste Tire Revenues	<p>Changed the collection of the waste tire disposal fees from the time of disposal to the time of sale. Exempted agricultural vehicles from the requirement to pay the fee. Directed retailers of new tires to provide purchasers with a specific written notice of the statutory waste tire disposal fee, and required the Department of Revenue to notify retailers of the act's new requirements.</p> <p>Allowed the Department of Local Affairs to reallocate uncommitted waste tire disposal revenues among existing funding categories at the end of each quarter. Prohibited the disposal of unshredded waste tires at a monofill tire landfill.</p> <p>Directed counties to report annually to the Department the status of monofill tire landfills, and requires the Department to adopt a plan to eliminate such landfills within ten years. Directed the Solid and Hazardous Waste Commission in the Department to promulgate a rule to require waste tire haulers to annually provide a copy of the hauler's current registration to retailers from whom the hauler accepts waste tires. Prohibited arranging for the commercial hauling of waste tires with anyone other than a currently registered hauler.</p>
S.B. 09-292 – Revisor's Bill	Revisor's Bill – clarified statutory references in the Waste Tire Recycling Development Fund.

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

<p>H.B. 10-1018 – Reduce Waste Tire Stockpile Risks</p>	<p>Consolidated all authority previously spread across multiple departments in the Department of Public Health and Environment (Department) and required certain waste tire hauls and facilities have fire prevention planning, registration, decals, and manifests.</p> <p>Ends the transfer of waste tire fees to the Innovative Higher Education Research Authority Program effective July 1, 2014. The Department of Local Affairs no longer administers the Waste Tire Cleanup Fund. The Advanced Technology Fund is repealed and, effective July 1, 2011, the transfer of waste tire fees to the Recycling Resources Economic Opportunity Grant Program ended.</p> <p>Repealed and reenacted the \$1.50 waste tire fee, and repealed the 3.33 percent vendors' fee. Created the Waste Tire Cleanup Fund, Waste Tire Fire Prevention Fund, and Waste Tire Market Development Fund, and updated the Processors and End Users Fund. Allocated the fee as follows:</p> <ul style="list-style-type: none"> • Until July 1, 2014, 30.33 percent to the Processors and End Users Fund and 6.67 percent to the Innovative Higher Education Research Fund; after July 1, 2014, 37.0 percent to the Processors and End Users Fund; • 39.66 percent to the Waste Tire Cleanup Fund; • 6.67 percent to the Waste Tire Fire Prevention Fund until July 1, 2011, after which the allocation is increased to 8.0 percent; • 16.67 percent to the Recycling Resources Economic Opportunity Fund until July 1, 2011; • After July 1, 2011, 6.67 percent to the Waste Tire Market Development Fund; and • After July 1, 2011, 8.67 percent to the Law Enforcement Grant Fund. <p>Increased maximum reimbursements to processors and end users are increased from \$50 to \$65 per ton of waste tires. Decals will be required on waste tire hauling vehicles and haulers will have to complete and retain manifests. Prohibited a person from hauling more than a quantity of waste tires in excess of a limit established by rule by the Solid and Hazardous Waste Commission (Commission) unless the person is registered.</p> <p>The following requirements were added by the bill:</p> <ul style="list-style-type: none"> • Specified requirements for decals and manifests; • Required the registration of waste tire facilities; • Required, as a condition of maintaining their registration, that waste tire monofills submit to the Department a waste tire inventory reduction plan and that certain waste tire facilities process 75.0 percent of the three-year rolling annual average amount of waste tires accepted by that facility each year; • Imposed requirements relating to financial responsibility for closure and reclamation of waste tire facilities; and • Gave the Commission general rule-making authority regarding waste tires, direct the Department to annually report to Legislative Oversight Committees. <p>Created the Waste Tire Advisory Committee. The Department of Regulatory Agencies will conduct a sunset review of the Waste Tire Advisory Committee prior to the Committee's repeal on July 1, 2020. The Director of the Division of Fire Safety in the Department of Public Safety will adopt rules regarding fire safety standards at waste tire facilities. The definition of "waste tire" in the solid waste statute is conformed to that in the waste tire fee statute. Effective July 1, 2010, sales tax will not be assessed when the fee is collected upon the sale of a new tire.</p>
<p>H.B. 12-1034 – Waste Tire Processor End User Fund</p>	<p>Extended the repeal date of the Processors and End Users Fund to July 1, 2020. Directed the Department to reimburse a processor for waste tires only if the tire-derived product has been sold or moved off-site. Required the Department to identify other markets in the state that are able, without taxpayer or waste tire clean up funds, to eliminate illegal tire dumping and to recycle or reuse waste tires in newer technologies.</p>

JBC Staff Budget Briefing: FY 2014-15
Staff Working Document – Does Not Represent Committee Decision

S.B. 13-115 – Waste Tire Fee Administration Cash Fund	The Department of Revenue currently collects a waste tire fee of \$1.50 on the sale of each new tire. The State Treasurer is required to pay the Department of Revenue up to 1.66 percent of these fees for its direct and indirect costs associated with the administration of the fee. The act creates the Waste Tire Fee Administration Cash Fund for this portion of the fees that are already allocated to the Department, and the General Assembly is required to annually appropriate the moneys in the Fund for the Department of Revenue's administrative expenses.
--	--

Appendix H – Water Quality Control Commission Rulemaking Process

The following is a summary of the process used by the Water Quality Control Commission to develop and approve new rules.

Step 1 – Division staff would conduct regular meetings to discuss issues of concern with stakeholders and develop a proposal. Depending on the amount of controversy surrounding a particular proposal, this stakeholder process can last several months up to many years, depending on how much time is needed to engage in thorough discussion and attempt a resolution of issues.

Step 2 - Once a proposal is ready to move forward for a formal rulemaking hearing, the full process takes approximately four months. While there are variations in the process that occur depending on the circumstances, the process is fairly routine.

Step 3 - A Notice of Rulemaking is published in the Colorado Register. The hearing notice includes a deadline for interested persons to request party status in the hearing. The proponent of the regulatory proposal must submit a prehearing statement to support its proposal.

Step 4 - All persons with party status then have an opportunity to file a responsive prehearing statement.

Step 5 - There is then an opportunity for rebuttal comments.

Step 6 - A prehearing conference is generally scheduled approximately one month prior to the hearing. There is an effort made to narrow and resolve outstanding issues at the prehearing conference.

Step 7 - During the rulemaking hearing, the Division and the parties are asked to provide a summary of their positions and be available for questions from the Commissioners.

Step 8 - Following the close of testimony by the Division and the parties, the Commission begins its deliberations to determine what action to take.

Step 9 - The Commission's decision is often reflected initially in preliminary final approval of a rule or revisions to a rule, with final action taking place at the Commission's next meeting.¹²

¹² Information was provided in the November 1, 2013 Department of Public Health and Environment response to the Department's Legislative Request for Information #2.

Appendix I - Programs Impacted by Medical Inflation

Laboratory Services

- Chemistry and Microbiology
- Certification

Disease Control and Environmental Epidemiology Division

- Immunization Operating Costs
- General Disease Control Programs
- Ryan White Act
- Sexually Transmitted Infections Program
- Tuberculosis Program
- Federal Grant Programs
- Environmental Epidemiology Program

Prevention Services Division

- Health Care Program for Children with Special Needs
- Injury Prevention
- Chronic Disease and Cancer Prevention Programs
- Oral Health Programs
- Primary Care Office
- Maternal and Child Health Program
- Women's, Infant, and Children Program